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INTEGRATIVE REVIEW ARTICLE

CONSUMPTION OF BENZODIAZEPÍNICOS BETWEEN ELDERLY IN THE STRATEGY FAMILY HEALTH: INTEGRATIVE REVIEW

CONSUMO DE BENZODIAZEPÍNICOS ENTRE IDOSOS NA ESTRATÉGIA SAÚDE DA FAMÍLIA: REVISÃO INTEGRATIVA

CONSUMO DE BENZODIAZEPINAS ENTRE ANCIANOS EN LA ESTRATEGIA SALUD DE LA FAMILIA: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to characterize the use of benzodiazepines among the elderly in the Family Health Strategy. **Method:** this is an integrative review with a temporal cut-off from 2005 to 2015, carried out in the LILACS database and the virtual library SCIELO, to answer the question: << What does the literature show on the consumption of benzodiazepines among the elderly in the Family Health Strategy? >>. The articles were carefully analyzed with an adapted instrument considering their methodological characteristics and levels of evidence. **Results:** there were six articles identified, indicating the prevalence of benzodiazepines in the elderly. Female, widowed or married individuals with low purchasing power are more likely to use benzodiazepines, while those who report depression and anxiety are the ones who use the drug the most. **Conclusion:** there is a lack of care in elderly users of these substances about their distribution and guidelines for use. **Descriptors:** Mental Health; Aged; Benzodiazepines; Family Health Strategy.

RESUMO

Objetivo: caracterizar o uso de benzodiazepínicos entre idosos na Estratégia Saúde da Família. **Método:** revisão integrativa com recorte temporal de 2005 a 2015, realizada na base de dados LILACS e na biblioteca virtual SCIELO, com vistas responder à questão: << O que apresenta a literatura sobre o consumo de benzodiazepínicos entre idosos na Estratégia Saúde da Família? >>. Os artigos foram analisados criteriosamente com instrumento adaptado considerando suas características metodológicas e níveis de evidências. **Resultados:** foram identificados seis artigos, os quais indicam prevalência no uso de benzodiazepínicos por idosos. Sujeitos do sexo feminino, viúvos ou casados e com baixo poder aquisitivo estão mais susceptíveis ao uso de benzodiazepínicos, ainda, aqueles que referem depressão e ansiedade são os que mais utilizam a droga. **Conclusão:** observa-se a existência de uma atenção insipiente no cuidado com idosos usuários destas substâncias no que diz respeito à sua distribuição e orientações quanto ao uso. **Descritores:** Saúde Mental; Idoso; Benzodiazepines; Estratégia Saúde da Família.

RESUME

Objetivo: caracterizar el uso de benzodiazepinas entre ancianos en la Estrategia Salud de la Familia. **Método:** revisión integradora con recorte temporal de 2005 a 2015, realizada en la base de datos LILACS y en la biblioteca virtual SCIELO, para responder a la pregunta: << Qué es lo que presenta la literatura sobre el consumo de benzodiazepinas entre ancianos en la Estrategia Salud de la Familia? >>. Los artículos fueron analizados criteriosamente con instrumento adaptado considerando sus características metodológicas y niveles de evidencias. **Resultados:** fueron identificados seis artículos, los cuales indican prevalencia en el uso de benzodiazepinas por ancianos. Sujetos del sexo femenino, viudos o casados y con bajo poder adquisitivo están más susceptibles al uso de benzodiazepinas, y aún, aquellos que muestran depresión y ansiedad son los que más utilizan la droga. **Conclusión:** se observa la existencia de una atención insipiente en el cuidado con incianos usuarios de estas substancias en su distribución y orientaciones para el uso. **Descritores:** Salud Mental; Anciano; Benzodiazepinas; Estrategia de Salud Familiar.

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INTRODUCTION

The Brazilian population over 60 years old has increased significantly in recent decades, with a trend of rapid increase and expectations for a population that will triple in the next 40 years. In 2010, the population of the elderly was less than 20 million inhabitants, and the estimate of population indicates that in 2050 there will be approximately 65 million elderly people.¹ With this change in the epidemiological profile of the population, it becomes increasingly necessary to develop public policies aimed at this people, aiming at the care and integral attention to the health of the elderly.

The impact of the aging process on public health and current society is evidenced by a greater demand for health services due to the persistence of infectious diseases, an evident increase in mortality rates due to external causes such as accidents and domestic violence, as well as the increase of chronic and degenerative diseases.²

In this sense, the increase of these individuals in the world population represents a great challenge for the health services, especially in developing countries, where poverty and social inequality still interfere with the integral health care of the population. Epidemiological investigations guides and provides the implementation of health policies for the development of care, subsidized by the identification of the factors conditioning and determinants of the health of these individuals.⁴ It is important to emphasize that the elderly still suffer daily difficulties such as the deficiency of hospital services, prejudice, violence, poverty, among other factors that contribute to greater morbidity and mortality in this people.

There is also a significant increase in the consumption of psychotropic drugs in the elderly, which may be justified by providing rapid benefits for the patient, with benzodiazepines being the class most prescribed by health professionals.⁵ Also, in a study performed with the elderly, these drugs were more frequently used among the participants.⁶ In conclusion, a study found that advanced age is a determinant factor in the use of this drug.⁷ In this sense, the significant increase in the prevalence of these substances reinforces the importance of the main factors predisposing to its use.⁸

The use of benzodiazepines in the elderly occurs most of the time, in an inadequate way to the proposed treatment, being the use of doses or periods superior to those recommended by health professionals, or even

with the use without medical supervision.⁹ Also, The indiscriminate use of these drugs can lead to undesirable effects and drug interactions that result in death.¹⁰ Chemical dependence is the main side effect of benzodiazepines, and its abrupt discontinuation can lead to abstinence symptoms, leading to serious harm to the health of the individual.¹¹

The inappropriate use of psychotropic, especially benzodiazepines, is associated with factors such as changes in medical prescriptions; convincing capacity that the patient uses before the professional to induce him to prescribe the drug; inappropriate prescriptions by health professionals, who indiscriminately offer these substances without considering the harm they can bring to the health of individuals.¹²

In this context, it is necessary to carry out actions in mental health within the scope of the Family Health Strategy, as soon as it is a path to be followed, aiming at the accomplishment of a comprehensive clinical view, to promote the Quality of life of those individuals who need care, especially psychiatric care.¹³

Considering that there are still few studies on the use of psychotropic drugs in Brazil, especially benzodiazepines, it is considered important to carry out research investigating how these drugs are being used by the elderly population and what are the main reasons for its use.

Thus, this study aims to identify the theoretical production about the use of benzodiazepines in the elderly; to identify the main reasons and factors related to the use of these substances; to verify the relationship between mental health and benzodiazepine consumption; and to identify the main drugs of this class that are prescribed by health professionals.

METHOD

This is an integrative review,¹⁴⁻⁵ with temporal delimitation between 2005 and 2015, using the following steps: identification of the theme and selection of the hypothesis, emerging the guiding question: << What does the literature show on the consumption of Benzodiazepines among the elderly in the Family Health Strategy?>>. Subsequently, the criteria for inclusion and exclusion of studies or search in the literature were established; definition of the information to be extracted from the selected studies and categorization of the studies; the evaluation of studies included in the research; the interpretation of

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the results and presentation of the review/synthesis of results.¹⁶

The bibliographic searches were in May 2015, in the Latin American and Caribbean Literature in Health Sciences Database (LILACS) and the Scientific Electronic Library Online (SciELO) virtual library. The following descriptors indexed in DeCS (Descriptors in Health Sciences) were used to perform the searches: psychotropic; benzodiazepines; as well as the Boolean operator [AND].

The inclusion criteria used for the selection of the sample were: articles published in Portuguese and Spanish, indexed in online journals, with content available in full and that presented how is constituted the scenario of the use of benzodiazepines among the elderly in the Family Health Strategy (ESF). Studies that were repeated in more than one database and those that were not related to the objective of this study were excluded from the sample.

An adapted data collection instrument was used to analyze the selected studies that contain information about: author, year of publication, article title, periodical, study objectives, main results and conclusions, methodological aspects and levels of evidence, which are : Level 1: systematic reviews or meta-analysis of relevant clinical trials; Level 2: Evidence from at least one well-delineated randomized controlled trial; Level 3: well-delineated clinical trials without randomization; Level 4: well-delineated cohort and case-control studies; Level 5: Systematic review of descriptive and qualitative studies; Level 6: evidence derived from a single descriptive or qualitative study; Level 7: opinion of authorities or committees of experts including interpretations of information not based on research.¹⁶

After thorough analysis, the results were tabulated and later categorized into Pattern of psychotropic use among the elderly, Mental health and use of psychotropic drugs among

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the elderly and Factors related to the use of psychotropic drugs among the elderly.

At the LILACS database, 108 articles were identified using the benzodiazepine and elderly and psychotropic descriptors. After reading the abstracts, 16 studies were selected. When reading in full, a total of three articles were included in this study. In SciELO, using the descriptors benzodiazepines and elderly and psychotropic, there were 23 articles identified that, after reading the abstracts, resulted in the selection of 11 publications. When read in full, it was identified that only three articles answered the guiding question of this study.

Thus, after applying all the inclusion and exclusion criteria, a total of six articles were included in the study, which provides data on the use of benzodiazepines among the elderly in the ESF. The results of the studies were analyzed separately by six reviewers for critical reflections and considerations about the subject matter, ensuring a more rigorous study.

RESULTS AND DISCUSSION

The data in Figure 1 are related to the publications included in the integrative review about author and year of publication, study title, the journal where the work was published, the level of evidence of included studies, method and approach used. It is observed that 2014 was the year that there were more publications (33.3%). Regarding the level of evidence, the six articles presented a level of evidence VI (100%). Regarding the approach of the six articles selected, three used a qualitative approach (50.0%), two used quantitative methods (33.4%), and one used a mixed approach.

Author		Year of publication	Title of the Article		Journal		Level of evidence	Approach/Method	
Noia	AS,	2012	Factors	associated with the use of psychotropic drugs by elderly people living in the city of São Paulo.	Rev	Esc	VI	Quantitative; Population-based cross-sectional study with 1,115 elderly men and women.	
Secoli	SR,				Enferm	USP.			
Duarte	YAO,								
Lebrão	ML,								
Lieber	NSR.								
Alvarenga		2014	Chronic use of	benzodiazepines among the elderly.	Rev	Saúde	VI	Qualitative; Prospective study with 22 elderly people of both genders.	
JM,	Giacomin				Pública.				
KC,	Loyola								
Filho	AL,								
Uchoa	E.								

Floriano PJ, Dalgalarondo P.	2007	Mental health, quality of life and religion in the elderly of a Family Health Program.	J Bras Psiquiatr.	VI	Qualitative/Quantitativ e; With 82 elderly people of both genders.
Mendonça RT, Carvalho ACD.	2005	The role of elderly women consuming allopathic tranquilizers in popularizing the use of these drugs.	Rev Latino-am Enfermagem.	VI	Qualitative; Descriptive and exploratory study with 18 female elderly women.
Telles Filho PCP, Chagas AR, Pinheiro MLP, Lima AMJ, Durão AMS.	2011	Use of benzodiazepines by the elderly in a family health strategy: implications for nursing	Escola Ana Nery.	VI	Quantitative; Descriptive study with 27 elderly people of both genders.
Mendonça RT, Carvalho ACD, Vieira EM, Adorno RCF.	2008	Medicalization of elderly women and interaction with Soothing Consumption.	Saúde Soc.	VI	Qualitative; Prospective population-based study of 18 women.

Figure 1. Distribution of studies included in the integrative review, according to authors and year of publication, title, database and method employed. LILACS, SciELO, 2015.

In Figure 2, the data related to the objectives of the studies, the main results and the conclusions of the studies included in this integrative review are presented. It is noticed that there is a greater predominance of studies that aim to analyze the main factors triggering the use of benzodiazepines, constituting a total of three articles (50%) followed by those whose objective was to analyze the prevalence of benzodiazepine use among the elderly, (33.4%), and finally an article aimed at investigating the sociocultural relationship of the elderly with their quality of life (16.6%).

Author, Year	Objectives	Results	Conclusion
Noia AS, Secoli SR, Duarte YAO, Lebrão ML, Lieber NSR; 2012.	To identify the prevalence and factors associated with the use of psychotropic drugs among the elderly in the city of São Paulo.	The prevalence of psychotropic use was 12.2%, and the associated factors were female gender (OR=3.04 95% CI=1.76-5.23) and polypharmacy (OR=4.91 CI 95%=2.74-8.79). Greater use among women, over 75, with 12 years or more of study. Most of the women (36.2%) had depressive symptoms.	The use of psychotropic by the elderly should have a well-established risk-benefit evaluation. Older women, especially those submitted to polypharmacy deserve differentiated attention, in the dosage adjustment and treatment time, aiming at minimizing the adverse outcomes they are subject.
Alvarenga JM, Giacomini KC, Loyola Filho AL, Uchoa E; 2014.	To analyze the perception and motivation of the chronic use of benzodiazepines among the elderly.	The most reported benzodiazepine was Clonazepam, followed by Bromazepam, Lorazepam or Diazepam. All of them reported chronic consumption of BZD, but at doses not above normal. The use of BZD was mainly related to nervousness, insomnia, and concern for the family.	The chronic use of BZD is the main way the elderly find to ease nervousness and insomnia. The services still have great difficulty in dealing with this problem, which is the indiscriminate use of this drug.
Floriano PJ, Dalgalarro P; 2007.	To evaluate the relationships between the dimensions of sociocultural life, such as social support network and religion, mental health and quality of life in the elderly of a Family Health Program.	28.2% had some disorder. 13.6% had benzodiazepine dependence. Regarding the use of benzodiazepines in the last 12 months, 17% reported having some used; 21.4% were drug-dependent, and 7.1% were abusers of BZD.	This study shows that the elderly with lower education and income tend to have worse quality of life and health. To understand the determinants of the quality of life of the elderly, the social context in which these individuals are inserted must be known.
Mendonça RT, Carvalho ACD; 2005.	To show that the consumption of tranquilizers is particularized according to the social and cultural contexts in which their consumers are involved.	The most commonly used benzodiazepine was Diazepam because it was free of charge distributed for the service and cheaper. Alprazolam, Clonazepam, Bromazepam, and Lorazepam have also been identified. The average use of BZDs was 16 years. The elderly showed great knowledge about medicines.	The use of benzodiazepines by the elderly population is related to the context in which they are inserted. The consumption of allopathic tranquilizers is particularized by the social and cultural contexts in which patients are involved due to the popularization of the drug.
Telles Filho PCP, Chagas AR;	To verify and analyze the prevalence of benzodiazepine	The most used BZD was Diazepam, used by 37.04% of the elderly, followed by	Prevalence of the use of benzodiazepines among the elderly attended in the Basic

Pinheiro MLP, Lima AMJ, Durão MAS; 2011.	use by elderly enrolled in a Family Health Strategy of Diamantina - Minas Gerais.	Clonazepam used by 25.93% and Bromazepam by 18.52% of the elderly. About Diazepam, the most identified dose was 10 MG. 88.90% of the interviewees have the medical prescription, and 11.10% do not have it.	Care of the city studied. Nursing teams must reorganize in their work processes in search of a better adequacy in the prescription of these drugs.
Mendonça RT, Carvalho ACD, Vieira EM, Adorno RCF; 2008.	To investigate and discuss the relationships between gender, aging and the consumption of benzodiazepines prescribed by the public health services to elderly women of the working classes.	Responsibility for the domestic environment, greater demand for health services, homes with financial difficulties and family conflicts influence the use of sedatives among women. The need to perform domestic activities is a predisposing factor to the use of these drugs.	The use of sedatives is influenced by the social context in which women are inserted, especially in the domestic environment. Services should be adequate to meet this demand, and professionals should understand the views of the elderly about their illnesses and therapies to perform their actions better.

Figura 2. Distribution of studies included in the integrative review, according to objectives, results, and conclusion. LILACS, SciELO, 2015.



Pattern of psychotropic use among the elderly

All selected articles were within this category since they clearly provided important information regarding the use of psychotropic drugs, especially benzodiazepines. A cross-sectional population-based study that aimed to identify the prevalence, as well as the factors associated with the use of psychotropic drugs among the elderly in the city of São Paulo, provides the following data: prevalence of psychotropic use of 12.2% in elderly residents in the studied city, of them, 7.2% were antidepressants and 6.1% were the benzodiazepine class. It can be perceived that there is an increase in the use of antidepressants about the use of benzodiazepines.¹⁷

A cross-sectional study consisting of individuals over 60 whose objective was to evaluate the relationships between the dimensions of sociocultural life, such as social support network and religion, mental health and quality of life in the elderly of a Family Health Program detected that 7.1 % of the elderly had abusive use of benzodiazepines and that 17.0% had made some use in the 12 months prior to the study. These two studies indicate that the use of benzodiazepine by the elderly population has a significant significance.¹⁸

A cross-sectional study indicates that 10 benzodiazepines agents were used: Diazepam, Chlordiazepoxide, Lorazepam, Bromazepam, Clobazam, Alprazolam, Cloxazolam, Flunitrazepam, Estazolam and Midazolam. The most used benzodiazepines were Diazepam (1.7%) and Bromazepam (1.4%).¹⁷ In a qualitative study developed with 18 elderly women, the objective was to show that the consumption of tranquilizers is particularized according to the social and cultural contexts. Diazepam was detected as the most commonly used psychotropic drug among elderly women, followed by Alprazolam, Clonazepam, Bromazepam and Lorazepam.¹⁹

A descriptive study with 27 elderly people in the city of Diamantina, Minas Gerais, Brazil, aimed at analyzing the prevalence of benzodiazepine use among elderly people in a ESF, Diazepam was the most commonly used benzodiazepine in the elderly (37.0%), followed (25,93%), Bromazepam (18,52%), Alprazolam (11,11%), Lorazepam (3,70%) and Midazolam (3,70%).²⁰ A qualitative, prospective, population-based study of 18 patients in the city of Ribeirão Preto, whose objective was to investigate the relationships

between gender, aging and consumption of tranquilizers prescribed by public health services to elderly women of the working classes, identified that the benzodiazepine most used by the elderly was also Diazepam.²¹

Four studies have shown that Diazepam is the benzodiazepine most commonly used by the elderly research participants, although other substances are identified.^{17,19-21} Possibly, the free distribution and the low price of Diazepam are determining factors for abuse of this drug.^{19,21} However, only one study provided information on the dose of the drug used.²⁰ Other information, such as the number of tablets per day and the number of times the drug was used were not addressed in the studies.

A qualitative study developed with 22 elderly residents in the city of Bambuí - Minas Gerais showed the following data: the most prescribed benzodiazepine was Clonazepam followed by Bromazepam, Lorazepam, and Diazepam.⁶ The results of this research differ from previous studies, which indicated that the most commonly used benzodiazepine was Diazepam and Clonazepam is the drug most prescribed by professionals.

A qualitative study showed that the time of use of benzodiazepines has been on average for 16 years.¹⁹ A study conducted with a qualitative approach highlights that the consumption of these drugs occurred in the period of six months and 40 years. While a mixed study shows that 21.4% of the participants in their study had a chemical dependency. It is important to emphasize that addiction is related to the misuse of these drugs.¹⁹

The prescriptions were made indiscriminately, without the need for medical consultation. Elderly people who needed the prescription did not always have to go to the service or consult for prescribing the drug; sometimes it was done by the professionals of the services or relatives of the elderly.⁶ It is important to point out that in this study it was verified that no elderly subjects presented knowledge about the risks offered using benzodiazepines. This may be because health professionals do not provide the elderly with the necessary information regarding prolonged use of this medication, side effects, etc.

Patients, in some circumstances, have a degree of autonomy regarding dosage changes, schedule, and medication removal, they suggest to the physician the form they want to use the medication. When this does

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not happen, they get the drug through family members and/or friends.¹⁹

Also, according to a qualitative study, obtaining benzodiazepine is an indispensable issue in the life of the elderly, since it is the guarantee that the patient must not think about family problems and obtain a better quality of sleep.⁶ A descriptive study detected that most of the elderly had a medical prescription (88.9%) and 66.6% of them followed the recommendations of this professional.²⁰ A similar result is presented in a qualitative study, in which it is emphasized that all elderly patients had the medical prescription and this was the condition for getting the medication. Although it was a way of controlling the indiscriminate use of these medicines, some elderly people perceived this as an obstacle.

Regarding this, it is highlighted the lack of control of prescriptions of these drugs by professionals. The uncontrolled availability of medical prescriptions of this species is the main cause of the inappropriate use of benzodiazepines since these are easily accessible.¹⁷ Also, Basic Care professionals use psychotropic drugs, almost exclusively, as the only form of softening the symptoms of psychic problems, without using other therapeutic strategies. Therefore, it is the role of the ESF to develop adequate and satisfactory practices for the rational use of these drugs and to reduce the problems they cause.²⁰

♦ Mental health and psychotropic use among the elderly

This category includes four articles that show the influence of mental health in triggering the use of psychotropic drugs.¹⁷⁻²⁰

In a cross-sectional study, it was identified that individuals who had the perception of their health as being bad or very bad greater used psychotropic drugs (22.4%).¹⁷ Research on a qualitative approach emphasizes that the conception that the elderly has about the health/disease process may interfere with the use of the medication, as well as the involvement of other people in the treatment, whether giving opinions about its use or even indicating drugs not prescribed by professionals.¹⁹ This fact suggests that the elderly directly influence the use of psychotropic drugs.

A cross-sectional study highlights the following situation: the elderly who presented symptoms of depression were the ones who used the most psychotropic drugs (36.2%), followed by the elderly with cognitive decline (27.1%).¹⁷ Descriptive research emphasizes

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that the onset of psychological diseases have a significant influence on the consumption of these drugs.²⁰ In this sense, a qualitative study shows that the main complaints reported by the elderly for the treatment with anxiolytics (benzodiazepines) were depression, anxiety, nervousness and insomnia.¹⁹ Corroborating with this finding, nervousness and insomnia were also complaints reported by them in another qualitative study.⁶ Another study carried out with elderly people indicates that insomnia is directly related to increased benzodiazepine consumption.¹⁸

It can be stated that the mental health situation of the elderly is directly related to the use of psychotropic substances, especially benzodiazepines. Thus, the worse the quality of mental health of the elderly, the higher the consumption pattern of these drugs. The work of the ESF should be based on the perspective of offering the comprehensive elderly care, in the search for a better quality of life, where the conditioning factors and determinants of health are observed by the professionals and the necessary interventions are performed.

♦ Factors related to the use of psychotropic drugs among the elderly

Five studies were included in this category because they provide subsidies on the factors involved in the use of psychotropic drugs among the elderly.^{6,17,19-21} These studies show the main factors that influence the use of psychotropic drugs in the elderly population in a clear and objective way, especially benzodiazepines.

Three studies indicate that the use of psychotropic drugs, including benzodiazepines, is more evident among women.^{6,17,20} The fact that women live longer than men can contribute to the greater development of psychic suffering and, consequently increased use of psychotropic drugs.²⁰

The use is intensified by the fact that women consult with more than one doctor and take different types of medication, as well as using health services more frequently since they are more concerned about their health, as well as greater adherence to treatment with psychotropic drugs.^{17,19}

A cross-sectional study found that people aged 75 years old or more were the ones with the highest frequency of psychotropic use (15.1%).¹⁷ This descriptive study presents divergent results since it shows that the elderly patients who used benzodiazepines had a lower age range, from 71 to 75 years old.

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As the person ages, he is affected by changes in sleep patterns, which often result in difficulties in falling asleep and sleep disruption at night, and may be associated with complaints of insomnia.¹⁷ The need to perform sleep daily life leads the elderly to use psychotropic substances to maintain this discipline of their bodies.²¹

It is observed that subjects who studied for 12 years or more were the ones who used the most psychotropic substances.¹⁷ A descriptive study indicates that the use of benzodiazepines is more evident in subjects who did not finish the first grade,²⁰ as well as the higher frequency of use was related to those who had one to five years of study.⁶ These results are in agreement with those obtained in other work with elderly women, where it was evidenced that the use of anxiolytics (benzodiazepines) was more frequent in people with up to five years of study.¹⁹

It is perceived that the use of benzodiazepines is more related to low education (less than five years of study), while non-specific psychotropic drugs are related to the longer study time (12 years or more).

A qualitative study found that the use of psychotropic medication was higher among those who were widowed or married and had children.⁶ These results are in agreement with the findings of a descriptive study, in which 48.1% of benzodiazepine users were widowers, and 33.3% were married.²⁰ In another cross-sectional study, the results showed that elderly people who were accompanied were more likely to use psychotropic drugs (12.4%), while those living alone (11.6%) had a lower consumption of these drugs.¹⁷

In the reports of the elderly, it was identified that there were concerns related to family problems among the main reasons for the use of benzodiazepines.⁶ In this sense, it can be inferred that the higher the number of members in the elderly family, the higher be their level of concern with these subjects and, consequently, higher use of psychotropic drugs, especially benzodiazepines.

Another factor that directly influences the use of psychotropic drugs is the low purchasing power of the elderly. This condition is presented in some studies, and the importance of income in the maintenance of individuals' health was considered, directly and indirectly influencing the use and abuse of psychoactive drugs, especially benzodiazepines.^{6,19-21}

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One study showed that the use of psychoactive drugs is intensified in elderly people who have limitations in the basic activities of daily living. Also, it was found that those who use more than five medications per day are more likely to have a greater use of psychotropic substances, but also those with more than four types of disease.¹⁷

In this sense, it is observed that the limitations that appear over the years are important factors triggering the use of benzodiazepines. This is most often due to the feeling of worthlessness that the elderly has because they cannot perform their daily activities satisfactorily.

CONCLUSION

The number of publications on benzodiazepine use among the elderly population is still insipid. It is believed that it can be explained by the increase in life expectancy and consequent increase in the number of elderly people in the population still be a relatively new scenario.

Studies have shown that the use of psychotropic drugs, especially benzodiazepines, is still high, and for the most part, it occurs for a period longer than recommended. It can be observed that there are shortcomings in the care given to elderly people who use these medicines, regarding their distribution and orientation regarding the harm they offer.

It is important to emphasize the non-existence of alternative and complementary methods in the attention to the person with the mental disorder, being the drug treatment the only method used. In this scenario, there is a certain lack of control in medical prescriptions, making the elderly more and more dependent on psychotropic drugs.

Given that the elderly population needs a differentiated "look" by health professionals, especially in Primary Care, it is expected that this study will encourage health professionals to reassess their practices and strategies for the promotion of Health of these subjects. It is important that other works are carried out, aiming to broaden the reflections and debate on this subject, as well as providing a new theoretical, practical, ethical and political posture of health professionals, especially the professionals of Primary Care to the person with mental suffering or mental disorder.

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