

A importância da atuação do farmacêutico na orientação e acolhimento ao paciente com HIV: será que podemos fazer a diferença?

The importance of pharmaceutical performance in orientation and reception to HIV patients: can we make a difference?

La importancia del rendimiento farmacéutico para guiar y recibir a los pacientes con VIH: ¿podemos hacer la diferencia?

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Resumo

O objetivo deste trabalho foi realizar uma revisão bibliográfica destacando a importância social do profissional farmacêutico no acolhimento e orientação de pessoas vivendo com HIV / Aids (PVHIV). Trata-se de uma revisão bibliográfica do tipo narrativa, que incluiu artigos, monografias, dissertações e teses publicadas nos anos de 2007 a 2020. É possível verificar que o acolhimento oferece um contato mais próximo entre farmacêuticos e PVHIV. Dessa forma, pode contribuir diretamente para melhorias em termos de adesão e efetividade da farmacoterapia, observadas a partir da diminuição da carga viral, assim como, o número de hospitalizações, atendimento médico e exames. Além disso, há uma redução das complicações inerentes ao HIV, como menor incidência de doenças oportunistas que podem levar as pessoas afetadas a hospitalizações e óbitos. Assim, o farmacêutico que recebe e orienta pacientes com HIV tem se mostrado uma parte fundamental na adesão ao tratamento, na melhoria da saúde e na redução de custos para o Sistema Único de Saúde.

Palavras-chave: Serviços farmacêuticos; Farmacoeconomia; Saúde pública.

Abstract

The objective of this work was to carry out a bibliographic review highlighting the social importance of the pharmaceutical professional in welcoming and guiding people living with HIV / AIDS (PLHIV). This is a narrative-type bibliographic review, which included articles, monographs, dissertations and theses published during the years 2007 to 2020. It is possible to verify that the reception provides a closer contact between pharmacists and PLHIV. In this way, it can directly contribute to improvements in terms of adherence and effectiveness of pharmacotherapy, observed from the decrease in viral load, hospitalizations, medical care and exams. In addition, there is a reduction in complications inherent to HIV, such as the incidence of opportunistic diseases that can lead those affected to hospitalizations and death.

Thus, the pharmacist who receives and advises patients with HIV has proved to be a key part in adhering to treatment, improving health and reducing costs for the Sistema Único de Saúde.

Keywords: Pharmaceutical Services; Pharmacoeconomics; Public health.

Resumen

El objetivo de este trabajo fue realizar una revisión bibliográfica que destaque la importancia social del profesional farmacéutico en dar la bienvenida y orientar a las personas que viven con el VIH / SIDA (PVVIH). Es una revisión bibliográfica de tipo narrativo, que incluyó artículos, monografías, disertaciones y tesis publicadas en los años 2007 a 2020. Es posible verificar que el huésped proporciona un contacto más estrecho entre los farmacéuticos y las PVVIH. Por lo tanto, puede contribuir directamente a las mejoras en términos de adherencia y efectividad de la farmacoterapia, observadas a partir de la disminución de la carga viral, así como en el número de hospitalizaciones, atención médica y exámenes. Además, hay una reducción en las complicaciones inherentes al VIH, como una menor incidencia de enfermedades oportunistas que pueden llevar a las personas afectadas a hospitalizaciones y muertes. Por lo tanto, el farmacéutico que recibe y guía a los pacientes con VIH ha demostrado ser una parte fundamental en el cumplimiento del tratamiento, la mejora de la salud y la reducción de costos para el Sistema Único de Saúde.

Palabras clave: Servicios farmacéuticos; Farmacoeconomía; Salud pública.

1. Introduction

The welcoming of the patient can be understood as an action that allows greater approximation and/or inclusion of the individual to a specific health service (Brazil, 2010). So, this process must be performed when the patient arrives at the health establishment, making him feel comfortable and supported in this environment. Thereafter, the construction of trusting relationships with professionals begins, thus contributing to the process of adhering to the treatment that will be proposed.

The “Política Nacional de Humanização” places patient reception as one of its guidelines, characterizing it as the qualified listening offered by health professionals to the user. Thus, allowing health practices to be more effective, especially in vulnerable groups, such as people living with the acquired immunodeficiency virus (PLHIV) (Brazil, 2013).

The human immunodeficiency virus (HIV) is a lentivirus belonging to the Retroviridae family, transmissible through blood and other body fluids. Its replication leads to

the destruction of CD4 lymphocytes, which decline over time, favoring the occurrence of opportunistic infections, establishing the Acquired Immunodeficiency Syndrome (AIDS) (Melhuish & Lewthwaite, 2018).

In Brazil, in 2017, 15,653 people were diagnosed with AIDS, the majority being male (in a total of 10,945 cases). In the same year, 13,751 hospitalizations were registered for the treatment of conditions associated with HIV/AIDS (Brazil, 2018).

The people who suffer most from exposure to the HIV virus are those who live in a state of extreme poverty, reinforcing the action of this disease with social exclusion and / or those who belong to minority groups. In this context, the involvement of women, homosexuals and drug users is mainly evident. In addition, due to prejudice and oppression, these groups become more vulnerable (Silva & Silva, 2011).

In the Acquired Immunodeficiency Syndrome (AIDS) the associated vulnerability is quite accentuated, since there are sudden changes in the lives of patients, such as the use of large quantities of medication, the appearance of opportunistic diseases, fear of death and changes in the context social, family and professional. In this way, the patient needs to go to the doctor constantly, must undergo various tests and treatments and faces difficulties in dealing with the disease and with routine pharmacotherapy, making the individual's positive perception of feeling welcomed essential for to continue in the fight against the disease (Silveira & Carvalho, 2002).

The reception of the patient is the first step for him to recognize and accept his illness. From this acceptance, it is possible to proceed with greater security for the treatment, and the pharmacist may be important for the pharmacotherapeutic adherence of these patients, since he is the professional responsible for dispensing the medication. At the time of dispensing, the pharmacist must promote conditions for the patient to use the medication correctly, and it is important that this professional does the pharmacotherapeutic monitoring of this individual. Thus, establishing or consolidating the patient's trust, through active listening (Angonesi & Rennó, 2011).

It is important to emphasize that HIV patients also seek health services as a source of support for the social difficulties they face. Considering that the pharmacist is the last professional that these patients will have contact before starting or continuing drug treatment, the present study has the goal of realize a bibliographic review highlighting the social importance of the pharmacist in receiving and guiding patients living with HIV/AIDS.

2. Metodology

2.1. Study Design, Inclusion and Exclusion Criteria

This is a narrative-type bibliographic review. This study included articles, monographs, dissertations and theses published during the years 2007 to 2020 which, in their content, brought qualitative and quantitative information that expressed in some way the perception/opinion of HIV patients about the reception in health services provided in Brazil, as well as published works containing important concepts and reflections on the theme addressed. review and editorial articles were excluded. Thus, 60 documents were analyzed, but only 32 were used for the construction of this work.

2.2. Information sources

The sources used for the construction of this study were: Latin America and the Caribbean Center on Health Sciences (Lilacs), Scientific Electronic Library Online (SciELO), Bank of dissertations and theses, books and documents belonging to the Ministry of Health.

2.3. Descriptors

The descriptors were extracted from MESH and DECS (health descriptors). The strategy used to search the selected databases was through the following descriptors: (“Reception” AND “HIV Patients”) OR (“Reception” AND “HIV”) OR (“AIDS” AND Reception”) OR (“ Reception "AND" AIDS "), (" Reception and Pharmacist ") OR (" Pharmacist and HIV ").

3. Literature Revision

Individualized pharmaceutical care shows positive impacts in the treatment of patients with HIV, since it has contributed to the improvement in adherence to drug treatment (Rodrigues et al., 2015; Margusino-Framiñan et al., 2019). However, for this procedure to occur satisfactorily, it is necessary to have the qualification of managers and health professionals in relation to the specificities of each individual (Mafra et al., 2016), as well as adequate infrastructure to ensure privacy and security for dialogue between patient and

pharmacist (Soares & Brandão, 2013).

These qualifications include the need to promote reception courses so that the health professional can know that the exchange of experiences and dialogue will allow greater autonomy for the patient and a decrease in silence, terror and social isolation (Silva & Silva, 2011).

In a study developed in Minas Gerais, it was observed that when carrying out reception, assistance and care with the participation of the pharmaceutical professional, there was a greater acceptance and continuation in the use of medicines by people with HIV (Ribeiro & Campos Neto, 2017).

Thus, the ideal reception can allow the pharmacist to make it easier to promote educational actions with patients, in order to contribute to self-care (Costa, 2014). However, everything will depend on the degree of user satisfaction, taking into account good service, knowledge, attention, trust, commitment and respect of professionals (Ribeiro, Rosa & Felacio, 2015; Tall et al., 2020).

Corroborating this idea, it was found in a study that the inefficient reception may be the result of the action of a health professional who is not fully aware of what the patient communicates about his health problem. This can occur due, for example, to the parallel use of questions made to the user, the non-verbal language that contradicts the verbal language implying a demonstration of disinterest or the excessive attribution given to the professional (Sobreira, Vasconsellos & Portela, 2012), being overwork a difficult reality faced by the pharmacist.

Therefore, even though the pharmacist playing an important role in drug treatment, since he is the professional responsible for assessing the quality of the prescription and guiding the multidisciplinary team regarding the adequacy of antiretroviral schemes, the excess of administrative and bureaucratic attributions often makes impossible the correct reception and building a trusting relationship with the patient. So that, when communicating with the patient himself, even if the pharmacist shows interest in the shared clinical situation and still interacts with him, non-verbal language through expressions that show impatience or haste can weaken the relationship built (Brazil, 2008; Ramos & Bortagari, 2012; Ribeiro & Campos Neto, 2017).

This is because it is up to the pharmacist to perform a set of activities, such as planning, controlling and storing medications, enabling the rationalization of expenses and costs, and ensuring the free supply of drugs, the proper filling of forms, stock control and the sending of medicines. information at a higher hierarchical level (Silva, 2007). In this way,

contact with the patient becomes difficult, since this professional is too troubled with what is his responsibility in the development of assignments aimed at technical management precisely to prevent the lack of medication and/or medical-hospital material from occurring.

Excessive work contributes to the pharmacist not being able to approach the population effectively. A reflection of this is observed nowadays by the increase in the incidence of the HIV virus in elderly people, who, even though they attend the pharmacy more assiduously, do not have the approach or the confidence to ask questions with the pharmacist about condom use, which is something of concern, since this population represents an important number of infected and spreaders of the virus (Maldaner, Lini & Doring, 2016).

Therefore, this professional is required to take a more active stance towards PLHIV, providing a better quality of life from the control of the disease, as well as guidance on how to prevent contamination by the virus.

The effective role of the pharmacist in a drugstore located in Curitiba/PR contributed to the adherence of antiretroviral therapy through pharmacotherapeutic follow-up, since, at the time of dispensing, this professional was able to monitor possible failures in medication withdrawal and use (Souza, 2010). While in a university hospital, it was observed that the pharmacist's performance allowed better adherence to antiretroviral therapy (ART) (Vielmo et al., 2014).

In Santa Maria/RS, it was possible to observe that poor adherence to pharmacological treatment was mainly due to the low level of education and the lack of information on HIV patients. However, the performance of the multiprofessional team, which includes the pharmacist, allowed greater pharmacotherapeutic adherence of these patients (Cancian et al., 2015).

It is concluded that the pharmacist becomes fundamental, contributing to the correct use of the medication, making it possible to decrease the viral load and strengthen the patient's immunity. Thus, the affected individual will suffer less from opportunistic diseases and complications that could cause more costs to the Sistema Único de Saúde.

In view of this, the pharmacist plays a crucial role in pharmacoeconomics, an area responsible for ensuring the correct allocation of resources, taking into account therapeutic decisions, cost and pharmacotherapeutic outcome. Therefore, the participation of the pharmacist as a protagonist in the evaluation of the clinical and technical management of the drug is important, with a comprehensive view on economics (Faria et al., 2014).

The underutilization of the pharmacist in the reception, guidance and pharmacoeconomics involving ART is becoming an increasing problem. According to data

obtained by the Federal Government, in 2015, about 455 thousand people used the cocktail to treat AIDS (Brazil, 2017). In other words, more individuals need to have access to the medication and increased access without, for example, pharmaceutical guidance at the time of dispensing can lead to the development of adverse effects and intoxications and, consequently, hospital admissions.

Corroborating this idea, Pio et al. (2017) conducted a study at a university hospital in the interior of São Paulo. They observed that, between August 2011 and February 2015, 17.8% of registered hospitalizations were for patients living with HIV/AIDS and aged 50 years or over. 34.7% of these patients were previously hospitalized more than three times as a result of HIV / AIDS complications, which could be avoided with the correct use of the medication. While in the research by Coelho (2014), which involved individuals with HIV infection diagnosed between January 1996 and December 2010, it was observed that 37.0% of the studied population was submitted to hospitalization at least once. On the other hand, 35.8% of hospitalizations were due to AIDS-defining causes.

In addition, other research already shows that an active pharmacist can contribute to disease prevention, promotion, recovery, protection and maintenance of the health of PLHIV and to better cost management by SUS. A study by Souza (2010) demonstrated that all patients included in the research had an undetectable viral load after undergoing pharmacotherapeutic follow-up, thus reaffirming the importance of the pharmacist to clarify and make patients aware of how to use antiretrovirals correctly, helping in the success of treatment.

Another study, carried out by Moriel et al. (2011), found that there was a decrease in costs directed to patients who received a pharmacotherapeutic follow-up, who showed greater adherence to treatment when the pharmacist performed the intervention. This fact resulted in lesser pharmacotherapeutic problems and a decrease in the frequency of medical visits, exams and hospitalizations. Converging with these results, Horberg et al. (2007) demonstrated that the presence of the pharmacist in the monitoring of HIV-positive patients made it possible to reduce treatment costs and reduce the number of clinical consultations.

Nowadays, with the implementation of the clinical pharmacy, characterized by the provision of pharmaceutical care to the patient with optimization of pharmacotherapy, health promotion and disease prevention, it is possible to believe that the pharmacist will still play roles of greater protagonism and importance towards the patient with HIV.

According to Carnevale (2012), the practice of clinical pharmacy is extremely important in several aspects, emphasizing mainly the reduction of expenses in relation to

drugs used by patients with HIV-AIDS, since they make use of a large number of them, favoring the occurrence of medication errors and the development of resistance. Also according to the author, the increase in serum levels of CD4 +, reduction of viral load and toxicity are directly related to the presence of the pharmacist in the monitoring of treatment.

Although the pharmacist is considered an extremely important professional to monitor HIV patients, his presence with these patients is still considered unsatisfactory, due to the lack of support and / or encouragement of these professionals to perform this task. It should also be noted that the practice of Pharmaceutical Care is still recent in Brazil, causing inefficiency in the execution of clinical pharmaceutical services, such as pharmacotherapeutic monitoring. Thus, the results exposed in this review demonstrate significant contributions made by the pharmacist to PLHIV, reaffirming the social relevance in the provision of health and exposing the perspective of performance of this professional still to be occupied and consolidated in our country.

4. Conclusions

The reception of patients has acted as a facilitator in the communication and construction of close relationships between the pharmaceutical professional and patients with HIV. Thus, the pharmacist who receives and guides these patients has shown to be an important factor in adhering to treatment that contributes to the reduction of viral loads, complications from HIV and costs to the Sistema Único de Saúde, with positive pharmaco-economic impacts due to a decrease in opportunistic infections, decrease in the number of hospitalizations and lower expenses with medications.

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