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Study of juridical resources for medication requested by the elderly in Rio Grande do Sul

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ABSTRACT

Aims: This study aims to analyze appeals court orders requesting medicines from 2007 to 2011 in the state of Rio Grande do Sul (RS), Brazil. It also seeks to classify the requested medicines by therapeutic class, prescription order (brand or generic name), presence on the National List of Essential Medicines (RENAME), and composition (combined or not).

Methods: The analyzed judgments were available on the website of the Rio Grande do Sul Court of Justice (TJRS) from 2007 to 2011 under the heading "Medicines + elderly." Judgments analyzed in the study contained three or more medicine orders, which we classified by their therapeutic class.

Results: This study analyzed 154 appeals court medicine orders. Most orders were made by the elderly women (54.5%). The most requests were made in 2010 (N=45, 29.2%). Of the 22 RS cities involved, Santa Maria filed the most appeals (24.1%). Of the 46 therapeutic classes found, antihypertensives were requested most frequently. Most orders consisted of brand-name medication (64.4%). We observed that 142 medicines (92.2%) appeared on the RENAME. Of these, 96 were prescribed using the standard dosage (67.6%), 27 using another dosage (19%), and 19 in combination with other drugs (13.4%).

Conclusion: Although medication is available for free, the elderly seek to legally guarantee this right. Most court orders used the brand name of the medicine, which prevents the order from applying to the same medicine for public networks or government programs that require prescriptions using generic drug names.

INTRODUCTION

In Brazil, health care and accessibility to medicines contribute to improving the quality of life and increasing the life expectancy of the population.[1] The National Medicines Policy (PNM) was created to ensure access to essential medicines and their rational use.[2]

Ministry of Health data indicate that the cost of lawsuits increased from R$2.2 million in 2002 to R$47.6 million in 2008, which affected the national budge.[3,4]

The World Health Organization (WHO) estimates that lower-class families use two-thirds of their income to purchase medicines, which conflicts with the PNM. The PNM seeks to provide the entire population with full access to medicines for free or for a low price, corresponding to the guidelines of the SUS universalization.[4]

Patients frequently use the legal system to request access to medicines listed on the National List of Essential Medicines (RENAME) and some that are not listed.[5]

In addition to ensuring PNM, RENAME helps guide municipalities and states in choosing medicines that will be effective for the State Essential Medicines List (RESME) and the Municipal Essential Medicines List (REMUME). Medicine standardization aims to ensure adequate planning of the medicines needed for each population and to prioritize the resources available in each municipality or state. Therefore, the process of selecting medicines, the estimated number of users, the profile of patients' diseases in each municipality, and pharmaceutical conditions are important to proper planning for the health of the population.[6]

Social and economic inequalities affect the SUS and weaken the pharmaceutical care provided in the areas of greatest distribution and assistance demand. Thus, pharmacists cannot provide information to patients about what medicine to use or how to use it, their basic professional role.[4]

This study aims to analyze the medicines ordered through judicial appeal from 2007 to 2011. Specifically, it seeks to classify medicines by therapeutic class, brand or generic name prescription, presence on the RENAME list, composition (combined or not), dosage, gender of requestor, and location of request.

METHODS

This study relied upon a cross-sectional and descriptive analysis with retrospective collection of data from 2007 to 2011. The Court of Rio Grande do Sul (TJRS) website database was queried using the keyword search "medicines + elderly". Data that contained the queried words but were not related to medicines were removed from the dataset.

Since the majority of the elderly used several medicines, which can cause drug interaction, was chosen to analyze the judicial requests with three or more required medications. This way, the requests with less than two medications were excluded.

After the description in the database of the medications requested and the exclusion of the requests with less than three medications, the active substance was analyzed. The requests were classified by therapeutical class and it was identified if the active substance was included in RENAME. This comparison with RENAME was performed according with three criteria: a) standardized in RENAME; b) standardized in RENAME but requested in different dosage; and c) standardized in RENAME but requested in association with other medication. The RENAME was used, despite the requests had taken place initially at the municipalities, since not all the REMUME were available for consultation.

It was verified at which municipalities the judicial requests took place; the requests were classified by municipality, it was analyzed the gender of the elderly requesting the medication and the number of requests per year was analyzed.

The data were entered into an Excel spreadsheet and analyzed by statistical software (SPSS – version 17.0 for Windows). The data were analyzed using descriptive statistics.

RESULTS

A keyword search of TJRS on "medicines + elderly" found 307 judgments. Of these, 299 involved medicines and the elderly patients, and 154 applications referred to three or more medicines.

Figure 1 indicates the frequencies of judicial resources per year from 2007 to 2011.

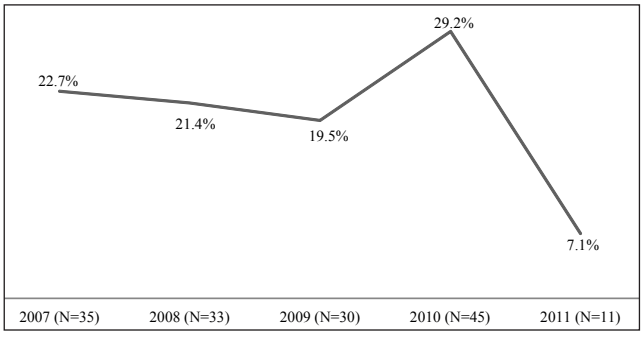

Figure 1. Percentage and number of medication requested by the eldery over 5 years (2007-2011) at the Court of Rio Grande do Sul (TJRS), (N=154).

The frequency of legal actions between 2007 and 2010 ranged from 19.5% to 29.2%. From 2010 to 2011, this frequency decreased to 7.1%. Judicial resources experienced great demand prior to the restructuring of the Popular Pharmacy Program in Brazil in 2011.

Most demands by elderly individuals from 2007 to 2011 were made by women, except in 2008. Of the 154 cases examined, 54.5% of demands were made by elderly women, 44.2% were made by elderly men, 0.6% were made by couples, and 0.6% of the judgments did not mention gender.

Requests originated in 22 different municipalities, as indicated in Table 1. Seniors in Santa Maria made the most requests (80 requests, or 24.2%), and the fewest requests originated in the municipality of Restinga Seca (4 requests, or 1.2%).

Table 1. Description of the municipalities in which three or more medication were requested and the amount of requests, between 2007-2011.

Municipality	N	%
Santa Maria	80	(24.2)
Novo Hamburgo	37	(11.2)
Alegrete	27	(8.2)
Tupanciretã	20	(6.1)
Jaguari	19	(5.8)
São Gabriel	18	(5.4)
Butiá	16	(4.9)
São Leopoldo	12	(3.6)
São Pedro do Sul	11	(3.3)
São Vicente do Sul	11	(3.3)
Sapiranga	9	(2.7)
Cachoeira do Sul	9	(2.7)
São Sepé	8	(2.4)
Júlio de Castilhos	8	(2.4)
Panambi	7	(2.1)
Bento Gonçalves	7	(2.1)
Capão da Canoa	6	(1.8)
Faxinal do Soturno	6	(1.8)
Marau	6	(1.8)
Jaguarão	5	(1.5)
Porto Alegre	5	(1.5)
Restinga Seca	4	(1.2)

The medicines were classified into 46 distinct therapeutic classes, as displayed in Table 2. Nine of the 46 therapeutic classes constituted 56.4% of the requested medicines: antihypertensives (18.1%), anticoagulants (6.4%), antidepressants (6.0%), vasodilators (4.8%), lipid-lowering (4.8%), hypoglycaemic (4.6%), anti-inflammatory agents (3.9%), bronchodilators (3.9%), and analgesics (3.9%).

Table 2. Therapeutic classes, the amount of requests and their percentages found in court orders involving medicines and elderly, in the Court of Rio Grande do Sul, between 2007 to 2011.

Therapeutic class	N (%)
Antihypertensive	60 (18.1)
Anticoagulants	21 (6.4)
Antidepressant	20 (6.0)
Vasodilators	16 (4.8)
Lipid-lowering	16 (4.8)
Hypoglycaemic	15 (4.6)
Anti-inflamatory	13 (3.9)
Bronchodilators	13 (3.9)
Analgesics	13 (3.9)
Acetylcholinesterase inhibitors	11 (3.3)
Antiparkinsonian	10 (3.0)
Antiglaucoma	9 (2.7)
Antineoplastic	9 (2.7)
Antiulcer	8 (2.4)
Herbal Medicines	8 (2.4)
Vitamins	8 (2.4)
Antiasthmatic	7 (2.1)
Neuroleptic	7 (2.1)
Anticonvulsants	6 (1.8)
Recalcificantes	5 (1.5)
Electrolytes	4 (1.2)
Bone resorption inhibitors	4 (1.2)
Brain Metabolism Activators	4 (1.2)
Antirheumatic	4 (1.2)
Antianemics	3 (1.0)
Anticholinergic	3 (1.0)
Antithyroid	3 (1.0)
Anti-vertigo	3 (1.0)
Anxiolytics	2 (0.6)
Corticosteroids	2 (0.6)
Antipsychotics	2 (0.6)
Neuroanabolic	2 (0.6)
Antigout	2 (0.6)
Antiemetics	2 (0.6)
Metabolic Neuroativador	2 (0.6)
Ocular lubricants	2 (0.6)
Stimulation of appetite	2 (0.6)
Adsorbents and antiphysetics	1 (0.3)
Antibiotic	1 (0.3)
Antivirals	1 (0.3)
Laxatives	1 (0.3)
Antihistamine	1 (0.3)
Antiepileptic	1 (0.3)
Stimulator	1 (0.3)
Antiarthrosic	1 (0.3)

The use of brand or generic names for medicines in judgments was analyzed. Of the 331 different medicines analyzed, 213 judgments (64.35%) referred

to brand-name medicines, and 118 (35.64%) used generic names.

Antihypertensives appeared in most frequently in court orders for both brand-name and generic drugs. In brand-names these were followed by anticoagulants and analgesics, while in generic drugs were antidepressants and lipid-lowering drugs.

It was impossible to identify whether SUS doctors or those in private practices prescribed patient medication based on the data about the judgments.

Table 3 indicates the therapeutic class of the drugs mentioned in the appeals and the standardization of RENAME. This study classified medicines as standardized on RENAME; standardized on RENAME and requested with a different dosage; or standardized on RENAME and requested with a combination of doses.

Of 154 judgments analyzed, 142 included medicines on RENAME. Of these, 94 judgments requested the standard dosage, 27 requested another dosage, and 19 requested a combination of medication. Antihypertensives were the most frequently requested therapeutic class of drugs, as indicated in Table 3.

All municipalities requested medications standardized by RENAME except Porto Alegre and São Sepé. Santa Maria (16.7%) made the most requests, followed by Novo Hamburgo (15.6%).

DISCUSSION

The results of this study reinforce the importance of the issue of aging in our country. The elderly population analyzed in this study had many chronic diseases and required multiple medications. Elderly

Table 3. Frequency of medication requests according to RENAME's padronization (n=142).

Therapeutic class	Padronized by RENAME, standard dosage	Padronized by RENAME, another dosage	Padronized by RENAME, combination of medication
	N (%)	N (%)	N (%)
Analgesics	0	3 (11.1)	0
Allergy	0	1 (3.7)	0
Antianemics	2 (2.1)	0	0
Antiasthmatic	0	2 (7.4)	3 (15.8)
Antibiotics	1 (1.0)	0	0
Anticoagulants	7 (7.3)	5 (18.5)	2 (10.5)
Anticonvulsants	5 (5.2)	0	0
Antidepressants	7 (7.3)	1 (3.7)	0
Antiepileptic	0	1 (3.7)	0
Antiglaucoma	2 (2.1)	0	0
Antigout	2 (2.1)	0	0
Antihypertensive	28 (29.2)	7 (25.9)	8 (42.1)
Antiinflammatory	0	1 (3.7)	0
Antiparkinsonian	3 (3.1)	0	0
Antithyroid	0	3 (11.1)	0
Antiulcer	4 (4.1)	0	0
Bronchodilators	3 (3.1)	0	4 (21.1)
Electrolytes	1 (1.0)	0	0
Hypoglycaemic	8 (8.3)	0	0
Lipid-lowering	9 (9.4)	1 (3.7)	2 (10.5)
Bone resorption inhibitor	3 (3.1)	0	0
Neuroleptic	2 (2.1)	0	0
Recalcificantes	4 (4.1)	0	0
Vasodilators	1 (1.0)	2 (7.4)	0
Vitamins	2 (2.1)	0	0
Total	94 (100)	27 (100)	19 (100)

patients may consume three times more medicines than the younger population, which results in the use of legal processes to acquire medications across municipalities and states.[7] Thus, the expenditure of public funds increases with each passing year, producing a new issue for pharmaceutical care as the aging population creates demand. [8]

This study revealed that most requests made to the courts came from women (54.5%), who face more health problems than men, according to previous studies.[9]

Antihypertensives, anticoagulants, antidepressants, vasodilators, lipid-lowering, hypoglycaemic, anti-inflammatories, bronchodilators and analgesics drugs were requested most frequently. A study of urban and rural areas by Rozenfeld found that the elderly typically use medications that address cardiovascular, central nervous system, respiratory, and digestive tract issues, which is consistent with the results obtained in the present study. [10,11]

Prescriptions that use a non-standard or brand name for a medication may prevent the patient from realizing that a generic version is available for free, causing patients to purchase brand-name drugs or request them through the courts. Health professionals working in SUS are required to prescribe by generic name, but Rio Grande do Sul Court of Justice (TJRS) doctors in private practices are not subject to this requirement.[12]

In this study, several medications requested could have been collected at the Basic Health Unit (UBS) or through the Popular Pharmacy Program. If the elderly had collected their medication via these established mechanisms, the public power would be relived of resource costs already available to the population.

In 2004, the Popular Pharmacy Program was established in Brazil to address the basic needs of the population for essential medicines. In addition to relying on aid from the state, municipalities, and philanthropic entities, the program has partnered with drugstores and private networks through the "Here is the Popular Pharmacy Program", introduced in 2006. In 2006, users paid approximately 30%, and the Ministry of Health programs paid the remainder of costs for medications to address asthma, diabetes, hypertension, glaucoma, Parkinson's disease, osteoporosis, and rhinitis as well as for condoms and geriatric diapers. This study emphasized the intense demand for medicines for hypertension, including many medicines provided by the basic health network and the Popular Pharmacy Program.[13]

One of the positive results of the "Here is the Popular Pharmacy Program" was that medicines for diabetes and hypertension were provided free of charge to the population starting in 2011, when a significant drop in judicial requests for medicines occurred.[13]

According to Nicoletti et al., the Popular Pharmacy Program is a laudable proposal, but the existence of a charge for medicines is a negative point. The charges may be considered an unconstitutional practice that violates the Organic Health Law, which ensures universal and equal access to actions and services for the promotion, protection, and recovery of health.[14,15]

In practice, additional medicines are gradually being included in the list of those distributed free to the population. However, it is necessary to disclose this information to prescribers and the general population. The presence of a pharmacy community from which customers can receive guidance about how to use products correctly is also important.

The implementation and reformulation of laws is necessary to the restructuring of pharmaceutical care. Ordinance 3.237/2007 of December 24, 2007 approved the funding of pharmaceutical care in primary care in the country, states, and municipalities, providing fixed-value medications to address hypertension, diabetes, asthma, rhinitis, and basic mental health.[16,17]

Of the 94 prescription medicines listed on RENAME, 27 are prescribed in different dosages and in 19 combinations. The Ministry of Health publishes RENAME and directs the prescription of medicines through clinical protocols and the National Formulary Therapeutic official websites. In Rio Grande do Sul, RESME is available at the State Health Secretariat website.

Among the 22 cities studied, Santa Maria had the most judicial claims for medicines from 2007 to 2011. Data presented by Magni in 2009 demonstrate that the structure and organization of pharmaceutical services in that locality of UBS began in 2004. Santa Maria uses the Municipal Health Fund, where funds provided by the union, state, and county are designated for its Basic Pharmaceutical Assistance.[18] The Fund supports several therapeutic classes of medicines with active substances and dosages that appear in RENAME.

To ensure that excellence is achieved in SUS, pharmaceutical care requires higher qualifications at all stages, committed managers at all hierarchical levels, and appreciation of health professionals. This assessment supports the decrease in federal government spending on medicines and the optimization of resources in support of the health community. [19]

To reduce the number of lawsuits, the use of generic medication names in prescriptions is essential. This policy is also important for the dissemination of information in programs that distribute free medicines

and for pharmacists, who are the professionals patients must contact to purchase their medications. Pharmacists provide information on what medications patients can take to lower their treatment costs. They are also authorized to dispense medicines, promote the rational use of medicines, and encourage patient adherence to treatment. [20]

The deployment of at least one pharmacist trained at UBS to each municipality would contribute to the gathering of quality information. That policy would be a government investment that would improve the quality of life for many patients rather than simply public spending.[21]

Since not all REMUNE lists were not fully available, it was not possible to identify if all the medications requested through court were already available in the community. This was a limitation in this study.

According to the results of this study, reducing the lawsuits related to standardized RENAME medicines is essential to improving pharmaceutical assistance. Actions to reduce court appeals include improved dissemination of programs distributing free medicines, greater engagement by health professionals, the hiring of more public health professionals, and the improvement of pharmaceutical services at the municipal, state, and federal levels.

Moreover, government actions need to happen to ensure the adequate assistance is provided to the elderly's population, due to the constant utilization of medication of this vulnerable group of our society. The adequate information on how to obtain the necessary medications is also a worthwhile measure to invest.

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