



CLÍNICA

Psychotropic drug consumption and self-caring capabilities of women in Tepic, Nayarit

Consumo de drogas psicotrópicas y capacidades de autocuidado en mujeres de Tepic, Nayarit

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Palabras Clave: Drogas Psicotrópicas; Capacidad de autocuidado; Mujeres.

ABSTRACT

Objective: To determine the association between the consumption of psychotropic drugs and the capabilities of self-care in women.

Materials and Methods: a non-experimental, quantitative, applied, simultaneous, and cross-sectional study was carried out. The sample was made up of 33 women that consume psychotropic drugs in the Tierra and Libertad neighborhoods in Tepic, Nayarit.

Results: Of those studied, 73% were single, 51.5% suffer with depression, 21.2% suffer with insomnia and 15.2% with anxiety. More than half (69.7%) reported a duration of psychotropic drug consumption of between 1 and 5 years. The majority (75.8%) did not use any techniques to control depression, stress, nor anxiety, and 78.8% did not do any exercise. Just over half (54.5%) were not aware of the consequences of psychotropic drug use, 48.5% do not resolve daily life problems, and 36.4% do not like living with friends and family. We found a high level of knowledge (64%) and a low level of skills and attitudes (82% and 53% respectively). By applying the eta (η) index with $p < 0.05$ between the self-care skills and the consumption of psychotropic drugs, an association and difference between these variables was found, leading to the acceptance of the hypothesis and the alternative hypothesis.

Conclusions: There are significant associations and differences between the variables in the self-care ability and the consumption of psychotropic drugs.

RESUMEN

Objetivo: Determinar la asociación entre el consumo de drogas psicotrópicas y la capacidad de autocuidado en las mujeres.

Material y métodos: Estudio no experimental, cuantitativo, aplicado, prolectivo y transversal. La muestra estuvo conformada por 33 mujeres que consumen drogas psicotrópicas de la colonia Tierra y Libertad de Tepic, Nayarit.

Resultados: El 73% son solteras, 51.5% tiene depresión, 21.2% insomnio y 15.2% ansiedad. El 69.7% reportó un tiempo de consumo de drogas psicotrópicas de 1 a 5 años. El 75.8% no realiza técnicas para controlar la depresión, estrés o ansiedad; 78.8% no realiza algún ejercicio, 54.5% no saben las consecuencias de las drogas psicotrópicas, 48.5% no resuelve los problemas que se le presentan cotidianamente en la vida y el 36.4% no le agrada convivir con su familia y amigos. Se encontró un alto nivel de conocimientos 64% y un nivel bajo de habilidades y actitudes en el 82% y 53% respectivamente. Al aplicar índice eta (η) con una $p < 0.05$ entre las capacidades de autocuidado y el consumo de drogas psicotrópicas, se encontró una asociación y diferencia entre estas dos variables, aceptándose la hipótesis de investigación e hipótesis alterna.

Conclusiones: Existe una asociación y diferencias significativas entre las variables capacidades de autocuidado y el consumo de drogas psicotrópicas.

INTRODUCTION

Increased psychotropic drug use by women in Latin America is attributed to factors such as the higher exposure and access to drugs, lack of information or misinformation about drug consumption, pressure from partners, the need to escape or confront the reality of poverty, oppression, domestic violence, and childhood sexual abuse. All of these aspects are in some way related to the changing roles and the increased responsibility of women ⁽¹⁾.

To date, little attention has been paid to issues related to women's ability for self-care and the use and abuse of psychotropic drugs. The majority of prevention and rehabilitation efforts in the health sector have been directed towards the younger population, especially young males; while initiatives for women are focused on reproductive health, mother-child health, and issues related to violence against women at both the national and international levels.

The population of women between 20 and 40 years of age is culturally a vulnerable group for the characteristics implicit of their gender, they tend to be anxious or depressed by the multiple roles that they must perform throughout their lives; this situation results in the presentation of physical and emotional health problems, increasing the warning indicators and the risks of self-medication ⁽²⁾.

In the international context, the statistical data on psychotropic drug consumption refer to an index six times greater than the United States of America, Argentina reaches 2.3%, Chile 2.1%, Colombia 1.2%, Peru 1%, and Brazil 0.8%. In Europe, countries such as Germany (2.1%) and Holland (1.8%). Mexico is located among the countries with the lowest rates of psychotropic drug consumption, but there are reports of an increasing trend. The dependence index is found to be 0.7%, the United Nations (UN) estimates a world prevalence of 4.2% for any medical drug in the population over 15 years of age, the index in Mexico for the population from 12 to 65 years of age increased from 5% in 2002 to 6% in 2008 ⁽³⁾. Therefore, psychotropic drug consumption in the country constitutes one of the principal problems of public health

due to the abuse of and dependence on medical substances. This phenomenon, at the world level including Mexico, is increasing, due to the fact that drug producing countries, as well as transit countries become consumers, which generates greater health problems, governance problems, compliance with the law, social harmony, and social peace. Therefore, it may be affirmed that the consumption of psychotropic drugs by women has been aggravated in recent years, due to the globalization process, political, economic, and sociocultural factors, this in addition to family problems and responsibilities.

The National Addictions Survey (NAE) applied in Mexico in 2008 has allowed for the identification of the percentage of consumption of any medical drug as being 6.0%. The majority of the drugs used are pharmaceuticals acquired with a medical prescription, and the most common pharmaceutical used by women are psychotropic drugs (diazepam and flunitrazepam). The use of burundanga, an herb with tranquilizing properties, has also been detected.

Some recent studies have observed differences in drug consumption by sex. For example, in legal-age adult populations, it has been reported that men tend to consume a greater quantity of alcohol than women and also more frequently. On the other hand, women tend to consume a greater quantity of psychotropic drugs and also more frequently than men ⁽⁴⁾. Knowing the issues that are presented to the women on the consumption of psychotropic drugs, this study was implemented to understand the association between psychotropic drug consumption and the ability for self-care in women in the Tierra and Libertad communities in the city of Tepic, Nayarit. For the aforementioned, this article takes the theoretical contributions of Dorothea Orem, stated in the Self-Care Deficit Theory, where she describes the ability of self-care that one has if the developed skills allow that the person effectively implements that care, within an adequate time frame in order to keep functioning and developing within the norms compatible with life, health, and wellbeing ⁽⁵⁾.

MATERIAL AND METHODS

Type of study

Not experimental, quantitative, correlational and cross-sectional applied study. Applied from January 2009 to July 2010 in the colony Tierra and Libertad of Tepic, Nayarit, Mexico; in women between 25 and 45 years of age consumers of psychotropic drugs.

Sample

A sample was taken on 33 women between 25 and 45 years of age that consume psychotropic drugs from the Tierra and Libertad neighborhoods in Tepic, Nayarit, that represented 100% of those studied. The sample was selected by participant availability.

METHOD

In order to obtain the data, we applied a questionnaire on the Abilities of Women that Consume Psychotropic Drugs; the tool is composed of 4 sections: Identification data, psychotropic drugs, consumption of psychotropic drugs, and ability for self-care; the questionnaire obtained a Cronbach Alfa value of 0.80.

In the identification data section, 5 socio-demographic variables are found (age, education, occupation, civil status, and religion); the second section deals with psychotropic drugs and is divided into two sections, the first on basic descriptive data related to the consumption of psychotropic drugs. The third section consists of 4 categories, every 1 out of 3 questions to measure the daily consumption dose, weekly, and monthly with a range of values from 1 to 4, if the answer is 1 or 2 it is graded as a low consumption, if the answer is 3 or 4 then it is a high consumption.

Finally, the section on self-caring abilities has 17 questions divided into knowledge, skill, and attitude measured on a dichotomous scale (1=No, 2=Yes); the sum of the answers of the three sections gives the total measurement of the self-care ability. If the score of attitudes and knowledge is between 6 and 9 it is classed as low, high knowledge and attitude is given with points between 10 and 12, while the skill is determined low if the points are between 5 and 7, and high if the points are between 8 and 10.

Data analysis

The Statistical Package for Social Sciences (SPSS) version 17 was used, the analysis contemplated the use of frequency tables, and a variable cross was applied through contingency tables in order to identify the dependency between them, in order to prove the hypothesis and the association between psychotropic drug consumption and self-care abilities. Finally, a cross of each drug consumed with the corresponding level of self-care, in order to obtain the eta (η) coefficient, where values such as .0 to .30 were established for a low association, from .31 to .50 medium association and .51 to 1 for a high association; the eta (η) test is used to analyze a nominal variable and a variable scale.

RESULTS

Table 1 shows the results obtained from the object sample study in relation to socio-demographic aspects, where it was identified as relevant that 73% of women surveyed were single, that also coincides with the occupation they perform (employees), that is to say, that they fill the role of the provider to sustain the family, which may generate pressure from the family and emotional disturbance which may recapitulate into the beginning of psychotropic drug consumption.

Another fact that stands out is that according to medical diagnosis, 51.5% present with problems with depression; 15.2% with anxiety, 12.1% stress, and 21.2% trouble sleeping, which bely the emotional instability of women with no mechanisms for confronting their emotional problems, for which they turn to the consumption of psychotropic drugs, without doubt this should impact on the nurse's care.

Relating to the consumption of psychotropic drugs, Table 2 shows the preferred diazepam consumption, with a consumption period less than a year and over 5 years. The drugs that are registered in this study belong to class II of the psychotropic drugs where anxiolytics and tranquilizers are also placed, which reflects the fact that these women suffer from anxiety, nervousness, and depression.

The study established a high consumption of psychotropic drugs, as the women that consumed diazepam registered a daily, weekly and monthly consumption of 54% and

100% respectively; while the consumption of clonazepam recorded that 100% of women that consume this drug do so daily, weekly and monthly; those that consume lorazepam signaled a low daily and weekly consumption rate (80%) but 100% consumed the drug on a monthly basis; those that consume flunitrazepam had a high rate, with 86% weekly and daily and 100% monthly. This allows us to establish that the 33 women interviewed have high probabilities of developing a physiological and psychological tolerance syndrome.

By applying the self-care ability scale we found that more than 50% possess knowledge on the consumption of psychotropic drugs, given that 63.6% know the medicine that they are taking and the effects of this medication, 75.8% know the symptoms that indicate that their body is in a good state of health, 69.7% know the changes that occur when they do not take their medicine, 51.5% know the correct dose and 60.6% know the benefits of exercise. This indicates that the 33 women possess a high level of knowledge regarding the cause, dose, symptoms, and effects that the psychotropic drugs have on their body, which indicates that they have received guidance of the pharmacology of the medicine; which coincides with Orem, that women should possess a repertoire of knowledge in order to be able to care for themselves.

However, upon being questioned about the skills that they employ to care for themselves, a high percentage of women that do not practice nor employ techniques when they feel anxious or depressed (75.5%), tend not to practice sport (78.8%), do not engage in exercise in order to reduce anxiety (84.8%) and 90.9% of the women registered not doing exercise for between 20 and 30 minutes three times a week as a minimum. This percentages effectively show that the women know their diagnosis, the pharmacology of the psychotropic drugs that they consume, but they do not take part in any sport nor physical activity in order to control anxiety and depression; this situation may be interpreted from the viewpoint of their socioeconomic conditions, they are single, in full employment and have two or three children.

Regarding the results obtained from questions relating to the attitudes that women who consume psychotropic drugs have, they are favorable, they easily communicate with their loved ones and resolve problems as they present themselves (51.5%), they like living with family and friends (63.6%), and they respect their life values (63.3%). However, 69.7% do not like having the support of a fitness instructor nor having psychological support.

By determining the total level of self-care ability in women that consume psychotropic drugs; we found a high level of knowledge (64%), a low level of skill (82%), and a low level of attitude (53%), shown in Table 3.

In order to test the hypothesis, the eta (η) index was used to evaluate the association between self-care skills with psychotropic drug consumption at the 0.05 significance level. Table 4 shows the results found between the consumption of psychotropic drugs (diazepam, clonazepam, lorazepam, and flunitrazepam) with self-care abilities; this is explained because the greatest consumption of psychotropic drugs was diazepam (36.4%) and lorazepam (24.2%).

DISCUSSION

According to the results, the women studied have basic education (72.2%), they are in employment (72.7%), are single (73%), present with depression (5.5%), have trouble sleeping (21.2%), anxiety (15.2%), and stress (12.1%); these results coincide with those obtained in research by Ávila in 2003 and Soriano in 2006, where the start of psychotropic drug consumption was as a resource to face the stressor factors of daily life, such as anxiety in 30% and sleep inducers in 46%⁽⁶⁾.

The results on psychotropic drug consumption by day and week report a high consumption of all drugs except lorazepam that is registered only a high monthly consumption; this situation added to consumption time of more than 5 years (72.7%) confirms that the women have developed tolerance. These results concur with Secades et al. (2003) where 80% of the sample population consumed anxiolytics, of which 30% consumed lorazepam. Of the 80% aforementioned, dependency was present in 37.9%, related to the consumption duration between 1 and 5 years, the authors considered that the difference between the consumers of more than a year and those of 5 years is not significant, with respect to dependency⁽⁷⁾.

In a study realized in Monterrey, Nuevo Leon in 2008, the consumption of medical drugs by gender in older adults was reported as 20% of women and only 4.4% of men. These proportions are significantly different ($X^2 = 5.95$, $p = .015$). Regarding the type of medical drug reported, the tranquilizer (anxiolytic) with 83.5% and antidepressants 16.5%. Another relevant fact is that more than 30% of the time this drug was obtained without a medical prescription⁽⁸⁾.

However, in this study, 12.1% indicated that the pharmacy suggested the psychotropic drug, without specifying whether it was a doctor or other employee. In addition, it was found that in 18.2% of women, the introduction to the psychotropic drugs was by a family member, in the pharmacy and/or at work; highlighting that in addition to buying the psychotropic drug at the pharmacy they did not require a medical prescription (27.3%). This goes against the General Law of Health in chapter IV, article 226 that establishes "[psychotropic] drugs, due to the effects they produced on the CNS, are considered controlled medications. Substances that, due to their potential abuse and addiction, should be restricted for sale"⁽⁹⁾. These results coincide with Hernández (2001) where 12.1% of those that consume psychotropic drugs, there is no control on their consumption or purchase⁽¹⁰⁾.

By applying the eta (η) index between the variables studied, it was found that there is a greater association between diazepam and lorazepam with the level of knowledge, it was found that 36.4% consume diazepam and 24.2% lorazepam, these results are similar to those found by Palacios in 2006, where it is established that psychiatric self-medication is more common in the use of sedatives and hypnotics, where out of a sample, 48% consume diazepam and 10.8% consume lorazepam. This indicates that these psychotropic drugs are the most known by the population, as a resource to face depression, insomnia, sadness, and anxiety⁽¹¹⁾.

With respect to abilities, a high level of awareness (64%) and a low level of skills (82%) and attitudes (53%) were found. Most (75.8%) do not engage in any practice or technique to control their depression, stress, or anxiety, in relation to if they understand the consequences of the psychotropic drugs, they responded no to 54.5%, these results coincide with that reported by Mark (2010), where they found evidence

that the Knowledge variable obtained the higher proportion of the study elements and located their answer in an intermediate level for the management of psychotropic substances, which corresponded to 63.3% of the sample. Regarding the Attitude variable in the administration of psychotropic medicines, the nurses showed an attitude with a high level of (96.7%) of the studied sample studied with a $p < 0.05$, with no correlation between the variable attitude and knowledge of these professionals as in the study ⁽¹²⁾.

CONCLUSIONS

By applying the eta (η) with $p < 0.05$ between the self-care abilities with the consumption of psychotropic drugs; an association was found between these two variables in the consumption of psychotropic drugs between women with self-care abilities, at the same time accepting an alternative hypothesis.

The descriptive data reflect that the women effectively have a high consumption of psychotropic drugs that may provoke a dependent addiction and develop a tolerance syndrome that also reduce their ability for self-care, which affects the woman's and the family's health, repeating here that she is the provider (employee and single). Hence the importance of follow-up in cases where women consume psychotropic drugs by age group.

It is important to make these results known to the corresponding programs in the health administration in order to take the necessary actions and so that nursing professionals may intervene in an opportune way to detect the consumption of these substances and to solicit multidisciplinary help in order to strengthen the self-care ability of women, preventing addiction to these psychotropic drugs and at the same time favoring physical, psychological, and social well-being.

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