

How To Transform the Need to Repeat Medical Prescriptions into a Problem of Gigantic Proportions – The Case of Brazil

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In Brazil, the use of prescription drugs requires people to see a doctor every 2 months for prescription renewal. ANVISA, the National Health Surveillance Agency, establishes that this type of medication can be prescribed for a maximum period of 60 days (1). It turns out that around here, all medications that act on the central nervous system are controlled, including frequently used drugs such as antidepressants and anticonvulsants. In addition to being used by those suffering from depression and epilepsy, as the name suggests, these medicines are also used to prevent the most common types of headaches, to treat chronic pain in the spine and knees, to treat fibromyalgia, to treat pain related to diabetes and numerous other conditions, which together, afflict millions of people, forced to see a doctor every 2 months to ensure continuity of treatment.

In our country, by law, only doctors, dentists and veterinarians can prescribe medication, and in the case of dentists and veterinarians the limitations are evident. Nurses who work at the public health system primary care can prescribe some medications, but the regulation is not clear and does not guarantee the autonomy of these prescriptions, leaving the team physician to be responsible for them.

The proportion of physicians in Brazil is not very different from countries such as Canada or the United States, and in 2022 there were 2.6 physicians for every 1000 people in the country (2). The problem is that the Ministry of Health considers that 1 doctor for every 4,000 people is enough to attend Health Units (3). Doctors per 1,000 people and doctors per 4,000 people are different ways of measuring the same thing. For the difference to be clear, just divide the doctor into four parts and distribute a fourth for every 1000 inhabitants, and then we have 0.25 doctor per 1000 people. As a result, the national average number of physicians is ten times greater than the average number of physicians serving the population dependent on the Public Health System. Someone might even accuse me of not including specialist physicians in this account, which would increase the proportion of public system physicians. On the other hand, most physicians at the Health Units are responsible for a number much greater than 4,000 people, which reduces the proportion of doctors in the public system. It shouldn't be that hard to get this data anyway.

With a small number of doctors, the number of people taking prescription drugs can be placed on the opposite plate of the scale. Interestingly, there is no research at the national level in

this regard. This does not prevent us from risking some projections with the available information. Firstly, according to the Statistical Yearbook of the Pharmaceutical Market, published in 2021, drugs that act on the nervous system generated the second highest revenue in the segment in 2019. However, they occupied first place in the number of packages sold - 807 million or 15.36% of the total number of medicines (4). Secondly, in a study carried out in the city of Campinas in 2011, the proportion of use of medicines that act on the nervous system in people over 18 years of age was 16.34% (5). If we extrapolate this proportion to the Brazilian population in this age group, of 146 million people (6), there are 24 million users of prescription drugs, requiring 143 million appointments per year just to repeat prescriptions. Or 24% of the 600 million consultations carried out in Brazil in 2022 (2).

As if few doctors and many patients were not enough, we still multiply the demand by six, when six consultations per year are enough for some authors to consider a patient as a frequent attender (7), that is, a person who has more annual consultations than the average of individuals. A study in a population of people in the city of Porto Alegre in 2013 found that among those diagnosed with depression, the proportion of frequent attenders was higher, with these people consulting an average of 5 times a year. The authors conclude that these patients need more resolute approaches from the doctors, to reduce the excessive number of consultations (8). What draws attention in this study is the fact that the authors did not raise the need for prescription as a probable cause of the excess of appointments. Perhaps the question is so introjected in the minds of doctors that it has reached the point of being completely ignored. When promoting 16% of the population to the status of frequent attenders should jump out as an unhealthy policy.

Perhaps this explains why the doctors at the clinic, who carry this burden, have not published anything about this tedious task, even when the bill does not close. Let's start with the demand: if a doctor is responsible for 4000 people and 16% of adults take prescription drugs, we calculate that about 450 people need the prescriptions. Multiplying these people by 6 consultations per year, we will need 2700 consultations in the period. And now the offer: if the doctor attended 25 consultations a day, in a year without holidays, without sick leave, without participation in congresses or refresher courses, and without leaving the health unit to make home visits, it would reach a total of 5500 consultations per year, already discounting the vacation period. Result: appointments to repeat prescriptions would occupy half the agenda of a quarter of a professional responsible for 1000 people.

To face the problem that they themselves created by stipulating 6 annual appointments to repeat the prescription, the health system managers do not admit their own guilt when they

publish a document stating that the need for a prescription is a 'spontaneous demand from the patient' in a protocol that guides the organization of the Primary Care schedules (9). The Manchester Risk Classification green colour is used to indicate that the patient who needs a repeat prescription must be seen on the same day. In a peculiar attempt to place the responsibility for the demands of a system that consumes itself on the shoulders of the primary care doctor.

In other countries there are mechanisms that allow multiple dispensations for the same prescription. Like the Spanish 'Prescripción Médica De Dispensación Renovable', the North American 'Refil Prescription', the 'Receita Renovável' in Portugal and the 'Repeat Prescription' in the United Kingdom, allowing that antidepressants can be prescribed for periods from 6 months to 1 year. Furthermore, antidepressants and anticonvulsants are not prescription drugs in these countries. This reinforces even more the need to review the controlled drug policy in Brazil, and for this problem I recommend the Manchester green bracelet for managers and legislators to act right now. Certainly, antidepressants and anticonvulsants cannot be dispensed without a prescription, but they can be included in the same category as antihypertensives, antidiabetics, anticoagulants, and many others, which by law should be sold only with a prescription, which does not happen in practice.

From a patient safety standpoint, we need to change the way drugs are dispensed. Our legislation allows antidepressants, anticonvulsants and even benzodiazepines to be dispensed in sufficient quantity for 60 days of treatment, even though they are among the most used drugs in suicide attempts (10). In addition, the current system for dispensing prescription drugs is archaic, making it impossible to cross-reference data to track cases of abuse, including drugs with a high risk of addiction such as anabolic steroids and amphetamines.

And if we have a big problem to solve, we certainly have the solution. It is reassuring to know that we already have an efficient system of dispensing repeat prescriptions in our country, called Farmácia Popular do Brasil (Brazilian Popular Pharmacy). This program allows for multiple drug dispensations using the patient's national identification number for data crossing. Inexplicably, this technology is only used for conditions such as diabetes, hypertension, and asthma, when it could be of great use in the case of controlled drugs, as it allows dispensing a sufficient amount for 1 month and data crossing to prevent abusive use, with the additional advantage of not forcing pharmacies to store prescriptions used to purchase 807 million boxes of medication over a period of 5 years.

Public policies are social determinants of health and need to be systematically evaluated and questioned. The excess of appointments to repeat the prescription of medicines that should

not even be controlled disproportionately affect the most vulnerable population by compromising access to consultations and the continuity of treatments and by inducing practices that threaten patient safety.

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