

USE OF PSYCHOACTIVE DRUGS BY PEOPLE WITH MENTAL DISORDERS: PERCEPTIONS OF NURSES*

Juliana Czarnobay¹, Tatiana Brusamarello², Fernanda Carolina Capistrano³, Maria José Sanches Marin⁴, Miriam Aparecida Nimtz⁵, Mariluci Alves Maftum⁵

ABSTRACT: Objective: To know the perceptions of nurses on adherence to the use of psychoactive drugs by people with mental disorders. Methods: Exploratory qualitative study developed in 2015, through the application of semi-structured interviews with 23 nurses who worked in four psychosocial care centers in the state of Paraná. The results were analyzed using the categorical thematic analysis technique, proposed by Bardin. Results: The participants reported perceptions referring to the aspects that contribute to adherence of people with mental disorders to the use of psychopharmaceuticals, such as support from a multiprofessional team, therapeutic bond to the healthcare team, faith and spirituality, and family. The interviewees also listed the factors that hinder adherence, such as side and adverse effects, religious fanaticism and absent family. Conclusion: The knowledge of nurses on effective educational health actions oriented to people with mental disorder and their relatives should take into consideration the needs, limitations and potentialities of each individual.

DESCRIPTORS: Medication adherence; Nursing; Mental health; Mental disorders.

USO DE PSICOFÁRMACOS PELO PORTADOR DE TRANSTORNO MENTAL: PERCEPÇÕES DO ENFERMEIRO

RESUMO: Objetivo: apreender as percepções do enfermeiro sobre a adesão pelo portador de transtorno mental ao uso de psicofármacos. Método: pesquisa qualitativa exploratória, desenvolvida em 2015 por entrevistas semiestruturadas com 23 enfermeiros atuantes em quatro Centros de Atenção Psicossocial, localizados no estado do Paraná. Os resultados foram analisados com a técnica Análise Temática Categorical proposta por Bardin. Resultados: os participantes trouxeram percepções referentes aos aspectos que contribuem para a adesão dos portadores de transtorno mental ao uso de psicofármaco, como o atendimento por equipe multiprofissional, vínculo terapêutico com a equipe, fé e espiritualidade, família, entre outros. Relataram os fatores que contribuem para a não adesão, como os efeitos colaterais e adversos, fanatismo religioso, ausência familiar, entre outros. Conclusão: o conhecimento pelo enfermeiro das efetivas ações educativas em saúde aos portadores de transtorno mental e seus familiares deve considerar as necessidades, limitações e potencialidades de cada um.

DESCRIPTORES: Adesão à medicação; Enfermagem; Saúde mental; Transtorno Mental.

USO DE PSICOFÁRMACOS EN PORTADORES DE TRASTORNO MENTAL: PERCEPCIONES DEL ENFERMERO

RESUMEN: Objetivo: Conocer las percepciones del enfermero sobre la adhesión del portador de trastorno mental al uso de psicofármacos. Método: Investigación cualitativa exploratoria, desarrollada en 2015, mediante entrevistas semiestructuradas con 23 enfermeros actuantes en cuatro Centros de Atención Psicossocial del Estado de Paraná. Resultados analizados por técnica de Análisis Temático Categorical propuesta por Bardin. Resultados: Los participantes aportaron percepciones referentes a los aspectos que contribuyen a la adhesión de los portadores de trastorno mental al uso de psicofármacos, como la atención por parte de equipo multiprofesional, vínculo terapéutico con el equipo, fe y espiritualidad, familia, etcétera. Informaron los factores que contribuyen al abandono de los tratamientos, como los efectos colaterales y adversos, fanatismo religioso, ausencia familiar, entre otros. Conclusión: El conocimiento del enfermero de las efectivas acciones educativas en salud hacia los portadores de trastorno mental y sus familiares debe considerar las necesidades, limitaciones y potencialidades de cada uno.

DESCRIPTORES: Cumplimiento de la Medicación; Enfermería; Salud Mental; Trastorno Mental.

*Paper extracted from the dissertation: "Adesão ao uso de psicofármacos pelo portador de transtorno mental: percepções do enfermeiro". Federal University of Paraná, 2015.

¹Nurse. Master of nursing. Nurse at the Curitiba State Foundation of Specialized Healthcare. Curitiba, PR, Brazil.

²Nurse. Doctoral nursing student. Nurse at the Hospital de Clínicas of the Federal University of Paraná. Curitiba, PR, Brazil.

³Nurse. Doctoral nursing student. Federal University of Paraná. Curitiba, PR, Brazil.

⁴Nurse. Ph.D. in nursing. Professor at the Marília Medical School. Marília, SP, Brazil.

⁵Nurse. Ph.D. in nursing. Professor of nursing at the Federal University of Paraná. Curitiba, PR, Brazil.

Corresponding author:

Mariluci Alves Maftum

Universidade Federal do Paraná

R. João Clemente Tesseroli, 90 - 81.520-190 – Curitiba, PR, Brasil

Email: maftum@ufpr.br

Received: 03/05/2017

Finalized: 07/12/2017

● INTRODUCTION

Since the emergence of psychotropic drugs, in 1954, until the implementation of the Brazilian Psychiatric Reform, in 1978, the use of this type of medication was considered a central part of the treatment of people with mental disorders. It reached the status of promoting cure and was associated with the property to bring back joy and peacefulness, which helped people to regain their productive capacity⁽¹⁾. However, there has been a change in the understanding of mental conditions, the role of medication and mental healthcare. Psychoactive drugs have been considered one element in the therapeutic process, which, combined with other aspects, helps achieve the psychosocial rehabilitation of patients⁽²⁾.

Drug therapy affects patients, by bringing the expectation of improvement, their relatives, who experience cycles during the adherence to treatment which range from benefits to adverse effects and whose support and participation can contribute to adherence, and nurses, who have knowledge and technical skills to provide care. This list also includes other healthcare professionals that work in the field of mental health in different health services⁽³⁾.

Currently there is a focus on offering comprehensive and coordinated care to people with mental disorders, in accordance with the policy of the Psychosocial Care Network (PCN) made up of primary care, urgency and emergency care, temporary home care, hospital care, deinstitutionalization strategies and psychosocial rehabilitation strategies, in addition to the psychosocial care centers (CAPS, as per its acronym in Portuguese), whose proposal is to provide and coordinate treatment with services from the support network⁽⁴⁾.

Healthcare teams at CAPS are multiprofessional and encompass nurses, nursing technicians, psychologists, occupational therapists, social workers, physicians and psychiatrists, among others. Nurses need to apply perception and observation skills, become involved and work with the multiprofessional team in an interdisciplinary way, promote health education oriented to people with mental disorders and their families and be responsible for the maintenance and management of care and the therapeutic environment⁽⁵⁾.

Taking into account that drug therapy is a component of the treatment of people with mental disorders, adherence to the use of psychoactive drugs succeeds the prescription of medications and should be construed as a joint activity, in which patients not only follow medical instructions, but also understand, participate in, agree with and adopt the prescribed treatment⁽⁶⁻⁷⁾.

Nevertheless, nonadherence to the use of psychotropic drugs has become relevant and been considered a concern for healthcare professionals. This attitude can be understood when personal, social and financial consequences of this type of treatment to people with mental disorders are taken into account⁽⁸⁾.

The aim of the present study was to find out the perceptions of nurses on adherence to the use of psychoactive drugs by people with mental disorders. Nurses should use the resources and strategies adopted by patients with mental disorders in coping with the challenges imposed by the diseases, mainly in the process of adherence to the use of psychopharmaceuticals.

It is important to investigate this subject because nurses must reinforce healthy behaviors in the search for coping strategies during the use of this type of medication. Nursing professionals should understand the patients' perspective about the use of this class of drugs, as well as their needs, goals, conflicts, resources and coping mechanisms.

● METHOD

This was a qualitative and exploratory study carried out in four CAPS in Curitiba, state of Paraná, oriented to the treatment of people 18 years old or older with mental disorders.

The inclusion criterion was to be a nurse that worked at a CAPS and the exclusion criterion was to be on leave during the data collection period. No nurse was in this situation and all 23 professionals

accepted to participate in the survey. They were requested to sign a free and informed consent form.

Interviews were conducted at the CAPS after being scheduled according to the nurses' availability, so that the work routine in the institutions was not compromised.

The study lasted from March 2014 to November 2015 and data were collected from January to April 2015 through the application of an open interview starting with the following request: "Tell us about your perception on adherence to the use of psychoactive drugs by people with mental disorders in their treatment."

Data were organized and treated with content analysis, using the technique of Categorical Thematic Analysis proposed by Bardin(9). Two thematic categories emerged from this analysis. This study originated from the project proposal approved by the Research Ethics Committee in the Health Sciences Sector of the Federal University of Paraná, as per approval report 406.158.

● RESULTS

Twenty-three nurses from four CAPS participated in the study; two of them were males. Five professionals worked in the morning, six in the afternoon and 12 at night.

Results are shown in Chart 1, according to the thematic categories that emerged from the analysis of the transcription of the interviews.

Chart 1 - Factors associated with adherence and nonadherence to the use of psychotropic drugs. Curitiba, Paraná, 2015

Factors that contribute to adherence to the use of psychotropic drugs	Factors that contribute to nonadherence to the use of psychotropic drugs
1. Support from a multiprofessional team	1. Side and adverse effects
2. Communication between professional and patient	2. Feeling better
3. Interaction between professional and patient	3. Believing to be cured
4. Therapeutic bond	4. Not wanting to depend on the medication
5. Supervised medication	5. Resistance to accept the medication
6. Noninterference of adverse effects of psychoactive drugs in daily life	6. Lack of commitment to the regular use
7. Faith and spirituality	7. Religious fanaticism
8. Family support	8. Lack of family and social support
9. Social support	9. Consumption of alcohol and other drugs

Category 1 - Factors that contribute to adherence to the use of psychotropic drugs

Nurses reported that the work of the multiprofessional team, communication and interaction between professional and team, and the therapeutic bond help people with mental disorders to understand the need to use psychopharmaceuticals regularly.

[...] the multiprofessional part, the social worker, the occupational therapist, the psychologist. [...] talking to them helps patients to understand that they need medication. (N. 2)

[...] the bond, patients that do not develop a bond with the service, the team, do not take the medication [...]. (N. 14)

They also considered supervised medication, with daily delivery, monitoring and dosage control to patients with difficulty to adhere to the treatment and that do not have family or social support, as a

critical factor.

[...] Check if they are using the medication, especially double check and give the correct medication. When they are having a crisis, we use intravenous medication. We control the date of expiration and give the medication to those who are in bed and those who are discharged. (N. 6)

The desire to get better and get back to their daily lives are associated with the willingness to be in good health condition, and the noninterference of side and adverse effects of psychoactive drugs, together with faith and spirituality, contribute to improve the medical condition of patients.

[...] when they realize it is not interfering with their autonomy, their daily lives, they adhere to the medication. (N. 8)

[...] through the contact with other patients [...] they say they want to work, drive, travel, be in a relationship again [...]. (N. 17)

[...] spirituality, they get attached to it, pray, say that with faith they will get better, it is important when they can harmonize faith and treatment [...]. (N. 23)

Families can encourage people with mental disorders to use their medications. The following reports demonstrate the importance of family and social support, through a friend or even a neighbor, to increase the chances to adhere to the use of psychotropic drugs.

We had a patient here whose daughter would not allow him to hold his granddaughter. He said he needed to get better to hold his granddaughter, so he strove for it, took the medication correctly, attended the group meetings, and one day he came here with his granddaughter in his arms, it was really touching. (N. 19)

[...] sometimes the patient has no family, but has someone, an acquaintance, a friend, a neighbor that helps take the medication. (N. 17)

Category 2 - Factors that contribute to nonadherence to the use of psychotropic drugs

The participants reported that side and adverse effects resulting from the use of psychoactive drugs contribute to nonadherence for hindering simple activities of daily living.

[...] psychiatric medications have many side effects, even when they have the best effect there is always a negative point, such as increased or reduced appetite. (N. 1)

[...] most of the times there is impregnation, sometimes they have difficulty to speak, they get slower when they walk, when they make some movements, such as take a cup to their mouth, they shake, their thinking is more fragmented [...] the drug interferes with the physical part a lot. (N. 23)

Conversely, the positive effects provoked by the regular use of psychotropic drugs help some patients feel better or even believe that they are cured, which increases the chances of nonadherence, given that they do not want to depend on the medication in their daily routine.

[...] the patient starts the treatment, gets well, then decides to stop taking the medicines, does not let us know or tells us a long time later. (N. 1)

[...] they stop taking the medication, because they think they are fine, healed, that they do not need it anymore, but after some time they come back to the CAPS. (N. 3)

[...] most of them adhere to the medication for some time, but stop taking it when they realize they are well [...] they say they do not want to depend on it to feel good, that the medication makes them not to be themselves. (N. 23)

Some patients show resistance to adhere to the use of medications and lack of commitment to continue the regular use of psychotropic drugs when they are discharged from the CAPS.

Not all of them adhere [...] they start taking the medication and say that it is not being good for them, they want to swap it, quit the drug therapy [...] those typical arguments of people that do not want to

take medications [...]. (N. 19)

[...] they do not follow the orientations correctly [...] some take the medicines on their own, make their own schedule, or say they do not need the drug [...] control is difficult [...]. It depends on the mental organization of the patients. Most of them take the medication indiscriminately. (N. 5)

Religious fanaticism interferes with adherence. The belief in a spiritual cure prevents the continuity of the therapy prescribed to these patients. Lack of family or social support also contributes to nonadherence.

[...] religiosity is very strong [...] when patients show religious fanaticism, they go to the church and say "I don't need to take the medication anymore, because God healed me". (N. 9)

There are patients that are not well, cannot understand the disease, the importance of medication, or someone is not being able to help them [...] sometimes the patient wants to take the drug, but does it before the due time, or forgets, goes to bed before it. (N. 13)

Many patients discontinue the use of psychotropic drugs because of the consumption of alcohol and other drugs. They prefer not to combine the medication with these substances.

[...] there are many patients that, in addition to having a psychiatric disorder, use alcohol and drugs. It impairs the adherence a lot, because they think that they do not need the treatment anymore or that they make a mistake by using the substance and stop taking it [the medication]. (N. 1)

The patient thinks that the medicine will not bring as much peacefulness as alcohol and drugs, drugs can do that [...] that is why they quit the drug therapy. (N. 2)

● DISCUSSION

The data collected in the present study show that the value given to the work of the multiprofessional team, focused on the interaction, communication and bond with people with mental disorders, contribute to adherence to the use of psychotropic medication. The reports corroborate literature by pointing out that communication, group activities and therapy workshops offered at the CAPS help consolidate the therapeutic bond between the multidisciplinary team and patients and impacts adherence to psychoactive drugs positively⁽¹⁰⁾.

According to the interviewed nurses, faith and spirituality help people to adhere to psychopharmaceuticals. Faith, when associated with spirituality or religiosity, can become an important part of the culture, values and principles used by human beings to give shape, order and understanding to painful moments or when it is necessary to overcome difficult situations⁽¹¹⁾.

It is important to value patients' beliefs, but it is necessary to stress that one of the main factors related to nonadherence to the use of psychotropic drugs is religious fanaticism, manifested as an unconditional devotion, devoid of critical thinking, making people stick to nonsense ideas⁽¹¹⁾.

Guaranteeing care given to people with mental disorders by family or any social supporter, either a neighbor or a friend, has been seen as a challenge, because this type of support may increase adherence to the regular and continuous use of medication. This care is pervaded by feelings about experiencing an unexpected situation and their own prejudice against the disease. That implies seeing patients as beings with possibilities, capacities and potentialities, regardless of the limitations provoked by the mental disorder⁽¹²⁾.

Having knowledge of the need of family belonging and understanding this feeling as a motivator of the success of a therapy requires from nurses to be aware of their role in the process and willingness to explore different healthcare forms. By caring for patients and their families, nurses identify their difficulties and major potentials, and can provide guidance on the possibilities of rehabilitation, given that the autonomy of patients depends on themselves⁽¹²⁾.

The accounts reveal the complexity of interpersonal relationships, the side and adverse effects caused by the medications, the search for a cure, for which hopes many times are placed in the use of

psychoactive drugs, the wish that the medication does not interfere with daily life and the complexity of accepting the disease. These elements characterize the fragilities that make people not want to depend on psychopharmaceuticals⁽¹³⁾.

A study carried out at a CAPS in the South region of Brazil with people with mental disorders and their relatives showed that the discontinuation of this type of medication is related to the adverse effects it causes⁽¹³⁾.

Adverse effects provoke several losses and limitations in people with mental disorders, originating negative feelings and suffering that may impair their interaction with family and society, a factor that contributes to the noncontinuity of the use of psychotropic drugs and low adherence to the treatment⁽¹⁴⁾.

Consequently, providing care based on the premises of the psychosocial model raises the need to reformulate the professional practice regarding the mental health field. This practice must be integrated into traditional care actions and mental healthcare technologies to provide a service that takes into account the reinsertion of people with mental disorder in their environment⁽¹⁵⁾.

In general, people with mental disorders have fewer problems with adverse effects when they receive guidance and understand that these effects are part of the adaptation of the body to the drug. But professionals must pay attention to help patients to distinguish between likely or expected adverse effects from those that are rare and unexpected⁽¹⁶⁾.

Knowledge about the pharmacology of psychotropic drugs can give support for nurses to recognize side and adverse effects that may occur, allowing them to create educational actions to promote coping strategies to patients. This action can prevent nonadherence to psychoactive medications⁽¹⁷⁾.

Literature points that the irregular use of psychotropic drugs is a recurrent practice of people with mental disorders, an action that may result in the worsening of their disease, lower response to the treatment and longer time for rehabilitation⁽¹⁸⁾.

From another perspective, the results of the present investigation revealed that the satisfaction of feeling better obtained with the regular use of psychotropic drugs can make patients reach good levels of functioning, exemplified by returning to work and study and taking up family interaction and affective relationships⁽¹⁹⁻²⁰⁾.

Nevertheless, the patients' condition has to be monitored by professionals from the multidisciplinary team, because some people stop taking their medications for believing they are healed. Studies show that positive results in the pharmacological treatment may favor adherence, but when associated with the expectation of a cure, may raise the questioning about the need to maintain the treatment⁽¹⁹⁻²⁰⁾.

Just as some people with mental disorders stop taking psychotropic drugs because they feel better, the opposite also occurs. Literature confirms that the prolonged use of psychopharmaceuticals, changes in the medication and unsatisfactory therapeutic effects predispose patients to feel insecure about the use of psychoactive drugs and may make them refuse to continue the treatment⁽²¹⁾.

It is fundamental to ensure safety in the use of medications, which can be achieved through the implementation of a practice based on the scientific knowledge of the nursing team, with educational strategies and actions oriented to reduce the risk of adverse effects, guarantee the administration of psychotropic drugs with technical competence and help patients to develop an active role in the decisions about their treatment⁽²¹⁾.

Nonadherence can be related to what is known as unintentional situations, favored by the limitations of people with mental disorders in managing the administration of drugs, either because of forgetfulness, complexity of the therapeutic plan, including times, dosages, medicines with similar colors or shapes or cognition issues caused by the disease or other factors⁽²²⁾.

The participants stressed the consumption of alcohol as a cause for discontinuing the use of psychoactive drugs. Studies reported that the improper consumption of alcohol can cause serious health problems and family and social conflicts. Therefore, psychological, social, cultural, legal and economic effects reduce quality of life and become an onus for patients and their relatives, in addition to the biopsychosocial incapacities that set in as a consequence of drug abuse⁽²³⁾.

● CONCLUSION

The present study evinced that people with mental disorders face several scenarios that may favor or hinder adherence to the use of psychotropic drugs. For this reason, it is necessary that nurses evaluate this therapeutic modality carefully and constantly, to plan care according to the characteristics of each patient during the use of their psychoactive medication, thus increasing the chances of adherence to the treatment.

Drug therapy is one of the components of the treatment and requires nurses' supervision, guidance and monitoring, whether to the patients themselves, the healthcare team, the family or the support network that surrounds people with psychiatric diseases. Medication is part of the daily life of the patients during their treatment, but little is discussed and clarified about its effects.

The authors expect that the points addressed in the present investigation can be broadened in further studies that may come to motivate and enable patients, relatives and healthcare professionals on the understanding of drug therapy, as well as promote the development of new action strategies for nurses regarding adherence to the use of psychotropic drugs.

● REFERENCES

1. Borges TL, Hegadoren KM, Miasso AI. Transtornos mentais comuns e uso de psicofármacos em mulheres atendidas em unidades básicas de saúde em um centro urbano. *Rev Panam Salud Publica*. [Internet] 2015;38(3) [acesso em 17 dez 2016]. Disponível: http://www.scielo.org/scielo.php?script=sci_arttext&pid=S1020-49892015000800003&lng=en&nrm=iso&tlng=pt.
2. Kantorski LP, Guedes AC, Feijó AM, Hisse CN. Medicação pactuada como recurso terapêutico no processo de trabalho de um Caps: contribuições para a enfermagem. *Texto Contexto Enferm*. [Internet] 2013;22(4) [acesso em 23 out 2016]. Disponível: <http://dx.doi.org/10.1590/S0104-07072013000400019>.
3. Xavier MS, Terra MG, da Silva CT, Mostardeiro SCTS, da Silva AA, de Freitas FF. O significado da utilização de psicofármacos para indivíduos com transtorno mental em acompanhamento ambulatorial. *Esc. Anna Nery*. [Internet] 2014;18(2) [acesso em 7 fev 2017]. Disponível: <http://dx.doi.org/10.5935/1414-8145.20140047>.
4. Nascimento GCM, Scorsolini-Comin F, Peres RS. Saúde mental no sistema único de saúde: mapeamento das contribuições do centro de atenção psicossocial. *SMAD, Rev. Eletrônica Saúde Mental Álcool Drog. (Ed. port.)*. [Internet] 2013;9(2) [acesso em 3 out 2016]. Disponível: <http://dx.doi.org/10.11606/issn.1806-6976.v9i2p95-102>.
5. Lacchini AJB, Ribeiro DB, Soccol KLS, Terra MG, da Silva RM. A enfermagem e a saúde mental após a reforma psiquiátrica. *Rev. Contexto Saúde*. [Internet] 2011;11(20) [acesso em 3 nov 2016]. Disponível: <http://dx.doi.org/10.21527/2176-7114.2011.20.565-568>.
6. Ministério da Saúde (BR). Secretaria de Vigilância em Saúde. Programa Nacional de DST e Aids. Diretrizes para o fortalecimento das ações de adesão ao tratamento para pessoas que vivem com HIV e AIDS. Brasília: Ministério da Saúde; 2007.
7. Organização Mundial da Saúde (OMS). Classificação estatística internacional de doenças e problemas relacionados à saúde – CID – 10. São Paulo: Universidade de São Paulo; OMS; 2008.
8. Vedana KGG, Magrini DF, de Souza J, Zanetti ACG, Miasso AI, Telles Filho PCP, et al. Meaning of pharmacological treatment for families of people with depression. *Issues Ment. Health Nurs*. [Internet] 2016;37(4) [acesso em 15 fev 2017]. Disponível: <http://dx.doi.org/10.3109/01612840.2015.1123335>.
9. Bardin L. *Análise de Conteúdo*. São Paulo: Editora Almedina Brasil; 2011.
10. Cortes JM, Kantorski LP, Barros S, Antonacci MH, Magnis CT, Guedes AC. Social ties of individuals in psychic distress: contributions for psychiatric nursing. *Rev Enferm UFPE on line*. [Internet] 2015;9(4) [acesso em 3 out 2016]. Disponível: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewArticle/7343>.
11. Ronzani TM, Furtado EF. Social stigma about alcohol use. *J. bras. psiquiatr*. [Internet] 2010;59(4) [acesso em 6

nov 2016]. Disponível: <http://dx.doi.org/10.1590/S0047-20852010000400010>.

12. Borba LO, Guimarães AN, Mazza VA, Maftum MA. Mental health care based on the psychosocial model: reports of relatives and persons with mental disorders. *Rev. esc. enferm. USP*. [Internet] 2012;46(6) [acesso em 17 nov 2016]. Disponível: <http://dx.doi.org/10.1590/S0080-62342012000600018>.

13. Kantorski LP, Jardim VMR, Delpino GB, de Lima LM, Schwartz E, Heck RM. Perfil dos familiares cuidadores de usuários de centros de atenção psicossocial do sul do Brasil. *Rev. Gaúcha Enferm.* [Internet] 2012;33(1) [acesso em 28 nov 2016]. Disponível: <http://dx.doi.org/10.1590/S1983-14472012000100012>.

14. Haddad PM, Brain C, Scott J. Nonadherence with antipsychotic medication in schizophrenia: challenges and management strategies. *Patient Relat Outcome Meas.* [Internet] 2014;(5) [acesso em 24 set 2017]. Disponível: <https://dx.doi.org/10.2147%2FPPROM.S42735>.

15. da Cruz LP, Vedana KGG, Mercedes BPC, Miasso AI. Dificuldades relacionadas à terapêutica medicamentosa no transtorno de ansiedade. *Rev. Eletr. Enf.* [Internet] 2016;(18) [acesso em 7 fev 2017]. Disponível: <https://doi.org/10.5216/ree.v18.32741>.

16. Kaplan, Sadock BJ. *Compêndio de Psiquiatria: ciência do comportamento e psiquiatria clínica*. 9ª ed. São Paulo: Artmed; 2007.

17. Ferraza DA, da Rocha LC, Luzio CA. Medicalização em um serviço público de saúde mental: um estudo sobre a prescrição de psicofármacos. *Gerais, Rev. Interins. Psicol.* [Internet] 2013;6(2) [acesso em 26 out 2016]. Disponível: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1983-82202013000200008.

18. Telles Filho PCP, Borges TL, Pereira Junior AC, Vedana KGG, Shasanmi RO, Gimenes FRE, et al. Factors associated with psychotropic medication use in individuals in Brazilian primary health care units: a descriptive, cross-sectional study. *J Psychosoc Nurs Ment Health Serv.* [Internet] 2017;55(3) [acesso em 25 set 2017]. Disponível: <http://dx.doi.org/10.3928/02793695-20170301-05>.

19. Chang YT, Tao SG, Lu CL. Qualitative inquiry into motivators for maintaining medication adherence among Taiwanese with schizophrenia. *Int J Ment Health Nurs.* [Internet] 2013;22(3) [acesso em 13 jan 2017]. Disponível: <http://dx.doi.org/10.1111/j.1447-0349.2012.00864.x>.

20. Teferra S, Hanlon C, Beyero T, Jacobsson L, Shibre T. Perspectives on reasons for non-adherence to medication in persons with schizophrenia in Ethiopia: a qualitative study of patients, caregivers and health workers. *BMC Psychiatry.* [Internet] 2013;(13) [acesso em 13 jan 2017]. Disponível: <https://doi.org/10.1186/1471-244X-13-168>.

21. Praxedes MFS, Telles Filho PCP, Miasso AI, Pereira Junior AC. Medicines administration: identification and analysis of the educational needs of nurses. *Rev Enferm UFPE on line.* [Internet] 2015;9(1) [acesso em 16 dez 2016]. Disponível: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewArticle/7319>.

22. Miasso AI, Telles Filho PCP, Borges TL, Pereira Júnior AC, Vedana KGG, Shasanmi R, et al. Adherence to psychotropic medications and associated factors in primary health care. *Issues Ment Health Nurs.* [Internet] 2016;37(10) [acesso em 16 mar 2017]. Disponível: <http://dx.doi.org/10.1080/01612840.2016.1214854>.

23. Rosa LCS, Campos RTO. Mental health and social class: CAPS (Psychosocial Care Centers), a service that is oriented to a social class. *Serv. Soc. Soc.* [Internet] 2013;(114) [acesso em 11 jan 2017]. Disponível: <http://dx.doi.org/10.1590/S0101-66282013000200006>.