AUTOMEDICATION IN ACTIVE ELDERLY PEOPLE
AUTOMEDICAÇÃO EM IDOSOS ATIVOS
AUTOMEDICACIÓN EN ANCIANOS ACTIVO

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ABSTRACT

Objective: to analyze the practice of self-medication in the elderly population. **Method:** this is a quantitative, exploratory and descriptive study carried out with 74 active elderly people in two Social Assistance Reference Centers (CRAS). The data collection took place in weekly meetings through a form with questions of socio-demographic characteristics and related to the consumption of medicines applied through weekly meetings offered by CRAS. The data were analyzed by the SPSS statistical software version 20.0, with absolute and relative frequency distribution, in which numerical inference was performed on the description of the variables organized in tables. **Results:** the group studied showed a predominance of 43 (58.1%) female, 40 illiterate (54.1%) and 62 patients with chronic diseases (83.8%). The practice of self-medication was common for 57 (77%), analgesic and antipyretic with 32 (56.2%), and triggered by a headache with 38 (66.7%), with strong advertising influencing this practice in 43 patients (58, 1%). **Conclusion:** the practice of self-medication is frequent in the elderly population, which has repercussions on the need to work with health promotion groups to reduce the possible harm caused by inappropriate medication use. **Descriptors:** Aging; Self-Medication; Health of the Elderly.

RESUMO

Objetivo: analisar a prática de automedicação em idosos ativos. **Método:** estudo quantitativo, exploratório e descritivo, realizado com 74 idosos ativos, em dois Centros de Referência da Assistência Social (CRAS). A coleta de dados ocorreu em encontros semanais por meio de um formulário com perguntas de características sociodemográficas e relacionadas ao consumo de medicamentos aplicado por meio de encontros semanais ofertados pelo CRAS. Os dados foram analisados pelo Programa estatístico SPSS versão 20.0 com distribuição das frequências absoluta e relativa, em que se realizou inferência numérica de descrição das variáveis organizados em tabelas. **Resultados:** o grupo estudado demonstrou predomínio de participantes do sexo feminino, 43 (58,1%), analfabetos, 40 (54,1%), e portadores de doenças crônicas, 62 (83,8%). A prática da automedicação foi comum para 57 (77%), com analgésicos e antitérmicos, 32 (56,2%), e desencadeada pela cefaleia, 38 (66,7%), tendo a propaganda forte influência para essa prática em 43 (58,1%). **Conclusão:** a prática de automedicação é frequente nos idosos, o que repercute na necessidade de trabalhar com grupos de promoção à saúde de modo a reduzir possíveis danos provocados pelo uso inadequado de medicamentos. **Descritores:** Envelhecimento; Automedicação; Saúde do Idoso.

RESUMEN

Objetivo: analizar la práctica de automedicación en ancianos activos. **Método:** estudio cuantitativo, exploratorio y descriptivo, realizado con 74 ancianos activos, en dos Centros de Referencia de la Asistencia Social (CRAS). La recolección de datos fue en encuentros semanales por medio de un formulario con preguntas de características sociodemográficas y relacionadas al consumo de medicamentos aplicado por medio de encuentros semanales ofertados por el CRAS. Los datos fueron analizados por el Programa estadístico SPSS versión 20.0, con distribución de las frecuencias absoluta y relativa, en que se realizó inferencia numérica de descripción de las variables organizadas en tablas. **Resultados:** el grupo estudiado demostró predominio de participantes del sexo femenino 43 (58,1%), analfabetos 40 (54,1%) y portador de enfermedades crónicas 62 (83,8%). La práctica de la automedicación fue común para 57 (77%), con analgésicos y antitérmicos 32 (56,2%), y desencadenada por la cefalea 38 (66,7%), teniendo la propaganda fuerte influencia para esa práctica en 43 (58,1%). **Conclusión:** la práctica de automedicación es frecuente en los ancianos, lo que repercute en la necesidad de trabajar con grupos de promoción a la salud de modo a reducir posibles daños provocados por el uso inadecuado de medicamentos. **Descriptores:** Envejecimiento; Automedicación; Salud del Anciano.

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INTRODUCTION

The world is in a process of demographic transition increasing the elderly population. With this, measures that guarantee an aging with quality becomes increasingly necessary, since in this population there is a greater aggravation of chronic diseases such as systemic arterial hypertension and diabetes mellitus that are the most common in this population, becoming consumers of multiple medications.¹

The therapeutic benefits achieved with the correct use of the medicinal products are undeniable. However, their high consumption in the elderly can lead to health risks, due to reduced liver blood flow, decreased renal elimination, low blood albumin concentration and changes in the cognitive pattern, which may generate erroneous interpretations about the indication and mode of use of the active principles.²

The elderly are potential consumers of medications due to physiological changes due to the aging process, and antibiotics, anxiolytics, antidepressants, and beta-adrenergic are among the most commonly used pharmacological classes. The average daily intake is two to five medications per day and they are particularly sensitive to adverse effects, drug interactions, and toxicity.³⁻⁴

The use of medications practically triples as the individual ages because the tolerance to acute symptoms such as pain is reduced, and the frequency of this increase may be even greater when considering self-medication practices.⁵

About 50% of drugs are prescribed or dispensed inappropriately and 50% of patients take medicines incorrectly leading to high rates of morbidity and mortality. The most common types of irrational use of medications are related to people using self-medication and poly-pharmacy, common practices in older people, explained by the number of chronic diseases in this age group, high incidence of symptoms and consultation and treatment with different specialists.⁶

Besides to medication support prescribed by trained professionals, which is common to the treatment of chronic diseases that arise at this stage of life, there is the culturally apprehended behavior of treating certain signs and symptoms with the use of

drugs or medicines that are indicated by people not qualified for this purpose, as well as selected by their own volition.

Based on this behavior, the practice of self-medication, which is a form of self-care for health, is understood as the selection of the use of medicines for health maintenance, prevention of illnesses, treatment of diseases or symptoms perceived by people without prescription, orientation or follow-up.⁷

There is a consensus that self-medication is one of the examples of drug misuse considered a public health problem in Brazil and in the world. Also, the improper use of medicinal products may lead to the worsening of a disease, as inappropriate use may disguise certain symptoms and abusive use of these products may facilitate increased resistance of microorganisms, which compromises efficacy of treatments.⁸

The prevalence and factors associated with self-medication in the elderly have been investigated through population-based epidemiological studies, and the results show that this practice varies among elderly people living in different locations. In Brazil, a study conducted in Bambuí, state of Minas Gerais, found prevalence of 17%, and in the city of Salgueiro in Pernambuco, there was 60% of the elderly interviewed practicing self-medication.³

Factors such as familiarity with the drug, previous positive experiences, the symbolic role that medicines play on the population and difficulties in accessing health services contribute to self-medication. Given that elderly people who are self-medicated are more vulnerable, there are risks of intoxication and even more extreme situations such as accidental death.²

In the elderly population, the prevalence of prescription drugs is predominant, but in this age group, it is common to prescribe inadequate doses and indications, redundancy and the use of drugs with no therapeutic value. Also, the consumption of over-the-counter medications by a qualified health professional is very frequent.⁶

Considering the statements made in research, it is questioned: How does the practice of self-medication for elderly people assisted by a social assistance center occur? What factors contribute to self-medication in the elderly?

Due to the increasing number of elderly people who are self-medicated and the risks

involved in this practice, intervention measures are necessary for this problem, and it is the role of the nursing professional to promote educational measures among the elderly to seek to minimize this practice by elucidating them and what this habit can cause.

OBJECTIVE

- To analyze the practice of self-medication in the active elderly population.

METHOD

This is a quantitative, exploratory and descriptive study developed in two Reference Centers of Social Assistance (CRAS) in the municipality of Picos, Piauí, Brazil, from August 2016 to January 2017.

The city of Picos-PI is located in the Center-South region of Piauí and it is crossed by the highway BR-316. It was founded on December 12, 1890, and it is located 320 km away from the capital Teresina, with a population of 76,544 inhabitants projected for 2015 estimated by the demographic census 2010 of IBGE⁹.

CRAS is a decentralized state public unit of social assistance policy, responsible for organizing and providing basic social protection services for the single social assistance system (SUAS), which aims to prevent situations of vulnerability and social risks in the territories, through potentialities and acquisitions, the strengthening of family and community ties, and the expansion of access to the rights of citizenship¹⁰.

It is a basic social protection network that is different from the others because besides to offering services and actions, it has exclusive actions of a public offering of social work with families and territorial management of the social assistance network of basic social protection.

The CRAS of the city of Picos receives elderly people sent by the network and by the active search and spontaneous demand. Weekly meetings with varied activities are offered to them such as workshops of manual labor, *capoterapia*, lecture with several themes, talk circles, among other modalities.

The population was composed of 74 elderly people attending the social assistance centers. Due to the population quantitative, the sample was composed of

the entire population since there was this viability for data collection.

As inclusion criteria of the participants in the study and to ensure the sample, it was established that the participant should be 60 years old or older and be cognitively and functionally active according to criteria established by the Pfeffer Questionnaire by the Lawton Scale¹¹, and be assiduous in the center of social assistance.

Older people who were registered but who did not attend the activities for more than three months were excluded, which shows a low connection with the services offered in CRAS.

Data collection took from September to October of 2016 in the weekly meetings offered by CRAS through a form with questions of demographic characteristics and related to the consumption of medicines.

The elderly people when they arrived for the meeting were approached and invited to participate in the research where they previously explained what was being discussed. Those who accepted were referred one at a time to a reserved room where the researcher had between 10 and 20 minutes to perform the cognitive and functional assessment, and then carry out the questions on the form. A pre-test was performed with two elderly individuals after ethical approval and before the actual data collection, to ensure the instrument's viability and the time required for its application.

The data were organized into tables and analyzed by the Statistical Package for the Social Sciences (SPSS), version 20.0, with absolute and relative frequency distribution of the sociodemographic profile and consumption of drugs by the elderly people, where a numerical inference of the variables consumption of drugs and sociodemographic characteristics.

The research complied with the norms of Resolution 466/1212 of the Ministry of Health and the research project was approved by the Human Research Ethics Committee of the Federal University of Piauí with CAAE Number 60084316.7.0000.8057.

RESULTS

To detail the sample of the study of 74 registered elderly population and regular attendees of the CRAS, the entire sample group 74 (100%) presented a positive

evaluation regarding the criteria of cognition and functional capacity established by the questionnaire of Pfeffer and Lawton scale, respectively.

In this way, the data that were initially presented in a descriptive way regarding the composition of each institution were followed: CRAS I: 29 (85.3%) were female and 5 (14, 7%) were male, the highest age group was 60-65 (58.8%), and 5 in the male group (60-65) (14.7%); CRAS II: there was a higher frequency of female adults corresponding to 34 (85.0%), the age group that stood out was 60 to 65 years old with 15 (44.1%), 6 were males (15, 0%), 3 with age group of 60-65 (50.0%) and 3 with 66-70 (50.0%).

Regarding the total sample group, there was a predominance of females, with 63 (85.1%) being the most prominent in the age group of 60-65 years old with 43 individuals (58.1%), as shown in Table 1.

Regarding the stratification of educational level, most of them, 40 (54.1%) are illiterate. Regarding religion, which is another variable widely reported as related to the choice of cultural and behavioral

patterns, 50 (67.6%) were Catholic (Table 1).

Regarding housing, 66 (89.1%) reported living with the family and 8 (10.9%) living alone. Regarding family income, 59 (79.7%) reported monthly income between one and two minimum wages and 15 (20.3%) less than one minimum wage.

It was also investigated the frequency of risk habits strongly present in northeastern culture and that may aggravate or delay the effects of medications, such as tobacco consumption, where 59 (79.7%) reported not to use it. Also, when asked about the ingestion of alcoholic beverages, 72 (97.3%) reported not using it (Table 1).

Based on the knowledge about the incidence of chronic diseases in the third age, and therefore, it is a factor that can increase the use of medicines, symptomatic or continuous, the investigation on this variable was carried out. It was obtained that 62 (83.8%) already had some chronic disease diagnosed and undergoing treatment, the most frequent of which were systemic arterial hypertension 52 (70.27%), diabetes mellitus 20 (27.03%).

Table 1. Distribution of socioeconomic and health characteristics of the elderly people. Picos (PI), Brazil, 2017.

Variables	n	%
Age (years)		
60-65	43	58.1
66-70	17	22.9
71-75	11	14.9
>76	03	4.1
Gender		
Male	11	14.9
Female	63	85.1
Education level		
Literate	16	21.6
Illiterate	40	54.1
Elementary School	15	20.3
High school	03	4.0
Religion		
Catholic	50	67.6
Evangelical	21	28.3
spiritist	03	4.1
Who do you live with?		
Alone	08	10.9
Family	66	89.1
Family income		
Less than 1 minimum wage*	15	20.3
From 1 to 2 minimum wages	59	79.7
Smoker		
Yes	15	20.3
No	59	79.7
Drink alcohol		
Yes	02	2.7
No	72	97.3
Chronic diseases		
Yes	62	83.8
No	12	16.2

*Minimum wage: the value of R\$ 880.00 according to the Inter-Union Department of Statistics and Socioeconomic Studies DIEESE.

Regarding the use of medications, 66 elderly people (89.2%) reported continuous use and 14 (18.9%) reported using only symptomatically. It is also observed that, regarding the prescriber, 57 (77.0%) stated that the medications were not prescribed by a health professional, while 17 (23.0%) reported using only drugs prescribed by professionals, a high frequency of risky practices for errors or adverse events with medication, since most of them do not follow therapeutic protocols prescribed by a qualified professional.

It was found that 57 (77.0%) of them practiced self-medication, of which 55 (96.5%) were from one to two times a week and two (3.5%) three times a week. Regarding the knowledge about the medication use, 64 (86.4%) reported not knowing it. When questioned about the most common symptoms to self-medicate were predominantly mentioned: a headache 38 (66.7%) and pain 18 (31.6%) as shown in Table 2.

Using drugs without the correct therapeutic indication can trigger local and systemic complications, resulting in errors, side effects and even adverse reactions on the risks of self-medication, 51 (68.9%) say they do not know. Therefore, we investigated the occurrence of some adverse effects after self-medication, and 52 (93.5%) reported never feeling ill, while 5 (6.5%) already felt ill and did not seek the help of a professional.

In response to the most scored reasons that led to self-medication, there was the influence of third parties with 42 (73.7%). The influence of advertisements for the choice of self-medication behavior was also verified, and 43 (58.1%) reported having a habit of buying drugs that appear in advertisements to test their efficacy. When questioned, self-medication is indicated for other people and response frequency was balanced with 37 (50.0%) for yes and 37 (50.0%) for no (Table 2).

Tabela 2. Distribuição dos aspectos comportamentais relacionados ao consumo de medicamentos e automedicação por idosos. Picos (PI), Brasil (2017)

Variáveis	n	%
Use of medicines*		
Continuous	66	89,2
Symptomatic	14	18,9
Restricted use of medications prescribed by a health professional		
Yes	17	23,0
No	57	77,0
Self-medication		
Yes	57	77,0
No	17	23,0
Knowing the risks of self-medication		
Yes	10	13,6
No	64	86,4
Self-reported symptoms of self-medication*		
Headache	38	66,7
Pain	18	31,6
Fever	04	7,0
Cold	05	8,8
Infections	02	3,6
Frequency of self-medication		
1 to 2 times a week	55	96,5
3 times a week	2	3,5
Knowing the medication		
Yes	23	31,1
No	51	68,9
Previous prescription		
Difficulty in accessing health services	5	8,8
Previous prescription	52	91,2
Influence of third parties		
Influence of advertisements and self-medication	20	35,1
Yes		
No	3	5,2
Indicates self-medication	42	73,7
Yes		
No	43	58,1
Influence of third parties	31	41,9
Influence of advertisements and		

self-medication		
Yes	37	50,0
No	37	50,0

*The score for this item was considered according to the multiple choice option.

Given that the therapeutic class is defined according to the effects caused by the pharmacological substance in the organism, and depending on the chemical selectivity of the drug, besides the benefits, deleterious reactions can occur frequently. It was necessary to identify which drugs are most used in the self-medication by the elderly participants. According to the analysis of the responses, it can be observed that the most commonly reported therapeutic class was analgesics and

antipyretics with 32 (56.2%), followed by phytotherapics with 19 (33.3%) and anti-inflammatory drugs with 6 (10.5 %).
The pharmaceutical form which is the physical presentation of the drug, and the ability to influence pharmacokinetics has also been evaluated. Thus, the most commonly used forms of self-medication were: tablet with 35 (61.4%), followed by drops with 14 (24.6%), and capsules with 8 (14%) (table 3).

Table 3. Distribution of the types of drugs used for self-medication by the elderly participants regarding the therapeutic class and pharmaceutical form. Picos (PI), Brazil, 2017.

Variables	n	%
Therapeutic class		
Analgesics and antipyretics	32	56.2
Anti-inflammatory	6	10.5
Herbal medicines	19	33.3
Pharmaceutical form		
Tablet	35	61.4
Drops	14	24.6
Capsules	8	14.0

From the results, it is possible to identify the high frequency of self-medication in the elderly and the behavioral factors related to this practice. It is further concerned that most of them have some chronic disease, which may be aggravated due to the use of substances without adequate professional guidance. Thus, based on the premise that self-medication is difficult to control, it is necessary that educational measures for its rationalization be carried out, especially in fragile groups.

DISCUSSION

Among the participants, there was a higher frequency of females with 63 (85.1%) participants. Similar research to this study¹³ attributes to the phenomenon of the feminization of aging, characterized by the greater search behavior of health presented by women and also by the high rate of male mortality during adulthood. Concomitant to this, according to data from the Brazilian Institute of Geography and Statistics⁹ in Piauí, 51.2% of the population is composed of women, which reinforces the predominance of women in the research.

Regarding the variable age group, the highest score was 43 (58.1%) between 60-65 years old, thus evidencing a congruence with the results presented by other authors⁶ in a similar study where they obtained

56.71% of the elderly in the study ranging 60-69 years old. By making a comparison, it can be seen that the age group that practiced the most self-medication is close to 60 years old.
Observing that the level of education may interfere with people's knowledge about certain information, this study sought to know the level of education that the surveyed elderly had to know if there is any connection to the practice of using medicines for their own account. Most of them, 40 (54.1%) reported being illiterate, similar to the results of a higher frequency of illiterates.

The low level of education of an individual can compromise the adoption of healthy behaviors, and therefore the increasing number of vulnerabilities and health risks, such as self-medication. Skilled people with high education or a good level of literacy may be more aware of the risks of certain behaviors, and thus avoid them.¹⁴
The high results of illiterate elderly reflect one of the aspects of social inequality in the country. Illiteracy can be considered as a limiting factor for survival and quality of life, while it reduces the individual's ability to reflect and understand the factors surrounding him or her and minimizes the probability of satisfactory self-care behaviors.¹⁵

In the search for details that could interfere in the practice of self-medication, it was sought to know about the correlation between living with the family or alone and their interference in this choice, where the following results were obtained: 66 (89.1%) reported living with the family and 8 (10.9%) live alone. Similar to the data from other studies¹⁶, 88% of the population of self-medication elderly lived with someone.

Regarding the family income, 59 (79.7%) declared monthly income between one and two minimum wages, 15 (20.3%) less than one minimum wage. In this perspective, there were no discrepancies with the results reported in the surveys of other regions of Brazil³, which lead to the reflection that the monthly income of the elderly is relatively low throughout the national territory and that the main sources of support are retirement and pensions.

It is known that the low purchasing power and the precariousness found in the health services cooperate so it is easy to acquire medicines without a prescription. Although the policy of access to medicines in Brazil has undergone drastic expansion in recent years after the implantation of the SUS, it is still insufficient the way some financial and administrative health resources are organized at the local level, which increases the search for medicines outside this service network, where medical prescriptions are not always mandatory.¹⁷

When investigating some lifestyle habits of the participants, due to the fact that they can interfere directly in health, it was sought to know the consumption of tobacco and alcohol, since, in the context of the use of medicines, these substances may interfere in the capacity of distribution and absorption of the drugs, and when associated with physiological conditions of aging, they may precipitate undesirable effects (adverse or collateral) in their effect.

Based on this, the research on this variable was carried out, and it was obtained that 62 (83.8%) already had some chronic disease diagnosed and under drug treatment, with the most frequent being systemic arterial hypertension with 52 (70, 3%), and diabetes mellitus with 20 (27.0%).

Still, on this subject, it is estimated that the world population with diabetes is 387 million people and reaching 471 million in 2035. About 80% of these individuals live in

developing countries. This number of diabetics is increasing due to population growth and aging, greater urbanization, progressive prevalence of obesity and sedentary lifestyle.¹⁸

Given that most of the elderly have some chronic disease and there is an ease in acquiring medication, it is important to investigate how their behavior is in relation to the use of drugs since they already use one or more medications. Most of them reported using it on a continuous basis, pointing out that 57 (77.0%) indicated that the medicines were not prescribed by a health professional, while only 17 (23.0%) reported only use prescription drugs.

Also, 57 (77.0%) were self-medicated, 55 (96.5%) of them being one to two times a week and two (3.5%) to three times a week. However, only 17 (23.0%) reported not practicing this habit. Regarding the knowledge about the medication use, 64 (86.4%) reported not knowing it. When asked about symptoms to self-medicate, the headache was reported in 38 (66.7%), pain in 18 (31.6%), cold in 15 (8.8%), fever in 4 (7.0%) and infections in 2 (3.6%). Reports that corroborate a study carried out by authors¹⁹ who found the analgesics, antibiotics, and antipyretics as the main reasons for self-medication.

In a previous study,¹⁴ authors found that 67% of the elderly in their sample group has already performed this practice at some point, considering a 15-day reminder. Regarding the frequency of the use of nonprescription drugs, it was evidenced that 92.54% of the elderly do it when they have some type of clinical complaint. As for the demand for health services in the last few days, only 8.96% of the self-medicated elderly reported having attended less than a fortnight to a week in medical consultations.

Self-medication can lead to losses that go beyond drug costs, delaying diagnosis, appropriate therapy, resulting in the occurrence of adverse or allergic reactions, and intoxication. It puts at risk the health of the elderly population as well as presenting risks when associated with prescribed drugs, delaying the proper diagnosis and often masking serious diseases.²

About the knowledge of the risks of self-medication, 51 (68.9%) said they did not know it. Obtaining this information, it was investigated whether there were any

adverse effects after self-medication, and 93.5% said they had never felt bad, while 6.5% said they already felt ill, but did not seek help from one professional or specialized service.

According to the subjects surveyed, the reasons that led to self-medication were the influence of third parties with 42 (73.7%), previous prescription with 20 (35.1%), and difficulty in accessing health services with 3 (5.2%). Another questioned and very important variable was the verification of the influence of advertisements in the search for self-medication, and 43 (58.1%) reported that they buy drugs from advertisements because they believe it safe, claiming that if there were any danger they would not be exposed to the sale, and 31 (41.9%) said they were not influenced by it.

In a similar study⁶ the reasons that lead the elderly to self-medication, 39.24% referred to knowledge and previous use of the drug, 20.25% declared a lack of time to seek professionals and health services and 16.46% by an indication of an acquaintance.

Regarding the therapeutic class, the most cited were analgesics and antipyretics with 32 (56.2%), followed by phytotherapies with 19 (33.3%) and anti-inflammatory drugs with 6 (10.5%). Other authors have found similar results^{14,20} where analgesics and anti-inflammatories were the most consumed respectively.

The most widely used dosage forms in the studied group were tablets, drops, and capsules, agreed with information from researchers¹ in raising characteristics of self-medication in adults and the elderly through a review of the literature. In this same study, the authors explore the risks of toxicity that may be associated with the metabolism of certain pharmaceutical forms by the organism, reiterating that these more frequently used forms need to go through the gastrointestinal tract (GI) and be metabolized at a liver level to produce beneficial effects to the body. However, the GI of the elderly is already slower and with reduced metabolism, which may delay the effect expected by the medications or lead to situations of overdosage.

In view of the above, it is incumbent upon professionals in a general way, not only in nursing, to seek ways to combat self-medication through information with this people, since information is the main part so they can know what until then is

unknown the risks that may lead to aggravating the state of health.

CONCLUSION

It can be evidenced that there was a predominance of the female gender, highlighting the age group of 60-65 years old, most of them illiterate and with income less than three minimum wages. About self-medication, most of the sample claim to practice it, quite often two to three times a week. Also, the most commonly used therapeutic classes were analgesics and anti-inflammatories in the presentation of tablets, drops, and capsules and they are influenced by advertisements in the choice of medications.

It is highlighted as a limitation the fact that the research was carried out locally. However, it is imperative that this study is extended so everyone can know the representative samples acquired in it, compare with several others in the literature so policies can be drawn towards the risk of self-medication in this age group as well as in the collective environment.

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