

186 - SELF-MEDICATION AND POLYPHARMACY THE ELDERLY

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INTRODUCTION

Self-medication can be defined as the use of non-prescription medicines, where the patient decides which drug to use (VILARINO, 1998) is included This generic drug prescriptions by unauthorized persons as friends, family or drugstore clerks.

Although self-medication is a common and possible injuries and blinding diseases, poisoning and drug interactions, little research on the subject were held in the country (TOURINHO, 2007).

The reasons for their existence are many, among so many we can easily name a few as the impossibility of a good portion of people having access to health care for financial or own habit of trying to solve the problems of everyday health taking into account the opinion some known closest (VILARINO, 1998).

Moreover, the high frequency of advertisements through the electronic media is often a contributing factor to self-medication of lay people on the subject. Behind this seemingly foolish act without consequence is a potential problem for your health (PEREIRA, 2007).

Monseguí et al (1999, p. 439) evaluated the quality of medication use in elderly women and found that 83.8% of medicines used were prescribed by doctors, and others (16.2%) were nominated by friends, neighbor, other physicians, through the media and clerks in pharmacies and drugstores.

In our country the age of 60 years or older is the fastest growing proportionally. According to statistical projections of the World Health Organization (WHO), between 1950 and 2025, the population of elderly in the country will grow 16 times against 5 times the total population. Given its magnitude and multi-sectoral impact, one can consider the aging population, especially in developing countries, as a public health problem.

According to the criterion adopted by the National Organization of Nations - the UN, every individual to complete 60 years is considered old. But the exact time to enter the old age is not easily determined, because some people show any perceptible trace of aging after forty years, while others seem young at seventy. Therefore, it is possible to adopt a single criterion to determine the advent of old age happens with great individual variation.

In the Third Age the use of drugs is very high, representing about 25% of medicines sold in pharmacies and drugstores (AZEVEDO, 2002).

There is a tendency to self-medicate in the age group above 60 years and also those products for continued use, which can cause serious consequences for the elderly, some of them still unknown (LOYOLA, 2002)

Old age is the advanced stage of adulthood, where there is no recovery of declines in health performance and the losses are becoming irreversible in increasing degree.

The nurse is a professional who spends more time with patients, in addition to having a comprehensive vision that includes the aspects related to direct and indirect assistance and health care where it is inserted. Thus, part of the nurse manage the admissions process, addressing different circumstances and the elderly population covering the preparation for discharge. Regarding the preparation for discharge, the nurse should provide guidance and information about that patient care considering the environment in which he lives and involvement of family or responsible for the continuity of home care.

The home care is one of the possibilities of continuity of care increasingly recommended by health professionals, and accepted by patients, relatives, or for reasons related to the benefits of the family environment, of maintaining the social role of the individual or the economic impact the industry health.

The objective of this study was to establish the prevalence of drug use among the elderly attendee of an association of elderly people in São Paulo.

METHOD

Cross-sectional study conducted over a month with the population of the association of the elderly. Inclusion criteria: age in major or equal to 60 years, agree to participate in the study and signing of IC. The sample consisted of 20 people composed. To collect data we used an interview instrument, containing open and closed questions addressing the socioeconomic data, medications, seeking health care. The project was approved by the ethics.

RESULTS AND DISCUSSION

Of the twenty elderly respondents 60% were illiterate, 30% had studied 4 years and only 10% completed primary school. The elderly reported that the fact that they gave little studied by the lack of access because they lived in the field in its infancy.

The main diseases presented by the subjects of the study are: headache (37%), hypertension (17%), rhinitis (10%) and 23% had other diseases (Diabetes Rheumatism, backache, arthritis and varicose veins). All of them acquire their medicines in primary health care unit of the neighborhood where they die.

Sixty percent of the elderly subjects were receiving medications without prescription, like syrup and homemade teas, antacids, anti-dyspeptic, anti-emetics, and analgesics such as acetaminophen. Thirty percent of respondents reported the use of dipyron without a prescription and 10% the use of diclofenac that "pain medication".

The main drugs used by seniors with prescription were captopril (25%), acetylsalicylic acid (20%), hydrochlorothiazide (15%), sustrate (10%), fluoxetine (5%), digoxin (15%) and diazepam (10%). We realize that 100% of medicines used by seniors were on prescription.

During the interview it was reported that the UBS study of the city there is a program for patients who use continuous medication, where the patient undergoes medical evaluation and receive your prescription is valid for 90 days, the patient should return in the UBS every 30 days to get the amount of drug, after this period is scheduled for further consultation.

Respondents hypertension are registered at the HIPERDIA and perform weekly blood pressure control and receive

the guidelines.

Besides a good portion of people not having access to health care for financial or own habit of trying to solve the problems of everyday health taking into account the opinion of some well-known dealer.

But the samples analyzed did not show a high rate of self-medication, since they are mostly retirees receiving on average a minimum wage, they could only UBS to provide the medications used for them.

CONCLUSION

The elderly are perhaps the youngest age group in medicalized society, because of the increased prevalence of chronic diseases, because different evaluation studies found that, besides the use of a large number of pharmaceuticals among the elderly, there is prevalence of certain groups medicines such as analgesics, vitamins, decongestants, antiseptics, antidiarrheals, laxatives and antacids and other medications are present in most homes and are part of everyday life. These drugs sold without a prescription, enable self-medication, where the individual recognizes the symptoms and the disease itself and treat them.

However, participants of the sample self-treatment, because most are low income, low cultural level, where some believe the use of alternative medications such as homemade syrups and potions, a practice common among the elderly.

When interviewing this group of people can understand the need that this population has of being informed and guided.

Porting we can see how important the nurse's role in the social, acting directly in the neighborhood, for example, participating in and directing the activities of different groups of residents so that they are expected to have insight into their social situation, their physical and biological.

Specific measures for training and continuing education of health professionals should be implemented to promote rational prescribing and rational use of medicines, and therefore contributing to the prevention of possible injuries caused by inappropriate use of medicines. Moreover, it is still necessary to develop public policies to curb the sale and use of unnecessary medications, enforcing sanitary legislation in force.

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SELF-MEDICATION AND POLYPHARMACY THE ELDERLY

ABSTRACT

Self-medication is a common practice, however, can allow masking problems and diseases, drug interactions and poisonings. The aim of this study was to identify the prevalence of drug in the elderly population. We conducted a cross-sectional study with 20 subjects. It was found that drugs used in medical prescriptions, are acquired and UBS in the neighborhoods where the elderly die. It was observed that the most common diseases that motivate self-medication were headache, cough, flu and colds. The data indicate the need for interventions with the population, and to have insight into their social situation, their physical and biological. We conclude there is a need for continuing education of health professionals to prescribe rational prevention of possible injuries caused by inadequate consumption of medicines. In addition to public policies to curb the sale and use of unnecessary medications, enforcing sanitary legislation in force.

KEYWORDS: self-medication, elderly, rational use of medicines.

L'AUTOMÉDICATION ET LA POLYPHARMACIE LES PERSONNES ÂGÉES

RÉSUMÉ

L'automédication est une pratique courante, cependant, peut permettre de masquer les problèmes et les maladies, les interactions médicamenteuses et les empoisonnements. L'objectif de cette étude était de déterminer la prévalence de la

drogue dans la population âgée. Nous avons mené une contre-étude transversale avec 20 sujets. Il a été constaté que les médicaments utilisés dans les prescriptions médicales, sont acquis et l'UBS dans les quartiers où les personnes âgées meurent. Il a été observé que les maladies les plus courantes qui motivent l'automédication ont été des céphalées, toux, grippe et le rhume. Les données indiquent la nécessité d'interventions avec la population, et d'avoir un aperçu de leur situation sociale, leur intégrité physique et biologique. Nous concluons qu'il est nécessaire pour la formation continue des professionnels de la santé de prescrire la prévention rationnelle des blessures éventuelles causées par une consommation insuffisante de médicaments. En plus de politiques publiques visant à freiner la vente et l'utilisation de médicaments inutiles, à faire respecter la législation sanitaire en vigueur.

MOTS-CLÉS: automédication, personnes âgées, l'usage rationnel des médicaments.

LA AUTOMEDICACIÓN Y LA POLIFARMACIA LAS PERSONAS MAYORES

RESUMEN

La automedicación es una práctica común, sin embargo, puede permitir que los problemas de ocultación y de las enfermedades, las interacciones medicamentosas y envenenamientos. El objetivo de este estudio fue identificar la prevalencia de drogas en la población de edad avanzada. Llevamos a cabo una cruzada estudio transversal con 20 temas. Se encontró que los fármacos utilizados en las recetas médicas, se adquieren y UBS en los barrios donde los ancianos mueren. Se observó que las enfermedades más comunes que motivan la automedicación fueron dolor de cabeza, tos, gripe y los resfriados. Los datos indican la necesidad de intervenciones con la población, y tener una idea de su situación social, su desarrollo físico y biológico. Se concluye que existe una necesidad de formación continuada de los profesionales de la salud a prescribir la prevención racional de los posibles daños causados por el consumo inadecuado de medicamentos. Además de las políticas públicas para frenar la venta y el uso de medicamentos innecesarios, la aplicación de la legislación sanitaria vigente.

PALABRAS CLAVE: la automedicación, personas de edad avanzada, el uso racional de los medicamentos.

AUTOMEDICAÇÃO E POLIFARMÁCIA DO IDOSO

RESUMO

Automedicação é uma prática comum, no entanto, pode possibilitar agravos e mascaramento de doenças, interações medicamentosas e intoxicações. O objetivo deste estudo foi identificar a prevalência do uso de medicamento numa população idosa. Foi realizado um estudo de corte transversal com 20 sujeitos. Constatou-se que medicamentos utilizados com prescrições médicas, são adquiridos e nas UBS dos bairros onde os idosos morram. Observou-se que os agravos mais comuns que motivam a automedicação foram dor de cabeça, tosse, gripe e resfriado. Os dados obtidos indicam a necessidade de intervenções junto à população, quanto a ter esclarecimento sobre sua situação social, seu estado físico e biológico. Concluímos há necessidade de uma educação continuada e permanente dos profissionais de saúde para a prescrição racional, prevenção de possíveis agravos causados por consumo inadequado de medicamentos. Além de políticas públicas para conter a venda e o uso de medicamentos desnecessários, fazendo cumprir a legislação sanitária vigente.

PALAVRAS-CHAVE: automedicação, idosos, uso racional de medicamentos.

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