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PROFILE OF MEDICAL CONSULTATIONS AND PRESCRIPTIONS DURING THE COVID-19 PANDEMIC AT CAPS-AD

PERFIL DE CONSULTAS E PRESCRIÇÕES MÉDICAS AO LONGO DA PANDEMIA DA COVID-19 NO CAPS-AD

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ABSTRACT: **Aim**: The COVID-19 pandemic has increased anxiety and depression, leading to a rise in demand for mental health services such as CAPS-AD. This study analyzed the impact of the pandemic on the CAPS-AD (Alcohol and Drug Mental Health Services) in Paulo Afonso, Bahia. **Methodology**: Secondary data from patient records between January 2019 and January 2022 were used, along with the Chi-square statistical test. The sample included 173 patients, predominantly males (89.5%), aged between 25 and 60 years (83,3%), single (55,5%), white (46,8%), religious (74%), and with elementary education (54,9%). **Results**: Alcohol was the most commonly used substance (89%), followed by tobacco (46.8%) and marijuana (27.7%). Most patients showed worsening in substance dependence. The pandemic exacerbated mental disorders, reflected in increased consultations at the CAPS-AD. **Conclusions**: The results emphasize the need for preventive approaches in mental health, considering the diverse profiles of CAPS-AD users and the impacts of the pandemic.

KEYWORDS: COVID-19; SARS-CoV-2; Treatment Adherence; Psychotropics.

RESUMO: **Objetivo**: A pandemia da COVID-19 aumentou os casos de ansiedade e depressão, elevando a demanda por serviços de saúde mental como os do CAPS-AD. Este estudo analisou o impacto da pandemia no CAPS-AD de Paulo Afonso, Bahia. **Metodologia**: Utilizou-se dados dos prontuários dos pacientes entre janeiro de 2019 a janeiro de 2022 com a ferramenta estatística teste do Qui-quadrado e resultados significativos quando p<0,05. A amostra incluiu 173 pacientes, predominantemente homens (89,5%), com idade entre 25 e 60 anos (83,3%), solteiros (55,5%), brancos (46,8%), religiosos (74%) e com ensino fundamental (54,9%). **Resultados**: O álcool foi a substância mais utilizada (89%), seguida por tabaco (46,8%) e maconha (27,7%). A maioria dos pacientes apresentou piora da dependência química. A pandemia exacerbou os transtornos mentais, refletidos em consultas aumentadas no CAPS-AD. **Conclusões**: Os resultados destacam a necessidade de abordagens preventivas na saúde mental, considerando as diversidades dos perfis de usuários do CAPS-AD e os impactos da pandemia.

PALAVRAS-CHAVE: Adesão Terapêutica. COVID-19. Psicotrópicos. SARS-CoV-2.

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INTRODUCTION

The Psychosocial Care Centers (CAPS) emerged from Ordinance nº 336/GM, of February 19, 2002. These institutions represent the continuity of the Psychiatric Reform of 1989, which seeks the deinstitutionalization of psychiatric treatment. CAPS offers clinical care and psychosocial rehabilitation, considering the specificities of the subject and their social environment. Furthermore, CAPS integrates the health network, involving the Family Health Program, institutions that defend user rights, and civil society. The objective is to articulate these services with the community and use local structures for the therapeutic approach. In this way, CAPS operates from a therapeutic perspective and the social reintegration of people with psychological distress[1].

Unlike traditional CAPS, CAPS-AD focuses on treating patients who experience psychosocial impairment due to alcohol and drug use, as opposed to those whose substance use is secondary to mental disorders. CAPS-AD offers the possibility of hospitalization in psychiatric beds, especially for patients undergoing detoxification1. The approach maintains a focus on deinstitutionalization in line with mental health policy. Within the Unified Healthcare System (SUS), health education also plays a significant role in caring for patients with problematic alcohol and drug use. It promotes access to knowledge about treatment and care strategies[2]. The effectiveness of this strategy is directly related to patient adherence and the commitment of the health team.

From the pathophysiological aspect of mental illness, the increased dysregulation of monoaminergic neurotransmitters, fundamental in treating diseases such as depression and anxiety, is highlighted as one of the explanations[3,4]. Increased concern about an uncertain future and the reduction in social contacts due to social isolation during the COVID-19 pandemic contributed to the worsening of these conditions[4].

A significant increase in the prevalence of anxiety and depression was observed during the pandemic, both in Brazil and in other countries, such as China[4]. In Brazil, there was an 81.2% increase in consultations at CAPS-AD and an 18.8% increase in psychiatric emergency care in June 2021 compared to 2020[5]. In this aspect, the pandemic also increased the consumption of psychoactive substances, such as alcohol and drugs, and challenged the management of patients with severe mental disorders due to the contraindication of certain psychotropic medications due to the risk of interaction with COVID-19[6].

In Brazil the COVID-19 pandemic exacerbated mental disorders, significantly increasing the rates of anxiety (44.2%) and depression (61.3%) between 2019 and 2021[5]. In an online survey carried out covering 21 Brazilian states, at the end of the first year of the pandemic, 4 in 10 respondents had moderate to severe symptoms of anxiety and more than half reported depression[7]. In contrast, countries such as England registered stability or reduction in in-person consultations, attributed to fear of contagion and maintenance of isolation, however remote consultations increased, especially among children, adolescents and economically active adults[8]. In Brasil, consumption of psychoactive substances increased (46.7%) along with the increase in alcohol consumption (31%), reinforcing the continued need for CAPS-AD5 services. From this perspective, our study aimed to analyze medical consultations and prescriptions at CAPS-AD in Paulo Afonso, Bahia, throughout the pandemic period, to plan more effective interventions and understand the impact on the psychiatric population.

METHODOLOGY

The study site was the Psychosocial Care Center for Alcohol and Drugs – CAPS-AD located in the city of Paulo Afonso – Bahia. This is a retrospective, observational cohort study, based on secondary data from the medical records of patients who used the service in the period between January 2019 and January 2022, from which the following variables were used: gender, age, race, marital status, religion, date of consultation, education, psychoactive substances (PAS) used, clinical classification and psychotropic drugs prescribed. The study included medical records that had at least one consultation prior to the period of March 2020, the month in which social isolation established by the Ministry of Health (MS) began, and another subsequent consultation, also requiring that there be a description in the medical record during this period of mental state, psychotropic drugs used, International Classification of Diseases (ICD), age, sex, gender, marital status, ethnicity, religion, education and current chemical status, so that data could be compared pre and post pandemic. Incomprehensible medical records, those not belonging to the period covered by the study, and those referring to medications that are not psychotropic were excluded.

The simple frequencies and percentages of the study variables were calculated. Subsequently, statistical analyses were performed using the Chi-square test to evaluate the relationship between the individuals' clinical and sociodemographic variables. Comparisons between pre- and post-pandemic groups were carried out using the paired student t test. The information obtained in the study was stored and analyzed using the GraphPad Prism 8.0 program. As this research involved human beings, the project was approved by the Research Ethics Committee (CEP) of the Centro Universitário do Rio São Francisco (UniRios) with CAAE 66890222.7.0000.8166 and performed in accordance with the recommendations of Council Resolution No. 510/2016 National Health.

RESULTS

After applying the inclusion and exclusion criteria, the resulting sample used for this study was 155 men and 18 women users of psychoactive substances, among the 379 medical records evaluated. In which there is a prevalence of males of 89.5% (155 of the total of 173), as shown in Table 1 below.

Table 1 – Use of psychoactive substances in relation to the sex of the individuals assessed (n=379).

Variables	Frequency n (%)	Use of PAS **		p-value[1]
		Yes	No	
Sex				
Female	59 (15,6)	18 (4,8)	41 (10,8)	**0,01***
Male	320 (84,4)	155 (40,9)	165 (43,5)	

[1] Use of the Chi-Square Test
* p < 0,05
** Psychoactive substances (PAS)

Among the 173, we observed prevalence in the age group of 41 to 60 years in general, with a discrepancy in stratification between genders. In relation to other sociodemographic factors, it is clear that white race (46.8%), single marital status (55.5%), those who stated they have a religion (74.0%) and a primary level of education (54.9%) all stand out; however, with no statistically significant P value (Table 2).

Table 2 – Sociodemographic profile of individuals using psychoactive substances.

Variables	Frequency n (%)	Male n (%)	Female n (%)	p-value[1]
Age group (in years)				
< 25	16 (9,2)	15 (8,7)	1 (0,6)	
25-40	70 (40,5)	62 (35,8)	8 (4,6)	0,85
41-60	74 (42,8)	67 (38,7)	7 (4,0)	
> 60	13 (7,5)	11 (6,4)	2 (1,2)	
Race				
White	81 (46,8)	71 (41,0)	10 (5,8)	
Black	27 (15,6)	24 (13,9)	3 (1,7)	0,65
Mixed race	65 (37,6)	60 (34,7)	5 (2,9)	
Marital status				
Single	96 (55,5)	85 (49,1)	11 (6,4)	
Married	63 (36,4)	59 (34,1)	4 (2,3)	0,21
Divorced	14 (8,1)	11 (6,4)	3 (1,7)	
Religion				
Yes	128 (74,0)	116 (65,1)	12 (6,9)	0,57
No	45 (26,0)	39 (18,5)	6 (3,5)	
Education				
Illiterate	15 (8,7)	13 (7,5)	2 (1,2)	
Elementary	95 (54,9)	83 (48,0)	12 (6,9)	0,54
High School	55 (31,8)	51 (29,5)	4 (2,3)	
Higher Education	8 (4,6)	8 (4,6)	0 (0%)	
Total	173 (100,0)	155 (89,6)	18 (10,4)	

[1] Use of the Chi-Square Test

As to the patient assigned diagnosis, it was recorded according to the International Classification of Diseases 10th Edition (ICD-10). For this study, the focus was primarily on those related to Group F (mental or behavioral disorders), with particular emphasis on F10 (mental and behavioral disorders due to alcohol use) at 65.3%, and F19 (mental and behavioral disorders due to the use of multiple drugs and other psychoactive substances) at 23.7% (Table 3).

The most commonly used psychoactive substance was alcohol (89%), followed by tobacco (46.8%) and marijuana (27.7%). There was a slight divergence in the female group, where crack occupied the third place instead of marijuana (2.3% vs.1.7%, respectively) (Table 3).

Regarding the number of psychoactive substances (PAS) used, most reported concurrent use of two substances (39.3%), with the majority being men. Among women, the use of a single substance was more prevalent (4.6%) (Table 3).

Evaluating chemical dependence based on the multiprofessional consultations described in the records selected for the pre- and post-pandemic periods, it was observed that over the last 4 years, a 20.2% improvement occurred. However, 24.2% of users reported worsening, citing the pandemic as the cause, while 20.2% reported worsening for various reasons unrelated to COVID-19. Additionally, those who, for reasons unrelated to the pandemic, abandoned CAPS-AD were also counted (20.8%), whether due to moving, loss of contact, or not attending the unit for more than 1 year. When categorizing this topic by gender, there was a visible difference in chemical use situation over the last 4 years. There was a prevalence of worsening due to the pandemic (23.7%) or simply worsening (19.1%) among men, compared to a prevalence of treatment abandonment (4%) and improvement (2.9%) among women (Table 3).

Table 3 – Clinical profile of individuals using psychoactive substances (SPA).

Variables	Frequency n (%)	Male n (%)	Female n (%)	p-value[1]
ICD 10*				
F10**	113 (65,3)	100 (57,8)	13 (7,5)	
F19***	41 (23,7)	36 (20,8)	5 (2,9)	0,83
OTHER ICD- GROUP F****	67 (38,7)	61 (35,3)	6 (3,5)	
Substance Used				
Alcohol	154 (89,0)	138 (79,8)	16 (9,3)	
Tobacco	81 (46,8)	72 (41,6)	9 (5,2)	
Marijuana	48 (27,7)	45 (26,0)	3 (1,7)	0,63
Crack	29 (16,8)	25 (14,5)	4 (2,3)	
Cocaine	27 (15,6)	26 (15,0)	1 (0,6)	
Amount of Substance				
1	66 (38,2)	58 (33,5)	8 (4,6)	
2	68 (39,3)	62 (35,8)	6 (3,5)	0,60
3	18 (10,4)	15 (8,7)	3 (1,7)	
$\geq$ 4	21 (12,1)	20 (11,6)	1 (0,6)	
Chemical dependency status (last 4 years):				
Improved	35 (20,2)	30 (79,3)	5 (2,9)	
No change	25 (14,5)	22 (12,7)	3 (1,7)	0,11
Worsened	35 (20,2)	33 (19,1)	2 (1,2)	
Worsened due to the pandemic	42 (24,2)	41 (23,7)	1 (0,6)	
Discontinued treatment	36 (20,8)	29 (16,8)	7 (4,0)	

[1] Use of the Chi-Square Test
* International Classification of Diseases 10th edition
** Mental and Behavioral Disorders Due to Alcohol Use
*** Mental and behavioral disorders due to multiple drug use and the use of other psychoactive substances.
**** Other ICD codes related to group f (mental or behavioral disorders) include: F12, F14, F06, F21, F32, F70, F44, F60, F41 e F31.

When cross-referencing data on drug use and sociodemographic factors, there was no significant p-value for grouping by sex and race. However, there was an inversion in the ranking between the 4th and 5th positions for the prevalence of cocaine and crack use among genders. Additionally, there was higher consumption of marijuana among mixed-race individuals, in contrast to other psychoactive substances where the white population is more prominent.

Moreover, there was a centralized distribution regarding age, with 83.3% of users in the 25 to 60 years age range. This discrepancy is more pronounced for cocaine use ($p = 0.04$), where most users are aged 25 to 40 years, and for marijuana use ($p < 0.0001$). However, alcohol ($p = 0.007$) follows the central distribution of 25 to 60 years (Table 4).

Regarding marital status, a significant p-value ($p < 0.0001$) was observed for marijuana use, with the majority of users being single (84%). This trend was also seen for other psychoactive substances, but without a significant p-value (Table 4).

Finally, a significant p-value was observed in relation to religion ($p = 0.04$) for crack use, with the majority of users being religious. Additionally, a significant p-value was found for education level in relation to marijuana use ($p = 0.04$), with the majority of users having only elementary education (Table 4).

Table 4 – Relationship between drug use and sociodemographic factors.

Variables	Frequency	Alcohol		Tobacco		Marijuana		Cocaine		Crack	
	n (%)	n	p-value	n	p-value	n	p-value	n	p-value	n	p-value
Sex											
Female	18 (10,4)	16	0,69	8	0,99	4	0,59	1	0,31	4	0,52
Male	155 (89,6)	140		73		46		27		26	
Age group, y											
< 25	16 (9,2)	11	**0,007**	7	0,74	13	**<0,0001**	5	**0,04**	3	0,11
25-40	70 (40,5)	65		32		23		15		17	
41-60	74 (42,8)	69		34		14		8		10	
> 60	13 (7,5)	13		8		0		0		0	
Race											
White	81 (46,8)	74	0,55	39	0,90	19	0,21	12	0,82	13	0,92
Black	27 (15,6)	26		13		11		4		5	
Mixed race	65 (37,6)	58		29		20		12		12	
Marital status											
Single	96 (55,5)	85	0,14	41	0,44	42	**<0,0001**	18	0,59	21	0,19
Married	63 (36,4)	61		32		7		8		8	
Divorced	14 (8,1)	12		8		1		2		1	
Religion											
Yes	128 (74,0)	116	0,76	62	0,49	35	0,45	21	0,99	27	**0,04**
No	45 (26,0)	42		19		15		7		3	
Education											
Illiterate	15 (8,7)	15	0,34	9	0,70	0	**0,04**	1	0,68	2	0,78
Elementary	95 (54,9)	84		43		30		16		19	
High School	55 (31,8)	51		26		19		9		8	
Higher Education	8 (4,6)	8		3		1		2		1	

Use of the Chi-Square Test

Regarding the comparison between classes of psychotropics in the pre- and post-pandemic periods, no significant value was obtained for the difference between periods. Anxiolytics/sedatives remained the most commonly used class, followed respectively by antipsychotics, mood stabilizers/anticonvulsants, and antidepressants (Table 5).

Table 5 – Individuals using psychotropic drugs pre and post-pandemic.

Class of psychotropic	Pre-pandemic n (%)	Post-pandemic n (%)	p-value[1]
Anxiolytics/sedatives	91 (30,2)	87 (29,4)	0,95
Antidepressants	52 (17,3)	47 (15,9)	
Mood stabilizers/anticonvulsants	74 (24,6)	75 (25,3)	
Antipsychotics	84 (27,9)	87 (29,4)	

[1] Use of Student's t-Test

Regarding specific psychotropic drugs, no significant value was obtained for the pre- and post-pandemic comparison. In this context, among the medications analyzed, diazepam remained the most prescribed, while sodium valproate was the least prescribed (Table 6).

Table 6 – Types of psychotropic drugs used pre and post-pandemic.

Type of psychotropic	Pre-pandemic n (%)	Post-pandemic n (%)	p-value[1]
Diazepam	60 (19,4)	54 (19,0)	0,657
Carbamazepine	54 (17,4)	53 (18,6)	
Haloperidol	30 (9,7)	30 (10,5)	
Amitriptyline	34 (11,0)	31 (10,9)	
Clonazepam	27 (8,7)	26 (9,1)	
Levomepromazine	21 (6,7)	26 (9,1)	
Risperidone	18 (5,8)	14 (4,9)	
Fluoxetine	17 (5,5)	17 (5,9)	
Chlorpromazine	15 (4,8)	17 (5,9)	
Sertraline	15 (4,8)	12 (4,2)	
Biperiden	8 (2,5)	8 (2,8)	
Phenobarbital	4 (1,2)	7 (2,4)	
Phenytoin	3 (0,9)	3 (1,0)	
Bupropion	3 (0,9)	4 (1,4)	
Sodium valproate	0 (0,0)	2 (0,7)	

[1] Use of Student's t-Test.

DISCUSSION

The study highlights the significant impact of the COVID-19 pandemic on the mental health of CAPS-AD users. It presents a heterogeneous distribution according to sociodemographic factors. This observation aligns with studies conducted in other countries, such as Bosnia and Herzegovina, China[10], and Italy[11]. These studies identified risk factors for the general population, such as being female, advanced age, and single marital status. However, when focusing on a sample of patients already affected by mental disorders and undergoing treatment for dependency, like CAPS-AD users, the results can vary substantially.

Regarding CAPS-AD in Paulo Afonso, the analysis for the pandemic period from 2019 to 2022 showed a predominance of males, aged 25 to 60 years, white race, single marital status, followers of some religion, elementary education level, and users of multiple psychoactive substances. This profile is similar to those found in Curitiba, PR[12], and Lagarto, SE[13]. However, it differs in the individual prevalence of each substance, as our study found tobacco to be the second most used drug. This result can be explained by a study[14] conducted during the pandemic, which showed a 34% increase in tobacco consumption and its derivatives in Brazil and 25% in France during the same period. Tobacco use, besides being a risk factor for cardiovascular and respiratory diseases, also contributes to an increased number of hospitalizations for COVID-19. Smoking is the leading cause of preventable death, and Brazil had been achieving high levels of success in meeting the goals established by the six strategies for smoking cessation developed by the United Nations (UN)[15].

Another aspect to be highlighted is the prevalence of alcohol use, especially in the age group of 25 to 60 years. This segment almost entirely comprises the economically active population. The impact of social distancing measures and the closure of businesses during the pandemic had a strong effect, causing financial and family fragility. In this context, it is reported that there was a 13.1% increase in alcohol consumption in Brazil during this period and 13.5% globally[14]. Loneliness and melancholy fostered this kind of environment, of uncertainty about the future.

For marijuana use, there was a higher prevalence for the age group of 25 to 40 years, single marital status, and elementary education level. These findings are compatible with those found by another author[16], who observed 16.9% for an average age of 30 to 49 years, 54.5% with low education, and up to 70% for singles. In another broader study[17], which included both adult and youth CAPS AD, the prevalence of marijuana use was also observed. The initiation of use was around the ages of 7 to 15 years, a period coinciding with the age range recommended by the Ministry of Education for elementary education, which spans from 6 to 14 years old.

Thus, it is necessary to evaluate the impact of early marijuana use on individual development during the school period and its ramifications for both cognitive learning and interpersonal relationships. Unlike other groups analyzed in our research, those undergoing treatment for marijuana use were the only ones with a significant p-value for marital status, with the majority being single.

Regarding cocaine use, our study showed a trend among the age group of 25 to 40 years. This finding is compatible with a study conducted at a CAPS in Curitiba, PR, which found an average age of 36.03 years for cocaine users[18].

Cocaine ranked fifth among the psychoactive substances used. This differs from other studies that identified it as the second most used substance for adults and youth within CAPS AD. These studies were conducted in a municipality in the interior of São Paulo[19] and in Aracaju, SE[17]. However, these studies also found a higher prevalence of crack use. This can be explained by crack being a cheaper alternative to cocaine.

Regarding crack use, this study also observed a significant association with religiosity among users of the substance (90%). This corroborates the findings of a study[20] conducted at CAPS III, which found that 65.2% of users also had a religion. This highlights the importance of addressing this issue within churches and temples. Such an approach can help combat stigma, as it is proven that these users also participate in these spaces. Additionally, it can promote health education actions for chemical rehabilitation in conjunction with mental health services.

As to the use of psychotropics during the pandemic, one study[21] observed a considerable increase in prescriptions for children and adolescents in U.S. mental health services. This was particularly noted for those over six years old and for girls. The peak occurred in April 2020 and gradually decreased over the following months, yet did not return to pre-pandemic levels. Another researcher[22] found a similar trend studying sales, with an increase of 113 daily doses of antidepressants per 1000 inhabitants between May 2020 and December 2022 for the general population in France. In this context, the profile of prescriptions during the pandemic at CAPS also recorded an increase in the dispensing of psychotropic drugs throughout the evaluated period[13].

Regarding our study, no significant variation in the prescription of psychotropic drugs was observed during this period. Several possibilities could explain this, such as the sample size or the specificity of the service. CAPS AD is specifically designed for treating substance use disorders. Therefore, it has well-defined medication treatments and protocols. Variations occur mainly due to the diagnosis of other underlying disorders identified by the psychiatrist. Additionally, the model of the flow between mental health services should be evaluated. However, CAPS offers more longitudinal care, allowing for greater consistency in follow-up.

Knowing the profile of CAPS patients is an important assessment tool that enables understanding how the profile is integrated into the global context of mental illness pre- and post-pandemic. Analyzing the data and indicators, allows development of prognostic plans and preventive actions specifically targeted for each subgroup. Furthermore, as part of the ongoing health education process, it aims to enhance the quality of the service to meet the needs of the population, as well as promote health education actions in diverse spaces beyond CAPS, including schools, colleges, and religious institutions. It brings interventions closer to the daily context of the patient while increasing their impact and effectiveness[23].

CONCLUSION

Our study reveals that the COVID-19 pandemic impacted the mental health of the CAPS-AD population, with variations according to sociodemographic factors. The CAPS-AD profile (Paulo Afonso, Bahia) during the pandemic was characterized by a predominance of males (89.5%), an age range of 25 to 60 years (83.3%), single marital status (55.5%), followers of some religion (74%), elementary education (54.9%), and varied use of psychoactive substances (39.3%). The increase in tobacco consumption is notable, the second position among PSAs (Psychoactive Substances) in our study. This differs from some national studies yet correlates with globally observed contexts of increased worldwide use, contrary to previously achieved UN smoking cessation goals. However, the use of alcohol in the age range of 25 to 60 years (83.3%); and marijuana in the age range of 24 to 40 years (23%), singles (42%), and those with elementary education (30%) presented particularities in our study. Differences in the prevalence of cocaine and crack point to regional and socioeconomic nuances, differing from other national studies. As to psychotropics, there was no variation at CAPS-AD in prescriptions between the

pre- and post-pandemic periods, and this stability highlights defined protocols and the specificity of the service. Finally, these results exhibit the need for specific preventive approaches to mental health which go beyond CAPS-AD to consider the diverse profiles of users, and promoting activities such as forums for clarification and health education within religious spaces about crack consumption. This, given the prominence of religiosity among users, and similarly for schools and universities concerning the use of marijuana and cocaine, while considering the age range of this audience and education levels, especially for marijuana users. The goal being to reduce the incidence of addiction and mental illness in the general population through prevention.

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