



PHASES OF STRESS IN THE DRUG USERS' RELATIVES, INTERRELATION WITH HOSPITALIZATION

FASES DE ESTRESSE DE FAMILIARES DE USUÁRIOS DE SUBSTÂNCIAS PSICOATIVAS, INTERRELAÇÃO COM INTERNAÇÃO HOSPITALAR

ETAPAS DE ESTRÉS DE FAMILIARES DE USUARIOS DE SUSTANCIAS PSICOACTIVAS, INTERRELACIÓN CON HOSPITALIZACIÓN

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ABSTRACT

Objective: to relate phase of stress of the users of psychoactive substances' relatives. **Method:** quantitative, descriptive and transversal research performed in May and April/2010, with 40 relatives of users of psychoactive substances, assisted in a general hospital, in a Psychosocial Care Center and in a group for supporting families of chemical dependents of a city in the northwestern of Rio Grande do Sul, Brazil. The Data collecting with the instruments: "Inventory of Stress Symptoms" was performed immediately to the approval of the research project by the Ethics in Research of UNIJUI under Certificate of Appreciation for Ethics Presentation No. 0001/2010 and Protocol Research in 0001/2010 of 06/01/2010. For data analysis, descriptive statistics were used with the use of Statistical Package for Social Sciences - SPSS. The data were presented in tables. **Results:** the crossing of the variable 'form of patients' hospitalization' second phases of family stress we found that in the spontaneous, the stress of the family was higher, 35% of them met in the Finals Stress and 17.5% in Intermediate, unlike other types of hospital. It also showed that, regardless of the type of hospital, the stress was present, even if in different percentages, Intermediate and Final Phases of Stress. **Conclusion:** these results can be used to qualify the assistance to those users' families. **Descriptors:** physiological stress, psychological stress, family, drug addiction; hospitalization.

RESUMO

Objetivo: relacionar fases de estresse de familiares de usuários de substâncias psicoativas. **Método:** pesquisa quantitativa, descritiva, transversal, realizada em março e abril/2010, com 40 familiares de usuários de substâncias psicoativas, assistidos em um hospital geral, em um Centro de Atenção Psicossocial e em um grupo de apoio a familiares de dependentes químicos de um município do Noroeste do Rio Grande do Sul-RS, Brasil. A coleta de dados com o instrumento << Inventário de Sintomas de Stress >> foi realizada imediatamente à aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa da Unijuí, sob Certificado de Apresentação para Apreciação Ética nº 0001/2010 e Protocolo de Pesquisa nº 0001/2010 de 06/01/2010. Na análise dos dados foi utilizada estatística descritiva com o emprego do Statistical Package for the Social Sciences - SPSS. Os dados foram apresentados em tabelas. **Resultados:** o cruzamento da variável 'forma de internação dos pacientes' segundo as fases de estresse dos familiares constatou-se que na espontânea, o estresse dos familiares foi maior, 35% deles encontraram-se na Fase Final do Estresse e 17,5% na Intermediária, diferente das demais modalidades de internação hospitalar. Evidenciou-se também que, independente do tipo de internação, o estresse esteve presente, mesmo que em percentuais diferentes, nas Fases Intermediária e Final do Estresse. **Conclusão:** esses resultados podem ser utilizados para qualificar a assistência aos familiares desses usuários. **Descritores:** estresse fisiológico; estresse psicológico; família; dependência de drogas; internação hospitalar.

RESUMEN

Objetivo: relacionar fases de estrés de familiares de usuarios de sustancias psicoactivas. **Método:** investigación cuantitativa, descriptiva, transversal, realizada el marzo y abril/2010, con 40 familiares de usuarios de sustancias psicoactivas, asistidos en un hospital general, en un Centro de Atención Psicosocial y en un grupo de apoyo a familiares de dependientes químicos de una provincia de Noroeste del Rio Grande do Sul-RS, Brasil. La recopilación de datos con el instrumento << Inventario de Sintomas de Stress >> ha sido realizada inmediatamente a la aprobación del proyecto de investigación por el Comité de Ética en investigación de Unijuí, bajo Certificado de presentación a Aprecio Ético nº 0001/2010 y Protocolo de investigación nº 0001/2010 de 06/01/2010. En el análisis de los datos fue utilizada estadística descriptiva con el empleo de Statistical Package for the Social Sciences - SPSS. Los datos fueron presentados en tablas. **Resultados:** el cruce de la variable 'forma de hospitalización de los pacientes' según las etapas de estrés de los familiares se encontró que en la espontánea, el estrés de los familiares ha sido más grande, 35% de ellos se encontraron en la etapa Final del Estrés y 17,5% en la Intermedia, diferente de las demás modalidades de hospitalización. Se evidenció también que, independiente del tipo de internación, el estrés estuvo presente, mismo que en porcentuales diferentes, en las etapas Intermedia y Final del Estrés. **Conclusión:** esos resultados pueden ser utilizados para cualificar la asistencia a los familiares de esos usuarios. **Descritores:** estrés fisiológico; estrés psicológico; familia; dependencia de drogas; hospitalización.

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INTRODUCTION

The use of psychoactive substances is a constantly changing phenomenon, modulated by culture, lifestyles, with an increasing incidence. The problems associated with the consumption of these substances are manifested by changes in behavior, which impacts family, social and health impacts physical and psychic user. Currently, it is considered a public health problem.

There is an estimate that 149 million to 272 million people in the world in an age of 15-64 years-old used illicit substances in 2009 and marijuana was the most commonly consumed by 125 million to 203 million people.¹ There are five reasons young people start consuming psychoactive substances: wanting to be an adult, decision-making ability, desire to belong to their group, sense of wellbeing, tranquility, overcoming fears, courage to take risks and curiosity.²

Family relationships interfere with the development of the individual and, where conflicting, may constitute risk factors for children and adolescents, with regard to the use of psychoactive substances. Addiction is a disease of both family relationships and individual and social. From the moment the drug can be easily acquired, there is not odor and produces rapid effect, adversely affects for both users and their relatives.³ The author states that the addict people can get to the point of selling what they have, do not eat and steal and even to maintain the addiction.³

Having a familiar user of psychoactive substances contributes to numerous feelings such as insecurity, fear, anxiety, sadness, among others, may occur and constitute potential stressors. In this context, problems with alcohol and other drugs are prevalent, which may start within the family and that has to do with stress.⁴

Stress is the body's own response to situations experienced as difficult and / or exciting, in search of an internal equilibrium and adaptive, based on the facts experienced.⁵ The author researched the physical and psychological symptoms in each stage of stress, described by Selye (1956) and present in Stress Symptom Inventory.⁵

With regard to stressors, defines itself as a stressor event or situation, internal or external, that triggers a series of events and emotional, physiological, cognitive or behavioral in an individual, promote an adaptation of the organism, characterized thus as one that produces stress.⁶

In this context it is considered important to the performance of the healthcare team responsible for the care of these individuals, with an emphasis on nursing, with respect to prevention, promotion, rehabilitation and social reintegration of these users, their extended family and community. The host drug users and families need to be performed, accompanied by therapeutic listening, safely, respect and quality, these elements important for treatment adherence.⁷

OBJECTIVE

- To relate stress phases of relatives of users of psychoactive substances.

METHOD

Quantitative research, analytical, descriptive, cross-sectional, developed at Hospital Bom Pastor - HBP, general hospital in the northwest of Rio Grande do Sul-RS, Brazil, and in a Centro de Atenção Psicossocial - CAPS with a support group for family members of addicts Amor Exigente. The choice of these places occurred because the hospital is a referral for mental health in the region, CAPS and Amor Exigente assist these users and their families. That survey was constructed from some results of a conclusion monograph of a Nursing Course of the authors in 2010.

40 families participated for this study, distributed as follows: 22 of users admitted in HBP, six relatives of patients from the CAPS I and 12 Amor Exigente. Data collection was conducted in March and April in 2010, immediately upon approval of the research project by the Ethics in Research of UNIJUI under Certificate Presentation for Consideration Ethics No. 0001/2010 and Research Protocol at 0001/2010 of 06 / 01/2010. We observed all ethical research involving humans.⁸

The data collection instrument was the << Inventory of Stress Symptoms >>⁵ with the characterization of the family: occupation, age, sex, marital status, children, education, relationship variables and time of use of psychoactive substances, occurrence and types of hospital-forms.

Family members of patients who were hospitalized in HBP, the period of data collection, as well as the CAPS I and Amor Exigente were initially contacted by the researcher and asked to participate. They were informed about the objectives and who agreed to integrate into the population

studied was supplied Commitment Agreement Free and Clear - IC, in two ways.

Data collection was conducted in the morning and afternoon, in HBP. In CAPS I, data collection took place in two shifts, previously scheduled with Secretary, and in Amor Exigente on Saturdays. For data analysis we used descriptive statistics, the data are presented in tables and the computer software used was the Statistical Package for Social Sciences - SPSS.

As for the << Inventory of Stress Symptoms>>, each family mentioned the symptoms they felt and the sum done counting one (1) for each symptom reported. The way the instrument was constructed enables a single subject to be classified in more than one stage of stress. For purposes of analysis, each family was considered the highest level achieved for their classification.

F0: Eustress or Positive stress is the stress of achievement, of triumph, contentment, befitting the face effectively the challenges present in their personal, professional or social of the individual.

F1: Initial Phase of Stress or Stage Alert. Symptoms appear and persist for about 24 hours. The equal sum, or greater than 5, classifies the family in the Initial Phase of Stress. Physical symptoms present in this phase are: cold hands (feet), dry mouth, stomach knot, increased sweating, muscle tension, tightness of the jaw / teeth grinding, transient diarrhea, insomnia, tachycardia, hyperventilation, hypertension or sudden passing and changes in appetite. Psychological symptoms include: sudden surge of motivation, enthusiasm and sudden wish to start new projects.

F2: Intermediate Phase or Phase of Stress Resistance. Symptoms present in the Initial Phase of Alert may persist and there are other symptoms that may last for a week. A sum equal to or greater than 3 classifies the family in Phase Intermediate Stress. Physical

symptoms include: memory problems, general malaise with no specific cause, tingling in extremities, feeling of constant physical exhaustion, change in appetite, appearance of skin problems, high blood pressure, constant tiredness, onset of ulcer, dizziness and feeling to be floating. Psychological symptoms include: excessive sensitivity and motivation, doubt about themselves, constantly think on one subject, irritability and decreased libido.

F3: Finals Stress or Exhaustion Phase: the symptoms presented in the two phases previously classified may still present or not. A sum greater than or equal to 8 classifies the familiar symptoms in Exhaustion Phase. Physical symptoms are: frequent diarrhea, sexual difficulties, insomnia, nausea, tics, continued hypertension, prolonged skin problems, extreme change of appetite, excessive gas, frequent dizziness, ulcers and stroke. Psychological symptom include: inability to work, nightmares, feelings of incompetence in all areas, desire to get away of everything, apathy, depression or prolonged anger, excessive tiredness, thinking / talking constantly on one subject, irritability without apparent cause, anxiety / daily anxiety, emotional hypersensitivity and loss of sense of humor.

RESULTS

For this study 40 relatives of psychoactive substance users participated, the vast majority (92.5%) are female, aged between 15 to 60 years-old or more, 45% are divorced, the majority (85%) have children and 52 5% attended primary school. It is evident that 40% of respondents are mothers and 25% of users' spouse.

Table 1 presents the time the family have knowledge of the use of psychoactive substances by respective users, the phases of stress. It appears that most of them, regardless of time, is in the Intermediate Phase and Final Stress

Table 1. Time that use of drug is known by family, according to the phases of stress. Relatives of users of psychoactive substances. Ijuí / RS - April/2010

Time Use of Drugs	Stress Phases				Total n (%)
	Eustresse n (%)	Initial Phase n (%)	Intermediate Phase n (%)	Final Phase n (%)	
Until 1 year	–	–	5 (12,5)	11 (27,5)	16 (40,0)
1 — 5 years	–	1 (2,5)	4 (10,0)	8 (20,0)	13 (32,5)
5 — 10 years	1 (2,5)	–	1 (2,5)	2 (5,0)	4 (10,0)
10 — 15 years	–	–	1 (2,5)	3 (7,5)	4 (10,0)
20 years or more	1 (2,5)	–	2 (5,0)	–	3 (7,5)
Total	2 (5,0)	1 (2,5)	13 (32,5)	24 (60,0)	40 (100)

The analysis of the incidence of hospitalization according to the phases of family stress studied (see Table 2) shows that also in the time that family members know of

drug use, dominates the Intermediate Phase and Final Stress, regardless of the number hospitalizations that users submitted.

Table 2. Occurrence of hospitalization according to the phases of stress. Relatives of users of psychoactive substances Ijuí / RS - April/2010

Occurrence of hospitalization	Stress Phases				
	Eustresse n (%)	Initial phase n (%)	Intermediate phase n (%)	Final phase n (%)	Total n (%)
Once	–	1 (2,5)	5 (12,5)	8 (20,0)	14 (35,0)
Twice	–	–	3 (7,5)	8 (20,0)	11 (27,5)
3 times or more	2 (5,0)	–	5 (12,5)	8 (20,0)	15 (37,5)
Total	2 (5,0)	1 (2,5)	13 (32,5)	24 (60,0)	40 (100)

The intersection of the variable 'hospitalization of patients form' according to relatives' phases of stress, members in the research, as shown in Table 3, reveals that in the spontaneous the stress of family members is greater, 35% of them are in Phase final

Stress and 17.5% in Intermediate, unlike other types of hospitalization. It is evident that, regardless of the type of hospitalization, the stress is present in the surveyed, although in different percentages, Intermediate and Final Phases of Stress.

Table 3. Form of hospitalization of patients according to the phases of stress. Relatives of users of psychoactive substances Ijuí / RS - April/2010

Form of Hospitalization	Phases of Stress				Total n (%)
	Eustresse n (%)	Initial Phase n (%)	Intermediate Phase n (%)	Final Phase n (%)	
Spontaneously	–	–	7 (17,5)	14 (35,0)	21 (52,5)
Family Imposition	1 (2,5)	1 (2,5)	3 (7,5)	5 (12,5)	10 (25,0)
Court Order	1 (2,5)	–	3 (7,5)	2 (5,0)	6 (15,0)
By consensus between dependent and family	–	–	–	3 (7,5)	3 (7,5)
Total	2 (5,0)	1 (2,5)	13 (32,5)	24 (60,0)	40 (100)

The intersection of the variable 'form of patients' hospitalization' according to the degree of kinship of the family, as noted in Table 4 reveals that the spontaneous admission and imposing family, the greater

the percentage of mothers, followed by spouses. When the user hospitalization occurs by court order, the situation changes and the percentage is greater in the father and others.

Table 4. Form of hospitalization according to the degree of kinship of the users of psychoactive substances' relatives in Ijuí / RS - April/2010

Form of hospitalization	Degree of kinship						Total n (%)
	Father n (%)	Mother n (%)	Sibling n (%)	Spouse n (%)	Boy/Girlfriend n (%)	Other n (%)	
Spontaneously	–	9 (22,5)	3 (7,5)	8 (20,0)	1 (2,5)	–	21 (52,5)
Family Imposition	1 (2,5)	5 (12,5)	1 (2,5)	2 (5,0)	1 (2,5)	–	10 (25,0)
Court Order	2 (5,0)	1 (2,5)	1 (2,5)	–	–	2 (5,0)	6 (15,0)
By consensus between dependent and family	–	1 (2,5)	–	–	1 (2,5)	1 (2,5)	3 (7,5)
Total	3 (7,5)	16 (40,0)	5 (12,5)	10 (25,0)	3 (7,5)	3 (7,5)	40 (100)

DISCUSSION

Regarding the characterization of those surveyed, most were female. In this sense, a study conducted with relatives who accompanied users of psychoactive substances on admission in a psychiatric emergency service in Natal / RN, showed that the majority were women, mothers and spouses of their users.⁹ The care of the family is predominantly performed by women.¹⁰

Regarding the marital status of family members, it reveals that a percentage close

to half is divorced. In this sense, one of the factors for adolescent to start the use of alcohol is the separation of their parents.¹¹ In search of relatives of psychoactive substance users who used the National Information and Guidance on the Prevention of Drug Abuse - VIVAVOZ, when questioned as to marital status, the majority reported being married, this result coming against to this research, now analyzed.¹²

With regard to the time that family members are aware of the onset of drug use, in a study on Psychosocial Care Centers - CAPS

São João Del Rei and Lavras, Minas Gerais, with 402 family caregivers of patients in psychiatric treatment, showed that they had the disease for 15.25 years and were treated for 12, 64 years.¹³ In this context, users of psychoactive substances delay to seek treatment, as well as to understand the effects of addiction and consider normal the symptoms they have.¹⁴

It is evident in the literature that the dependents of illicit drugs do not tell to their families they use them, they also do not consider it a disease and often feel fear of rejection by family and society. Thus, the family only realizes when the user has attitudes as lack of care, which includes physical appearance, clothing, abstaining in school, at work, among others. Also, the family begins to realize the user acts infractions, of different complexities. It is considered that the presence of the family is important and contributes to user's compliance to treatment.

Regarding the occurrence of users' hospitalization, a study performed with patients admitted to a hospital for detoxification found that 56.8% of them had performed some kind of treatment; including, hospitalization (12.1%) in non-government (23.4%) and outpatient care (21.3%).¹⁵

A documentary survey of 203 medical records of clients with mental disorders associated with the use of illicit drugs showed that only 29 of them, i.e., 14.3% had admitted they were hospitalized earlier, study that comes against this research. This reduction occurs by the availability of outpatient services, such as CAPS, in which actions aimed at social rehabilitation of their users, effectively.¹⁶

By relating the number of hospitalizations with the phases of stress, it turns out that no matter how many times the user was hospitalized, the caregiver relative has a very important emotional role, which manifests through the stages of stress where they are. Also, when discharged, the family is responsible for the care of food, medicines, hygiene, safety, coupled with concern and control so that they do not re-use psychoactive substances.

In this context, in a study with 15 families of psychiatric patients, assisted on four of Centros de Referência em Saúde Mental (CERSAM), Belo Horizonte, aimed to observe the overhead of these families.¹⁷ It was evident severity of symptoms, number of hospitalizations and inappropriate behavior of

the patient.¹⁷ In a survey conducted with 672 families in multifamily therapy for 6 years, from the results, in families that had already gone through the process of admission of their family, mixed feelings were evident, which included helping or not.⁴

Study about the effects of continuous use of crack in the structure and family dynamics shows that it causes distances between family members and behaviors of preserving the integrity of family members.¹⁸ It is considered that when the patient is hospitalized, there is a considerable suffering in family, along with expectations of improvement; however, typically it does not occur.

In the discussed research, among the terms of users of psychoactive substances' hospitalization, there is a predominance of spontaneously followed by imposition of family and court order. The study conducted at Clínica Psiquiátrica São Bento Menni contributes.¹⁹ This one aimed to describe the sociodemographic and clinical profile of patients hospitalized for alcoholism between 1980 and 2008.¹⁹ The author found that of 2203 patients, 1307 and 162 spontaneously sought treatment by court order¹⁹, a result which is in the present survey. Study with users of Centros de Atenção Psicossocial in Fortaleza / CE about health practices developed with customers using alcohol and other drugs showed that among the elements to work next to them there are the links to the network.²⁰

The crossing of the variables 'type of hospital' as 'kinship' of the family of users of psychoactive substances shows the importance that the mother has at that moment, especially when the hospitalization of his son occurs spontaneously and / or by imposing of family. It is noteworthy that the father has a more significant participation when hospitalization occurs when the user wants.

In this context, the family is responsible for the transmission of ethical and moral values and helps to prevent many problems arising from drug use.²¹ The authors relate to the maternal figure as representative, she is responsible for the transmission of values in society, the primary caregiver and she has a more affective relationship with family members, she also provides more security²¹.

As for the father figure, in research with mothers of children followed at Community Movimento de Saúde Mental Comunitária do Bom Jardim (MSMCBJ) in Fortaleza showed them, implicit in the speeches, the father wielded strong influence that the children

initiate the abuse of illicit drugs.²² The authors showed that parents abandoned the family or were aggressive, alcoholic and did not have a good relationship with their children.

CONCLUSION

Thus, to meet the objective of the study, it is considered addiction as a public health problem, deserving of attention and reflection of professionals from all areas, with emphasis on health, researchers, managers, students and population.

The participants were 40 relatives of users, with a significant presence of women, mothers and spouses, a result that reinforces one of the roles that women assume of the caregiver, as well as high levels of stress, confirmed by the phases of stress they were in, i.e., Intermediate and Final Phase of Stress.

Importantly to emphasize, regardless of the number and how the users' hospitalizations occurred, the stress of family members surveyed remained. The crossing of the 'type of hospital' as 'kinship' of the families of users shows that when hospitalization occurs spontaneously and / or imposition of the family, the presence of the mother and spouse appears in higher percentages while father has a more significant when hospitalization occurs in a compulsory way.

Finally, the results of this research can be used as indicators for health professionals responsible for the care of the population, especially those in nursing in order to qualify for assistance, coupled with the structuring of programs to promote health and recovery, extended to family members of psychoactive substances.

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Sources of funding: No

Conflict of interest: No

Date of first submission: 2012/06/29

Last received: 2012/05/11

Accepted: 2012/03/27

Publishing: 2012/10/01

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