

## The prevalence of psychotherapy and psychopharmacotherapy at the Integrated Health and Social Well Being Center of Santa Maria, state of Rio Grande do Sul (RS)

DOI: 10.3395/receis.v3i4.248en



*Cecilia Cassol  
Dalmolin*

Lutheran University of  
Brazil, Canoas, RS,  
Brazil  
cissa\_cd@yahoo.com.br



*Alessandra  
Kelling*

Lutheran University of  
Brazil, Canoas, RS,  
Brazil  
ale.kelling@terra.com.br

### *Nayana Maria Shuch Palmeiro*

Lutheran University of Brazil, Canoas, RS, Brazil  
nayanamsp@yahoo.com.br

### *Maria Lucia Pozzatti Flores*

Lutheran University of Brazil, Canoas, RS, Brazil  
mlflores@terra.com.br

### **Abstract**

This study aims to verify the prevalence of psychopharmacotherapy and psychotherapy and the therapeutic interaction between these at the Integrated Health and Social Well Being Center (Cisbes) located in the town of Santa Maria/RS. For this purpose, a descriptive survey of the therapeutic practices used in the said service during the period from January to July 2005 was carried out, along with a survey of the user profile, using sociodemographic variables. The results show that 1456 people were undergoing treatment during the time of research. Out of these people, 78% (1140) received psychopharmacological treatment, 9% (132) received psychotherapy and 13% (184) had therapeutic interaction. It was seen that the average user age was 36, most were married, 75% lived with family members, 69% were women and 51% had basic schooling. The study looks at factors that may be associated to the results obtained, both in relation to the mental health care model in Brazil and also the possible difficulties faced by the mental health services in the public network.

### **Key words**

psychotherapy; psychopharmacotherapy; combined treatment; mental health; public network

## Introduction

Among psychologists and psychiatrists there have been, for a long time, disagreements about the therapeutic efficiency of the interaction between psychotherapy and psychopharmacotherapy. One group of professionals emphasized a predominantly medication-based treatment; another group believed that psychotherapy was effective on its own. To this day, there is a “dichotomy between the biological and psychological currents” (FREY et al., 2004), although recent studies indicate that the association between psychopharmacotherapy and psychotherapy offers more advantages for the patient when compared with isolated treatments (PICCOLOTO et al., 2003).

Psychotherapy and psychopharmacotherapy are two therapeutic modalities that have distinct and complementary action mechanisms. The psychopharmacs are substances that interfere in functions of the central nervous system, reducing in the patient the discomfort provoked by the symptoms resulting from this psychic suffering (SHANSIS & ZASLAVSK, 2005). “By reducing the symptoms, medication allows other forms of treatment to be introduced and organizes the patient’s inner world, which facilitates reintegration in external reality” (BARROS & SALES, 2007).

Currently, psychopharmacotherapy has proved to be indispensable in the treatment of various psychopathologies. In the case of schizophrenia, the use of psychopharmacs is considered to be the primordial intervention for all stages of the disorder, as the positive response rates to the medication fall between 60% and 80% of cases (ABREU et al., 2005). In some patients who have bipolar affective disorder (BAD), these rates occur in 60% of the cases. However, out of the people with BAD that responded to the medication, only 40% did not have recurrences for periods from 2 to 3 years (ISOLAN & KNAPP, 2005). This suggests that psychopharmacological have their limitations, as they do not contemplate broader aspects that make up mental disorders, which could lead to consequences in the degree of responses to this type of treatment (SHANSIS & ZASLAVSKS, 2005).

Another limitation in the use of psychopharmacs are the side effects resulting from continuous use of certain medications, such as fatigue, sexual dysfunction, tremors, among others (ABREU et al., 2000), which are described as one of the main motives for treatment abandonment (ABREU et al., 2000; ISOLAN et al., 2005). Apart from the side effects, the use of certain medications can cause pharmacodependency (CORDIOLI et al.,

2005). The limitations of the use of psychopharmacs show the importance of intervention with other practices associated to psychopharmacological treatment as, for example, psychotherapy (ABREU et al., 2005; ISOLAN et al., 2005; SHANSIS & ZASLAVSK, 2005).

Psychotherapy, for its turn, is a therapeutic method that proposes to treat problems of an emotional nature through essentially psychological means (CORDIOLI, 1998), which aim to promote changes in the individual’s psychic functioning, providing, among other benefits, medication adhesion (PICCOLOTO et al., 2003).

Like psychopharmacotherapy, psychotherapies present significant limitations, which are related to the problems of treating patients who are seriously compromised and the impossibility of relieving serious symptoms characteristic of many mental disorders (SHANSIS & ZASLAVSK, 2005). Another limitation of psychotherapies is the need for the patients to have good cognitive ability, as well as the emotional disposition and motivation to undergo the therapeutic process. It is important to consider, also, that psychotherapy requires a greater period of time to reach favorable results and this could be an aggravation if the delay leads to a patient giving up on their treatment (GABBARD, 1998).

Based on the questions already approached, it can be considered that combined treatment could be an alternative intervention, with psychotherapy and psychopharmacotherapy acting together in different aspects of psychopathology, becoming complementary and beneficial in the treatment of mental illnesses (CORDIOLI et al., 2005).

Randomized studies performed by Barlow et al. (2000) and Kocsis et al. (2003), with the purpose of verifying the efficacy of short-term combined treatment, indicate that the association between psychotherapeutic and psychopharmacological treatment presents greater benefits and advantages for the patient when compared to psychotherapy and psychopharmacotherapy used as isolated practices. However, it is not possible to discover if this form of intervention is already being performed in private clinical practice, as there is no evidence in Brazilian literature of studies that supply this data. Even so, research performed in Brazilian public institutions, while sparse, shows that the practice of therapeutic association is still little used, with priority given in most cases to medication-based treatment (COSTA-ROSA et al., 2004; MEDEIROS 2005).

In the scientific literature there are no studies that describe the prevalence of therapeutic association in the public mental health institutions of the town of Santa Maria, RS. Thus, this study

aimed to verify the prevalence of the association of psychotherapy and psychopharmacotherapy in one of the municipal mental health services of Santa Maria, known as the Integrated Health and Social Well Being Center (Cisbes). It was also sought to investigate the prevalence of psychopharmacotherapy and psychotherapy as isolated practices, as well as identify the profile of public service users in Santa Maria, using approachable sociodemographic variables.

For this purpose, an analytical and exploratory transversal study was carried out to investigate various aspects related to psychotherapeutic and pharmacological practices at Cisbes.

The data was collected by filling in standardized forms with the information contained in records of patients who had received or where receiving some kind of treatment (psychotherapeutic, psychopharmacological or both) at Cisbes, in the period from January 15 to June 15, 2005. The collection was carried out in the period from August to November, 2005, by psychology students at the Lutheran University of Brazil (Ulbra-SM) who had received prior training and instruction about their ethical responsibilities from the professors orienting the research.

It was found during data collection that each record belonged to a single patient. Thus, for results analysis purposes, the term "patients/people" was also used to refer to the records involved in the research.

The variables analyzed in this study were: psychopharmacological treatment, psychotherapeutic treatment and the combined use of these two practices. Other variables collected were sex, age, marital status, schooling, occupation, who they live with and referral for identification purposes, with no connection necessarily existing between the type of treatment offered and the sociodemographic variables collected.

The collected data was statistically analyzed using the Microsoft Excel software (2003). In this data, the proportion of patients who used combined treatment and the prevalence of isolated practices (psychotherapy and psychopharmacotherapy) were calculated. The tables for each secondary variable were organized in relation to psychotherapeutic treatment, psychopharmacological treatment and the association between the two treatments. The chi-square test was performed with 99.5% reliability, to verify the equality of the frequency of the two types of treatment.

As for ethical procedures, the research project that supplied the data for this article passed

through the Ulbra Ethics Committee (Protocol: 0394/2005), obtaining approval for its development. It also obtained authorization from the Santa Maria town hall for collection and publication of results. The research performed showed that, in the period from January to July of 2005, 1456 people received or were receiving treatment at the mental health service (Cisbes) of Santa Maria, RS. It was seen that 78% (1140) of these patients only used psychopharmacological treatment, 9% (132) used only psychotherapy and 13% (184) benefited from joint treatment. The chi-square test showed that the frequency of the types of treatment was different, with 99.5% of reliability.

Out of the people who received treatment during the research period, 69% were women and 31% were men. The sample's average age was 36. As for the marital status variable, the research showed that 44% of those people were married and 75% lived with family members. With respect to level of schooling, 51% had completed primary education. In relation to the referral variable, the study showed that in 29% of the records this item was not stated, 24% were directed by health centers and 23% by doctors (the records did not specify if these doctors came from private medical clinics or other services).

The data collected relative to the sample that used only psychopharmacological treatment showed that 70% were women and 30% were men. The average age was 46. In relation to marital status, 46% of the patients were married and 76% lived with family members. The research showed that 51% of the sample attended primary school. As for occupation, in 32% of the records this information was not stated and 20% were home-makers. It was seen that 28% were referred by health centers (in 25% this information was not present), 24% by doctors and 15% by the Santa Maria University Hospital (HUSM) (Table 1).

Data for the people who received psychological treatment only showed that 42% were men. The average age found was 22. Out of these patients, 67% were single and 67% lived with family members. It was seen that 58% of the sample in question had completed primary education and 58% were students. Data about referrals is missing from 57% of records; 14% were referred by the school and 9% arrived at the service spontaneously.

In relation to the people who received combined treatment, the research showed that 74% were women and 26% men. The average age found was 39. Out of these patients, 48% were married and 81% lived with family members. As

for schooling, 46% completed primary education. Data for occupation was missing in 28% of the records and 17% of the people in treatment were home-makers. In relation to the referral variable, in 31% of records this information was not present; 23% of the patients were referred by doctors, 17% by health centers and 12% by the HUSM.

The research results show that Cisbes gave its patients a predominantly psychopharmacological treatment, given that more than 2/3 of the patients who took part in the sample were in psychiatric treatment. It is possible that the isolated practice both of psychotherapy and of psychopharmacotherapy occurs not only in the service in question but is also the routine of other mental institutions in Brazil, as similar results were found by other studies performed in public mental health services (COSTA-ROSA et al., 2004; MEDEIROS, 2005).

A 2004 study about the prevalence of mental disorders in users of public mental health services showed that, out of the 61,876 people who were undergoing treatment in the mental health network, 92.19% (57,510) of them received only medication-based treatment, 4.5% (2,816) received individual psychotherapy and 0.9% (556) were referred to group therapies (MEDEIROS, 2005).

There are several factors that may be related to the prevalence of psychopharmacological treatment in the service studies. These factors, according to Bezerra Júnior (1997), Carvalho and Dimenstein (2004) and Medeiros (2005), refer to the mental health care model of Brazil's public network, which is predominantly biologicist and centered on medication-based prescription, often neglecting the psychological, social and environmental aspects of the health/disease process.

On the other hand, Bezerra Júnior (1997) understands that medication abuse is related to excessive demand and lack of professionals in Brazilian public services. According to the author, in order to deal with these institutional problems, many public network psychiatrists end up reducing the duration of medical consultations with the purpose of caring for a greater number of patients. A study performed in the public services of Fortaleza showed that the average time given to medical consultations at these places was 9 minutes, with a variation of 2 to 24 minutes (CAPRARA & RODRIGUES, 2004). This way, it seems that psychiatric consultations are often restricted to medication prescription, as in such a short time the only therapeutic intervention that could be done is the psychopharmacological

one BEZERRA JÚNIOR, 1997). By reducing the time of the psychiatric consultation, the offer of this type of treatment increases, allowing a greater number of people to have access to medication-based treatment.

Apart from the greater offer, the predominant use of medication-based treatment in mental health services may be related to the patients' expectations of the treatment. Dimenstein (2001) believes that patients who arrive at public mental health services generally aim to eliminate physical symptoms of the illness. Bezerra Júnior (1997), for his part, thinks that if on the one hand there is a service that offers too much psychopharmacological treatment, on the other hand there is a health services clientele that expects medication-based prescription. This expectation is related to this person's view of health, illness and treatment, which is generally linked to the body, which in its turn is a work instrument and has to be healthy.

The results show that the people who received treatment at the service studied are predominantly women, as they represent more than 2/3 of the sample studied. These results may be related to women's tendency to seek treatment more often than men. The WHO (2001) also informs that women usually communicate a greater number of physical and psychological symptoms than men and, for this reason, they tend to be more medicated. However, it is possible that the predominance of women in treatment at the clinic in question is due to the priority this service gives to treating less complex psychopathologies, which are more prevalent in women.

Another important aspect that could be related to the type of treatment offered at the place studied is the way the patients were referred to the service in question. The results obtained by this study showed that most people who received psychopharmacological or combined treatment were referred by health centers and/or professionals. These results may indicate that psychopharmacological treatment, as well as combined treatment, is being prioritized for people who have already had some kind of prior medical care, thus suggesting that those people were already sick in a period before the care received. However, it is worth highlighting that one of the study's limitations is the lack of information in many of the records analyzed about the source of referral to the service in question, making it difficult to make a more reliable analysis.

The study results also showed that psychotherapeutic treatment was little used, as it represented less than 10% of the treatments

provided at the site. Bezerra Júnior (1997) and Medeiros (2005) state that, in most public services, clinical care is still precarious, centered on individual consultations and on indiscriminate prescription of medication. According to Carvalho and Dimenstein (2004), psychologists, as an integral part of these services, often end up being submitted to this work model. As a result, these professionals “find it difficult to offer broader alternatives for action, being restricted to those learned during their academic training, which are predominantly based on a clinical and individual model”.

Another possible aggravation for psychological intervention is the period of time that the therapeutic process demands. Psychotherapy is an intervention that requires a period lasting between 30 to 50 minutes and the therapeutic process involves continuous, generally weekly follow-ups (GABBARD, 1998). Thus, it seems that, if individual psychotherapy is managed mainly by psychologists in the public health network and if this type of intervention requires a greater period of time to obtain significant results, then the offer of psychological treatment in mental health services is small.

It is also worth highlighting that, according to DIMENSTEIN (2000), many psychologists have the tendency to transpose private practice psychotherapy to public institutions without recognizing that the clientele that uses public services has a distinct understanding of the causality and cure of illnesses. These views can influence the therapeutic process because, as illnesses are generally related to body parts, such as “nerve illness”, and the body is a work instrument, curing these patients takes on a dimension of immediacy. Thus, these conflicts can bring about difficulties that are reflected in a large number of absences, frequent lateness, communication problems, treatment abandonment, among others; “behavior that in most cases is attributed to the patients’ lack of interest in or incapacity to understand the therapeutic task” (DIMENSTEIN, 2000).

Another factor that may be related to the lower use of psychotherapeutic treatment is a possible partiality in the selection of the people who undergo psychological treatment in the public network. This selection, according to Dimenstein (2000), favors less serious cases, those which do not require integrated action with other professionals. In this study, most people who received psychological treatment came spontaneously to the service or were referred by their school, with 2/3 being under 20 years of age. Thus, apart from a

possible selection of less serious cases, these results may also suggest that the referral of these people to psychotherapy is linked both to problems in diagnosis and medication prescription for children and teenagers and to the possibility of providing an early and/or preventive intervention for this population.

Although it was not covered by this study, it is worth highlighting that a low economic level may discourage adherence to treatment, especially psychotherapeutic treatment, due to financial obstacles to showing up for care, which are more frequent (DIMENSTEIN, 2000).

The problems related to scarce psychotherapeutic practice are also obstacles in the offer and obtainment of combined treatments. The research results showed that, like psychotherapeutic treatment, combined treatment is also not received much at the service studied, with only 13% (184) of the sample using this type of treatment. Although this intervention model is considered the broadest form of treatment for people with mental disorders, it is possible that the low availability of combined treatment is related to the institution’s difficulty in providing two professionals for the care of a single person. Due to the possible shortage suffered by the service in question, integrated treatment may be seen as a costly practice.

Currently in Brazil there is a series of reflections and actions, both on behalf of the federal government and health care professionals, about a restructuring of care to sufferers of mental illness that would include biological, psychological and social aspects, determinants for the health/illness process. Despite all these movements, public care directed at mental health can still be considered a continuation of that much-criticized model provided by psychiatric hospitals. This study, together with the scant research on this very question, only ratifies this condition of mental health in the Brazilian public network.

Based on the study performed, it could be seen that by providing predominantly medication-based treatments to people who seek help, the service may be neglecting psychological and social aspects involved in the health/illness process. This lack of attention may cause patients to remain longer in the service, consequently overburdening it.

It is worth highlighting that the data obtained is not here considered as an isolated case; it expresses the reality of public services aimed at treating people with mental disorders. The aspects pointed out as possible determinants are not conclusive.

It can also be seen that this study suffered some limitations in relation to the patient records at the site, which were incompletely filled in, making it more difficult to collect all the information necessary, which made it impossible to supply more complete data about the users' socioeconomic variables. Another research limitation was that data was only collected about patients who had received or were receiving treatment during the research period, not counting people who sought care at the location and weren't able to obtain it. This data would be important to verify the actual demand for this service. The study did not approach the period of time that patients remained in treatment, it not being possible to establish if the treatment time resulted from the illnesses' adherence or its chronification. It is also stressed that data referring to diagnosis, although it was collected, was not used in this study. This limitation made it impossible to seek possible links between diagnosis and treatment offered. However, it is suggested that these questions be clarified in future studies.

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## About the authors

### *Cecilia Cassol Dalmolin*

Cecilia Cassol Dalmolin has a degree in psychology from the Lutheran University of Brazil (ULBRA), in pedagogy from Santa Catarina State University (UDESC) and is a resident in sanitary pneumology from the Rio Grande do Sul State Public Health School.

### *Alessandra Kelling*

Alessandra Kelling has a psychology degree from the Lutheran University of Brazil, is a specialist in cognitive-behavioral psychotherapy from Vale do Rio dos Sinos University and has a master's degree in collective health from the Lutheran University of Brazil.