

The meaning of psychotropic drug use for individuals with mental disorders in outpatient monitoring

O significado da utilização de psicofármacos para indivíduos com transtorno mental em acompanhamento ambulatorial

El significado de la psicofarmacología para personas con trastorno mental en el seguimiento ambulatorial

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ABSTRACT

Objective: The aim of this study was to understand the significance of the use of psychopharmacology by individuals with mental illness, users of outpatient psychotropic service. **Methods:** A descriptive study with a qualitative approach, conducted in April and May 2012 in an outpatient clinic of a university hospital. For the data analysis was used Software Atlas Ti 6.2 and for data interpretation Thematic Content Analysis of Minayo. **Results:** There were two broad categories: Use of psychotropic drugs as possibility of a normal life and importance of using medications as promoting physical and mental health. **Conclusion:** The use of psychopharmacology for users of outpatient constitute the acceptance of the same in society, these are considered promoters of social reinsertion. From the testimonies of individuals revealed up new meanings regarding patient medication in psychiatry, towards an appreciation of the use of these drugs.

Keywords: Mental health; Psychotropic drugs; Nursing.

RESUMO

O objetivo deste estudo foi compreender o significado da utilização de psicofármacos para indivíduos com transtorno mental em acompanhamento ambulatorial. **Métodos:** Estudo com abordagem qualitativa, descritivo, realizado em abril e maio de 2012 por meio de entrevista semiestruturada. Para análise dos dados foi utilizado *Software Atlas Ti 6.2*, e, para interpretação dos dados, Análise de Conteúdo Temática de Minayo. **Resultados:** Emergiram duas categorias: o uso de psicofármacos como possibilidade de uma vida normal e a importância da utilização de psicofármacos como promoção de saúde física e mental. **Conclusão:** A utilização dos psicofármacos para os usuários do ambulatório constitui a sua aceitação diante da sociedade, que os considerada como promotor da reinserção social. A partir dos depoimentos dos indivíduos, revelaram-se significados novos à relação paciente medicação em psiquiatria, no sentido de uma valorização do uso destes medicamentos.

Palavras-chave: Saúde mental; Psicofármacos; Enfermagem.

RESUMEN

Objetivo: Comprender el significado del uso de psicofármacos por parte de personas con enfermedad mental. **Métodos:** Estudio cualitativo, descriptivo, realizado entre abril y mayo de 2012, en una clínica de consulta externa de un hospital universitario. Para el análisis de los datos, se utilizó el *software Atlas Ti 6.2* y el Análisis de Contenido Temático de Minayo para la interpretación de los datos. **Resultados:** Emergieron dos categorías: el uso de drogas psicotrópicas como posibilidad de una vida normal; y la importancia de utilizar esas sustancias para la promoción de la salud física y mental. **Conclusión:** El uso de psicofármacos para los usuarios del ambulatorio supone la aceptación del mismo delante de la sociedad, considerándolo promotor de la inclusión social. A partir de los testimonios de las personas, se revelaron nuevos significados sobre la relación medicación-paciente psiquiátrico, que propiciaron la apreciación del uso de estos fármacos.

Palabras-clave: Salud mental; Psicofármacos; Enfermería.

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INTRODUCTION

Understanding of the human being in its existential process, proposed in the last decades, has contributed to the mental health design the person with a psychotropic pathology in their suffering-existence, and no longer only under a diagnosis. Thus, mental health assumes an ethical-political commitment that seeks to care for the person in distress through respecting their uniqueness and social reintegration, in addition to a humanized care as recommended by the Law of the Psychiatric Reform Nº 10.216 /01¹.

It Stands as part of therapeutic actions within psychosocial, pharmacological treatment, which aims to reduce the harmful symptoms of psychotropic disorders, with the purpose of better adaptation to reality. This type of treatment was initiated with the introduction of neuroleptics in the late 1950s and if configured in Pharmacological Revolution, collaborating in the development of social and psychological interventions directed to people with mental disorders.

Providing this therapeutic resource, psychiatry no longer bases their actions only in the treatment of insanity, to dedicate themselves to medicate even people with their mental health still preserved². It was noted that any sign of psychological distress could be labeled as a disease whose treatment was summed up to the administration of psychotropic drugs³.

Such facts resemble the asylum model of attention to health, focusing entirely on hospital care, which preceded the Psychiatric Reform. This paradigm, called hospitalocentric, was ruled by a unidirectional look, non-humanized, where professionals complied with only rules, making the users of services mere spectators of their disease.

It is necessary to clarify, that is not belittling the usefulness of psychotropic drugs in the treatment. On the contrary, one can combine them with other types of care that medication use will be the last resort and not the first therapeutic option.

The tendency of medicalization has expanded in such a way that the psychotropic drugs have established themselves as the therapeutic resource most used to treat symptoms such as sadness, helplessness, loneliness, anxiety, fear, insecurity, or even the absence of happiness, without another therapeutic solution being questioned for people affected by these manifestations².

The rational use of medicines allows patients to receive the appropriate medication for their needs, in clinical doses corresponding to their individual requirements, during adequate period and time, at the lowest possible cost to them and to the community⁴. The regular use of psychotropic drugs is a major challenge in the treatment of people with mental disorders. The causes of the medication's rejection will vary in accordance with the singularities of the individuals, but often it is due to unpleasant side effects, which affect several aspects of personal life, or the non-acceptance of the daily use of these drugs, for a prolonged period.

It was observed that, in the field of study, a reduction in terms of the listening to the meaning of the use of psychotropic

drugs for the users, on the part of health professionals, being that the Law Nº 10.216 provides that the person with mental disorder has the right to receive all the information potential of their disease and its treatment, and still has the right to be heard and to question any situation¹.

It is considered that this research will contribute to the knowledge of the context of current changes and needs that guide the psychiatric reform in the country. It has as its the guiding question for the investigation: What are the meanings of the use of psychotropic drugs for individuals with mental disorders in outpatient monitoring? In addition, as an objective to understand the significance of the use of psychotropic drugs by individuals with mental disorders, users of the outpatient clinic of the department of psychiatry of a teaching hospital in the interior of the state of Rio Grande do Sul.

METHOD

It is a descriptive qualitative study, carried out at the department of psychiatry of a hospital in the interior of Rio Grande do Sul, in the period between April and may 2012. There were 15 persons interviewed with mental disorders, with their disease stabilized, who accepted the invitation to participate voluntarily in the study, after being consulted and clarified by the researcher. For this, the subjects were interviewed in a room at the outpatient clinic, in a private environment with previously scheduled date and time. The semi-structured interview was carried out in which comprised the following question: what does it mean for you to use psychotropic medication?

The interviews were recorded and the subjects identified by the letter 'U' which is the initial letter of the word user, followed by a number (U1, U2, U3...).

The following were used as inclusion criteria: adult men and women, outpatient clinic users, who use psychotropic drugs. Moreover, as an exclusion criteria subjects who presented with mental confusion, cognitive limitations or neurological sequelae, which would restrict the understanding of the objectives and questions of the study.

After the transcriptions of the interviews, began the organization of the material, followed by their analysis. For the exploitation of the data was used the Software Atlas Ti 6.2 (Qualitative Research and Solutions), which provides the researcher introduce qualitative data scanned as an aid in the process of coding and re-coding of the topcs⁵. For the interpretation of data was employed the Thematic Content Analysis of Minayo⁶.

The ethical aspects of research involving human beings were considered recommended by Resolution 196/96 of the National Health Council⁷. The research project was approved by the Ethics Committee in Research (CEP) of the Federal University of Santa Maria (UFSM), under the paragraph 00762612.0.0000.5346. The participants signed an informed Free and Informed Consent Form (IC).

RESULTS AND DISCUSSION OF THE DATA

Next, the data that emerged from reports of individuals with mental disorders will be presented in outpatient monitoring, on the significance of the use of psychotropic drugs. The data were organized into the following categories: The use of psychotropic drugs as a possibility of a normal life and the importance of the use of psychotropic drugs such as promotion of physical and mental health.

The use of psychotropic drugs as a possibility of a normal life

In this category, the use of psychotropic drugs was understood by users as something that gives them a life 'normal', with clarity of thoughts. Namely, the opportunity to take attitudes considered simple for 'normal' people, such as sleep and live in society. It is understood here as 'normal', the behavior that is considered acceptable and common. It should be noted that this condition, desired by users is magnified by the Psychiatric Reform, which establishes that the affected people with mental disorders are treated with dignity, respect their citizenship through the conviviality and social participation¹.

Among the testimonies users at certain times, called themselves 'crazy' the absence of the psychotropic drug. For some the word 'crazy' served to describe the condition without medication:

Psychiatric medication use was something very good, when I began to start the first medicines they were estelasine and akineton. When I started these medicines, I remember that I was feeling very bad and the first time I used them it seemed that they relieved my mind. [...] this remedy gives an improvement in the clutter of thoughts and Olanzapine organizes the thoughts. The thoughts are clearer, more clarity in reasoning (U1).

I felt, half crazy [...] means bad thus if I stayed there in the Forest where I lived would get up crazy [...] if I didn't begin to take medication, today I feel good, I feel normal [...] sure, sure, I am sure. This means good [...] without medication I cannot stay, if I do not take medication at night I don't sleep (U3).

I couldn't sleep [...] I feel better with the medicine without the medicine I cannot stay (U13).

These statements show that the use of psychotropic drugs has brought, in a certain way, an affirmation of normality for the users, and, in some moments, reported the madness because of the non-use of medicines.

Despite the therapeutic evolution of mental disorders and the understanding of madness as the manifestation of symptoms of these disorders, the users are conducted the use of medication by still have certain intolerance ahead to unpredictable or strange behavior of these in society⁸.

For the U14, the word 'crazy' emerges as a stigma that brings discomfort.

[...] As was my reaction before being sick, half crazy, that is a bad word to say that, a lot of people treat us like a crazy, annoying us [...] (U14).

The term 'stigma' can be defined as a physical or social mark negative connotation, or carrying the bearer of this 'mark' to be marginalized or excluded in some social situations. The stigmatization occurs when one is assign a 'label' and 'stereotypes' negative towards certain behaviors. Such a situation, directly or indirectly influences the health condition of the stigmatized person, causing various consequences, including the worsening circumstance⁹.

The Psychiatric Reform has brought many challenges to all involved with the issues of mental health¹⁰. In addition, the ethical discussion has emerged as a need to be constantly raised by professionals in this area, a creative exercise that will allow the therapeutic practices the acceptance of difference beyond the normalizing ideas. This means that the *psi* techniques need to keep open the revaluations, in constant motion, bringing to its structure, the reflection on the ethical human dilemmas¹¹.

Some interviewees expressed that the medication is the reason for which they are living and reflect on the continuous use of them.

Doesn't matter anymore... sure that without the medication I do not live... I missed one, I have already tested it, I stopped taking one and felt like I was missing a leg, I cannot live without the medicine Can you imagine not living without medicine? (U5).

It means... it is the continuation of my life, because if it were not for the medication, the medication that I use maybe I would no longer be alive. That's why I say, the medicine is what has been maintaining my life! (U14).

The care in psychiatric treatment is perceived by users to obtain the medication and as a support during daily activities¹². It was observed that, sometimes, the psychotropic drugs are considered an integral part of the life of users, that, without them, they could not perform their day-to-day functions. At a few different moments, they demonstrated to be aware of the damage by non-use, and revealed their expectations for healing. Some have expressed their belief in the possibility of a cure, others, due to the time of treatment and experiences and don't believe in this probability.

In this context, health professionals need to be focused on listening to patients, respectfully considering its beliefs, needs, knowledge and values, so that the planning of actions directed at promoting proper use of psychotropic drugs, is guided by factors intrinsic to their reality¹³.

I use it to cure my problem, to deal with the problem I have. For my own good, practically I think that I am almost cured (U2).

Me without remedy it's not doable, everything comes back again if I don't take medication, everything comes back again (U3).

Because first I stopped taking it there I was good for 3 days and in the 3 days I was already crazy, but I knew everything I did I did not forget, they had to give me an injection for me to sleep [...] (U6).

Throughout this time, the more than 20 years doing treatment and could not get back to normal as I was [...] but not only using, have to take just right, you have to take control every day. This is important, it is not just pick up the medication and take today and not take tomorrow. And if so well we do not think you need to take the medicine and I've tried to stop taking and I became ill, the drug is important [...] So it was what I said about 70%, then improved, just what is missing I stay well, that I have not much hope (U14).

In this line of thought, it was noticed that in the beginning of the use of psychotropic drugs, the patient feels uncomfortable with the fact of continuously having to use the drug. However, as the crises and admissions affect rather his life and the family, generating negative feelings, he seems to assess the situation has already experienced and concludes that really need the medication. Thus, there is a positive balance, because when he identifies the drug as something primordial, fundamental in his life, shall take the treatment seriously¹⁴. According to the statement below:

[...] Taking and stopping while you are taking the medicine is okay, but then when you don't go back to normal, you are a hopeless, incurable or a sick person. But, if the guy always takes, always, always the medicine the guy will be okay. I think so, I... I see it in me that is why I have no reason to stop taking medication [...] the cure, even if it is temporary, but hey, if the person takes medication... will... have in sequence so the cure is eternal only taking medication always (U4).

In this context, the users understand that may not stop the administration of psychotropic drugs, due to the risks that this represents, almost always resulting from negative experiences in moments of crisis. However, the use of drug therapy gives them the security of a normal life¹⁵.

In these 20 years of treatment, sure I've improved a lot. However, there are times that give me a crisis and lot that

I have suffered returns. Therefore, I do not believe that there is going to come a time that I will say that I'm 100%. What I see, is that I'll always depend on medication, until the end of my life (U14).

The users have a certain knowledge about the care of their health, illness and medicines, where they build expectations in relation to the treatment. It is important to emphasize, that the guidance regarding the use of psychotropic drugs by users is a topic addressed by health professionals and/or family, which allows them to formulate their opinions. Therefore, the posture in relation to drug therapy can be seen as a learned behavior, coupled with the experiences of these individuals over the years, and not simply a lack of knowledge on the subject¹⁶.

It is important to point out, that the healthcare team the sheds light on the importance of the use of medication and the consequences of the disuse. In the statements, opinions vary according to the experiences. Some believe in the cure, others have the certainty of use for their whole life.

Thus, one wonders whether the orientation transmitted to user is adequate to the Law of the Psychiatric Reform, which advocates right to maximum information about their treatment and disease. To cultivate the hope of cure may be a way to avoid the non-use of psychotropic drugs, however, when the user realizes that the cure is not achieved, this expectation can be transformed into something negative for the treatment and the user's life.

The use of psychotropic drugs is something perceived or learned by the user, as in the following statement:

[...] He said: But you have to accept U5is for your own good, you get to lead a more peaceful life. That from there you will live. Of course that no one takes this from you [...]. No, one can take the treatment from me; I'm treating myself to live! To live, to be able... to stay here in the world (U5).

There are moments in which the administration of the drug is maintained, even with the presence of side effects. The security as a result of normal use causes users to adapt their lives due to the medication.

When they realize the lack of alternatives and the need of psychotropic drugs to keep them emotionally stable, the individual feels compelled to habitually take the medication¹⁴.

[...] Even if it is bad or improper or cause any side effects it is necessary and it has a great goodness 100% because... Superimposed over all other bad things it is... like so... The side effect, etc., etc. [...] There, if I'm a little late taking my medicine feel, I miss it, I'm addicted to a good habit, not on medication, to addict habit of taking

medication at the time my that I have created for me the psychological the biological clock (U4).

At the time that I started to use psychotropic medication for me it was very good, it was a necessity for me, my body needed, do you understand? And my head too (U5).

In testimony of U4, it can be observed the possibility of dependence on the medication. However, the user does not perceive it as something negative, but as a strategy designed to avoid forgetting the use of psychotropic drug and not bearing the consequences of this situation. Considering it as not being an addiction but a 'good habit', which is 'normal'. The medication represents a stand against the symptoms of the mental disorder experienced. It is a kind of guarantee of some normalcy to their general conduct activities promoting or even the basic needs of every individual, like sleeping. However, inevitably, they will develop a physical dependence on the continued use of psychotropic drugs¹⁵.

The solution of problems and behaviors was also an issue with the drug, and the lack of it is seen as the cause of the problems, and their use, a resource.

... it allows me to survive the problems. This is a feature that I have to find to take the medicine. Today if I pick up, for example, the depression, I'm already with one type of problem, depression. In addition, I think that I must seek the solution: is the medicine... seek the truth about this problem here, it is the medicine. But, if I take the medicine at the right times I have no difficulty in life and it has already been years that I'm taking lithium and was always so (U4).

From then on I had only to deal with me and just taking medication, you know [...] When I forget, I say, give me the fastest medication from there I say the name they give me fast acting diazepam when I am bad [...] then I'm calm (U5).

Help Me, because if I didn't take it I would go crazy [...] (U6).

As highlighted in the statements above, the medication is considered a solution for mental disorder symptoms, because medication has been reaffirmed as one of therapeutic resources more used by people to deal with the most diverse health problems².

In addition, users have already live with the mental disorder symptoms, even before accessing the service, and they realize that the reduction of these manifestations generates satisfaction, as shown in the following statement:

Even I'm very well because I see the medicine... the medication... if I take the medication I take a little I miss it already, but I do well to accept the medication (U5).

The absence of symptoms or body working quietly providing the individual with a sense of security provided by the apparent well-being. The symptom break this silence, bringing uncomfortable emotions¹⁷.

From the testimonies, it was observed that the psychotropic drugs are seen by users of outpatient service as factor of relevance for their treatment. At some moments are equivalent to the solution of problems and motivation to live. The adverse reactions are tolerated and the psychotropic drugs still are protagonists in treatment of mental disorders.

The medical follow-up and medication are part of treatment; however, the individual also needs to creative spaces and peaceful coexistence, where they can express opinions and choices. The therapy group it is an example of environment where it is possible for them develop bonds of care and can share experiences with others¹⁸.

It remains a challenge for the implementation of strategies that can improve, in practice, the use of psychotropic drugs. It is necessary employ educational approaches that consider the user as the center of the care process, allowing them to expose their doubts, anxieties, difficulties, opinions and experiences related to treatment¹⁴.

Importance of the use of psychotropic drugs as a promotion of physical and mental health

The second category covers the use of psychotropic drugs to aid the health of the body, i.e. the reduction of symptoms of the disease. However, they do not emphasize its administration as a solution to every problem. The testimonies have signaled that the medication is something necessary, however, the listen, religion and socializing with friends, complement the treatment. At some moments, the attention given to the user in the form of dialog can reduce undesirable feelings such as the anguish.

It is perceived that, currently, that before any affliction, sorrow or mental discomfort, the prescription of psychotropic drugs is one of the first therapeutic resources engaged.

Listening to the experiences and history of individuals was being progressively, discarded and even silenced. Through this technological path, the population began to be actively medicalized, on an unprecedented scale².

I'm calmer, more moderate as well, with myself, you know? For any reason, I found myself eating food and I ate with my fingers and nails, felt nervous and tense now I am calmer... more aware of things because I'm taking care of body and soul together. The two, take care of body and soul the two together... there in spiritualist center they say: everyone is not only spirit or substance only. We are both things. Everyone deals with the two things. As our body is ill, the head may also become ill [...] (U7).

Besides medicine, the club helps a lot, fellowship of people and monitoring of nurses, doctors who are closest to the people here, the club is very helpful part of the treatment (U14).

The spiritual dimension is a system of beliefs, accessory to popular knowledge and doctor of disease, used as an alternative to fill gaps of unexplained processes, bringing comfort and resignation towards the suffering experienced. The questions of the spirit occupy an ambiguous place in the interaction among individuals with mental disorders, their families and illness. At the same time that they are responsible for it, the spiritual practices become a possibility for healing that cannot be achieved by means of clinical treatment¹⁵.

[...] Then need to take care of them both, so you have to take care of the physical and spiritual part together! (U7).

[...] The friendly people at times for me, not disposing the medicine, but it is one of the best medicines that I'm depending on the situation, by passing a good energy to us, a good conversation also makes me feel good (U14).

Psychiatry considers neurophysiological changes as one of the main explanations for any kind of psychic discomfort, restricted to a physicalist description, where the mental activity of the human being it is reduced to its biological structure².

In the physical part of the medicine, there's an action, but it does solve the suffering. Sometimes the medicine prevents a force of action of the physical body and it even accumulates the suffering. It reduces the set of reactions; one is restricted to the action of the medication (U8).

The mental healthcare team needs to consider the uniqueness of the user in treatment available as an ethical precept of its operations, not limiting their vision to scientific explanations. The therapeutic plan needs cover the people that surround the user in the community, particularly, their family members, who face directly the various consequences of mental disorder in the emotional, economic, social and spiritual perspective.

Sometimes, the family members have difficulty in understanding a different behavior and try to get closer to the maximum the stranger of common sense, which can hinder the completion of the care⁸. Thus, observes that the listening is an important part of the integral care to the user and is valued by them, because, in some moments, the use of psychotropic drugs is not the only form of treatment.

Contemplate the completeness of the individual happens through its 'active listening', once you hear their rational verbal language, disregarding his body language and subjectivity, only shows the unpreparedness of health professionals in the therapeutic relationship, an indispensable tool in mental health care.

FINAL CONSIDERATIONS

The understanding of the use of psychotropic drugs for users in outpatient treatment consists in acceptance, on the part of society, the individual that needs to make continuous use of this type of medication. Still, medications are seen as promoting the social reintegration, because without its administration, symptoms of mental disorders limit the social and family life of the users.

From the testimonials of individuals reveal to mental health, new meanings in the patient/medication, in recognizing the importance of the use of psychotropic drugs in treating the user with a mental disorder. Such an event is directly related to more rigorous monitoring of the use of these medicines, which includes the completion of more frequent laboratory exams and medical monitoring. Another important factor for the improvement of the accession of individuals to drug therapy is the use of so-called atypical neuroleptics, which illustrate in practice of outpatient service, a significant improvement of patients severe psychotic and trigger minor side effects.

However, also arise meanings, which indicate the need for a more effective interaction between professionals and users, as well as more active monitoring of these, with a view to creating the Centers for Psychosocial Care (CAPS) and other changes in the healthcare system.

Therapeutic and religious support groups are well regarded by users, since they occur in conjunction with psychotropic treatment. Accordingly, also emerged that adverse reactions sometimes annoy users, however, they are overcome in the name of continuous therapy.

It is believed that the results may subsidize discussions between the health professionals on the principles of Psychiatric Reform and about the meanings of integrality in the care for patients with mental disorders. As Well as, emphasize the importance of a practice focused on the user and their needs that go to encounter the reality that each one brings. It is noteworthy, also, the relevance of integral care, which collaborates to undo the stigma that mental disorder attaches to anyone who is affected by this disease. It is expected that other studies can devote themselves to listening to users, based on the need that arose from the implementation of this study, namely: Understand the significance of the use of psychotropic drugs for users of other mental health services.

Still, it is expected that this study will help improve the assistance provided to the user with mental disorder, reducing the bias, which is also present in healthcare professionals, helping users and their family members to become more clarified in relation to the treatment and the commitment necessary for the success of this. It is possible to identify and strengthen the Unified Health System (SUS) to consolidate the promotion of universal, equitable and comprehensive healthcare. In addition, especially, which can alleviate the suffering which patients and families are subjected, so that they can enjoy a life of quality, dignity, autonomy and freedom of the 'ties' imposed by the mental disorder.

REFERENCES

1. Lei nº 10.216 de 6 de abril de 2001. Dispõe sobre a proteção e os direitos das pessoas portadoras de transtornos mentais e redireciona o modelo assistencial em saúde mental. Diário Oficial da República Federativa do Brasil, Brasília (DF), 6 abr 2001: Seção 1: 1.
2. Ferrazza DA, Luzio CA, Rocha LC, Sanches RR. A banalização da prescrição de psicofármacos em um ambulatório de saúde mental. Paideia (Ribeirão Preto): cadernos de psicologia e educação. 2010 set/dez; (citado 2012 nov 05);20(47):381-90. Disponível em: <http://bases.bireme.br/cgi-bin/wxislind.exe/iah/online/?IsisScript=iah/iah.xis&src=google&base=LILACS&lang=p&nextAction=lnk&exprSearch=573>.
3. Amarante P. Saúde mental e atenção psicossocial. Rio de Janeiro: Fiocruz; 2007.
4. Organização Mundial da Saúde. Promoción del uso racional de medicamentos: componentes centrales. Perspectivas políticas sobre medicamentos de la OMS. Ginebra (SUI); 2002.
5. Mostardeiro SCTS. O cuidado em situações de alteração da imagem facial: implicações na formação da enfermeira [tese]. Porto Alegre (RS): Escola de Enfermagem da UFRGS, Universidade Federal do Rio Grande do Sul; 2010.
6. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec; 2008.
7. Resolução nº 196, de 10 de outubro de 1996. Aprova diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Diário Oficial da União, Brasília: 16 out. 1996. Seção 1:1.
8. Cardoso L, Galera SAF. Internação psiquiátrica e a manutenção do tratamento extra-hospitalar. Rev. Esc. Enferm. USP [online]. 2011 mar; (citado 2012 nov 11); 45(1): [aprox.8 telas]. Disponível em: <http://dx.doi.org/10.1590/S0080-62342011000100012>.
9. Andrade, T.M.; Ronzani, T.M. A estigmatização associada ao uso de substâncias como obstáculo à detecção, prevenção e tratamento. In SUPERA - Sistema para detecção do uso abusivo e dependência de substâncias psicoativas: encaminhamento, intervenção breve, reinserção social e acompanhamento. Módulo 1: O uso de substâncias psicoativas no Brasil: epidemiologia, legislação, políticas públicas e fatores culturais. Brasília: Secretaria Nacional de Políticas sobre Drogas, 2008. p. 26-33.
10. Pinho LB, Hernández AMB, Kantorski LP. Trabalhadores em saúde mental: contradições e desafios no contexto da reforma psiquiátrica. Esc. Anna Nery 2010 abr/jun;14(2):260-7.
11. Silva MM. A Saúde Mental e a Fabricação da Normalidade: Uma Crítica aos Excessos do Ideal Normalizador a Partir das Obras de Foucault e Canguilhem. Interação Psicol. 2008;12(1):141-50.
12. Mostazo RR, Kirschbaum DIR. O cuidado e o descuido no tratamento psiquiátrico nas representações sociais de usuários de um centro de atenção psicossocial. Revista Eletrônica de Enfermagem [online] 2003;(citado 2012 set 12):5(2):[aprox.9 telas]. Disponível em: <http://www.revistas.ufg.br/index.php/fen>.
13. Nicolino PS, Vedana KGG, Miasso AI, Cardoso L, Galera SAF. Esquizofrenia: adesão ao tratamento e crenças sobre o transtorno e terapêutica medicamentosa. Rev. Esc. Enferm. USP [online]. 2011;(citado 2012 set 12):45(3):[aprox.9 telas]. Disponível em: <http://dx.doi.org/10.1590/S0080-62342011000300023>.
14. Miasso AI, Cassiani SHB, Pedrão LJ. Transtorno afetivo bipolar e a ambivalência em relação à terapia medicamentosa: analisando as condições causais. Rev. Esc. Enferm. USP [online]. 2011;(citado 2012 nov 01):45(2):[aprox.8 telas]. Disponível em: <http://www.ee.usp.br/reeusp/>.
15. Destro DR. Terapêutica medicamentosa e suas implicações para os portadores de transtornos mentais: uma via de mão dupla [dissertação]. Minas Gerais: Escola de Enfermagem, Universidade Federal de Minas Gerais; 2009.
16. Cipolle RJ, Strand LM, Morley PC. O exercício do cuidado farmacêutico. Tradução Denise Borges Bittar. Revisão técnica: Arnaldo Zubioli. Brasília (DF): Conselho Regional de Farmácia; 2006. 396p.
17. Zimmerman PR, Largura P. O paciente e o adoecer. In: Psiquiatria para Estudantes de Medicina. Porto Alegre (RS): Edipucrs; 2003. p.105-108.
18. Mendonça TCP. As oficinas na saúde mental: relato de uma experiência na internação. Psicol., Cienc. Prof. 2005;25(4):625-35.