Polymedication of elderly in the university opened to maturity

Polimedicação de idosos na universidade aberta à maturidade

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RESUMO

Objetivo: identificar os pacientes acometidos pela polifarmácia, pois, no Brasil cerca de 70% dos idosos sofrem de alguma doença crônica e tratam-se com uma ou mais drogas. **Método:** pesquisa descritiva, exploratória, e qualiquantitativa, realizada com alunos da Universidade Aberta à Maturidade – UAMA em Campina Grande – PB, no período de fevereiro a maio de 2018. **Resultados:** A maioria dos pacientes estudados foi representada pelas mulheres (70%) em comparação com os homens (30%). Observou-se que 67% dos idosos fazem uso de 5 medicamentos ou mais, enquanto apenas 33% destes tratam-se com menos de 5. Dentre os mais prescritos, destacam-se os utilizados no tratamento da hipertensão, como a Losartana (16%), tratamento do diabetes, como o Glifage (12%) e de dislipidemias, como a Sinvastatina (10%). **Conclusão:** A polifarmácia vem sendo uma realidade considerável entre a população e as intervenções terapêuticas têm sido melhores com o desenvolvimento de novos medicamentos, ajudando no aprimoramento da utilização destes e no aumento da sobrevida dos indivíduos.

Descritores: Idosos; Polifarmácia; Uso racional de medicamentos; Riscos.

ABSTRACT

Objective: to identify the patients affected by polypharmacy, because, in Brazil about 70% of the elderly suffer from some chronic disease and are treated with one or more drugs. **Method:** The research is descriptive, exploratory, qualitative and quantitative, held with students of the University Open to Maturity – in Campina Grande - PB, in the period from February to May 2018. A Most of the patients studied were represented by women (70%) compared to men (30%). **Results:** Most of patients were represented by women (70%) compared to men (30%).We observed that 67% of the elderly use 5 drugs or more, while only 33% of these are treated with less than 5. Among the most prescribed, those used in the treatment of hypertension, like the Losartan (16%), diabetes treatment, such as Glifage (12%) and dyslipidemia, such as Simvastatin (10%). **Conclusion:** Polypharmacy has been a considerable reality among the population and therapeutic interventions have been better with the development of new drugs, helping to improve their use and increase the survival of individuals.

Descriptors: Seniors; Polypharmacy; Rational use of medicines; Risks.

ORIGINAL

Introduction

The Brazilian population has been undergoing a rapid aging process, revealing today about 16 million elderly people and by 2025, about 32 million, constituting the sixth largest elderly population on the planet, an increase that is up to five times over 1950s, while the number of people over 60 will increase for 15 times.[1]

The natural process of aging generates challenges for society and health teams, bringing considerable challenges to the care and maintenance of quality of life. As a result, aging causes a significant increase in the prevalence of diseases and the concomitant use of different drugs, impacting the clinical and economic environment and affecting patient safety, often causing negative consequences for the health of the elderly.

Polypharmacy is usually defined as the use of multiple medications, and is an important problem in the care of the elderly, since this part of the population usually presents more than one health problem. Studies report that 91% of the elderly in Brazil use some drug and 27% of the elderly use five or more medications. And in Brazil, 70% of the elderly have at least one chronic condition, so they need pharmacological treatment and regular medication use.[2]

The Unified Health System (SUS), through pharmaceutical assistance, has a duty to guarantee access and promote the rational use of medicines. Since 2011, the National List of Essential Medicines (Rename) has been regulated, which comprises the selection and standardization of drugs indicated to treat diseases or diseases, available under the SUS.

The elderly, who often have some morbidity, usually take many medications, which facilitates their inappropriate use, thus leading to possible problems. The gradual increase in the use of medications by the elderly leads to polypharmacy, leading to the simultaneous consumption of medications, as these are the major causes of problems, especially renal ones.

The number of drugs is the main risk factor for diseases caused by treatment or medical errors, with an exponential relationship between polypharmacy and the likelihood of adverse reaction, drug interactions and inappropriate drugs for the elderly, and can be prevented by rational drug use. Population studies on drug use in Brazil show that, in fact, advanced age is one of the main risk factors for the need for long-term and chronic use of drugs. Thus, it constitutes polypharmacy as one of the factors that may contribute to the accentuated use of inappropriate and non-essential medicines for the treatment.[3]

When prescribing medication for the elderly, the doctor should: consider the real need for medication use; do not prescribe unnecessary medicines, especially those with a high incidence of side effects, check if the dose of the medicine is the most appropriate, consider the current kidney and liver functions and check the most appropriate pharmaceutical form. It is necessary to always keep in mind the possibility of interaction with substances that the patient may be using without the doctor's knowledge, including herbal medicines, uncontrolled medicines, leftovers of medicines obtained from friends etc.[4-5]

Polypharmacy or the use of various medications is associated with increased risk and aggravation of adverse drug reactions (ADRs), of causing toxicity, of causing medication errors, of reducing treatment adherence and of increasing morbidity and mortality. Thus, this practice is directly related to health care costs, which includes medicines and the their use repercussions.[4-5]

The risk of ADR increases about three to four times in patients undergoing polypharmacy, and may reproduce geriatric syndromes or precipitate confusion, incontinence and falls. The elderly often have two to six prescriptions and use self-medication with two or more medications. Added to this is the ease of purchasing over-the-counter drugs from pharmacies, which increases the exposure and vulnerability of older people to overuse of drugs and unnecessary financial expense.[4-5]

This study aimed to identify patients with polypharmacy, since in Brazil 70% of the elderly suffer from some chronic disease that needs pharmacological treatment with one or more drugs.

Method

The descriptive and exploratory research was carried out through a cross-sectional and qualitative approach in the medical records of elderly patients of the Open University to Maturity - UAMA in the city of Campina Grande - PB, from February 2018 to May 2018.

In order to be able to participate in the research, the patient must be elderly, aged 60 years or over and be using at least one drug, in addition to being enrolled at the Open University of Maturity - UAMA. There was no discrimination regarding gender, race, social class or pathological history. Patients who refused to participate or provide information about their health were excluded from the study.

As a data collection instrument, a standard pharmacotherapeutic form based on the health record of the elderly of the Ministry of Health was used. It contained information on patient identification, medications used (antihypertensive drugs and other medications), blood pressure monitoring, blood glucose and their complaints. The form was completed by observing the medical records of the patients who made up the sample and by interviewing them directly. The participating patient was informed in advance about the objectives of the research, was guaranteed this total anonymity and the right to give up the research and pharmacotherapeutic follow-up at the appropriate time.

Data were analyzed using the Excel statistical program (2007). For quantitative variables, tables with mean were constructed. Considering the need to identify the factors that predispose the elderly to use various medications indiscriminately. In the end, the intervention is desired as a result, in addition to identifying patients with polypharmacy, solving or reducing the problems caused by this condition, reducing the number of drugs or optimizing their use by the elderly, with the aim of reducing

their use. medication and drug interactions.

In drug evaluation, an active search for drug interactions and their consequences is made. The research is conducted in national medical journals, through the literature and the DRUGS® system, MICROMEDEX®, as a useful source of information for evaluating drug safety.

Results and Discussion

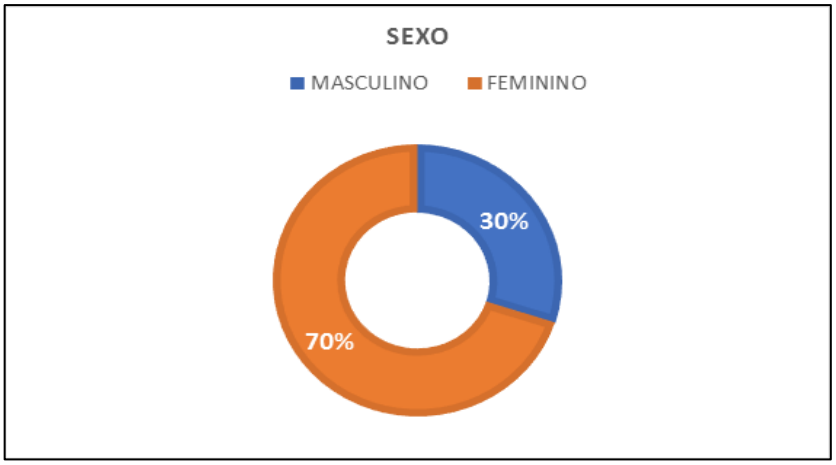

Figure 1 - Population distribution by gender.

The women in charge of the largest representation of patients were women (70%) compared to men (30%), without significant differences between their age groups. Evidencing that sex can behave as a variable for the need for the use of a larger number of medicines.

Table 1 - Distribution by age group, demonstrated by age and year of birth of the patient.

1920	1930	1940	1950
1	1	8	20

Table 1 above shows the age composition of the individuals, where most of them are elderly born around 1950 or close and are 68 years of age or older. Although morbidity rates are constantly increasing and contributing to earlier and earlier mortality, the elderly population has been able to achieve better conditions and consequent quality of life and for a longer period of time. This is also due to the correct and raional use of medicines.

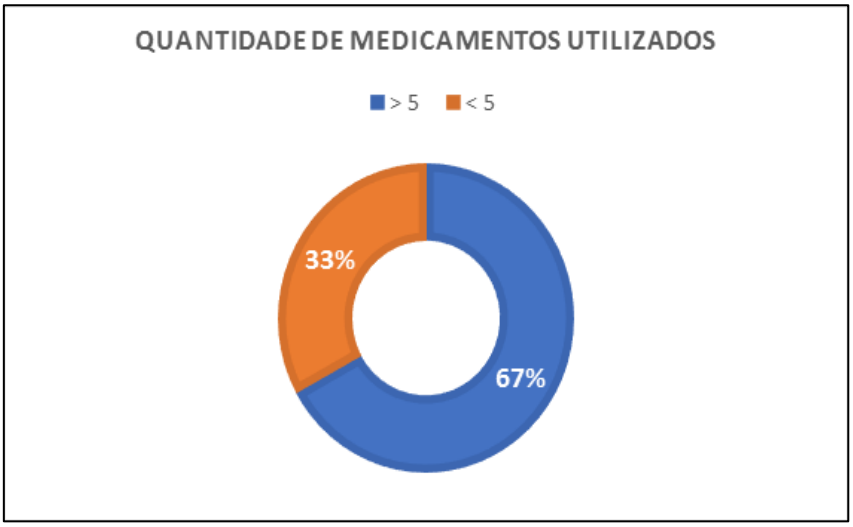

Figure 2- Average amount of medicines used by each patient.

The relationship between the elderly and the simultaneous use of many medications can be a potentially dangerous junction. Figure 2 shows that 67% of the elderly use 5 or more medications, while only 33% of these treat less than 5 medications. As a result, the risks of cumulative toxicity, adverse effects, non-adherence to treatment and other errors increase considerably. In addition to care costs with health-related procedures and the sequelae resulting from this disordered consumption.

The use of these drugs is indispensable for improving the quality of life of people, especially the elderly who are generally more affected by pathologies, especially chronic ones. However, it is this same type of population that has greater vulnerability and should therefore receive greater attention and care among health professionals.

With advancing age, various physiological changes begin to occur and the magnitude of disease occurrence expands as time goes on, causing drug use to grow among the various therapeutic classes, especially those that treat chronic diseases.

New technologies have allowed for remarkable and considerable advances in the development of new drugs available on the market and often lead the population to use multiple drugs, some of which are not in great need. They are more accurate, safe and effective medicines, but it is important to be aware that even with these improvements, constant use can cause other undesirable problems.

Consultations and planning for the development of better care plans are pharmacotherapeutic follow-up services that can lead to better adherence, accuracy and safety used with patients and consequent improvement in the results obtained.

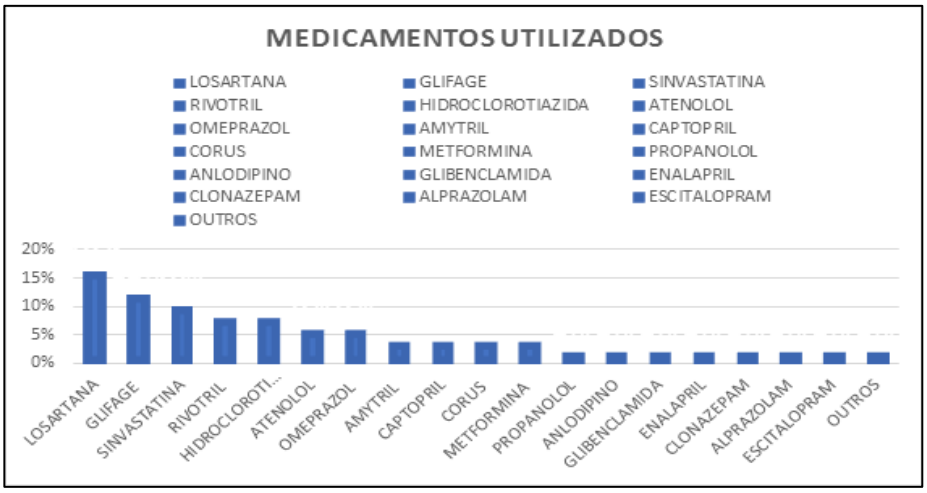

Figure 3 - Most used medicines.

Among the most commonly prescribed drugs in the treatment of the elderly, we highlight those used to treat hypertension, such as Losartan (16%), diabetes treatment, such as Glifage (12%) and dyslipidemia, such as Simvastatin (10%).). This also corresponds to the prevalence of these pathologies among this same population. Chronic diseases such as hypertension and diabetes are often treated with drug combinations, making polypharmacy not always preventable.

Conclusion

Polypharmacy in the elderly has been a considerable reality, so the need for follow-up and interventions for better adherence. Therapeutic interferences have been better with the progress in the development of new drugs, helping to improve their use and increasing the survival of individuals.

However, the real needs of patients should be considered primarily in order to provide the lowest possible number of medications. Thus, the biggest challenge is in the first care, in the proper prescriptions and professionals in order to develop strategies for its conscious use, as well as multidisciplinary teams, working together to reduce damage and improve quality. of life.

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