Use of psychotropic drugs by users followed up by the family health strategy: a theoretical reflection

Uso de psicofármacos por usuários acompanhados pela estratégia saúde da família: uma reflexão teórica

Uso de psicotrópicos por usuarios monitoreados por la estrategia salud de la familia: una reflexión teórica

ABSTRACT

Objective: To develop a reflection on the use of psychotropic drugs by users accompanied by the Family Health Strategy, as well as the insertion and performance of nurses in this context. **Method:** Reflective study, based on scientific studies related to the theme and the theoretical perspective of Michel Foucault. **Results:** The biological reductionism of the medical model centered on symptoms favors the transformation of social problems into individual conflicts and the exposure of citizens to the adverse effects of excessive and often inadequate treatments. Changes in culture, by determining transformations in the understanding of subjectivity and in the relationships between normal and pathological, favor more people to see themselves as sick. **Conclusion:** There has been a considerable growth in the use of psychotropics in Brazil and in the world, as a result of social medication, the influence of the media and the need to dissipate human deficits and suffering.
Keywords: Medicalization; Family Health; Psychotropics.

RESUMO

Objetivo: Desenvolver uma reflexão acerca do uso de psicofármacos pelos usuários acompanhados pela Estratégia Saúde da Família, assim como a inserção e atuação do enfermeiro neste contexto. **Método:** Estudo reflexivo, tomando como base os estudos científicos relacionados à temática e a perspectiva teórica de Michel Foucault. **Resultados:** O reducionismo biológico do modelo médico centrado em sintomas favorece a transformação de problemas sociais em conflitos individuais e a exposição dos cidadãos aos efeitos adversos de tratamentos excessivos e, muitas vezes, inadequados. As mudanças na cultura, ao determinarem transformações no entendimento da subjetividade e nas relações entre normal e patológico favorecem que mais pessoas se vejam como doentes. **Conclusão:** Tem-se observado um crescimento considerável no uso de psicofármacos no Brasil e no mundo, fruto da medicina social, da influência da mídia e da necessidade de dissipar os déficits e sofrimentos humanos.
Descritores: Medicalização; Saúde da Família; Psicotrópicos.

RESUMEN

Objetivo: Desarrollar una reflexión sobre el uso de psicofármacos por usuarios acompañada de la estrategia Salud de la Familia, así como la inserción y actuación de enfermeras en este contexto. **Método:** Estudio reflexivo, basado en estudios científicos relacionados con el tema y la perspectiva teórica de Michel Foucault. **Resultados:** El reduccionismo biológico del modelo médico centrado en los síntomas favorece la transformación de los problemas sociales en conflictos individuales y la exposición de los ciudadanos a los efectos adversos de tratamientos excesivos y muchas veces inadecuados. Los cambios de cultura, al determinar cambios en la comprensión de la subjetividad y en la relación entre lo normal y lo patológico, favorecen que las personas se vean a sí mismas como enfermas. **Conclusión:** Ha habido un aumento en el uso de psicofármacos en Brasil y en todo el mundo, como resultado de la medicina social, la influencia de los medios de comunicación y la necesidad de disipar los déficits y el sufrimiento humanos.
Palabras Clave: Medicalización; Salud de la Familia; Psicotrópicos.

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INTRODUCTION

Psychopharmaceuticals or psychotropics are drugs intended for the treatment of mental and/or psychic disorders, acting directly on the Central Nervous System and producing changes in thought, emotion, perception and behavior [1]. According to the World Health Organization (WHO), they can be classified as: anxiolytics and sedatives; antipsychotics (neuroleptics); antidepressants; psychomotor stimulants; psychomimetics and cognition enhancers [2].

Since the emergence of psychotropic drugs, in the mid-1950s (20th century), their use has been considered a central object in the treatment of disorders and diseases that affect the nervous system. In that context, it was believed in its ability to cure and improve psychic conditions, enabling the resumption of the individual's productive capacity [3]. Currently, despite the recognition of the biochemical function of these drugs, as well as the cost-benefit ratio in various therapeutic approaches in the context of mental health care, it is recognized that their use is not an exclusive solution to certain problems, and other approaches can be used, including combined approaches. Its excessive, unlimited use, without the follow-up of specialists, can generate serious consequences, especially the occurrence of chemical dependence, in some cases [1,3,4].

Despite this, the use of drugs that require control and rigor in psychiatric treatments remains quite widespread and has been growing exponentially in Western capitalist culture, especially because, in our days, the need to abolish suffering and malaise prevails [4].

It is important to emphasize that the prescription and use of medication are recognized as important behaviors and that, many times, they make up in a decisive way the therapeutic process to face countless conditions and organic adversities. What is sought to be argued next is the evidence related to the indiscriminate and often unnecessary use by services that should prioritize primary health care.

In this sense, the Family Health Strategy (FHS) can represent a valuable opportunity to reorient the health model centered on disease and medication, considering the reconstruction of users' autonomy. On the other hand, primary health care services can become a powerful medicalizing force, since the FHS is characterized by establishing a greater bond between professionals and the assisted population, known as longitudinality, an essential attribute of the current model in Brazil [5].

The WHO ratifies that a way to optimize the use of medications in primary care in developing countries, as in the case of Brazil, is the combination of factors that involve aspects of training and supervision of health professionals, didactic awareness of users (patients) and ensuring adequate access to appropriate medications [7].

The theme of access and rational use of medications in the FHS is part of the national agenda of priorities for health research, established in 2018, placing the agenda in axis 2- Pharmaceutical Assistance. The rational use of medications is also among the objectives and guidelines of the National Medications Policy and the National Pharmaceutical Assistance Policy. This theme has been gaining expression over the last few years on both the national and international agendas [8].

It is likely that the motivation for including the topic as a schedule in a national research agenda was the scarcity of studies and publications, despite its recognized relevance. Studies on medicalization predominantly address the occurrence of this process in establishments specifically dedicated to mental health treatments and have less emphasis on primary health care units.

When carried out in Family Health Strategy Units, they point to a process of medicalization of life linked to a biological model of Health Care, which takes responsibility for political and social issues in the territory, shifting responsibility to individual factors, configuring itself in a public health problem [9,10].

Thus, the following question arises: how the latest studies on the medicalization practice in the Family Health Strategy, published in scientific literature, relate to the thoughts described by the philosopher Michel Foucault? Is the nurse described/inserted in this context?

Michel Foucault was one of the most important philosophers of the 20th century, and his theoretical construction on medicalization is part of the broader production context of the 1970s; this is where the issue of medicalization gains great repercussion [11].

The philosopher stated that medical intervention at the biological level would leave a trail of medicalization in humanity, involving a series of discourses on hygiene, conduct, health or behavior, and interfering in the construction of institutions, cleaning systems, transport, conservation, among others, until nothing escaped the protection of medical and biological knowledge [12,13]. Although some decades have passed, the topic remains current and relevant.

Thus, the objective of the present study was to develop a reflection on the use of psychotropic drugs by users accompanied by the Family Health Strategy, as well as the insertion and performance of nurses in this context, based on the theoretical perspective of Michel Foucault, which addresses the influence and control of medication in aspects of human life.

Based on this analysis, we seek to contribute to the construction of a new look at the needs, demands and vulnerabilities of users, as well as to encourage, whenever possible, the implementation of alternative strategies to supply or reduce them, with emphasis on the role of the nurses, a central element in the FHS, capable of modifying and improving the scenario that presents itself. In addition, it aims to encourage the production of new studies related to the subject and their insertion in the undergraduate and graduate nursing courses.

METHOD

It is a theoretical reflection that was based on studies related to the theme, published in scientific bases, and on the theoretical perspective of Michel Foucault.

To search for studies, a literature review on the subject was carried out through the Virtual Health Library (regional level) and the LILACS, MEDLINE and CINAHL databases. The search for scientific articles was carried out between October 01 and 31, 2020, using combinations of the descriptors "Medicalization", "Family Health Strategy", "Psychopharmaceuticals", considering the Boolean operator AND, in Portuguese, Spanish and English, published from 2010 onwards.

Scientific articles indexed in the selected bibliographic databases mentioned above were included, available in full (full text), meeting the criteria established above and related to the theme. Scientific articles whose focus or analysis involved psychic disorders manifested in children and adolescents, and when the *locus* of development of the study had been characterized in specific mental health care institutions, such as psychiatric hospitals and Psychosocial Care Centers were excluded.

At the end of the search period, 35 complete articles were included, which were analyzed from the perspective and theoretical approach of Michel Foucault, also taking into account the academic-professional experience of the main author.

An interpretative reading of the selected references was carried out, and also a proper and grounded construction of the subject.

The small number of studies related to the theme, available for discussion, can be pointed out as a limitation of the study.

THEORETICAL BACKGROUND

The history of the human body is intertwined with that of interventions on it. Thus, Foucault describes, within the history of man, the development of technologies of power and social medication, which, from the 17th century onwards, began to objectify the body from a concern with life, in the sense of seeking resources and strategies that allow its extension, ensuring, at the same time, the docility of the subjects [12-14].

According to Foucault, there is even medical intervention in objects that do not fall within medical competence. Everything that is considered as deviation or anomalies is captured by the medical intervention, even if it is not characterized as a disease [12-14].

Thus, there is a knowledge that expands its "area of knowledge", becoming a social authority [14].

For him, the medicalization that emerged with social medicine has as its main element the individual's body – disciplinary power – and the social body – biopolitics. The new forms of power act on bodies and on people's daily lives, aiming at maximum docility within a public space, producing knowledge and making subjective the day-to-day practices [15-17].

This thought can be divided into two poles: one of them considers the body as a machine, that is, an obedient, trained, useful, profitable, manipulated and controlled body. It can be modified, shifted, transformed and improved. The other considers the body as a species, that is, a biological body, subject to birth, mortality, longevity and health control [15-17].

The state, the city and poverty became objects of medical interest and intervention. Medical practices are everywhere, as health becomes an object of desire and profit [11].

The Family Health Strategy, however, emerged in 1994 with the proposal of a new practice, marked by humanization, care and the exercise of citizenship, with the conception that living conditions define the health-disease process of people and their families, in opposition to the biomedical care model [18].

However, some authors who investigate the power relations existing in this strategy,

in view of the proximity of the units with the users, characterize it as a device of medical government of life, because, when intervening beyond the demand of individuals, families and community, often, it results in the invasion of privacy and the surveillance of behavior, trying to normalize their conduct. In addition, they question whether the presence of health professionals at home and in people's private lives could not be considered a form of control, while it would be desirable for them to translate the needs and desires of users and families, valuing the possibilities of choice and autonomy of subjects [18,19-21].

The inclusion of mental health actions in the Family Health Strategy is a tactic adopted by the Ministry of Health, with an emphasis on territory and the deinstitutionalization of psychiatry. However, such actions remain guided by a traditional hospital-centric and medicalized clinic, considering that most health professionals work based on reductionist and organicist concepts [22].

RESULTS AND DISCUSSION

An increase in the number of publications related to the subject can be observed until the year 2018, with a subsequent decrease, which reinforces the need for greater investments in publications, given the relevance and topicality of the theme, especially in a time of pandemic, such as the of the Coronavirus - COVID 19, which imposed isolation, losses, fear of illness and death on the population and, consequently, an increase in mental disorders and the use of psychotropic drugs.

In general, the articles address the importance of health education, team training and the organization of medication distribution for the rational use of psychotropic drugs [23,24]. The approach in mental health groups and lectures are also presented as a promising strategy to reduce the indiscriminate use of drugs, especially benzodiazepines [25]. Therapeutic actions carried out in groups and the reorientation of the medicalization process act in the sense of rebuilding the autonomy of users in the production of health [25].

One of the articles [26] shows that women between 40 and 59 years old receive most of the prescriptions of psychotropic drugs, among which antiepileptics (most prescribed), followed by anxiolytics and antipsychotics. Another article [27], however, highlights that the use of psychotropic drugs is usually due to sleep-related disorders, followed by anxiety and depression.

According to another study, most benzodiazepine users are women, aged between 53 and 60 years, black or brown, with low income and schooling, who work at home, and are chronically ill [28]. Factors such as positive image, low cost and benzodiazepine switching, medicalization of personal, socio-family and professional problems, as well as treatment inadequacies, contribute to benzodiazepine dependence [29].

Thus, as described by Foucault in the second half of the 20th century, in relation to French society in the post-World War II period, what is observed today is that the social, economic, cultural and political contexts can corroborate the use/abuse of medications.

Low income and schooling may represent lower chances of social mobility and worse quality of life, with greater chances of developing mental disorders and drug use. It is social medicine acting on poverty and inequalities.

Foucault also talks about England in the mid-nineteenth century. In this context, the poor population ceased to be part of urbanization to be considered a danger, since it was massively affected by the cholera epidemic in 1832. Thus, there was the organization of an authoritarian service, not of medical care, but of medical control of the city population, a control of the health and body of the poorer classes to make them more apt to work and less dangerous to the richer classes [11].

According to the studies analyzed, the psychiatrist is the main prescriber of psychotropic drugs, and there are difficulties in accessing and discontinuing the use of these drugs [30]. This is due to the fact that, in the units of the Family Health Strategy, there is almost never a psychiatrist available, unless there is a referral.

Thus, the biological reductionism of the medical model centered on symptoms favors the transformation of social problems into individual conflicts and the exposure of citizens to the adverse effects of excessive and often inappropriate treatments [30]. As Foucault reports, we live in a state in which there is no longer any "out of medication" [11].

In addition, changes in culture, by determining transformations in the understanding of subjectivity, in the relationship between normal and pathological and in psychiatric concepts themselves, favor that more people see themselves as sick [31].

Some articles [32] argue that medicalization is the search for a perfect state of health/appearance. It is the loss of the real meaning of life, an inversion in the scale of values, giving priority to the implementation of interventions.

At all times, in the FHS units, there is an incessant search for a cure for all kinds of pain, problems or suffering. The demands often go beyond the need for medications: they involve vulnerabilities, identities and social, health, economic and cultural aspects.

This means an infinity of new problems, difficult to be solved using usual technologies, otherwise medicalizing everything more and more and generating a counter-production with increasing demands in the near future [33].

Thus, much of the unscheduled demand for care is characterized by "medicalized" health problems, which reach care services as a result of the media, the culture of consumerism, fear and insecurity [34].

For Foucault, the media constitutes an important instrument of control, teaching the public to live better, according to pre-established standards. Thus, even sections of the population less exposed to the media, in a direct way, are indirectly touched by it, mainly via friends, family and community leaders [34].

That is why it is important to work on the sensitivity of the patients and the health professional in relation to the problem, establishing a continuous and responsible care, which implies the knowledge of the users, as well as their psychosocial, economic and cultural context and dynamics, constituting in powerful mechanisms for learning a "demedicalizing" clinic [35].

It is reinforced that the use of psychotropic drugs is strongly associated with low quality of life. Thus, there is an urgent need for primary health care professionals to invest in monitoring and holistic interventions capable of covering the health care needs of these vulnerable groups.

In addition, public health services may be on the verge of collapse as they "navigate" between available resources and the health demands of users.

In this scenario, overdiagnosis occurs in several ways: by changes in the definition or threshold of the disease, labeling of risk factors as diseases, early detection of deliberate screening programs and the medicalization of life, particularly in psychiatry.

If, before, deviant behavior was considered a pathological state against which medical treatment had to be fought, now the experience of being at risk of becoming ill has become a disease in itself. Notions such as pre-illness gain the various areas of medication and delight patients, who receive treatments at an earlier age and often identical to the clinical picture, bringing a new way of experiencing disease and health, in a way marked by risk [11].

The body and diseases are shaped as medical knowledge advances. However, medications can be just as addictive and unhealthy as the diseases themselves.

Therefore, it is necessary to develop strategies to improve access, treatment of patients and the rational use of psychotropic drugs, including the review of essential medication lists and the training of professionals in Primary Health Care (PHC).

In this sense, nursing care in PHC is highlighted, which has not occurred effectively, being carried out in a fragmented way and under constant struggle to change the culture of medicalization already instilled in populations, including some professionals.

The work overload, the overcrowding of the units and the beliefs rooted in the population often make the work of nurses difficult. Even so, despite the overwhelming character of medicalization, resistance is possible, based on the proposal of new studies and the development of effective health care practices, which are not simply the increasing extension of a market of captive consumers.

Foucauldian concepts have profound implications for helping to diversify the ways in which we conceive of nursing. Thus, nurses, included in the group of health professionals, can also be perceived, according to Foucault's reading, as professionals who exercise power over life in society, which requires advancing towards a more critical training [36].

None of the articles addressed the role of nursing in the context of the Family Health Strategy, with regard to the use of psychotropic drugs by users, demonstrating the need for nurses to insert themselves more into the scientific environment and discuss issues that concern their practice. Nurses, as health professionals and members of the FHS team, occupy prominent place, exercising their professional practice autonomously, which encourages the consolidation of nursing care as an entrepreneurial social practice, signaling a new approach to community intervention, valuing "the human being as a singular and multidimensional being, inserted in his real and concrete context" [37].

Foucault's referential points to a new look at the different fields of nursing action, in the institutional, public policy and care scope, influencing the construction of subjects and the expansion of spaces of autonomy for the client and nursing [36].

The WHO, in turn, ratifies that the way to improve the use of medications in primary care in

developing countries, such as Brazil, is a combination of factors such as the supervision of health professionals, consumer education and guarantee of adequate access to appropriate medications [7].

> Thus, Foucauldian studies open up a perspective of fruitful analysis on the care practices currently developed by health professionals, insofar as their theoretical basis allows us to understand how certain truths are established and to appreciate the power relations operating in health services and actions [36].

CONCLUSION

Measures are needed to avoid the excessive use of psychotropic drugs, such as a closer relationship between the multiprofessional team and the patient/family/community, health education actions, active listening and space for the removal of doubts and clarifications, care with a view to the integrality of the patients and proposals for non-drug approaches. Only then will a process of real transformation of health care be possible.

Such practices, however, have not been the focus of scientific studies in recent years, especially by nurses, making it necessary for greater production of knowledge in the area, which will allow a more informed, concrete and safe practice, with a view to demedicalization, reduction of health costs and guarantee of users' autonomy.

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