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How to avoid the abusive use of benzodiazepines in aps. Talk road: "Let's improve your sleep" - Experience report

Como evitar o uso abusivo de benzodiazepinicos na aps. Roda de conversa: “Vamos melhorar seu sono” - Relato de experiência

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ABSTRACT
During a four-month period (January to April) in the year 2023, a significant increase in the prescription of benzodiazepines was observed in the family health strategy (ESF). This increase covered patients of different age groups, with emphasis on high consumption among young adults and the elderly. The area served by the FHS has a high social vulnerability, with several families with a history of suicide and drug and alcohol users, which may be related to the indiscriminate use of benzodiazepines. The objective of this study is to analyze alternatives for weaning from benzodiazepines, using illustrative instruments and conversation circles as support. This experience report describes the implementation in individual medical consultations, the use of illustrative tables and suggestions for conversation circles in the community. Medical consultations followed the conceptual model of the person-centered clinical method, using communication skills and promoting knowledge building through conversation circles. Illustrated tables presenting the weaning weeks, the mode of use and the formulation of benzodiazepines were used, as well as a folder with guidelines on sleep hygiene. The use of these illustrated tables proved to be satisfactory, with greater adherence on the part of the elderly, and provided a greater bond between the health professional and the patient, allowing to know the patient's experiences in relation to the treatment and their disease.

Keywords: Benzodiazepines, Prescription drug misuse, Community participation, Community action for health, Sleep onset and maintenance disorders.

1 INTRODUCTION

The problem situation identified in the Family Health Strategy (FHS) refers to the high consumption of benzodiazepines for the treatment of insomnia and anxiety in patients of different age groups. This may be related to the social vulnerability of the population served, including a history of suicide, drug and alcohol use. Lack of access to multiprofessional support due to deficient mental health policies and coordination of care in the health network exacerbates this situation.

According to Foscarini et al 2010, show a high consumption of benzodiazepines, mainly in women and the elderly, related to sleep disorders, anxiety disorders, polypharmacy and social

conditions. During the consultations, many patients were not aware of the risks of prolonged use of the medication, and in some cases, there was no medical guidance for dose reduction or gradual withdrawal.

To address this problem, it is necessary to promote weaning from benzodiazepines with medical supervision and the aid of illustrated tables developed for this process. In addition, it is essential to train the FHS team on sleep hygiene, the importance of reducing the abuse of benzodiazepines and to carry out health education activities on insomnia with the community.

Other proposed measures include the production and distribution of informative materials on sleep hygiene, the organization of support groups and the offer of supervised weaning from medication for those who no longer have an indication for use. The objective is to analyze educational alternatives in Primary Health Care (PHC) to reduce the abuse of benzodiazepines and improve communication with patients who start treatment or need to wean. The intervention project seeks to answer the following questions: Is it possible to reduce the prevalence and misuse of benzodiazepines in PHC? How to improve communication skills with users who will start treatment with benzodiazepines and those who need to wean off the medication?

2 EXPERIENCE REPORT

This paper describes the experience carried out in a Family Health Strategy (FHS) in Blumenau, Santa Catarina, which serves approximately 4,331 users. The focus of the project was the realization of a popular health education group entitled "How to avoid the abusive use of benzodiazepines in PHC" and a conversation circle on improving sleep. In addition, individual medical consultations were highlighted, in which communication skills were applied and the importance of individual-centered care was emphasized, resulting in satisfactory results.

However, one deficit identified was the impossibility to carry out the group work due to special circumstances that occurred during the development of the project.

This conceptual model used in the work was based on the person-centered clinical method, communication skills and knowledge construction through conversation circles. After the medical consultations, clinical discussions took place with the medical students, which led to some reflections on how to understand the social risks of users and transform their perception regarding benzodiazepine treatments.

During the consultations, when there was a need and the user's consent, the justification for the use of these drugs for their specific condition was explained. Possible abuses in the use of medication were also evaluated, updating the indications for use and adjusting the treatment strategy according to each clinical case.

To assist in the weaning process from benzodiazepines, illustrated tables adapted to the different forms of use of these drugs were employed. An illustration representing the weeks of treatment, mode of use and formulation was developed, along with the distribution of a folder containing information on sleep hygiene and symptoms that may arise during drug weaning. The illustrated tables are versatile and can be used for both liquid and tablet medications. The filling in of these tables is done by the physician in charge of the weaning process.

A closed group of conversation circles will be held at the ESF, with up to 15 members participating, with monthly meetings over 6 months. The aim is to provide a regular and consistent follow-up, without turnover of participants. In the group, participants will have the opportunity to share experiences, discuss difficulties and strategies to improve sleep, receive guidance on the proper use of medications and, if trained professionals are available, complementary health practices can be offered. Topics such as sleep hygiene, guidance on when to seek medical help for treatment adjustments and the possibility of starting the medication weaning process, if desired, will be addressed. The target audience of the support group are users who make indiscriminate use of benzodiazepines and those who wish to improve their sleep, avoiding the adverse effects of these drugs. It is important to note that children under 18 and people with cognitive deficits will not participate in the group.

The steps for conducting the support group are:

1. Formulate an Excel spreadsheet with the users of the territory who use benzodiazepines, in order to trace the epidemiological profile of the population.
2. During renewals, check on a case-by-case basis the possibility of initiating the use of the illustrated tables as support in weaning off benzodiazepines, optimizing the treatment of the underlying cause.
3. Reinforce the importance of sleep hygiene as an initial therapeutic measure, and may associate integrative and complementary practices, if necessary, with the treatment of the underlying cause.
4. Establish a specific monthly time slot in a shift of the health unit to hold the "Let's improve your sleep" round table and reserve this time throughout the year.
5. Form closed groups with 15 participants (same members from start to finish) through dissemination in the health unit, on digital media (WhatsApp) and through community health workers during their visits.

6. Train the health team on the topic, so that they can provide guidance on the importance of sleep hygiene, improvement of lifestyle habits and proper use of benzodiazepines, warning of their potential negative effects.

7. Check the availability of professionals trained in integrative and complementary practices in the FHS and, if available, establish a therapeutic plan for the user, if he accepts.

8. Conversation circles can be conducted by members of the health team, with the presence of a doctor and/or nurse.

3 RESULTS AND DISCUSSION

Primary Care has as one of its principles to enable the first access of people to the health system, including those who require mental health care. (BRASIL, 2013) We can say that mental health care in Primary Care is strategic due to the ease of access of teams to users and vice versa.

> " The current Brazilian mental health policy is the result of the mobilization of users, family members and health workers that began in the 1980s with the aim of changing the reality of mental institutions ... The movement was driven by the importance that the theme of human rights acquired in the fight against the military dictatorship and was fed by the successful experiences of European countries in replacing a mental health model based on psychiatric hospital with a model of community services with strong territorial insertion. In recent decades, this process of change has been expressed especially through the Social Movement of the Anti-Asylum Struggle and a collectively produced project to change the model of care and care management: the Psychiatric Reform (BRASIL, 2013 p. 21).

As observed in the reality of the ESF study area, the literature has pointed out the indiscriminate and prolonged use of psychotropic drugs, especially benzodiazepines in the treatment of mental disorders, which results in adverse events, including dependence (FOSCARINI, 2010).

The use of benzodiazepine anxiolytics and hypnotics continues to generate controversy. Opinions differ from expert to expert and from country to country as to the extent of the problem, or even whether long-term use of benzodiazepines really constitutes a problem (LADER, et al 2009).

It is interesting to mention the study by Pontes, et al 2017, that in the female public the indiscriminate use of benzodiapenes initially had an indication of its use for complaints such as insomnia, depression, anxiety, nervousness and fear, but it is noted that this public in particular presented social issues that involved family problems, negative life experiences in which only medicalization is not resolutive.

The indication for this specific group is the implementation of support groups that aim to replace drug treatment. This will result in a reduction in the direct costs associated with the consumption of benzodiazepines, preventing the harm caused by the inappropriate use of these drugs. The interruption is usually beneficial, as it is followed by an improvement in psychomotor and cognitive functioning, especially in the elderly. (LADER, et al 2009) In the study by Telles et al presents data that in Brazil there may be as a factor contributing to the indiscriminate use of psychotropic medication: the gratuity of the medication and the easy access to get the medication (CRUZ, et al 2006). Workers who have a high workload, long working hours and high exposure to stress also have a high prevalence in the consumption of anxiolytics. This can lead to premature use of the medication and lead to chronic use in the future due to the dependence generated by the medication (MOLINA, et al 2008).

Foscarini et al. Factors such as low cost, the positive image of chronic users and the lack of academic preparation of medical professionals in the prescription of psychotropic drugs, especially benzodiazepines, are risk indicators for the abuse of these drugs. This includes the lack of skills in communicating with the patient. General practitioners play an important role in mental health in primary health care, however, there is a clear lack of permanent and continuous education aimed at this public in relation to this topic.

The degree of dependence among users is different, with an intimate relationship with the dose used, time of consumption and the potency of the benzodiazepine in use. The adverse effects of these drugs have been widely documented and their efficacy is being increasingly questioned (LADER, et al 2009).

Symptoms that can arise when there is dependence and abuse of benzodiapines are cognitive deficits such as loss of attention and difficulty in fixation (LADER, et al 2009), weakness, nausea, vomiting, abdominal pain, diarrhea, joint and chest pain, urinary incontinence, imbalance, nightmares, tachycardia, hallucinations, hostility and altered balance tend to set in during the course of benzodiapene use.

It increases the risk of falls in the elderly, respiratory problems, as well as dependence in those using multiple medications, psychiatric diseases and elderly women. During the weaning process from benzodiapene drugs, Lader et al. suggest the use of antidepressants that act on insomnia if the patient is depressed before withdrawal or develops a depressive syndrome during withdrawal.

One of the strategies for reducing benzodiapines is to gradually decrease dosages, some schedules aim for a 4-week process but it can be several years depending on the user. There is a

recommendation to stop the medication in less than 6 months; otherwise, the withdrawal process can become the pathological focus of the patient. It can be started with decreases of 10% per week for moderate to high doses and for low doses it can be reduced by 50% dose per week, always evaluating the patient's tolerability. Carbamazepine, an anticonvulsant, has been studied as an aid in reducing the withdrawal effects of benzodiazepines, but more clarification is needed on its efficacy for this purpose (WELSH, et al 2018).

In primary care, it is possible to reach a greater number of people through brief or group interventions. Using strategies such as the distribution of leaflets on sleep hygiene, actions in the waiting room and communication by health professionals during their activities, it is possible to facilitate the recognition of the need or not of the use of benzodiazepines, as well as to identify those who may be at risk of misusing this medication.

4 CONCLUSION

The results of the weaning process proposed through the activities with the use of illustrative tables during medical consultations were satisfactory. Better adherence by the elderly was observed when using the illustrative tables (with drawings), which provided a better understanding of the need to use medicines, their pathologies and the time of use.

During this process, mood disorders were reassessed and treatments currently in use were reconsidered. In some cases, there was a gradual replacement of benzodiazepines with antidepressants, with a proportional reduction of benzodiazepines.

The regularity of face-to-face consultations, combined with the supervision of drug weaning, contributed to the establishment of a stronger bond between the health professional and the patient, enabling knowledge of the patient's experiences in relation to treatment and their disease.

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