Analysis of the consumption of psychotropic drugs by users of the Primary Health Care

Análise do consumo de psicofármacos por usuários da Atenção Primária à Saúde

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ABSTRACT

High consumption of psychotropic drugs in Primary Health Care has been a matter of concern. This study aimed to investigate the profile of users of psychotropic drugs in Primary Health Care, as well as to analyze the sociodemographic and individual correlation of each psychotropic drug consumed. Quantitative research, involving 603 users of psychotropic drugs that withdrew these psychotropic drugs in the Primary Care Unit drugstore. Data were collected in 2020 through the pharmacy's computerized system and user records. Sociodemographic and individual correlation analysis of each psychotropic drug was performed, as well as the analysis of drug interactions between identified pharmacological combinations. The average age of participants was 55 years old, with prevalence of married (72.5%) and retired (44.3%) women (65.8); 11 different psychotropic drugs were used and 38 different association between these drugs were identified, among them, all generated a level of interaction. There was a prevalence of consumption of antidepressants and benzodiazepines. Over the period studied, there was an increase in the number of users of psychotropic drugs and also in the quantity dispensed with these medications.

Keywords: Primary Health Care. Medicalization. Psychotropic drugs. Mental health. Mental disorders.

RESUMO

O elevado consumo de psicofármacos na Atenção Primária à Saúde tem sido motivo de preocupação. O objetivo deste estudo foi investigar o perfil desses usuários e analisar a correlação sociodemográfica e individual de cada medicamento consumido. Trata-se de pesquisa quantitativa, envolvendo 603 usuários que retiraram psicofármacos na farmácia de uma Unidade Básica de Saúde. Realizou-se a coleta dos dados em 2020 no sistema da farmácia e dos cadastros dos usuários. Analisou-se a correlação sociodemográfica e individual de cada psicofármaco, além das interações medicamentosas entre as combinações farmacológicas identificadas. A idade média dos participantes foi de 55 anos, com prevalência de mulheres (65,8%), casadas (72,5%) e aposentadas (44,3%); foram utilizados 11 diferentes psicofármacos e identificaram-se 38 associações entre eles, e todas geram interação. Prevaleceu o consumo de antidepressivos e benzodiazepínicos. Concluiu-se que, ao longo do período estudado, aumentou o número de usuários de psicofármacos e também o quantitativo dispensado dessas medicações.

Palavras-chave: Atenção Primária à Saúde. Medicalização. Psicofármacos. Saúde mental. Transtornos mentais.

INTRODUCTION

In Brazil, from the psychiatric reform, a new care proposal for people with Mental Disorders (MDs) emerged, through a care model with an integral approach, centered on the subject, with the provision of substitutive services to the old hospital- and asylum-centered model, by aiming at new forms of mental health care[1].

In redirecting the care model, new care assumptions were defined for this clientele, and Primary Health Care (PHC) became the main gateway to mental health care in the Unified Health System (SUS). The Psychosocial Care Network (RAPS) and the Family Health Support Centers (NASF) were also created to provide support to the Family Health Strategy (FHS) teams, with a view to strengthening services to this demand[2,3].

The recommended changes in mental health care also emphasize that treatment and care need to stop meaning just the prescription of drugs and the application of therapies. Professionals must take care of individuals, and not just the disease affecting them[4], taking into account the social determinants of health, since these can negatively impact the mental health of people and communities[5]. However, even with the implementation of this new model of care, the literature shows the prevalence of the use of psychotropic drugs to the detriment of other therapies for the treatment of mental suffering and MDs, leading to an increasing number of users of these drugs[6].

Psychotropic drugs or psychopharmaceuticals act to relieve symptoms caused by mental suffering and also modify mood, emotion and behavior[7,8]. Assistance based on the biomedical model, the inadequate qualification of the multidisciplinary team to act in the face of mental health demands, the high number of people looking for drugs that can alleviate their suffering and the workload of professionals end up making it difficult to listen and provide adequate care of users, preventing the creation of a bond and providing comprehensive care, favoring the practice of medicalization[9,10].

The high consumption of psychotropic drugs by the population has generated concern for a significant number of health professionals and authorities, as such drugs, when misused, offer several health risks, in addition to causing chemical dependence. Given this context, their rational use and access are essential premises for health promotion[9].

It is important to discuss the profile and characteristics of the consumption of psychotropic drugs by the population. This will favor a better understanding of their use pattern and also stimulate reflection on the part of the population and health professionals about the need for prescription, as well as the importance of rational use, so that their benefits do not become damage to health.

Therefore, the objective of this study was to investigate the profile of users of psychoactive drugs in Primary Health Care and to analyze the sociodemographic and individual correlation of each drug consumed.

METHODS

This was an exploratory, quantitative study carried out through the computerized system of the pharmacy and the individual records in the computer system of the Primary Care Unit (PCU). The sample involved 603 users who withdrew psychotropic drugs (prescribed by health professionals) at the UBS drugstore in the municipality of Erval Grande, state of Rio Grande do Sul. Inclusion criterion was being a patient who withdrew, from January 2017 to December 2019, psychotropic drugs: amitriptyline 25mg,

clonazepam 2.5mg/mL, clonazepam 2mg, fluoxetine 20mg, diazepam 10mg, lithium carbonate 300mg, bromazepam 3mg, imipramine 25mg, chlorpromazine 25mg and 100mg, and lorazepam 2mg.

Users under the age of 18, deceased or no longer residing in the municipality were excluded from the sample. The choice of medicines was because they are part of the National List of Medicines (RENAME)[11] and the Municipal List of Essential Medicines (REMUME) and that they are also the only ones available at the PCU for the treatment of MDs.

Data were collected in the second half of 2020, in two stages. The first was to gather information regarding the dispensation of psychotropic drugs, and for this purpose the computerized system of the PCU drugstore was used. The second consisted of searching for sociodemographic data (gender, age, marital status and occupation) of users in individual records in the PCU computer system. All data collected were compiled into spreadsheets in Microsoft® Excel 2010 software, for further analysis in the Statistical Package for the Social Sciences (SPSS) 29.0 program.

In order to find out the correlation between the sociodemographic profile and the most consumed psychotropic drugs, the 603 users were categorized by sex (male and female), age groups (18-20, 21-30, 31-40, 41-50, 51-60, 61-70, 71-80 years and 81 years or more) and consumed drugs. It was decided to analyze the sociodemographic and individual correlation of each psychoactive drug.

To identify the five psychotropic drugs most consumed by research participants, users were categorized, as well as the drugs used by them in each year studied (2017, 2018 and 2019); subsequently, the total number of users of each psychotropic drug per year was added up.

To obtain the five most used pharmacological combinations in each of the years studied, all psychotropic drug combinations consumed by the research participants in each year were identified and then the number of users of each combination per year was added up. For the analysis of drug interactions between the identified pharmacological combinations, the free checker Online Drug Interactions Checker (Drugs)[12] platform was used; based on this evaluation, interactions were classified according to the intensity of the effects as: "severe" (when the effects may pose a risk of death and require immediate medical intervention); "moderate" (when the effects can cause a worsening of the user's clinical condition, making it necessary to change the medication plan); and "mild" (with small clinical effects, which generally do not require changes in pharmacological therapy)[13]. The final data were arranged in tables, summarizing the main sociodemographic characteristics of the users, as well as the psychotropic drugs consumed.

The research was developed according to the guidelines of Resolution 466/2012 of the National Health Council and approved by the Research Ethics Committee, opinion 4407279. In the tabulation and data analysis stage, the anonymity of participants was guaranteed through numerical identification.

RESULTS

After examining the data, it was identified that 603 users met the inclusion criteria of the study and withdrew psychotropic drugs at the PCU drugstore in the municipality during the analyzed period. Of these, 324 (53.7%) did so in 2017, 345 (57.2%) in 2018, and 377 (62.5%) in 2019. The average age of participants was 55 years; the majority, 437 (72.4%), were married or in a stable relationship, and, of these, 267 (44.2%) were retired. Also noteworthy is the

predominance of women in the total sample: 397 (65.8%).

Users consumed a total of 11 different psychotropic drugs, listed in Table 1 according to active ingredients, pharmaceutical presentation (tablets and bottles/solution) and quantity dispensed per year by the PCU drugstore.

Table 1. Annual quantity of psychotropic drugs dispensed by the drugstore at the Primary Care Unit, Erval Grande, state of Rio Grande do Sul, Brazil, 2022

Medication	Unit	2017 N	2018 N	2019 N	Total in the period N
Amitriptyline 25mg	Tablet	8,320	18,820	17,280	44,420
Fluoxetine 20mg	Tablet	10,976	8,660	19,864	39,500
Imipramine 25mg	Tablet	2,000	2,460	3,780	8,240
Bromazepam 3mg	Tablet	7,846	8,930	13,748	30,524
Clonazepam 2mg	Tablet	7,680	7,900	11,540	27,120
Clonazepam 2.5mg/20mL	Bottle/solution	146	127	152	425
Diazepam 10mg	Tablet	3,920	5,470	4,690	14,080
Lorazepam 2mg	Tablet	1,130	580	580	2,290
Lithium Carbonate 300mg	Tablet	6,000	9,170	8,060	23,230
Chlorpromazine 25mg	Tablet	1,100	1,520	1,460	4,080
Chlorpromazine 100mg	Tablet	280	600	285	1,165

Source: Prepared by the authors (2022).

The total number of users of each drug for the years 2017, 2018 and 2019 was verified, aiming to identify the five most consumed drugs, and the most used were the same. In 2017, the order was as follows: 1) fluoxetine – 53 (16.3%); 2) bromazepam – 52 (16%); 3) clonazepam 2.5mg/mL – 46 (14.1%); 4) amitriptyline – 41 (12.6%); and 5) clonazepam 2mg – 29 (8.9%). In 2018, the results were: 1) amitriptyline – 69 (20%); 2) bromazepam – 52 (15%); 3) fluoxetine – 45 (13%); 4) clonazepam 2mg – 41 (11.8%); and 5) clonazepam 2.5mg/mL – 36 (10.4%). Finally, in 2019, the following stand out: 1) amitriptyline – 71 (18.8%); 2) bromazepam – 66 (17.5%); 3) fluoxetine – 62 (16.4%); 4) clonazepam 2mg – 46 (12.2%); and 5) clonazepam 2.5mg/mL – 25 (6.6%). Table 2, below, details these numbers.

Table 2. Distribution of the five most frequently used psychotropic drugs in the years 2017-2019, Erval Grande, state of Rio Grande do Sul, Brazil, 2022

Medication	Number of users 2017		Number of users 2018		Number of users 2019		p-*value*
	N	%	N	%	N	%	
Amitriptyline 25mg	41	12.6%	69	20.0%	71	18.8%	
Bromazepam 3mg	52	16.0%	52	15.0%	66	17.5%	0.055
Clonazepam 2.5mg/ml	46	14.1%	36	10.4%	25	6.6%	
Clonazepam 2mg	29	8.9%	41	11.8%	46	12.2%	
Fluoxetine 20mg	53	16.3%	45	13.0%	62	16.4%	
Total	221	67.9%	243	70.2%	270	71.5%	

P-*value* = Pearson's chi-square test.
Source: Prepared by the authors (2022).

Table 3 lists the correlation between the sociodemographic profile (age and gender) and the psychoactive drugs used during the study period. In the age group of 18-20 years, both genders consumed only one drug. The prevalence of consumption of antidepressants (fluoxetine and amitriptyline) and benzodiazepines (bromazepam and clonazepam) by both men and women stands out.

Among women, there was a greater use of fluoxetine (31%) and amitriptyline (15.5%) in the 31-40 age group; clonazepam 2.5mg/mL (11.3%) was chosen by those aged between 71 and 80 years, and bromazepam (24%) by those aged 81 years or older. As for men, there was a prevalence of amitriptyline (15.4%) and clonazepam 2mg (23.1%) in the 18-20 age group; those aged 71 to 80 years consumed bromazepam the most (14.1%), followed by those aged 81 years or older, who used clonazepam 2mg (12%).

Table 3. Description of the correlation between sociodemographic characteristics and the prevalence of psychotropic drugs consumed in the years 2017-2019, Erval Grande, state of Rio Grande do Sul, Brazil, 2022.

(Continued)

		Psicofármacos consumidos (%)												
Age group	Sex	Amitriptyline 25mg	Bromazepam 3mg	Clonazepam 2,5mg/ml	Clonazepam 2mg	Lithium carbonate 300mg	Chlorpromazine 25mg	Chlorpromazine 100mg	Diazepam 10mg	Fluoxetine 20mg	Imipramine 25mg	Lorazepam 2mg	Two or more drugs	Total %
18-20 years	F	7.7	23.1	-	-	-	-	-	-	15.4	-	-	-	46.2
	M	15.4	-	-	23.1	-	-	-	15.4	-	-	-	-	53.8
21-30 years	F	8.7	8.7	10.9	4.3	2.2	-	-	-	15.2	-	-	13.0	63.0
	M	10.9	-	4.3	6.5	-	-	-	4.3	-	-	-	10.9	37.0

(Conclusion)

Age group	Sex	Amitriptyline25mg	Bromazepam 3mg	Clonazepam 2,5mg/ml	Clonazepam 2mg	Lithium carbonate 300mg	Chlorpromazine25mg	Chlorpromazine100mg	Diazepam 10mg	Fluoxetine 20mg	Imipramine 25mg	Lorazepam 2mg	Two or more drugs	Total %
31-40 years	F	15.5	2.8	4.2	4.2	-	-	-	-	31.0	1.4	-	14.1	73.2
	M	5.6	5.6	1.4	1.4	1.4	-	1.4	4.2	2.8	1.4	-	1.4	26.8
41-50 years	F	10.7	4.9	9.7	3.9	-	1.0	-	1.0	13.6	-	-	15.5	60.2
	M	4.9	6.8	1.9	2.9	1.9	-	-	1.0	3.9	-	-	16.5	39.8
51-60 years	F	11.6	12.3	10.3	3.2	1.9	-	-	0.6	12.3	-	-	18.7	71.0
	M	5.8	5.2	1.3	4.5	0.6	-	-	2.6	3.2	-	0.6	5.2	29.0
61-70 years	F	14.4	11.9	8.5	5.1	0.8	-	0.8	0.8	7.6	0.8	0.8	11.0	62.7
	M	5.9	8.5	4.2	2.5	-	-	-	4.2	3.4	-	0.8	7.6	37.3
71-80 years	F	12.7	18.3	11.3	8.5	-	-	-	1.4	4.2	-	-	9.9	66.2
	M	2.8	14.1	4.2	2.8	-	-	-	-	1.4	1.4	-	7.0	33.8
≥ 81 years	F	12.0	24.0	4.0	-	-	-	-	-	8.0	-	-	16.0	64.0
	M	8.0	12.0	-	12.0	-	-	-	-	-	-	-	4.0	36.0

Source: Prepared by the authors (2022).

Table 4 presents the results of the correlation between sociodemographic data (sex, marital status and occupation) and medication use in each age group. Regarding the occupation, there was a prevalence of psychotropic drug use by retirees (265, or 43.9% sample), followed by housewives (94, or 15.5%) and farmers (72, or 11.9%).

Table 4. Correlation tests between sociodemographic data and medication use in each age group, Erval Grande, state of Rio Grande do Sul, Brazil, 2022

Analyzed variables	18-20	21-30	31-40	41-50	51-60	61-70	71-80	≥ 81
				p-value				
Sex *versus* medications	0.035*	0.061	0.002*	0.115	0.017*	0.555	0.589	0.177
Marital status versus medications	0.410	0.468	0.000*	0.000*	0.117	0.010*	0.727	0.152
Occupation versus medications	0.399	0.503	0.012*	0.001*	0.004*	0.000*	a	a

* Statistically significant; [a] = No statistics were calculated because occupation is a constant.

Source: Prepared by the authors (2022).

It was also observed the consumption, on the part of some users, of at least two different benzodiazepines in a short period of time (year). In 2017, of the total number of participants, 17 (5.2%) withdrew at least two of the following medications: bromazepam, clonazepam 2mg, clonazepam 2.5mg/mL, diazepam and lorazepam. In 2018, the number of users was 9 (2.7%), and in 2019, 6 (1.8%).

A total of 38 different combinations of psychotropic drugs (drug 1 + drug 2 or + drugs) used by the participants were obtained over the period. In 2017, 86 (26.5%) users consumed drug combinations; in 2018, the number was 93 (26.9%), and in 2019, 101 (26.7%). It is noteworthy that of the total number of combinations used in the period, the majority (53.9%) occurred with antidepressants and benzodiazepines.

The 38 drug combinations were analyzed in the Drugs database to determine whether or not there were drug interactions[12], and it was found that all combinations resulted in some degree of drug interaction. When examining the occurrence and intensity of interactions, a percentage of 57.8% (22) was obtained in the moderate category; 39.4% (15) as severe; and 2.6% (1) as mild. Table 5 lists the five most used pharmacological combinations in 2017, 2018 and 2019 and the degree of drug interaction.

Table 5. The five most used pharmacological combinations in the years 2017-2019 and the degree of drug interaction, Erval Grande, state of Rio Grande do Sul, Brazil, 2022

Year	Users N	%	Pharmacological combinations	Degree of interaction
2017	9	2.7%	Fluoxetine + clonazepam 2mg	Moderate
2017	10	3.0%	Fluoxetine + bromazepam	Moderate
2017	7	2.1%	Fluoxetine + diazepam	Moderate
2017	8	2.4%	Fluoxetine + amitriptyline	Severe
2017	7	2.1%	Fluoxetine + diazepam	Moderate
2018	8	2.3%	Fluoxetine + clonazepam 2mg	Moderate
2018	7	2.0%	Fluoxetine + amitriptyline	Severe
2018	7	2.0%	Fluoxetine + clonazepam 2.5mg/mL	Moderate
2018	7	2.0%	Amitriptyline + diazepam	Moderate
2018	10	2.8%	Fluoxetine + bromazepam	Moderate
2019	7	1.8%	Fluoxetine + clonazepam 2.5mg/mL	Moderate
2019	13	3.4%	Fluoxetine + bromazepam	Moderate
2019	7	1.8%	Amitriptyline + diazepam	Moderate
2019	7	1.8%	Fluoxetine + amitriptyline	Severe
2019	8	2.1%	Fluoxetine + clonazepam 2mg	Moderate

Source: Prepared by the authors (2022).

DISCUSSION

Of the 603 users who withdrew psychotropic drugs at the PCU drugstore during the study period, there was a prevalence of consumption by women, 65.8% (397). This result is in agreement with data obtained in other studies already carried out that demonstrate the predominance of female users of these drugs[14,15]. This can be attributed to low schooling, low income, unemployment and, in some cases, the social role that women play in society, being related to the accumulation of professional and household duties. Such factors favor the production of vulnerabilities and mental suffering, making them the target of diagnoses with indication of treatments with pharmaceutical products[16-18].

Another aspect mentioned in the literature that may justify the prevalence of the use of psychotropic drugs by women is the greater search by people of this sex for care and preventive measures when it comes to psychological issues[19].

The average age of the participants was 55 years old, revealing a higher proportion among the middle-aged and elderly population. The literature reports that the consumption of psychotropic drugs by the elderly is associated with the female gender, those with worse health perception, people with Common Mental Disorders (CMD) and the presence of emotional symptoms. In this sense, it is important to conduct a careful assessment of the risk-benefit of using these drugs by this population due to the risk of intoxication and physical and psychological dependence that can occur from their consumption[20].

With regard to marital status, users who lived with a partner – 72.5% (437) – showed a greater tendency to consume psychotropic drugs. This finding is similar to the study carried out in Barbacena, state of Minas Gerais, which showed

that 48% total number of participants were married or lived with a partner[8].

As for occupation or source of income, most users were retired – 44.3% (267) –, data that corroborates a study carried out in Caicó, state of Rio Grande do Norte, which indicated the prevalence of retired people (49.4%) as the largest consumer of psychotropic drugs[15]. As they are in a phase of life characterized by fragile health and disabilities imposed by aging, they tend to reduce social interaction, favoring the risk of isolation and lifestyle limitations. This age group has high rates of organic and psychic changes, which sometimes generate anxiety, anguish, fear and emotional suffering[18].

It is also noteworthy that of the participants in the present study who are in active working conditions, that is, they are not retired, there is a predominance of consumption of psychotropic drugs by people with the "household" occupation - 15.5% (94) -, followed by farmers – 11.9% (72). Our findings corroborate a study carried out in rural cities in the Northeast classified as small (less than 20,000 inhabitants), which points to the existence of a relationship between domestic occupation and agriculture with the greater development of mental disorders and, consequently, the search for health care and higher consumption of psychotropic drugs[19-21].

In the present investigation, there was an increase in the number of users of psychotropic drugs of 16.36% (53) over the study period. All drugs that make up this sample are dispensed free of charge by the PCU drugstore, a fact that may favor their prescription over other options, increasing their consumption.

Considering the data in Table 1, it is possible to observe the annual amount of psychotropic drugs dispensed by the PCU drugstore. By calculating the annual means of dispensation, it was shown that antidepressants (M = 30,720) and benzodiazepines (M = 24,813)

were the pharmacological classes most used by the studied population. These findings are in line with the results shown in other studies[8,14]. Antidepressants are medications that are relatively simple and safe to use, mainly indicated to treat depressive episodes; they are also commonly prescribed for the treatment of anxiety disorders, without associated depressive symptoms. They do not usually produce tolerance and dependence effects, but should be used for the shortest possible period of time. The classes most used in PHC are tricyclics, old drugs considered to be quite effective, but with higher rates of adverse effects (e.g., imipramine and amitriptyline), and selective serotonin reuptake inhibitors (e.g., fluoxetine)[3].

It was evidenced in the present study that there is a prevalence of elderly people who use antidepressants and benzodiazepines; fluoxetine and amitriptyline are the most consumed drugs. Fluoxetine is classified as inappropriate for the elderly, according to the criteria of Beers, *Screening Tool of Older Person's Prescriptions* (STOPP) and *Screening Tool to Alert doctors to Right Treatment* (START), due to its long half-life, and may increase the risk of excessive stimulation of the central nervous system, sleep disturbances and increased agitation[22].

Tricyclic antidepressants, such as amitriptyline, are also inappropriately classified for this age group, according to the Beers and STOPP/START criteria when associated with clinical situations such as glaucoma, dementia, constipation and some cardiac abnormalities. Likewise, benzodiazepines are classified as inappropriate for their representatives of intermediate and long action due to the risk of prolonged sedation, confusion, impaired balance and falls[22].

The literature points out that the consumption of multiple medications, the so-called polypharmacy, has grown and is becoming

a common practice in the population; there is even the use of two or more psychotropic drugs concomitantly by the same user, which may be from the same class or from different therapeutic classes[23]. This produces effects that may not be those predicted when used alone and puts people's lives at risk, in addition to influencing the appearance of side effects that may interfere with adherence to treatment[24].

This aspect is even more worrying when it comes to the use of psychotropic drugs by the elderly. Pharmacokinetic and pharmacodynamic changes, inherent to the aging process, increase these people's vulnerability to medications, whether due to adverse reactions or drug interactions, worsening quality of life and increasing the search for care in health services[25,26].

Regarding pharmacological combinations, antidepressants combined with benzodiazepines were prevalent in the present sample, totaling 53.9% in the study period, as presented in Table 5. A similar result was obtained in a survey carried out in a municipality in the Midwest of the state of Santa Catarina, whose association between these classes of drugs represented 36.1% of the universe studied[27].

Another relevant aspect that emerged from the data analysis was the observation of the annual consumption of at least two different benzodiazepines by the same user. It is assumed that this is due to the ineffectiveness or dependence on the drug consumed by the person or even due to the absence of this drug in the PCU drugstore, causing the replacement by another of the same therapeutic class.

As for potential drug interactions arising from combinations of psychotropic drugs, there was a higher percentage of those with moderate risk; fluoxetine combined with bromazepam was the most used combination in the studied period. Concomitant use of bromazepam with fluoxetine

can increase the effects of bromazepam, which are the risk of prolonged sedation, confusion, loss of balance and falls[26].

Analyzing the most frequent "severe" interactions among those surveyed, the predominance of the combination of fluoxetine and amitriptyline was found. The concomitant use of these drugs may result in an increased risk of tricyclic antidepressant toxicity, QT interval prolongation and serotonin syndrome[26]. The QT is the electrocardiogram (ECG) interval from the beginning of the QRS to the end of the T wave and corresponds to the beginning of ventricular depolarization to the end of ventricular repolarization. Iatrogenic QT prolongation on ECG is associated with dangerous polymorphic ventricular tachyarrhythmia, which can lead to ventricular fibrillation and sudden death[27].

Serotonin syndrome, on the other hand, can be understood as a set of alterations in the mental state, signs of autonomic hyperactivity and neuromuscular abnormalities, and not all of these alterations may always be present. It can be caused by the use of therapeutic or excessive doses of a drug, as well as by the combination of serotonergic drugs, such as lithium, selective serotonin reuptake inhibitors or dual action and tricyclic antidepressants, among others[28,29].

Mild interactions are of minimal clinical significance and, in most cases, do not require any change in pharmacotherapy. The combination of lorazepam with lithium carbonate was the only such interaction. The possible side effect to occur is hypothermia[12].

It should be noted that the sample surveyed had an average age of 55 years, including elderly people, who certainly use other classes of medication, therefore they are exposed to other interactions not evaluated in the present study.

The correlation between sociodemographic data and psychoactive drugs allowed to highlight the prevalence of fluoxetine use, followed by amitriptyline and bromazepam, by women in most age groups. These data are similar to those identified in other surveys carried out in Brazil[17,18].

The literature shows that, in addition to its antidepressant effect, amitriptyline is prescribed to treat chronic, neuropathic and musculoskeletal pain, which may explain its high consumption rate. The prevalence of fluoxetine use can be explained by the fact that it has less ability to produce side effects, which makes it potentially safe[3].

In men, the use of antidepressants and benzodiazepines also prevailed, and amitriptyline and clonazepam were the most frequent in the 18-20 age group. Benzodiazepines are often used for the relief of anxiety, insomnia, sedation, treatment of epilepsy and convulsive states, specific neuromuscular disorders, and amnesia before and during medical and surgical procedures. They are also widely used in the treatment of acute anxiety states and quick control of panic attacks[3].

The high consumption of benzodiazepines by the participants of the present study is worrying, as their continued use can cause phenomena of tolerance (need for ever-increasing doses to maintain therapeutic effects) and dependence (recurrence of symptoms of insomnia and anxiety when abruptly discontinued). Also included are the effects of cognitive deficits (loss of attention and difficulty focusing) that tend to be installed during the course of treatment[3,30].

Over the studied period, the dispensing of all medications increased significantly; however, as listed in Table 1, in 2018 the number dispensed of some decreased, a fact justified by the lack of these drugs at the PCU drugstore.

Based on the findings of this study, it is clear the urgency for multidisciplinary teams to rethink the ways of assisting and caring for users with mental suffering in PHC. This implies

introducing the possibility of "care beyond drug therapy", taking care of individuals, and not just their illness[4].

Aiming at this comprehensive care model, the Ministry of Health has encouraged the implementation of Integrative and Complementary Practices (ICPs) in SUS services, mainly in PHC, to meet mental health demands. ICPs are characterized as therapeutic resources aimed at stimulating natural mechanisms for preventing injuries and recovering health from the use of effective and safe technologies that contribute to the holistic promotion of care for people, especially with regard to self-care, favoring the reduction of medicalization[3].

The benefit provided by psychopharmaceuticals to treat mental disorders is unquestionable, but it should be noted that, like all other medications, they must be used rationally. This is justified by the fact that they can produce several adverse effects, cause dependence and their prolonged use cause numerous health problems for the population[25]. In this sense, it is also up to the PHC teams to promote care management and the elaboration of clinical protocols and policies for the safe use of these drugs, improving both mental health care and pharmaceutical care in PHC[16].

The findings of the present investigation provide a description of the pattern of consumption of psychotropic drugs by a population group. Such information may help in the planning of mental health care by PHC health professionals, in favor of the safe use of these drugs, as well as contribute to the development of reflective processes on the importance of adopting other non-drug therapies for the treatment of mental disorders, thus strengthening health promotion actions. In addition, they can inspire similar actions in other locations with a reality similar to the one studied.

CONCLUSION

The results obtained in the present study allowed establishing the profile of users of psychotropic drugs in PHC, the characteristics involved in dispensing these drugs and the sociodemographic correlation and drug used. Over the analyzed period, there was an increase in the number of psychotropic drug users and also in the quantity dispensed of these medications by the PCU drugstore. Antidepressants and benzodiazepines were the most consumed pharmaceutical classes, both alone and in combination.

Despite the prevalence of the use of a single psychotropic drug by the participants, it was evidenced that polypharmacy is a present practice. The analysis of pharmacological combinations of this group of users revealed that all the combinations used can cause some type of interaction, from mild to severe.

A limitation of the present study is the non-correlation between the medication used and the diagnosis, which would make it possible to identify whether the therapy used is in accordance with the pathology presented by the user.

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