

## Profile of drug utilization and adverse reactions to antidepressants in elderly patients at a reference center for health elderly care

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**Introduction:** The elderly percentage in population has been increasing over the years. As a result, we have increased chronic degenerative diseases, and psychiatric disorders such as depression, part of this scenario. The elderly are more susceptible to depression, causing them to make use of medicines in their treatment, including antidepressants. The use of antidepressants should be monitored considering that misuse can lead to adverse effects, such as adverse drug reactions (ADRs). The ADRs can influence adherence to treatment and provide other risks for the elderly, causing hospitalization and increased healthcare costs.

**Objective:** Determine the profile of medication use and adverse reactions to antidepressants in the elderly.

**Methodology:** Cross-sectional study held at the Reference Center for Health Care of the Elderly in the city of Goiania with elderly antidepressant users who met the inclusion criteria. Data collection was conducted from January to April 2012, by searching database of the Distribution System Medicines Company's Data Processing Municipality, interviews and analysis of records. The ADRs were identified by temporal plausibility of the symptoms described in medical records and self-reported by the users. The Naranjo algorithm was employed to determine the causality of ADRs. The *Drug Reax* software was used for analysis of drug interactions. The analysis was carried out using SPSS software version 15.0.

**Results:** The study included 45 elderly, being 77.4% female, mean age was 72 years, 44.4% widowed, and 28.9% with low education. 62.2% had to seven comorbidities, 26.7% had osteoporosis, 84.4% of subjects used more than five drugs and 84.4% used antihypertensive drugs along with antidepressants, characteristics that expose the elderly to potential risk of ADRs. For 86.7% of users, antidepressants were prescribed by geriatricians of the Unified Health System, and for 82.2% the antidepressant was indicated for depression. Of these drugs, 80.0% were from the class of Selective serotonin reuptake inhibitors (SSRI). In 97.7% of the elderly has identified the possibility of ADRs, with an average of four ADRs for subject. The more frequent ADRs were loss of sexual desire (34.1%). The ADRs due to Drug Interaction was identified in 11.1% of the sample.

**Conclusion:** The usage profile of antidepressant reflects the specifics of the elderly pharmacotherapy. The higher frequency of use of SSRIs is in line with the international criteria of medications prescriptions in the elderly. The use of antidepressants in the elderly presents a potential risk for the development of adverse reactions, which may provide an increase in healthcare costs, with reduction of elderly quality of life. The high rate of ADRs reflects the vulnerability of this age group and the need for actions to increase the safety and the effectiveness of pharmacotherapy. This study highlights the need for health professionals, particularly pharmacists; develop actions aimed at promoting the rational use of drugs by this population in order to prevent unnecessary damage.

**Key Words:** Drug toxicity, antidepressive agents, aged

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