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ORIGINAL ARTICLE

PROFILE OF SELF-MEDICATION AMONG OLDER ADULTS CARED FOR IN BASIC HEALTH UNITS

PERFIL DA AUTOMEDICAÇÃO ENTRE IDOSOS ASSISTIDOS POR UNIDADES BÁSICAS DE SAÚDE

PERFIL DE LA AUTOMEDICACIÓN ENTRE ADULTOS MAYORES ATENDIDOS EN UNIDADES BÁSICAS DE SALUD

Daniel Tarciso Martins Pereira[1], Elias Lourenço Vasconcelos Neto[2], Nadielle Patricia da Silva Cruz[3]

ABSTRACT

Objective: to analyze the profile of self-medication among older adults cared for in two health units of the Municipality of Itacoatiara, State of Amazonas, Brazil. ***Method:*** epidemiological cross-sectional study conducted with 81 older adults cared for at the Community Center for Older Adults and the Nicolas Euthemes Lekakis Neto Health Center located in the Municipality of Itacoatiara, AM. The technique used was simple random sampling. The data were collected filling out a form and analyzed statistically using the Epi Info 3.5.2 software. The project of the research was approved by the Research Ethics Committee, CAAE 02425412.3.0000.5020. ***Results:*** the profile of the population assessed showed a predominance of female participants with low family income and education level. Self medication proved to be constant in the population assessed with prevalence of 66.67%. ***Conclusion:*** the difficulty of access to the specialized health service and the false familiarity with this service are factors that contribute to self-medication. ***Descriptors:*** Public Health; Self-medication; Older adults; Pharmaco-epidemiology.

RESUMO

Objetivo: analisar o perfil da automedicação entre os idosos atendidos em duas unidades de saúde do Município de Itacoatiara, AM. ***Método***: estudo epidemiológico transversal realizado com 81 idosos assistidos pelo Centro de Convivência do Idoso e pelo Centro de Saúde Nicolas Euthemes Lekakis Neto, localizados no Município de Itacoatiara, AM. A técnica de amostragem foi aleatória simples, com coleta de dados a partir da aplicação de um formulário. Os dados foram analisados estaticamente no software Epi Info 3.5.2. A pesquisa teve o projeto aprovado pelo Comitê de Ética em Pesquisa, CAAE 02425412.3.0000.5020. ***Resultados***: o perfil da população estudada demonstrou predomínio de participantes do sexo feminino, com baixa renda familiar e escolaridade. A prática da automedicação revelou-se constante na população estudada, com prevalência de 66,67%. ***Conclusão***: a dificuldade de acesso ao serviço de saúde especializado e a falsa familiaridade com o mesmo são fatores que contribuem para a automedicação. ***Descritores***: Saúde Pública; Automedicação; Idosos; Farmacoepidemiologia.

RESUMEN

Objetivo: analizar el perfil de la automedicación entre adultos mayores en dos unidades de salud del Municipio de Itacoatiara, Estado de Amazonas, Brasil. ***Método:*** estudio epidemiológico transversal realizado con 81 adultos mayores atendidos en el Centro de Convivencia del Adulto Mayor y el Centro de Salud Nicolas Euthemes Lekakis Neto, ubicados en el Municipio de Itacoatiara, AM. La técnica usada fue el muestreo aleatorio simple. Los datos fueron recogidos con un formulario y analizados estadísticamente con el software Epi Info 3.5.2. El proyecto de la investigación fue aprobado por el Comité de Ética en Investigación, CAAE 02425412.3.0000.5020. ***Resultados:*** el perfil de la población estudiada mostró un predominio de participantes mujeres con bajos ingresos familiares y educación. La práctica de la automedicación se mostró constante en la población estudiada con predominio del 66,67%. ***Conclusión:*** la dificultad de acceso al servicio de salud especializado y la falsa familiaridad con el mismo son factores que contribuyen a la automedicación. ***Descriptores:*** Salud Pública; Automedicación; Adultos Mayores; Farmacoepidemiología.

[1]PhD. Pharmacist, Professor at the Exact Sciences and Technology Institute, Nursing Program, Federal University of Amazonas (UFAM). Itacoatiara, AM, Brazil. E-mail: dtarciso@ufam.edu.br; [2]Forest Engineer, Master's Degree in Forest and Environmental Sciences, Teacher at the Exact Sciences and Technology Institute, Nursing Program, Federal University of Amazonas (UFAM). Itacoatiara, AM, Brazil. E-mail: netoelvn@hotmail.com; [3]Student at the Exact Sciences and Technology Institute, Nursing Program, Federal University of Amazonas (UFAM). Itacoatiara, AM, Brazil. E-mail: nadiellecruz@hotmail.com

INTRODUCTION

Access to medicines has been motivated by initiatives that aim to promote its expansion both in Brazil and other countries of the world. This component, as well as disease prevention and access to health services, makes up one of the fundamental human rights, i.e., the right to health.[1]

Population studies on the consumption of medicines show a proportion between the increasing use of drugs and the increased life expectancy of the populations of small villages of the countryside as well as in major urban centers.[2] The Brazilian older adult population has increased almost twice in comparison to the general population.[3] This fact will cause a huge challenge, namely taking care of a population of more than 32 million older adults, most of them with low socioeconomic and educational level and with high prevalence of chronic diseases.[4]

Just as the number of older adults is increasing, the consumption of medicines by this population follows this trend. In recent decades, the total quantity of drugs consumed by them has been high, spending 30% of their income with medicines.[5] The natural physiological processes of aging increase the likelihood of occurrence of chronic diseases in this population and they tend to be particularly more susceptible to the side effects of medicines.[6,7]

Medicines, understood as essential to health, when properly prescribed by a health professional, are responsible for a significant part in the improvement of the quality and expectancy of life of the population.[8] When used improperly, instead of fulfilling their role as the main factor to achieve the therapeutic goals, they become responsible for complications and the emergence of new pathologies.[1]

Self-medication is a form of self-healthcare, understood as the selection and use of medicines for health maintenance, disease prevention, treatment of diseases or symptoms noticed by the individuals, without prescription, guidance, or medical monitoring.[9,10]

The most frequent problems arising from self-medication include: superfluous expenses; delay in diagnosis and appropriate therapy; adverse or allergic reactions; and intoxication. Some adverse effects are masked, while others are confused with those of the disease that led to the consumption and create new problems, the most serious of which may lead the patient to hospitalization or death.[11]

The greater availability of medicinal products in the market and restricted access to health services, among other factors, have contributed to the growth and dissemination of self-medication in the world, making it a serious public health problem.[12]

The lack of research on self-medication by older adults in the Middle Amazon region led to conduct this study with the following goal:

- To analyze the profile of self-medication among older adults cared for in two health units of the Municipality of Itacoatiara, State of Amazonas, Brazil.

METHOD

This is an epidemiological cross-sectional study conducted with representative samples of the population, through which global health indicators are produced for the group assessed. The selected population was composed of 81 older adults cared for in health units of the Municipality of Itacoatiara, State of Amazonas, Brazil.

The technique used in the study was simple random sampling. The criteria used for the calculation of the size of the sample were: target population of approximately 450 older adults; prevalence of self-medication estimated at 29%; 95% confidence interval (CI); and sampling error of ten percentage points. The minimum size of the sample was approximately 70 older adults. These calculations were performed using the BioStat software for Windows 2011.

The older adults selected for the sample were those who met the inclusion criteria, namely: (a) individuals aged 60 years or older; (b) being registered at the Community Center for Older Adults or the Nicolas Euthemes Lekakis Neto Health Center; and (c) agreement to participate in the study after signing an informed consent form. The exclusion criteria were: (a) failure to comply with any of the inclusion criteria; (b) individuals who, even complying with the inclusion criteria, did not have physical or mental conditions to cooperate with the study in a proper manner.

The instrument used for data collection was a form based on previous similar studies drawn up by the authors, which included questions that addressed socioeconomic and pharmaco-epidemiological variables.

In the data collection procedure, all participants were approached by order of arrival and informed about the research, at the time that the forms were applied after signing the informed consent form. This step was initiated after the agreement of the

managers of the institutions involved in the research.

All data collected were doubly typed and analyzed statically using the Epi Info 3.5.2 software for Windows, version 2008, finding absolute frequencies for the variables related to pharmacotherapy and phytotherapy, as well as the prevalent value of self-medication in the population assessed.

The research project was submitted to the Research Ethics Committee of the Federal University of Amazonas and approved under number CAAE 02425412.3.0000.5020.

RESULTS

The profile of the population assessed is based on the data exhibited in Table 1, including relevant information about characteristics pertaining to socioeconomic variables. It can be noted that the largest number of participants was composed by female individuals (75.31%), whose family income varied between one and two minimum wages (70.37%). Regarding the predominant marital status, 49.38% of the respondents stated that they were widowed. The education level of this population was low and most of them were illiterate (18.52%), 71.60% had completed only elementary education, and 9.88% had completed secondary education. None of the participants of the research had attended higher education.

Table 1. Data concerning socioeconomic variables

Socioeconomic data	No. of individuals	%
Sex		
Female	65	79.78
Male	16	20.22
Marital status		
Single	12	14.81
Married	25	30.86
Divorced	4	4.95
Widow	40	49.38
Education		
Illiterate	15	18.52
Primary education	58	71.60
Secondary education	8	9.88
Family income		
Up to 1 minimum wage	10	12.35
From 1 to 2 minimum wages	57	70.37
Over 2 minimum wages	14	17.27

The pharmaco-epidemiological data showed that 63 (77.78%) of the respondents made use of allopathic medicines. The most frequent were anti-hypertensive (71.42%) and hypoglycemic (23.80) drugs. Also, a high percentage (75.31%) related to the use of medicinal plants was observed, and the most widely used were for treating gastrointestinal problems and tranquilizers.

Table 2. Data concerning the type of medicine used

Medication used	No. of individuals	%
Treatment for cataracts	1	1.58
Treatment for cholesterol	3	4.76
Treatment for depression	1	1.58
Treatment for diabetes	15	23.80
Treatment for cardiac diseases	1	1.58
Treatment for gastritis	5	7.93
Treatment for hypertension	45	71.42
Treatment for hypothyroidism	1	1.58
Treatment for infection	2	4.87
Treatment for labyrinthitis	2	4.87
Treatment for osteoporosis	3	4.76
Treatment for pains	3	4.76
Treatment for prostate	4	6.34
Vitamins	3	4.76

Self-medication was frequent in the population assessed. The value of self-medication prevalence found was 66.7% (95% CI: 0.568 - 0.772) and analgesics, antipyretics, and anti-inflammatory drugs were the classes with a common consumption pattern among the respondents. With respect to guidance related to self-medication, it was observed that the motivation was mostly based on own decision (40.74%).

Table 3. Data concerning the type of self-medication used

Type of self-medication	No. of individuals	%
Analgesic	46	85.18
Antipyretic	20	37.03
Anti-inflammatory	7	12.96
Anti-hypertensive	2	3.70
Anti-histaminic	1	1.85
Antibiotic	1	1.85
Muscle relaxant	1	1.85

DISCUSSION

Pharmaco-epidemiological studies assessing older adults are gaining increased attention within the framework of the national research. Most of them emphasize the problem of inappropriate consumption of medicines and the consequences of drug interactions and adverse reactions common to geriatric patients.

Female individuals predominated among the subjects of the present study (79.66%). When compared to male individuals, females were more prone to chronic diseases, and they were most often looking for medical treatment, since they were more sensitive to pain, which explains the increased use of health services.

The low education level (90.12%) associated with the reduction of visual acuity—natural consequence of senescence—are important risk factors related to the wrong administration and dosage of medicines, which are common events observed in geriatric patients.

The use of medicines can be decisive for the control and prevention of common chronic diseases in older adults. The growth of the demand occurs in parallel to an increased prevalence of these diseases.[3] The use of medicines by the participants of the study proved to be high (77.78%), an expected fact that is consistent with the national standard.[9]

An important aspect identified was poly-pharmacy—using more than one drug at the same time among the older adults. The results obtained showed that 36.58% of the participants used more than one type of medicine, which is a feature also observed in similar epidemiological studies that found the value of 35.4% for this variable.[3]

This result is troubling. The simultaneous use of several drugs—mainly together with other drugs not prescribed and associated with each individual intrinsic factors—leads to health risks, especially related to intoxications, adverse reactions, and drug interactions. Among the classes of medications used by the individuals assessed are those related to the therapies for cardiovascular diseases and diabetes (Table 2).

Self-medication is common in the Brazilian population. Similar studies explain that the low prevalence of self-medication in older adults is due to access of this population to the public health network for treatment of chronic diseases, such as hypertension and diabetes, where free drugs and medical care are provided. This information is in accordance with results found in studies conducted in the southeast region, where there was greater chance of use of medicines prescribed exclusively to older adults who attended public health services, presence of chronic diseases, better socioeconomic level, and age over 75 years.[2,3,7]

In the present study, it was possible to observe a high prevalence of self-medication among older adults in the Municipality of Itacoatiara. Among the respondents, 66.7% stated that they used non-prescribed medications, including over-the-counter medications which were the most common. The classes most widely used were analgesic and antipyretic drugs.

It is necessary to conduct more comprehensive studies in the cities of the Middle Amazon. The high prevalence of self-medication in this region is supposed to be stimulated by the difficulty of access to specialized health services, as well as the familiarity with the medicines, easy access, previous positive experiences, and lack of knowledge regarding the disadvantages that include unnecessary expenses, delay in diagnosis and treatment, drug interactions, adverse reactions, bacterial resistance, and toxicity.

The self-medication profile found in this study showed to be low, however within the national standard according to the regional literature. It may be suggested that this disparity in the results obtained is due to the difference in quality of pharmaceutical assistance offered to older adults by states and municipalities.

CONCLUSION

The prevalence of self-medication among older adults in the Municipality of Itacoatiara, State of Amazonas, proved to be low when compared to findings of similar studies involving older adults from other Brazilian municipalities. This fact is related to the strong cultural tendency of the population to self-medicate and the inherent risks unknown by the population.

Other factors of influence are the difficulty of access to adequate medical care, familiarity with drugs that were previously used and geared positive result, and the medical and pharmaceutical assistance that are usually of terrible quality. These facts make older adults feel insecure about following the prescriptions, often giving preference to phytotherapic drugs.

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Corresponding Address

Daniel Tarciso pereira martins
Instituto de Ciências Exatas e Tecnologia
Farmácia
Rua Nossa Senhora do Rosário, 3863
CEP 69630-000 – Itacoatiara (AM), Brazil