

# Study Of The Indiscriminated Use Of Anxiolytic Medication In Old Age

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## ABSTRACT

The use of controlled medication by the elderly is a matter of concern in Brazil, as the practice of self-medication is frequent in this group of age to contain symptoms resulting from anxiety. This behavior results in increased risks of adverse drug events, reduced functional capacity and multiple geriatric syndromes, and even death in the elderly. **Objective:** This study aims to identify the levels of awareness of the elderly population about the problems of self-medication to control anxiety. **Casuistry and method:** This is a qualitative research with descriptive analysis of the collected data. This method provides exchanges between the interlocutors and the theory, allowing the confrontation of different points of view. The study was approved by the Ethics Committee via Plataforma Brasil. The studied group contains 100 elderly people interviewed at the UBSs in the city of Adamantina. The researcher conducted interviews about the indiscriminate use of medication for anxiety, authorized by the Free and Informed Consent Term - TCLE. The data is presented in descriptive tables and analyzed from a socio-historical perspective. **Results:** 88% of interviewed are between 60 and 80 years old and 12% are over 81 years old. 55% are women. 76% are retired. The main anxiety symptoms are anguish/distress and irritation/crying. 50% reported using medication for anxiety or anxiety and/or depressive disorders, of these 72% use antidepressants and 60% use anxiolytics. 90% started using the drug by medical prescription and 10% by recommendation of friends and family. **Conclusion:** The high incidence of medication use by the elderly and the lack of knowledge of its consequences draws attention to the need to make the elderly population aware of the damage caused by self-medication for anxiety without proper monitoring.

**Keywords:** old age, disorder, self-medication, polypharmacy, medicine.

## INTRODUCTION

The aging process has been a cause of concern since the beginning of civilizations. However, only with the recent increase in the world's geriatric population Gerontology, from the Greek terms géron (old, elder) and logia (study), earned greater space in academic circles. This “delay” in the evolution of the sciences of aging is essentially due to the late understanding that this process occurs in a different manner in each individual<sup>1</sup>.

The psychology of aging came up for greater understanding of the geriatric population. This subject made it possible to understand that aging is a life course process. Therefore, the experiences lived by each individual, such as wars, level of study and sociocultural environment, influences the process as much as biological and genetic attributes. For this reason, each elderly individual will have their emotional singularities, among them anxiety.

It is important to understand that anxiety is inherent to the human condition, but its excess may provoke emotional consequences and damage the person's health. Even though anxiety affects all age groups, in the elderly, the effects of this disorder are especially alarming, because it causes an important increase in mortality and disability, as exposed by Machado et al<sup>3</sup>.

Anxiety disorder is the exacerbation of anxiety, when anxiety exceeds the limit of normality and turns into excessive and chronic worry<sup>4</sup>. Anxiety disorder is one of the most prevalent mental disorders and ranks in the ICD-10 (International Classification of Diseases). The international ranks of ICD F40 – F48 are for neurotic, stress-related and somatoform disorders<sup>6</sup>.

In the DSM-5, anxiety disorders include features of fear, excessive anxiety, and behavioral disturbances. Fear is defined as the emotional response to a real or perceived imminent threat and anxiety is the anticipation of a future threat<sup>4</sup>. Anxiety may turn up in different situations depending on the circumstance in which the person is.

Anxiety in old age has some aggravating and triggering factors. An important factor is the family arrangement in which they are inserted. When they are in a family environment that provides for their needs, where support is sufficient and there is harmony in the relationships between family members, they tend to age with a lower rate of anxiety. Therefore, emotional balance and the demonstration of affection are important for successful aging and quality of life in old age.

In order to contain the symptoms of anxiety disorder, some individuals affected by these psychic diseases practice self-medication. Self-medication is the consumption of medication without a prescription. And, according to Domingues et al<sup>7</sup>, a considerable part of the population practices it. As a strategy to minimize this problem, ANVISA<sup>8</sup> established that the storage of medicines that require a medical prescription should be available only to pharmacy employees.

According to Secoli et al<sup>9</sup>, one of the factors that lead to high rates of self-medication among the elderly population with anxiety disorders is the difficulty to maintain professional follow-ups associated with the easy access to medicines. The public health system can take a long time to schedule appointments and the elderly do not always have enough money to go to private medical consult. For these reasons, it is easier for the elderly to use medication without a prescription.

Polypharmacy is defined as the use of multiple drugs simultaneously. This typical situation of the elderly is even more accentuated with self-medication for anxiety, as discussed in the study by Pereira et al<sup>10</sup>. According to this study, polypharmacy is more common in the female population aged over 80 years.

Self-medication can result in the iatrogenic cascade, a process in which a drug is prescribed due to symptoms resulting from the use of another medication, which are confused with symptoms of a disease<sup>11</sup>.

This study aimed to identify the levels of awareness of the elderly population about the problems of self-medication to control anxiety.

**METHODOLOGY**

After approval of the project by the Research Ethics Committee (CAAE: 29953920.9.0000.5496), this study was carried out at the Basic Health Units (UBS) in the city of Adamantina, in the interior of São Paulo. We interviewed 100 elderly, men and women, who participated in activities in the UBSs distributed in the neighborhoods and central region for a period of three months (March to May/2020). The researcher freely approached the elderly who agreed to participate by means of an Informed Consent Term - TCLE.

A systematic review of the literature based on national and international studies was carried out in order to verify the presentation of complaints and symptoms, the demand for emergency care as well as the clinical management that is intended for these cases. The search strategy was a combination of the keywords: seniors, anxiety disorder, self-medication, polypharmacy, medicine.

The search was performed on articles in English and Portuguese published in the last ten years (2009-2019). The articles should contain information about the motivations that lead the elderly to self-medicate and the ways they use to identify anxiety crises, both in men and women, regardless of whether or not they have any associated disease.

The data collected in this review served as support for the elaboration of the data collection.

The interviewed answers counted with a quali-quantitative analysis and a descriptive analysis of the data collected. This method is defended by Bastos and Ferreira<sup>12</sup> as the continuous enrichment in a flow that models the exchanges between the interlocutors and the theory allowing the confrontation of different points of view.

**RESULTS**

TABLE 1 - SAMPLE CHARACTERIZATION

		<b>N(100)</b>	<b>%</b>
AGE	60 TO 80 YEARS OLD	88	88%
	81 OR OVER	12	12%
SEX	FEMALE	55	55%
	MALE	45	45%
COLOR AND ETHNICITY	WHITE	70	70%
	BROWN	26	26%
	BLACK	3	3%
	ASIAN	1	1%
MARITAL STATUS	MARRIED	62	62%

	WIDOW	22	22%
	DIVORCED	10	10%
	SINGLE	6	6%
EDUCATION	FUNCTIONAL ILLITERATE	25	25%
	PRIMERIE	54	54%
	INCOMPLETE HIGH SCHOOL	16	16%
	INCOMPLETE GRADUATION	1	1%
	GRADUATE AND/OR POST GRADUATE	4	4%
RELIGION	CATHOLIC	64	64%
	EVANGELIC	28	28%
	OTHERS	8	8%
PROFESSION	RETIRED	76	76%
	HOUSEWIVES	7	7%
	EMPLOYEES	14	14%
	UNEMPLOYED	3	3%

TABLE 2 - ATTENDANCE TO THE HEALTH UNIT

	N (100)	%
SEMIANNUAL	49	49%
SPORADICALLY	22	22%
MONTHLY	18	18%
ANNUALLY	7	7%
WEEKLY	4	4%

TABLE 3 - PERCEPTION OF ANXIETY SYMPTOMS

SYMPTOMS	N (70)
SLEEPING PROBLEMS	20
TACHYCARDIA/ARRHYTHMIAS	21

SHORTNESS OF BREATH	2
DERMATITIS	1
CHANGE IN APPETITE	12
DISTRESS / DISTRESS	46
IRRITATION / CRYING	33
LOSS OF HAIR	5
PAINS / SOMATIZATION	9
CONCERNS / FEAR	9

TABLE 4 - USE OF SPECIFIC MEDICATION FOR ANXIETY

MEDICAMENT	N (50)	%(100)
DOES NOT KNOW HOW TO REPORT THE MEDICATION	7	14%
ANTIDEPRESSANTS	36	72%
ANTIPSYCHOTIC	2	4%
ANXIOLYTICS	30	60%
HYPNOTIC	2	4%

TABLE 5 - HOW DID THEY KNOW ABOUT THE DRUG

	N (50)	%(100)
RECOMMENDATION FROM FRIENDS OR FAMILY	5	10%
MEDICAL'S PRESCRIPTION	45	90%

## **DISCUSSION**

This study, carried out in the city of Adamantina-SP, analyzed a group of 100 elderly people whose health is monitored at Basic Health Units (UBSs). Through this study, it was evident that the use of drugs to control anxiety symptoms or psychotic disorders among elderly patients happens on a large scale. Among the analyzed elderly, 50% use antidepressant, antipsychotic, anxiolytic and/or hypnotic medications. And 70% report having symptoms of anxiety. Since the experiences lived by each individual (wars, level of study and sociocultural environment) influence the aging process as much as biological and genetic attributes, this research not only quantifies the elderly who use self-medication for anxiety, but also perceive their quality of life.

Table 1 shows that most of the elderly have a low level of education: 25% illiterate and 54% with incomplete elementary school, only 5% started graduation, and only 4% completed graduation. In addition, 76% of the elderly are retired. Most of the elderly are Christians, with 64% being Catholics. It was also possible to verify that, of the 22 elderly people who declared themselves widowed, 21 reported anxious symptoms, this information leads to the conclusion that “the features with a positively influence on the quality of life were: personal relationships, social support, self-esteem and spirituality; and the ones that have a negative impact were sexual and emotional health”<sup>13</sup>. So, health services need to be careful not to neglect the impact that affective relationships have on the quality of life of this part of the population.

Differently from what was explained by Carvalho<sup>14</sup>, changing the lifestyle (eating correctly and practicing physical activity) in many cases is not enough for the patient to stop having symptoms of anxiety and insomnia without the need to use drugs. In the studied group of 100 elderly people, 70% reported anxious symptoms, but 87% of the patients reported eating healthy, 75% reported sleeping well (even if using medication) and 54% reported doing physical activity. Thus, changes in lifestyle habits in the elderly surveyed may not be as effective, except with regard to physical activity.

Of the 100 elderly people, 70% reported anxiety symptoms. Some of these symptoms are actually attributed to anxiety or other emotional disorders: 66% report anguish/distress, 47% report irritation/crying. On the other hand, some other symptoms do not necessarily correspond only to anxiety or anxiety disorders, such as: 30% report tachycardia/arrhythmias, 29% sleep disorders, 17% change in appetite. Symptoms that are not necessarily consistent with anxiety may be due to self-medication or another comorbidity.

In the group of elderly people who use medication for anxiety, 10% received an indication from friends or family to start using them. In addition, 14% of the patients, despite using medications by medical indication, were unable to report which medications they used. These data highlight the importance of the study by Romano-Lieber et al<sup>15</sup>, which describes the increased risk of adverse events led by medication: reduced functional capacity and multiple geriatric syndromes.

Furthermore, 90% of the interviewed who reported using medication for anxiety said they do so through medical advice. Of the participants who reported using medication for anxiety, 72% use antidepressants. There was a “high prevalence of psychotropic drug use by the elderly at the Family Health Unit under study, especially

antidepressants. The prevalence of patients with a potentially inappropriate psychotropic prescription was 95.24%”<sup>16</sup>. It is not known whether the medical prescription stated by the interviewees is followed by regular medical follow-up. It is common in health units for the patient to start using a medication and after years, just reproducing the prescription without proper evaluation for continuity. Thus, conscious prescription by the health professional has become essential.

Of the 100 participants in this study, 26 of the elderly declared that they would use medication without the need for a medical prescription, and 10 of them declared that they would use it through the recommendation of friends or other health professionals such as pharmacists. Given the increasing self-medication and polypharmacy, it becomes more and more challenging and necessary for health professionals to contribute to the promotion of the quality of life of the elderly to avoid the adverse effects caused by the incorrect use of medications<sup>17</sup>.

Of the elderly who participated in this study, 74% claimed to be aware that the use of medicines without a prescription is bad for their health in general. When asked about how they know this, phrases such as “each person has a different organism”, “only the doctor knows the ideal for each person”, “only if it is prescribed by the doctor i trust that it does not harm”, “it can interfere in the metabolism”, “through medical advice”, “non-prescription medicine causes heartburn”. Consequently, it is possible to notice that there are several ways to elucidate the elderly and recommend them for the conscious use of medications, especially those that control anxiety and its disorders.

## CONCLUSION

This study disclosed the reality of the elderly in a small town, assisted by the UBSs regarding medication administration for anxiety. The data shows that the majority of the elderly, despite having had some medical indication, have difficulties in describing the symptoms of anxiety and are unaware of the complications of drug misuse.

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