

Review Article

USE OF PSYCHOTROPICS IN EVERYDAY LIFE FROM THE PERSPECTIVE OF HEALTH PROFESSIONALS AND PATIENTS: A SYSTEMATIC REVIEW

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ABSTRACT

The use of psychotropic drugs to treat problems of everyday life is a growing phenomenon in many countries. A systematic review was conducted as a method of synthesis of results of the qualitative primary studies developed to explore the perspective of health professionals and patients regarding the use of psychotropic drugs to overcome personal problems. This systematic review was conducted in the databases Medline (PubMed), Central (Cochrane), Psycinfo and Lilacs, including gray literature and manual search (June/2015). We identified 581 publications that were evaluated in stages and 26 met the inclusion criteria with a total of 876 participants including health professionals and patients. The doctors showed empathy by prescribing. The health professionals-prescribers and non-prescribers-were concerned about the dependence of patients on the psychotropic and the pressure to prescribe. Patients felt unable to solve their problems and seek medications as a solution. The psychotropics were considered a useful resource to overcome the social problems, existing denial of its side effects as well as the lack of openness and access to other support mechanisms.

Keywords: Psychotropic, Health professionals, Prescribers, Non-prescribers, Patients, Qualitative research, Systematic review

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INTRODUCTION

In today's contemporary society, there has been an increase in the use of psychotropic drugs to deal with all forms of human malaise. The discussions in the scientific literature emphasize the use of psychotropic drugs since the 1970s in an attempt to transform the experience of suffering, as opposed to the expected treatment of diseases [1, 4].

Benzodiazepines (BDZ), central nervous system (CNS) depressants, are used chronically, despite being more effective when used short-term. Selective Serotonin Reuptake Inhibitors (SSRIs) have been mentioned in the literature as being primarily responsible for the increase in the prescription of antidepressants [5, 12].

Several countries have been witnessing an increase in the consumption of psychotropic substances. Two Brazilian studies, one in the South and one in the Southeast, have shown that consumption of psychotropics in the country is significantly associated with female gender, increased age, elderly population, diagnosis of hypertension, and overuse of medical services [13, 14]. A household survey on the use of psychotropic drugs in Brazil estimates that the prevalence of lifetime use of BDZs is 5.6% in the country [15]. A study conducted with 5,946 users at the pharmacies of the Health Municipal Department of Ribeirão Preto, a middle size city, estimated that the prevalence of use of psychotropic drugs, including BDZs and antidepressants, in the population was 5.7% [16]. In Australia, a longitudinal study conducted from 2000 to 2011 showed an increase of 58.2% in the dispensing of psychotropics [17]. In England, the proportion of patients who received a new prescription of antidepressants, in the period from 1991 to 1996, increased by 40% for the tricyclic antidepressants class and 460% for SSRIs [18]. In Scotland, the increase was from 1.5 million in the period from 1995 to 1996 to 2.8 million in 2000-2001, with no evidence to support the increase in the incidence and prevalence of depression [19].

Antidepressants are an effective form of treatment for moderate-severe depression, but they are not considered the first line of treatment for cases of mild depression. The antidepressants used for the treatment of depression have similar efficacy, producing clinical

results in approximately three weeks, however, they differ in relation to the unwanted effects they cause [20, 22].

In anxiety disorders, like generalised anxiety disorder, social anxiety disorder, panic disorder, agoraphobia, obsessive-compulsive disorder and posttraumatic stress disorder, psychotherapy and pharmacological approaches have been successfully effective, with comparable results. Antidepressants like SSRI have been used more frequently for treatment of anxiety disorder, but the evidence is not definitive to establish that one class may be superior to another [23]

Benzodiazepines are more recommended in acute anxiety or agitation and for the short-term treatment of insomnia. The initiation of pharmacological treatment is determined by the severity of the clinical condition, and the choice of the drug should take into account its efficacy, safety and tolerability [23, 25].

In recent years, antidepressants have been prescribed for conditions that are not considered mental illnesses [10]. An observational study conducted in Italy showed a positive association between the use of anxiolytics and/or antidepressants and management of most stressful life events [26]. The systematic review carried out by Mercier and collaborators found, in databases from France, Britain, and the United States, 44 conditions different from psychiatric disorders themselves that were linked to the use of antidepressants [27].

Recently, a systematic review and meta synthesis of qualitative research explored the experiences and perceptions of physicians regarding the prescription of BDZs in primary care in order to build an explanatory model of the underlying processes [28].

The present review aimed to explore the use of medications in a broader perspective, including other classes of psychotropics and the perceptions of other health professionals as well as patients. Moreover, it attempted to understand how individuals perceive the reasons for initiating and maintaining the use of psychotropic drugs, their expectations and the contexts in which the use of these medications take place. Thus, the aim of this study was to review the qualitative studies investigating the use of psychotropic drugs in everyday life from the perspective of health professionals and patients.

Methods

A systematic review was conducted as a method of synthesis of results of the qualitative primary studies developed to explore the perspective of health professionals and patients regarding the use of psychotropic drugs to overcome personal problems. PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analysis) was used to prepare the article [29].

Databases and search strategy

The bibliographic research was conducted until June 2015 in a systematic way in electronic databases and freely in the grey literature. A manual search was also carried out. The search was conducted using parameters described in the eligibility criteria, in Medline (PubMed), Cochrane Library, PsycINFO databases, and in Lilacs regional database. For each database, a specific strategy was built with MeSH descriptors and synonyms. The terms were used with various combination forms, including those related to well-being, emotions, interventions, and study design.

The manual search involved an examination of the issues of the following journals: Family Practice, Qualitative Health Research and Social Science and Medicine (in the years 2013, 2014, and until June/2015). The gray literature was evaluated in the thesis database of the University of São Paulo and on the CAPES website of theses and dissertations. The authors also searched the reference lists of the studies included.

Study selection and eligibility criteria

After implementing the search strategies, publications were brought together in a single database with the aid of a reference manager (EndNote software) for the removal of duplicates. Two reviewers conducted the study selection independently (AF; YA) in two stages: 1) Reading titles and abstracts; 2) Reading full texts. Disagreements were settled by a third reviewer (VEA). The included studies had qualitative research design that addressed the use of the psychotropic drugs by adults to deal with problems, difficulties, stress, or negative events in personal life. Studies that included patients with severe mental illness—such as cognitive dysfunction, psychosis, schizophrenia, and major depression—were excluded.

Data collection and quality assessment

Data were collected using an electronic form specifically designed for this purpose comprising the following variables: type of participant (doctor, patients, caretakers, health professionals in general), country of the study, objective of the study, sample size, type of medication, collection methods (in-depth and semi-structured interviews, focus groups), and data analysis (phenomenological, thematic, categories, open coding inductive, comparative, natural history, typology, empirical, representations and content).

RESULTS

The review found a total of 581 publications, which were evaluated in stages with subsequent inclusion of 26 studies that were within the established eligibility criteria (fig. 1).

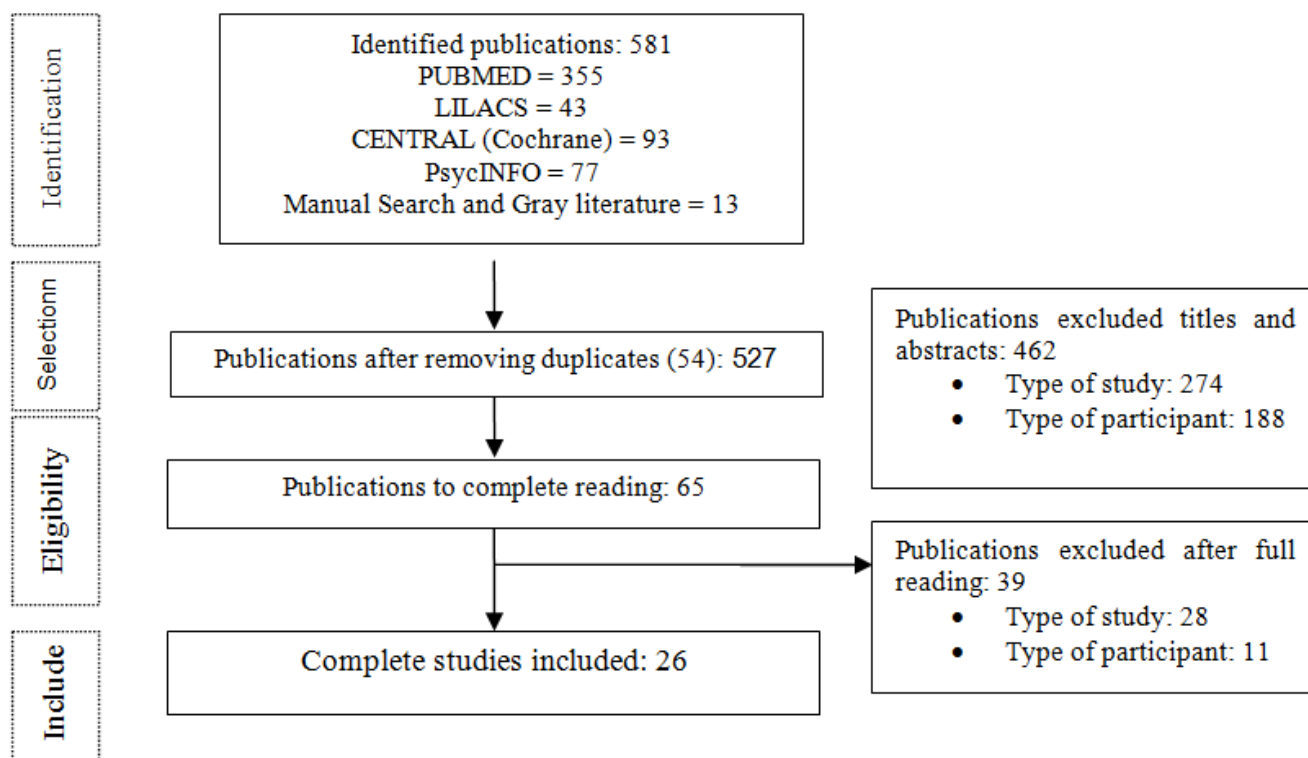


Fig. 1: Flowchart: selection studies for the systematic review

Most studies included in the review were carried out in European countries. In a total of 17 studies, one recruited participants from various countries of the European continent, and eight were developed in England. Among the other studies, three were conducted in the US, three in Brazil, two in Canada, and one in Australia. The date of publication of the studies varied between 1979 and 2013. Most studies were published between 2002 and 2009. The main objectives evaluated in the studies were as follows:

understanding the factors and processes that influenced doctors to prescribe and the chronicity of the use of psychotropics; exploring the experience and knowledge of health professionals about the drugs, and understanding and analysing their function in patients' everyday lives. The data collection methods used in the studies was semi-structured interviews, in-depth interviews, and focus groups, with thematic analysis being predominant for processing the data (table 1).

Table 1: Characteristics of included studies

Participants	Study	Location	Objective	Sample	Medication	Data collection method	Data analysis method
Physicians	Dybwa d, 1997	Norway	To form a basis for hypotheses and build theories about prescribing in order to investigate how high-prescribing doctors can legitimize their own prescribing pattern.	18 doctors	BZD	Semi-structured interview	Phenomenological theory
	Hyde, 2005	England	To explore how General Practitioners (GPs) decide to prescribe antidepressants.	27 doctors	Antidepressants	5 Focus Groups	Thematic Analysis
	Anthierens, 2007b	Belgium	To describe GPs' views surrounding the reason for initiation of BZD treatment and their perceptions of non-medical alternatives.	35 doctors	BZD	5 Focus Groups	Systematic Analysis of Content
	Cook, 2007a	USA	To understand factors influencing chronic use of benzodiazepines in older adults.	33 doctors	BZD	Depth Interview	Thematic Analysis
	Rogers, 2007	England	To explore the way in which contemporary practitioners view an emotive and controversial area of prescribing.	22 doctors	BZD	Interview	Thematic Analysis
	Tentler, 2007	USA	To describe physicians' affective and cognitive responses to standardised patients' (SPs) requests for antidepressants, as well as the attitudinal and contextual factors influencing prescribing behavior.	22 doctors	Antidepressants	Focus group	Open Coding
	Macdonald, 2009	Scotland	To explore GPs' views about, and explanations for, the increase in antidepressant prescribing in Scotland between 1995 and 2004	63 doctors	Antidepressants	Semi-structured interview	Inductive Data Analysis
Physicians and Patients	Gabe, 1984	England	To determine how far doctors and patients experience benzodiazepine prescribing and use as social control.	14 doctors and 39 patients	BZD	In-depth Interview	Thematic Categories
	Dickinson, 2010	England	To explore the attitudes of older patients and their GPs to taking long-term antidepressant therapy, and their accounts of the influences on long-term antidepressant use.	10 doctors and 36 patients	Antidepressants	Semi-structured and depth interview	Thematic Analysis
Health Professionals	Hedenrud, 2013	Sweden	To explore the views of GPs, GP interns, and heads of primary care units on factors affecting the prescribing of psychotropic drugs in primary care.	21 health professionals	Psychotropic*	Focus group	Thematic Analysis
Health Professionals and Patients	Orlandi, 2005	Brazil	To assess the availability and consumption of benzodiazepines in Brazil from the point of view of users and health professionals.	14 health professionals and 5 patients	BZD	Semi-structured interview	Coding Comparative
	Hassan, 2013	England	To explore perspectives on reasons for psychotropic medication use in prisons.	16 health professionals and 17 patients	Psychotropic*	Semi-structured interview	Thematic Analysis
Patients and caregivers	Pérodeau, 2011	Canada	To provide a descriptive model of the maintenance of chronic consumption of sedative, hypnotic, and anxiolytics drugs among frail elderly women who receive home care services as well as caregiving from a female family member.	21 patients and 14 caregivers	Psychotropic*	In-depth Interview	Thematic analysis and Categories
Patients	Cooperstock, 1979	Canada	To examine the consequences of psychotropic use and the functions served by these drugs in social as well as pharmacological terms.	92 patients	BZD	Group Discussion	Natural History
	North, 1995	European countries	To investigate the meaning of the use of benzodiazepines for the users themselves and their styles of management.	19 patients	BZD e TRANX	In-depth Interview	Typology
	Barter, 1996	England	To understand the reasons why hypnotic benzodiazepines are used for long periods.	11 patients	BZD	Semi-structured interview	not report
	Knudse	Denmark	To examine how younger women see	12		Depth Interview	Empirical

n, 2002		themselves within the context of using SSRI antidepressants, based on a user perspective.	patients	SSRI		analysis
Mendonça, 2005	Brazil	To show that the consumption of tranquilizers is particularised according to the social and cultural contexts their consumers are involved in.	18 patients	BZD	Semi-structured interview	Analysis of Representation/Conceptions
Verbeek-Heida, 2006	Netherlands	To provide insights into the decision-making process of patients to continue or stop using selective serotonin reuptake inhibitors (SSRIs).	16 patients	SSRI	Interview	Thematic analysis and constant comparison
Outram, 2006	Australia	To explore the extent of and factors associated with the use of medicines for psychological distress among midlife Australian women.	117 patients	Psychotropic*	Semi-structured interview by phone	Thematic analysis and constant comparison
Anthierens, 2007a	Belgium	To explore patients' views and expectations regarding their first prescription for benzodiazepines (BZDs).	15 patients	BZD	Semi-structured interview	Thematic Analysis
Cook, 2007b	USA	To understand patient factors contributing to the chronicity of benzodiazepine use by older adults as a first step in the development of acceptable intervention strategies for taper/discontinuation or prevention of chronic use.	50 patients	BZD	Semi-structured interview	Thematic Analysis
Leydon, 2007	England	To explore patient experiences of and beliefs about their long-standing SSRI use and understand the barriers and facilitators to discontinuation.	17 patients	SSRI	Semi-structured interview	Thematic Analysis
Stevens, 2008	Denmark and England	To understand how experiencing problems with mood interferes with people's sense of self and how this influences their help seeking and medicine taking decisions.	35 patients	SSRI, modifiers of humor, St. John's Wort	Interview	Thematic Analysis
Kartalova-O'Doherty, 2010	Ireland	To present extended data on the perceived roles of medication in recovery.	32 patients	Psychotropic*	Interview	Open Codification
Dias, 2011	Brazil	To analyze the factors favoring the use of psychotropic drugs by nursing professionals.	15 patients	Psychotropic*	Semi-structured interview	Analysis of Content and Thematic

* The authors did not specify previously which psychotropic would be investigated.

Twenty-six studies, which were included, involved a total of 876 participants including physicians, health professionals, and patients; seven studied psychotropics in general, twelve studied the BDZs, four studied antidepressants in general, and three studied the SSRIs. Most studies (13 studies) presented only the perspective of patients regarding the use of drugs, followed by studies that investigated

only the perspective of physicians (seven studies). Two studies included the perspective of physicians and patients [30, 31]. Only one study evaluated the patients' point of view and included caretakers [32]. Three studies[33, 35] assessed the health professionals' point of view in general, and two of them also included patients' perspective [34, 35] (table 2).

Table 2: Distribution of the studies included by participants and drugs investigated

Sample	N ° of studies	Participants total	Psychotropic drugs studied			
			Not Spe.	BZD	Antid.	SSRI
Physicians	7	220	--	4	3	--
Physicians and Patients	2	99	--	1	1	--
Patients and caregivers	1	35	1			
Patients	13	449	3	6	--	4
Health professionals	1	21	1	--	--	--
Health professionals and Patients	2	52	1	1	--	--
General Total	26	876	6	12	4	4

*BZD: Benzodiazepines; Antid: antidepressant; SSRI: Selective Serotonin Reuptake Inhibitor, ** Psychotropic: The authors did not specify previously which psychotropic would be investigated.

The perspective of prescribers (doctors) regarding the use of psychotropic drugs

SSRI antidepressants were described by doctors as safe and well tolerated by most patients. Antidepressants could be prescribed even without a diagnosis of depression because they relieved mild and severe symptoms of sadness, pessimism, and anxiety, among others [12]. The decision to prescribe was taken also considering the organisational constraints of time, lack of access to alternatives, the cost, and the perception of the patient's attitude [36].

The request of drugs by patients created in the doctor a variety of cognitive-affective responses conditioned by factors such as time constraints, annoyance, or empathy [37].

For Dickison *et al.* [30], the prescription promoted a feeling that something was being done for a problem perceived as unsolvable. When it came to discontinuing the drug, doctors realised that this was extremely challenging, and at that moment, they felt their power of persuasion to be weak and less effective [30].

In the works of Cook *et al.* [38], Dybwad *et al.* [39], Anthierens *et al.* [40], Gabe *et al.* [31] and Rogers *et al.* [41], that presented the prescriber's perspective regarding the use of BDZs, doctors were aware of and in accordance with current guidelines and practical recommendations for the use of these drugs. They identified them as suitable primarily and only for short-term treatment, not being the first choice in cases of anxiety and chronic insomnia [38]. However, given the complexity of medical clinical practice, professionals established some rules, never altered the prescription that had been recommended by another professional, and maintained their prescription routine based on a mutual understanding with the patient [39]. Doctors felt touched by the psychosocial problems of their patients and showed empathy when they prescribed drugs. In the analysis by Gabe *et al.* [31], doctors had no time and were not trained to treat the patient otherwise. In general, they thought using BZD was "a lesser evil" [41].

According to Rogers *et al.* [41], doctors made a moral judgment on the need of using BZD; patients who were considered "worthy" of prescription generated in the professional a sense of moral obligation. There was a tolerance regarding the potential of drug dependence. In this study iatrogeny was also considered a lesser evil, an insufficient factor to stop using the drug. Prescribing the drug was not a taboo; perceived risk appeared to be marked by a cultural role. The authors concluded in their study that there was no cultural change in the way doctors noticed the risk associated with the use of BZD, from the 1980s to the present [41].

The study by Cook *et al.* [38] reported that none of the interviewees credited prolonged use of BDZ by the elderly as a serious clinical problem. In addition, the physicians believed that there were many barriers to the abandonment of real-world use, including raising issues that threatened the alliance with patients. When prescribing the BDZs for elderly patients, doctors thought that the advantages of the prolonged use would outweigh the risks [38].

The perspective of health professionals-prescribers and non-prescribers-regarding the use of psychotropic drugs

Only three studies [33, 35] presented the perspective of health professionals (prescribers and non-prescribers)—general practitioners of secondary care, medical interns, pharmacists, psychologists, nurses, and nursing technicians—regarding the use of psychotropic medications, but without clearly specifying to which psychotropic drugs they referred to.

There were several factors that influenced the prescription of psychotropic drugs in primary care and these could be related to the patient's or physician's characteristics, or their interaction, as opposed to the medical needs of patients themselves [33]. The drug was primarily used by the elderly seeking the hypnotic effect and middle-aged women seeking anxiolytic effect [34]. Health professionals were concerned about the possibility of excessive dependence on drugs and the pressure to prescribe psychotropic drugs for various mental illness conditions [35].

The perspective of the patients regarding the use of psychotropic drugs

Young women who used SSRIs felt unable to cope with the difficulties of everyday life. Distressed, they started living in conflict as they did not favour the use of SSRIs but ended up accepting that the drug helped them deal with daily life again, and subsequently, faced problems in discontinuing it. Women felt that their behaviour was in disagreement with what society expected from them, which negatively affected their self-esteem. The emotional problem experienced by women generated a sense of loss of self and normality. When they sought medical help, such a problem was diagnosed as a biochemical illness; and the drug enabled them to perform their tasks on a daily basis. Women first used this drug to ensure normality [42].

The belief regarding the need to take the medicine was contradictory in relation to the perception that they had. In most cases, the act of using humor modifiers could be a threat to the individual's ability to achieve an "authentic self," or a personal sense of self [43].

SSRI users considered using psychotropic drugs a problem, so they were ambivalent about its use. Users could be divided into two groups: those who had tried to quit and those who never attempted to discontinue the medicine. Both groups experienced the same feelings, that is, both were afraid to stop and also to continue using the drug. Patients, when trying to stop the use of SSRIs, experienced side effects defined as a group of physical and psychological symptoms that manifest quickly or gradually after termination, so they ended up deciding to continue using the drug [44]. Patients were uncertain about the need and benefits of continuing the use of SSRIs. The symptoms generated by the interruption, experienced or imagined, and the fear of relapse was identified as significant barriers to the cessation of use [45].

In assessing the use of BDZs, patients reported that they felt unable to solve their problems and conflicts, and waited for the doctor to provide a solution. Thus, the drug was seen as the only solution, often leading the patient to ask explicitly for the prescription [9].

The elderly, chronic users of BDZs, had a special susceptibility to side effects and psychological addiction to these drugs for its soothing properties and the control that they provided for everyday life situations. These patients also had limited acceptance and access to mental health services [46].

In another study, older women who used BDZs consumed and disseminated knowledge about the medicine. Consumption was personalised according to the social and cultural contexts in which the patients were involved. The author found there was a synergism between aging, gender, and the search for the psychiatric service, which contributed to women who used the drug to develop into "popular experts" about drug therapies, popularizing the use of allopathic tranquilizers. The women in the study proved to have autonomy and knowledge on the use of "tranquilizers," feeling able to use, indicate, provide, lend or not, according to their conceptions [47].

In the research by Barter and Cormack [48], the participants were not completely certain about the effectiveness of the drug. Some did not alter the dose during the period they used the drug, others reported that the drugs were not strong enough and it was necessary to increase the dose and use of "facilitators"—such as drinking hot milk or reading a book, which according to their beliefs, had the power to increase the effectiveness of the pill. Another aspect addressed by the authors in their study was concerned to the discontinuation of the drug. Participants reported the following symptoms when discontinuing the drug: insomnia, pain, and subjective feelings of illness. Adverse effects on withdrawal led patients to continue the use of BDZs [48].

The reasons for initiating the use of BDZ varied widely, but a high proportion of the participant's related use with social stress. Only a minority of participants attributed the use to internal tensions. Most commonly, female respondents mentioned conflicts concerned with their traditional roles as wife, mother, housewife, while men tended to address conflicts that were related to their performance at work.

In summary, the use of tranquilizers appeared as a means of resolving tensions. Continued use of this tranquilizer was discussed in terms of “allowing” them to perform one or more roles, which would be difficult or intolerable without the drug [49].

Patients were not passive recipients of BDZ, as they assessed the risk of use, dependence, and the potential of social alienation against the benefits. Most decided that the BDZ improved their quality of life. Patients admitted a partial dependence and said they could control their medication. Some described the tolerance they developed [50].

Patients felt helped by the drug and though they were aware of other forms of aid, they relied on BDZ to change their behavior [31].

The study by Dias *et al.* [51], which included only nursing professionals who used psychotropic drugs, found that the drugs were used to deal with the stress of occupational hours and demands and dissatisfaction in the workplace or family environment [51].

On the other hand, the study by Pérodeau *et al.* [32], which included only older women, presented a circular model that had as background the difficulties of life associated with the onset of illnesses, hospitalization, negative family events, financial losses, loss of status, and independence, which led to the onset of symptoms of depression and the first prescription. The factors that contributed to the prolonged use of the drug were as follows: psychological vulnerability, chronic and debilitating nature of the diseases associated with aging, loneliness, isolation, relationship with the caregiver, and dependence on the family and health services. Consequently, the intervention was maintained [32].

Of the themes that emerged in the study by Outram *et al.* [52] some concerns were common to many prescription drugs (not liking taking pills, preference for natural therapies, unpleasant side effects, and fears of dependence), while others seemed to be more specific to psychotropics (the fact of covering up the symptoms and not solving problems). All themes that emerged had implications for the acceptance and adherence to medications, the doctor-patient relationship, and the search for an effective response to mental health problems. The results in this study suggested that many women did not want doctors only to prescribe drugs; they preferred to discuss their problems, as the commonly reported causes of women’s distress (family and relationship problems) were not subject to change by drugs [52].

The decision to continue using the medication involved a complex process in relation to the benefits and disadvantages of its effects on the quality of life. The medication was perceived as useful in the initial recovery phase or in relation to the relapses. Excess medication or its side effects were reported as a problem, delaying the process of improvement of the patient [53].

DISCUSSION

The data in this systematic review were in accordance with the systematic review by Sirdifield *et al.* [28], which investigated the experiences and perceptions of physicians when prescribing BDZs. Doctors often met patients who had already been assisted by a specialist and wanted to renew the prescription. Doctors felt the need and responsibility to help the patient. The expectation of patients for a prescription led the professional to face the challenge of deciding whether to start, continue, or revoke the prescription [28].

The research by Mazza *et al.* [54] showed that the prescription of psychotropics for women was associated with demographic factors, such as a number of children (two or more), low education, older age, being unemployed, being married, or having been married. Experiences with “domestic” violence in childhood and adulthood could also result in higher rates of use for women compared to men [54].

People did not want to expose their vulnerability and to be treated or seen as different because they had difficulty to withstand stress. This made them resort to the use of psychotropics, which has often been reported as necessary to overcome the difficulties of everyday life [55]. People first started using psychotropics when faced with difficulties in life that generated anguish and anxiety. Prescriptions were renewed, and the product was used for long periods.

The studies included in this review showed that many patients minimized or denied the adverse effects of BDZ and lived in a dilemma of whether to continue or stop the use of SSRIs. The literature highlighted the statement that users did not evaluate the risk of prolonged use of psychotropics due to lack of information [56]. Accordingly, many users of antidepressants expressed the desire of not needing the drug someday, but most feared the consequences of its suspension [57].

The decrease in the use of BDZs has been described in the literature, mainly due to their potential for addiction, and the increasing use of SSRIs as a direct consequence of marketing pressures and overestimation of the benefits of these drugs, which in turn affects the prescribing habits. The replacement of SSRIs by the BDZ has been performed many times for the same reasons, however, without sound evidence for this practice. Contributions of more recent research considered the effectiveness of SSRIs insignificant or nonexistent in patients with mild or moderate symptoms of depression. The comparison of the SSRI use cycle in relation to the use and dependence on BDZs showed that the withdrawal effects in the two different drug classes had similar symptomatic characteristics [58].

The suffering of patients is legitimate and inevitable, with a strong relationship with psychosocial factors. They strive for normality and the need to restore the balance usually regardless of the changes in the surrounding reality or the problems faced, as this is considered necessary for their well-being. In relationships with their patients, health professionals should bear in mind that all human beings are able to understand themselves and solve their problems satisfactorily. This is a typical and eminent human characteristic based on the condition of reflective beings making them able to perform their self-assessment. In other words, people are able to formulate solutions, not perfect and definitive, but with specific purposes, open to reformulations within a continuous process of problem-solving, which would be a path to growth and maturity. For the relationship between health professionals and patients to be positive, it has to be developed depending on the patient’s experience, in a move to enable people to help themselves. Steps taken towards overcoming the difficulties encountered should be formulated thus helping individuals to overcome their challenges on their own [59].

It is important to emphasize that the methods of the human sciences allow us to understand the process of health and disease including personal factors, attitudes, beliefs, and desires that underlie the relationship between the health professional and the subject who seeks care. Understanding the meaning of drug use can improve the quality of care and the use of drugs.

This systematic review of qualitative research involved studies using several collection and analysis methods. When considering the heterogeneity of the studies included in relation to the participants, the geographical location, and the time of publication, the conclusion is that the results are consistent among themselves, and it was evident that the psychotropic medication had been used to overcome the difficulties faced in everyday life. However, one of the limits of this review is that the systematization of data may not have included all the particularities of the studies, also because the reviewers do not intend to generalize the knowledge universally, but allow a critical reflection on the phenomenon that is going on currently.

From the results thus achieved, we can see the need to conduct more qualitative research, especially involving non-prescribers health professionals and patients in order to further understand the use of psychotropics and non-medicinal approaches to overcome the difficulties faced in life.

CONCLUSION

By this systematic review, it was possible to understand the factors related to the use, maintenance, and removal of psychotropic drugs, from the perspective of health professionals and patients.

Regarding the prescription of psychotropic drugs, for both SSRIs and BDZs, there is a risk-benefit ratio assessed as favourable, which extends their use for conditions different from mental illnesses,

although this pattern of use has generated discomfort in the professionals in some studies. From the perspective of patients, the use of the drug is mainly to reduce social stress and the desire to ensure normality.

Thus, to reduce consumption and dependence on psychotropics, it is necessary to improve access and reduce resistance to other support mechanisms that can help patients cope with the hardships of life.

CONFLICTS OF INTERESTS

There are no conflicts of interest

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