

Adherence to medication therapy in users of psychoactive substances

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RESEARCH

ADHERENCE TO MEDICATION THERAPY IN USERS OF PSYCHOACTIVE SUBSTANCES
 ADESÃO À TERAPIA MEDICAMENTOSA EM USUÁRIOS DE SUBSTÂNCIAS PSICOATIVAS
 ADHERENCIA A LA TERAPIA MEDICAMENTOSA EN USUARIOS DE SUSTANCIAS PSICOACTIVAS

Débora Schlotefeldt Siniak¹, Zaléia Prado de Brum²

ABSTRACT

Objective: To understand factors that may lead to adherence or noncompliance of drug therapy among drug users. **Method:** A quantitative and qualitative approach, characterized as a descriptive survey. It was conducted in a therapeutic community of Rio Grande do Sul, in 2010. The study included 14 subjects, data were collected through a unstructured questionnaire and Morisky Test. **Results:** It was observed a low uptake by the population studied, which is attributed in most cases the adverse effects and the conviction does not need the medicine prescribed by the doctor. **Conclusion:** The results of this study indicate a low compliance of the proposed therapy, thus reinforcing the need for monitoring drug therapy and care. Both should be effective and, above all, able to assist in the reorientation of its users. **Descriptors:** Adherence, Drug treatment, Drug.

RESUMO

Objetivo: Compreender fatores que possam levar a adesão ou não adesão da terapêutica medicamentosa entre os usuários de droga. **Método:** Estudo de abordagem quantitativa e qualitativa, caracterizado como survey descritivo. Foi realizado em uma Comunidade Terapêutica do estado do Rio Grande do Sul, em 2010. Participaram do estudo 14 sujeitos, os dados foram coletados através de um questionário não-estruturado e do Teste de Morisky. **Resultados:** Percebe-se uma baixa adesão por parte da população estudada, o que é atribuído na maior parte dos casos aos efeitos adversos e a convicção de não precisar do medicamento prescrito pelo médico. **Conclusão:** Os resultados apresentados neste estudo indicam uma baixa adesão da terapêutica proposta, reforçando assim, a necessidade de acompanhamento terapêutico e da assistência medicamentosa. Ambos devem ser eficazes e, sobretudo, capazes de auxiliar na reorientação de seus usuários. **Descritores:** Adesão, Tratamento medicamentoso, Drogas.

RESUMEN

Objetivo: Comprender los factores que pueden llevar al cumplimiento o incumplimiento de la terapia con entre los usuarios de drogas. **Método:** Un enfoque cuantitativo y cualitativo, caracterizado como descriptivo. Se llevó a cabo en una comunidad terapéutica de Rio Grande do Sul, en 2010. El estudio incluyó a 14 sujetos, los datos fueron recolectados a través de un cuestionario no estructurado y la prueba de Morisky. **Resultados:** Se observó una baja captación por la población estudiada, que se atribuye en la mayoría de los casos los efectos adversos y la convicción no necesita el medicamento recetado por el médico. **Conclusión:** Los resultados indican un bajo nivel de cumplimiento de la terapia propuesta, lo que refuerza la necesidad de monitorización de la terapia de drogas y la atención. Ambos deben ser eficaces y, sobre todo, capaz de ayudar en la reorientación de sus usuarios. **Descriptor:** Adherencia, Tratamiento de drogas, Drogas.

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INTRODUCTION

The abuse of psychoactive substances (SPA) has become an important public health problem, being worthy of numerous studies and discussions at international level, considering the magnitude and diversity of issues involved.

The consumption of SPA covers different geographical and cultural contexts, social classes and age groups. Causes damage personal, family and social, generates a high economic cost and also feeds back to urban violence, family and interpersonal.¹ Accompanying the uncontrolled increase in the number of users of SPA, a support network and forms of treatment to their users also had to be expanded to support such demand.

Drug therapy has been used as an aid in the therapeutic treatment of SPA users because certain drugs may act primarily at delicate moments of this process, minimizing the discomfort felt by drug withdrawal syndrome or even in cases of cleft thus drugs become allies in this difficult recovery path by which the individual goes.

The medication adherence is an important factor for the success of any treatment, however, the lack of this is not a problem easy to solve, because it is perceived that promote medication adherence among users of SPA, becomes a challenge to be faced by professionals.

The user SPA, besides the addiction itself often possesses psychiatric comorbidities, such that through intervention of medications is necessary and essential in such cases. To do so, you must also be a satisfactory adherence to the proposed treatment, requiring extra care when the approach to the user.

It is understood that this approach should be undertaken in an interdisciplinary, involving the entire staff of the service in which the user is located, in order to provide an integrated care, where the assessment, diagnosis and intervention

of individuals is done holistically and become truly effective.

Interdisciplinarity in therapeutic environments favors the integration of various professional categories, in favor of achieving a service that addresses the basic needs of individuals.²

Adherence is defined as "the use of prescription drugs or other procedures on at least 80% of its total observing time, dose, and duration of treatment." In addition to discussions and studies on the high consumption of medicines, the issue of non-adherence the prescribed drug treatment also raises concern, and it is something that has proved relevant in recent decades and is being included in the list of concerns of health professionals, along with other factors that influence the rational use of therapeutic resources.³

However, according to the World Health Organization health⁴ (WHO) membership is considered dynamic, multifactorial, involving behavioral, psychological and social decisions and requires shared and joint responsibility between service users, staff and the health network social support and approach that meets the social, cultural and subjective singularities, aiming at better quality of life.

Responsibility for non-adherence to treatment can occur simply through ignorance of the patients or guardians for them on the importance of treatment and little public education on the issue and also the lack of understanding of how professional values and beliefs in relation to health, disease and patient care.

In this perspective, it is believed that the actions of health education, with the subject are crucial in treatment adherence, and health team, an important role in improving the prognosis, because their actions can directly influence the choice of joining or not treatment, once again,

Siniak DS, Brum ZP.

Adherence to medication...

that these professionals should conduct careful planning by creating strategies that contribute to adherence and consequently health promotion.

Patients and healthcare professionals should form a partnership, so that the patient is benefited and able to perform their own care. Good communication between patient and professional is essential for effective clinical practice as well as an accurate assessment of adherence behavior for ensuring effective treatment changes in health outcomes of the individual.⁴

Studies have found that in developed countries, adherence of patients with chronic diseases averaged only 50%; studies also show the magnitude and impact of poor adherence in developing countries being given the scarcity of resources for health and inequalities in access to health care.⁴

The resistance, noncompliance or nonadherence of medication treatment among users of psychoactive substances is an issue that raises concern, because many times medications are essential for a good prognosis in therapy user.

Despite the undoubted importance of this issue, few incipient studies report on medication adherence in this population. Therefore, this study aims to understand factors that may lead to adherence or non-adherence in drug therapy. In this context, also aims to identify the percentage of adherence among users of SPA.

To achieve this end we developed the following question that serves as the north for this study: what factors may be determinants of adherence or non-drug therapy in users of psychoactive substances?

METHODOLOGY

This is one approach to search qualitative⁵ characterized as a descriptive survey.⁶

This study was conducted in a Therapeutic Community (TC) located in a certain town in the northwestern part of the state of Rio Grande do Sul, in the month of November 2010. The Therapeutic Community is an environment for the psychosocial recovery through the interaction of chemically dependent with others who have the same problem.⁷

The population were inpatients in CT, and intentional sample composed of 14 residents who were in treatment for abuse of psychoactive substances in the research institution, all respondents were male, aged between 18 and 23 years. All were invited and agreed to participate in the study spontaneously.

Data collection was conducted through a questionnaire-type unstructured, consisting of open questions, where participants could discuss the proposed topic. It was also used as a tool to collect a validated questionnaire called Morisky Test, which consists of four questions, which aim to assess the patient's behavior in relation to the habitual use of the drug. The patient is classified in the group of high level of compliance, when the answers to all the questions are negative. However, when at least one of the answers is yes, the patient is classified in the low level of compliance. This review also allows to discriminate the behavior of low degree of adherence is the intentional or unintentional, and it is also possible to characterize patients with both types of behavior of low adherence.⁹

The results were presented using tables and from their comments, which were reproduced in a descriptive way, thoroughly read and analyzed from the theoretical framework relevant.

To achieve this objective we respected the ethical and legal issues following the resolution 196/96 of the National Health Council.¹⁰ The subjects were informed about the right to refuse to participate in the study without this would be

Siniak DS, Brum ZP.

Adherence to medication...

detrimental to treatment. He was offered the disclaimer Consent containing all information about the research. There was no criterion of discrimination as to race, level of education or socioeconomic status. Also requested was the president of the institution consent to the research.

The study had a favorable opinion of the ethics committee of the Regional Integrated University of High Uruguay and Missions Campus Sant'Angelo registered under the protocol number 068-4/PPH/11. To preserve the anonymity of respondents opted for the use of codenames PART followed by Arabic numerals according to the order of receipt of the questionnaires.

RESULTS AND DISCUSSION

At first data collection was made to participants the following question: Do you consider taking properly prescribed medication by a doctor? Why?

At this stage of data collection the participants had the opportunity to talk freely about the proposed question, and that question got through the different answers about the factors that lead to an eventual non-compliance of drug therapy and also the factors that influence on to the membership.

Through analysis of the responses found that most respondents do not consider proper use of medications prescribed by the doctor, totaling 58%, thus setting a high rate of noncompliance among users of psychoactive substances surveyed. Justifying this attitude toward the proposed therapeutic emerged the following responses:

No, because I used to do drugs. (PART2)

For me the remedy could be abolished, it is very bad. When I drank I felt very upset, agitated, and I did not feel. All who were close to me noticed the difference for the worse. When I left to take felt great. (PART3)

I took four days but then became very dizzy no longer take. (PART4)

Do not forget, did not want to take. Not properly because I do not like taking medicine, silly me. But this treatment does not take medication and I feel much better than the other treatments he was taking. (Part6)

What I think we should take the medicine if we need does not help much to change a drug for another. Why if one takes too much medicine she will feel stoned and then she will not make your treatment because she will not do what the house offers when he stop taking the medicine he will remember the drug. (PART11)

I wore but now, Jesus set me free. (PART13)

I loathe remedy. (PART14)

In a study done on medication adherence with patients with bipolar affective disorder were reported several factors that influence treatment adherence, such as questions about the drugs, forgetting the information and belief that treatment is unnecessary¹¹, which shows some similarities with the lines of respondents in our study.

In contrast, 42% thought adhere to treatment and make proper use of medications, as we can see in the statements below:

Yes because I feel good taking medicine. (Part5)

I take. When you do not take me feel bad, something is missing. I control the moodiness, depression compulsion. (Part7)

I take because it is obliged to take. I want to stop taking medication because if I take I'll be trading one drug for another. (Part8)

Yes, because someone calls me to take. (PART10)

Although they consider adhering to drug treatment, the Morisky Test shows different results. The same pointed to a low level of

Siniak DS, Brum ZP.

Adherence to medication...

compliance in 100% of respondents, ie, none were considered adherent to treatment, as can be seen in the table below:

Questions regarding the Morisky Test	YES	NO
"You, ever forget to take your medicine?"	85%	15%
"You sometimes are careless as to the time to take your medicine?"	78%	22%
"When you feel good ever stop taking your medicine?"	64%	36%
"When you feel bad, with the medicine, sometimes do not take it?"	78%	22%

Table 1 - Table with result of applying the test Morisky. Source: Layout of the authors.

According to testing applied to this population, all respondents reported at least once so, therefore, were classified as having a low degree of adherence to therapy.

Respondents were also asked whether they suffered some type of side effect caused by current medication. Were answered as follows:

When I drank I felt very upset, agitated, and I did not feel. (PART 3)

I am very dizzy. (PART 4)

I do not like medicine, silly me. (PART 6)

Gives much sleep. (PART 9)

I have nightmares when I take medicine. (PART11)

When I take medication gives me amnesia, one white. (PART14)

Most often the drugs of choice for physicians to control cravings or withdrawal symptoms relieve users of benzodiazepines and anxiolytics. Neuroleptics and antidepressants are also commonly used in the presence of any psychiatric comorbidity. These drugs can cause numerous adverse reactions, among them sedation, cognitive impairment (memory, attention span), muscle weakness, anxiety, hallucinations, muscle spasms, insomnia and anger.¹²

According to another study "the adverse effects of therapeutic action and expectro each proposed product appeared as relevant factors in J. res.: fundam. care. online 2013. out./dez. 5(4):503-09

the accession process"¹³ Both statements are consistent with results obtained in our research.

One of the most important points for improving adherence is the approach of the side effects caused by medications, these possible effects should be studied in depth, in order to eliminate them or at least be minimized. The replacement of a medication for another, reducing the dosage and the use of concomitant medications for the relief of extrapyramidal symptoms initiatives are always valid.¹⁴

We understand that the multidisciplinary team must be integrated and ready to act in situations like this unwieldy, thus opening space for the establishment of a link between professional / patient is a path facilitator for the implementation and development of effective actions that change negative numbers in the current index membership.

CONCLUSION

The results presented in this study indicate a low uptake of the studied population, thus reinforcing the need for therapeutic monitoring and medical assistance. Both should be effective and above all, able to assist in the reorientation of its users, especially with action planning aimed at clarifying the importance of the proper use of medications, especially turning to the same lack of understanding about treatment. It is believed that through these interventions is possible to reduce the rates of noncompliance, not only for the population studied, but for other users who require drug treatment.

It is worth noting that the success of the therapeutic treatment of a user of psychoactive substance often depends on adequate adherence to drug treatment proposed for this, it is vital awareness and co-user participation in the process of their own health care.

Thus, the role of the team is important, and it is considered necessary to seek a

Siniak DS, Brum ZP.

Adherence to medication...

comprehensive care and seek approaches that foster health promotion of the individual, thus optimizing the service users and bringing satisfactory results regarding compliance.

The revelation of these results makes us afraid and at the same time with longing to seek positive change in the current paradigm. We suggest the development of new research that foster discussion on the subject, not only in this population, but also with other users in order to contribute to a positive improvement in this framework that both arouses concern to health professionals.

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Siniak DS, Brum ZP.

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