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VIII Simpósio Internacional do Cuidado Farmacêutico

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RESUMOS

VIII Simpósio Internacional do Cuidado Farmaêutico

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PRESENTATION

The Federal University of Alfenas (UNIFAL-MG) promoted from May 26 to May 28, 2022 the VIII International Symposium on Pharmaceutical Care (VIII SICF) with the aim of training and qualifying professionals to work in the field of Clinical Pharmacy. The event sought to contribute to pharmaceutical training and continuing education for professionals and researchers working in the area. Speakers and participants discussed knowledge, skills, and attitudes needed for individual, family, and community-centered practice, evidence-based clinical decisions, and more. To this end, the organizers gathered researchers from UNIFAL-MG with renowned pharmaceutical researchers from Brazil, Spain, Portugal, Colombia, Venezuela and other countries to share experiences and updates on research, methods and services related to Pharmaceutical Care in Brazil and abroad. The event is biannual and was organized by the Nucleus of Pharmaceutical Care of UNIFAL-MG (NAFAU). It happened online to contribute to the minimization of physical contact. Although the devastation caused by Covid-19 this year 2022 is less impactful than that observed in the two previous years, it is worth noting that the disease at the time of the event was still responsible for about 15 deaths per day and had a daily incidence of nearly 3,000 cases.

Sixteen speakers participated in the VIII SICF, one from Portugal and another from Venezuela. Fourty-four works submitted for presentation were counted: 41 were presented in the form of a poster and 10 in the oral form. Five works received an honorable mention and will be cited in a specific section of this supplement.

We hope that the availability of the scientific production presented at the event will contribute to the state of the art and expand the discussion around the current affairs of Pharmaceutical Care.

Alfenas-MG, September 30, 2022

PhD Luciene Alves Moreira Marques
Event Coordeninator

PhD Tiago Marques dos Reis
Associate editor BJHP

ORGANIZING COMMITTEE

CAPA: Comunicação do VIII Simpósio Internacional do Cuidado Farmacêutico

EDITORIAL STAFF

SUMMARY

1. PROFESSIONAL EXPERIENCE REPORT

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1.1 FLOWER THERAPY FOR PATIENTS WITH MILD MENTAL DISORDERS - EXPERIENCE REPORT

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Recognized by the WHO since 1956, Floral therapy is a complementary integrative practice (PIC) that can be indicated by pharmacists, according to Resolution of the Federal Council of Pharmacy no. 611 of 05/29/2015. This PIC aims to restore emotional balance through the use of flower essences. There are several flower systems and the Faculty of Pharmaceutical Sciences, in partnership with the Pro rectory of Community and Student Assistance of Unifal-MG, implemented Bach flower therapy through individualized care, by a pharmacist with training in Bach flower therapy and supply of floral formula for the treatment, by the University Pharmacy. In the year 2021, 195 appoitments were made to students, servers and outsourced employees, in the period of 7 months, between the first consultation and returns to monitor the evolution of the case. The average time of use of the floral formula was 4 months and the results were encouraging. It was used to assess the improvement, assigning a value to the feeling of anxiety in the first consultation and another value in the month of discharge (cessation of the use of floral remedies), where 10 would be the maximum anxiety value. In 100% of the cases, there was a significant decrease in the value attributed to the feeling of anxiety, with a minimum of 4 points and a maximum of 7 points, including cases in which it was possible to abandon the use of anxiolytic drugs in agreement with the prescribing physician. There were no problems with adherence to the indicated therapy. In view of the above, it is concluded that floral therapy is an effective, safe and low-cost alternative for the treatment of anxiety. However, the correct use and follow-up of the floral therapist to adapt the floral formula during the treatment is essential for success.

Keywords: Flower Therapy; Mild Mental; Disorders; Pharmaceutical care

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1.2 EXTRACURRICULAR INTERNSHIP IN A COMMUNITY PHARMACY AIMED AT HYPERTENSIVE AND DIABETIC POPULATION: EXPERIENCE REPORT

Maria Juliana Alves Pereira[1], Beatriz da Silva Nicácio[1], Milena D'avila Nascimento Barbosa[1], Dário Rodrigues de Oliveira[1], João Cláudio Leite de Sá[1], Maria Lecioneide de Carvalho[2]

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The City Hall of Crato, Ceará, since 2019, offers the opportunity of an extracurricular paid internship for students of different degrees, including the Pharmacy course, to those enrolled from the fourth semester, to be inserted in pharmaceutical care. The objective of this work is to report the reflections of a pharmacy academic, from the activities carried out in the extracurricular internship in the community pharmacy. This is a qualitative, descriptive work, of the experience report type of a pharmacy student in the eighth semester, which took place from September 20, 2021 to the present moment, with a workload of 30h/week, after approval in the selection process through the analysis of the historical grade coefficient. The internship was carried out in a community pharmacy located in the specialty center of the city of Crato, Ceará, intended for the dispensing of antihypertensive and hypoglycemic drugs and supplies for diabetics. The experiences that were and are being acquired during the internship are essential for a good professional. When having contact with community pharmacists, one can see how much the humanized look on their part towards patients is practiced and encouraged, enabling the resolution of problems that could harm the patient. The ability to carry out the dispensing adapted to each need, is essential, given the heterogeneity of people served, the need to associate the disciplines of pharmacology, pharmaceutical care and focused on the clinical part, to serve mainly diabetic patients are enriching. The possibility of studying the discipline of pharmaceutical care, in the same period as the beginning of the internship, working with the national pharmaceutical care management system (HORUS), and other topics presented in the classroom is a unique experience. The job market needs trained professionals. During graduation, the extracurricular internship allows the development and enrichment of the personal- ethical-professional framework of any student, especially academics in the health area. Experiencing and participating in pharmaceutical care and pharmaceutical care concomitantly with graduation strongly contribute to the formation of a pharmaceutical professional capable of meeting the needs of people and the system.

Keywords: Internship Schorlarship; Student; Higher Education

Ethics Committee approval protocol: It is not necessary

Suportted by: Pharmacist and Internship Preceptor, Maria Lecioneide de Carvalho and the Coordinator of Pharmaceutical Assistance of the Municipality of Crato and Internship, Joyce Cristiane Gomes Almeida Melo de Alcantara

2. PHARMACEUTICAL SERVICES

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2.1 PHARMACEUTICAL INTERVENTIONS REALIZED IN AN OUTPATIENT PHARMACEUTICAL SCREENING SERVICE

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Adherence and inhaler technique problems are common in patients with chronic pulmonary diseases. These patients frequently need pharmaceutical care and monitoring, allowing the best use of their inhaler devices. Thus, we develop a new pharmacy service model named outpatient pharmaceutical screening service (OUS), which aim is to evaluate patients with asthma and chronic obstructive pulmonary disease (COPD) of pulmonology outpatient clinic. After OUS, the pharmacist conducts pharmaceutical interventions with patients, if necessary. The aim of this study was to describe the interventions performed by pharmacists in patients assessed by OUS June 2021 to August 2021. Data of patients evaluated in our service were collected and the pharmaceutical interventions were quantified and classified into five classes. One hundred patients of OUS (33 male and 67 female) with a mean age of 58.4 ± 14.8 years authorized the use of their data by a consent form. Asthma patients corresponds to 58% of patients, meanwhile COPD corresponds to 42%. A total of 80 pharmaceutical interventions were performed with 59 patients. Inhaler technique interventions represents 37.5% of interventions (n=30) and were the most common pharmaceutical intervention, followed by access to medicines interventions, corresponding to 31.25% of interventions (n=25). The following interventions were also made: guidance on medication use (10% of interventions and n=8), adherence promotion (8.75% of interventions and n=7), health education (6.25% of interventions and n=5) and posology guidance (3.75% of interventions and n=3). Some patients received more than one intervention and three patients were referred to the pharmaceutical care service. In this study, interventions performed with the medical team were not evaluated. Besides the importance of inhaler devices in asthma and COPD treatment, these results demonstrate the lack of inhaler technique guidance in this population. Also, access to medicines was a highlighted problem in these patients. This study highlighted the need for and importance of pharmacist's guidance in specialized outpatient clinics, improving quality of life and clinical outcomes of patients. Further studies are necessary to evaluate the long-term effectiveness of the OUS and its impact on healthcare team decision-making process.

Keywords: Pharmaceutical Guidance; Inhaler Device: COPD

Ethics Committee approval protocol:

CAAE number: 52121021.9.0000.0068

Suportted by: no financial support

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2.2 ANALYSIS OF PHARMACEUTICAL INTERVENTIONS PERFORMED DURING 2014 AND 2015 IN THE INTENSIVE CARE UNIT OF A PRIVATE HOSPITAL IN SÃO LUIS, MARANHÃO

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Clinical Pharmacy has become increasingly significant in patient care, especially when pharmacists in the Intensive Care Unit (ICU) collaborate with the pharmacotherapy of critically ill patients. Several studies indicate that pharmaceutical interventions make it possible to reduce the emergence of drug-related problems (DRP), the risk of worsening the clinical condition and the prolongation of the period of stay in the ICU. In this perspective, this study aimed to evaluate the profile of pharmaceutical interventions performed in the Surgical Intensive Care Unit of a private hospital in São Luís, MA and their acceptability by the multidisciplinary team. The study was retrospective, quantitative, descriptive and longitudinal, based on the collection of data present in the medical records of patients in the Surgical ICU in 2014 and 2015, making it possible to assess the profile of patients, comorbidities, reason and length of stay, pharmaceutical interventions in groups I, II and III, as well as the acceptability of pharmaceutical interventions in group III by the multidisciplinary team. Data were processed using Microsoft Excel. We analyzed 75 and 87 medical records of patients admitted to the Surgical ICU in 2014 and 2015, respectively, where 52% were female patients in 2014 and 52.9% were male patients in 2015. Most patients in both years had aged over 65 years, whose most prevalent comorbidities were systemic arterial hypertension, diabetes mellitus and hear disease. On average, the length of stay in 2014 was (23.51 ±36.26) and in 2015 it was (15.59 ±20.72) days. The most prevalent pharmaceutical interventions in 2014 was Y incompatibility (group II) with 26.28% of the total of 137 interventions, and in 2015, reconciliation (group III) with 43.48% of 161 interventions. In 2015, there was a greater acceptance of group III interventions by the health team, whose acceptability for this group was 61.46% of 96 interventions in 2014 and 79.39% of 125 interventions in 2015. In this sense, pharmaceutical interventions can contribute with the recovery of patients under intensive care, reduce possible DRPs, ensuring that pharmacotherapy is performed in a safe and rational way.

Keywords: Pharmaceutical intervention; Drug-Related Problems; Intensive Care Unit

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2.3 POTENTIAL DRUG INTERACTIONS IN AN ELECTRONIC PRESCRIPTON: A CROSS-SECTIONAL STUDY

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Potential Drug Interactions are all altered pharmacological responses of a drug when it is in the presence of another drug or food. It is the clinical event that occurs when two drugs are administered concomitantly to a patient, which may increase or decrease their therapeutic effect, this pharmacological response in some cases can lead to the worsening of the patient's clinical condition and even death. High surveillance drugs are those that carry a high risk of causing significant harm when used inappropriately. The objective of this study was to evaluate the existence of potential drug interactions and estimate the amount of high-alert medications in a database of a health care network with an electronic prescription system, in the city of Vitoria, Espirito Santo, Brazil. This is a cross-sectional study supported by the quantitative analysis of all prescriptions registered in the system's database, in order to identify potential drug interactions related to high surveillance drugs, the statistical tool of the confidence interval of 95 percentage was used, where the level of accuracy of classification of drug interactions can be assessed. Through the quantitative analysis, it can be analyzed that the large number of high surveillance drugs, quantified in the database, belong to the therapeutic classes: Specific Drugs (n=77), Antiarrhythmics (n=64), Antiretrovirals (n=53) and Anticoagulants (n=41). It is noteworthy that the frequency of potential drug interactions classified as serious was 59.43% (n=167) in a Confidence Interval (CI) of 95% 53.44% - 65.22%, in contrast to the severity moderate (n=114), with a frequency of 40.57%, attributing in a 95% CI 34.78% - 46.56%. The study presented showed that the database has a considerable amount of potential drug interaction in the prescriptions analyzed in the Rede Bem Estar de Vitoria system, which shows the importance and need to have health professionals trained to recognize these interactions, evaluate the risk versus benefit of pharmacological associations, increasing the importance of safety in patient care in primary health care.

Keywords: Drug; Drug–Interactions; Eletronic-Prescription; Public-Health; Pharmaceutical-Attetion.

Ethics Committee approval protocol: nº 3.765.064(CAAE nº 24852719.9.0000.5060)

Suportted by: Espírito Santo Research and Innovation Support Foundation (FAPES).

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2.4 PERFORMANCE OF THE RESIDENT PHARMACIST IN THE PANDEMIC: CHALLENGES AND LEARNINGS

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The COVID-19 was initially manifested in Wuhan city, located in China's Hubei province, in December 2019. It quickly became one of the largest pandemics faced, due to the high transmissibility of the virus. The multiprofessional health residencies, created from the promulgation of Law No. 11,129 of 2005, aims to promote integral attention and care in conformation to the principles and guidelines of the Unified Health System (SUS), from local needs. Thus, the objective of this report is to present the experience of residents of the multiprofessional residency program in family health of the Federal University of Alfenas (UNIFAL), during the period of the health emergency in a city in southern Minas Gerais. The first moment of the pandemic required the promotion of a safe environment in order to avoid the spread of the virus, thus protecting professionals and patients. This process required an active engagement of the professionals to readjust to the new routine. In this sense, there was a reorganization of the facility, seeking to redirect the flow of patients, installation of physical barriers, demarcation of distance, mandatory use of PPE's and the implementation of requirements for providing services. This process was not peaceful, as the professionals found resistance to the implementation of the protective measures. The professional roles were also impacted. Facing the need to meet the eminent demands, the pharmaceutical residents were directed to priority areas and services, such as the performance in the flu vaccination campaign. A challenge to face the pandemic was to combat the mass dissemination of false information. In this sense, the constant update, with scientific support, together with the orientation of health users, either by oral communication, or through the dissemination of educational material, were fighting tools, especially regarding preventive measures, treatment, health education, vaccination, and the rational use of medicines. During the pandemic, there were changes in the residents' work field, the limitation of their freedom to come and go and social interaction, the pressure to meet expectations and the work overload, which were factors related to stress, depression and anxiety observed in the professionals. But, even so, there was the residents' performance and learning. Residency is a learning and training process. In this sense, the mode of practice, during the pandemic, was able to provide and emerge the critical capacity to become independent, thoughtful, resilient, safe, and co-responsible professionals. Furthermore, it allowed us to reflect on the amplitude of the role of the pharmacist.

Keywords: Resident Pharmacist; Experience report; Health

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2.5 PHARMACOTHERAPY FOLLOW UP IN HYPERTENSIVE ELDERLY PATIENTS IN A COMMUNITY PHARMACY

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Pharmaceutical care is a model of practice that guides the provision of a variety of pharmaceutical services to the patient, his family and community. With the publication of law nº. 13.021/2014, pharmacies were reclassified as health establishments, which changed the configuration of these establishments. They started to rely on the pharmaceutical office, spaces for personalized patient care. In this context, pharmacies function as an outpost of health care and escape the reality of mere profit-generating commercial establishments, in which the patient is the center of the pharmacist's activities. The present study aimed to perform pharmacotherapy follow-up in elderly hypertensive patients in a community pharmacy in northeastern Brazil. The population that participated in the study was elderly with age 60 years or older of both genders, hypertensive. To carry out the consultations, the instrument adapted by Abdel-Tawab et al (2010) was used. Pharmaceutical consultations had an average time of 30 minutes. Consultations were performed in 21 patients with a mean age of 68.90 years ± 5.58. Regarding sex, 52% (n= 11) correspond to males. When asked about the occupation 100% (n=21) are retired, 72% (n=15) married and 14% (n=3) divorced and widowed, respectively. When assessing the level of education, most participants, 38% reported having attended incomplete 1st grade (n=8), 33% functionally illiterate (n=7), 14% illiterate (n=3). Most of the interviewees 62% (n=13) do not perform physical activities and 95% (n= 20) do not drink alcohol. In addition to arterial hypertension, patients had 23% (n= 7) dyslipidemia, 6% (n=2) osteoporosis and 3% (n=1) hypothyroidism. The conducts performed in the pharmaceutical consultations were residential blood pressure monitoring 90.47% (n=19), request for laboratory tests 66.66% (n=14), glycemic map 42.85% (n=9) and referral to the doctor 28.57% (n=6). Although patients had access to the drugs, they did not use it as prescribed. All conducts performed will be evaluated through the scheduled return in the first consultation. Among the main obstacles to the consultation is the lack of knowledge of the population in pharmacotherapy follow-up services. The limitation of this study when presenting in a small number, regarding the sample size, allows considering the results found only for the population in question. However, it is important to emphasize that the results are partial and new analyses will be performed with a larger population will be performed.

Keywords: Pharmacotherapeutic Segment; Elderly Health; Clinical Pharmacist

Ethics Committee approval protocol: 55697222.2.0000.8013

Suportted by: Centro Universitário Ages (AGES/ÂNIMA)

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2.6 PROFILE OF PHARMACEUTICAL INTERVENTIONS PERFORMED IN AN INTENSIVE CARE UNIT (ICU) OF A PRIVATE HOSPITAL IN SÃO LUÍS, MARANHÃO, FROM 2014 TO 2018

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An Intensive Care Unit (ICU) is the hospital area with the objective of assisting critically ill patients who need a numerous medication, interventions, and the use of specialized equipment. It plays a crucial role in the chance of survival. The pharmacist must intervene in the best way in the daily evolution of the patient, always aiming at the correct, safe, and effective use of medications, with the minimum of adverse events, and preventing and investigating possible drug-related problems. This study purposed to evaluate the profile of pharmaceutical interventions, regarding their type and acceptability by the multi-professional team, performed by clinical pharmacists in an ICU. The study was a retrospective, descriptive and quantitative analysis of the performance of the clinical pharmacist in an adult ICU in a high-complexity hospital of the private health network in São Luís, Maranhão, Brazil, using data from the medical record's system and clinical reports documented by the hospital's Clinical Pharmacy Service from January 2014 to December 2018. A total of 355 medical records were evaluated, where 51.55% were male patients, mean age of 69 (±17.93) years and mean length of stay of 14.47 (±21.86) days. Preexisting diseases prevalent in this period were Systemic Arterial Hypertension (27.22%), Diabetes Mellitus (14.08%), Heart Diseases (9.69%), Neoplasia (7.84%), and Chronic Obstructive Pulmonary Disease - COPD (2 .79%). A total of 1288 signs of pharmaceutical interventions (PI) in Group I were counted, with the risk of phlebitis predominating with 41,54% of the guidelines, followed by high surveillance medications (HSM) with 26,79%, risk of falling with 18,01%, risk of bronchoaspiration with 9,63%, constipation with 2.41% and Torsades de Points with 1.63%. 278 of the group II PI were identified, for drugs that should be administered via a tube with 40.65%, and drug incompatibilities regarding administration via Y, with a frequency of 59.35%. For group III, there were a total of 455 signs, with a prevalence of medication reconciliation (47,03%), drug interactions (40,88%), and dose adjustment (8,13%). As for the acceptability of group III interventions, 52,53% were accepted and 16,26% were not accepted by the clinical staff, with 8,79% not being accepted with justification, taking into account the critically and particularities of the patients' clinic, and 7.47% not accepted without justification. Adherence to the clinical pharmacist's proposals may be showed the importance of the pharmacist in reviewing medical prescriptions to collaborate with medication efficacy and patient safety.

Keywords: Clinical Pharmacy; Drug Related Problems; Pharmaceutical Intervention

There was no financial support for this study.

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2.7 BREXPIPRAZOLE: A NEW DRUG IN BRAZIL USED IN ADJUNCTIVE TREATMENT IN MAJOR DEPRESSION DISORDER (MDD)

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Brexpiprazole is an atypical antipsychotic that has a partial serotonin and dopamine agonist action and has action on some other receptors, such as alpha-1C and alpha-2C. Such receptors may be responsible for the additional benefits observed compared to other antipsychotics, such as reduced motor side effects and better antidepressant action. This drug has an innovation in relation to its predecessors, as it has a greater ability to stabilize serotonin and dopamine functions and seeks to minimize the adverse motor, cognitive and metabolic effects of previous antipsychotics. It had its first approval for use in 2015 and in the Brazilian pharmaceutical industry it was launched and started to be produced in 2020. Its use is as an adjuvant treatment for depression, that is, it is associated with antidepressants and is used in the most severe cases. In this sense, in addition to being associated with other drugs for MDD, this drug emerged in an attempt to find treatments for bipolar disorder and schizophrenia that did not have so many side effects. In the USA it is used and approved in the treatment of schizophrenia, in Brazil it is not yet approved for this purpose. Conventional antipsychotics have many cognitive side effects, the patient also has motor symptoms of slowness, tremors and stiffness and metabolic symptoms such as weight gain, blood pressure and blood glucose. Brexpiprazole is used for off-label treatment in some disorders such as bipolar, behavioral disorders associated with dementia, childhood behavioral disorders and impulse control disorder. The dosage varies according to what will be treated, but generally in depression, lower doses are used, the initial dose being 0.5 mg with adjustment up to 2 mg per day. Signs of improvement are noticed by patients within 2-4 weeks of treatment. Studies show that administration to elderly patients should be cautious, due to the increased mortality in this population during treatment for dementia. The causes of this increase in mortality were associated with cardiovascular dysfunctions, such as heart failure and stroke. Due to lack of conclusive studies, the drug should be avoided in pregnant or lactating women. Based on the results performed with rats, it was not shown to be a drug with a risk of causing physical dependence, nor with teratogenic potential. Brexpiprazole associated with other antidepressants has been shown to be a drug that has great efficacy with reduced adverse effects

Keywords: brexpiprazole; rational use of medicines; major depression disorder

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2.8 PHARMACEUTICAL MANAGEMENT IN PATIENT SAFETY IN ANTICOAGULANT THERAPY

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In clinical practice, anticoagulant therapy is the first pharmacological line of choice for the treatment and prophylaxis of thromboembolic events, resulting from an imbalance in coagulation homeostasis or a deficiency in the mechanisms of inhibition. Anticoagulants are drugs capable of preventing or containing the formation of blood thrombi by inhibiting important factors and enzymes in the coagulation cascade. This study aims to present the importance of the pharmacist in monitoring patients on anticoagulant therapy. This is an integrative literature review, in the following databases: Scientific Electronic Library Online (SCIELO), Latin American and Caribbean Literature (LILACS) and descriptors: anticoagulants, clinical pharmacy and cardiovascular diseases. The selection respected as inclusion criteria articles available completely and free of charge between the years 2019 and 2022, in Portuguese and English, and those that did not address the theme were excluded. A total of 136 studies were found, of which 14 met the criteria and were included in the review. According to the Department of Informatics of the Unified Health System (DATASUS), in the last decade there has been an increase in the prevalence and incidence of cardiovascular diseases in the world population, in addition, there has been an exacerbated increase in thromboembolic events in the world during the peak of the pandemic. COVID-19. In most cases in both scenarios, they were managed through anticoagulant therapy. Patients who have in their pharmacotherapy the use of this pharmacological class, need continuous monitoring and are more vulnerable to Problems Related to the Use of Drugs and Adverse Reactions to Drugs, due to the clinical condition, polypharmacy, the use of Potentially Dangerous Drugs and the frequent change of pharmacotherapeutic regimens. Due to these factors, the pharmacist's role in the management of these patients is remarkable during the pharmacotherapeutic follow-up process, analysis of medical prescriptions, monitoring of laboratory tests and performance of pharmaceutical interventions. In this context, pharmaceutical performance as part of the multidisciplinary team is vital, through clinical activities in the monitoring, management and follow-up of patients on anticoagulant therapy, by adding to the promotion, effectiveness and good practices of patient safety.

Keywords: Anticoagulant; Clinical Pharmacy; Cardiovascular Diseases

Ethics Committee approval protocol: It is not necessary

Suportted by: Pharmacist and Internship Preceptor, Maria Lecioneide de Carvalho

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2.9 IS THERE HEALTH AT PRISON? MEDICATION USE BY WOMEN DEPRIVED OF LIBERTY IN A MUNICIPALITY IN EASTERN MINEIRO

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Access to health and health care are the rights of all people, including the population deprived of liberty (PDL). In 2014, through the PNAISP, The National Policy for Comprehensive Health Care for Persons Deprived of Liberty, access to medical care, dental care, and pharmaceutical care was consolidated as the right of convicts. Despite the use of medicines and the high occurrence of health problems being common among PDL, this public is still neglected when it comes to quality pharmaceutical services. Therefore, it is highly relevant to study aspects related to the profile of drug use in this scenario. The aim of this study is to describe the pharmacotherapy used by PDL at a female prison institution located in a municipality in the east of Minas Gerais. This was a cross-sectional study in which the analyzed data came from the therapeutic records of women deprived of their liberty who were serving time in the semi-open and closed regimes at a prison institution in a municipality in eastern mineiro. The investigation is in progress and the data presented here refers to the period from January to March 2022. The partial results revealed that 62 women were serving time in this place during the study period, 38 in the closed prison regime and 24 in the semi-open prison regime. In the closed prison regime, 29 (76%) of the prisoners used medication and of these, 10 (34.4%) were in polypharmacy - they used five or more medication. In the semi-open regimen, 24 (62.5%) used medication and 3 (20%) were in polypharmacy. The average number of drugs used was three drugs per person, in both regimens. The most prevalent drug was clonazepam, used by 18 (41%) of the women, followed by amitriptyline, used by 16 (36%) and in third place, losartan, used by 8 (12.9%) of the women. The preliminary data from this investigation demonstrated the high medication use in this PDL, especially psychotropic medication. Such facts reinforce the continuity of studies as well as the importance of actions that guarantee the rational use of medicines in the prison environment.

Keywords: Prisoners; Drug utilization; Pharmaceutical Services

Ethics Committee approval protocol: approval No. 4.134.215 by Research Ethics Committee of UFJF

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2.10 IMPLEMENTATION OF PHARMACEUTICAL OFFICES IN THE PUBLIC HEALTH SYSTEM OF A MUNICIPALITY IN THE SOUTH OF MINAS GERAIS

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The pharmacist's office is a work environment for the clinical pharmacist to care for patients, family members and caregivers, where the pharmaceutical consultation is carried out in privacy with the aim of obtaining the best results with pharmacotherapy and promoting the rational use of medicines and other technologies. in health. The objective of this summary is to report the experience of implementing six pharmaceutical offices in the public health system of a municipality in the south of Minas Gerais. In November 2018, the first pharmaceutical office was implemented in the municipality of Alfenas-MG in a Medicines Distribution Center, where medicines from the Specialized Component of Pharmaceutical Assistance, Psychotropics and Insulins are delivered to patients. This implementation resulted from a partnership between the Federal University of Alfenas (UNIFAL-MG) and the municipality, which also culminated in the publication of a municipal decree authorizing pharmacists to request laboratory tests and prescribe medications under Resolutions n. 585 and 586 of August 2013 of the Federal Council of Pharmacy. In 2020, UNIFAL-MG University Pharmacy began to provide the population with Basic Component medicines, also through a partnership with municipal management, and to offer clinical services provided by pharmacists. In 2021, pharmaceutical services were implemented at the Psychosocial Care Center of Alfenas and a basic health unit. Finally, in 2022, two new basic health units received pharmaceutical offices, totaling six health establishments linked to the SUS with the work of clinical pharmacists. The pharmaceutical services offered in these places have been pharmacotherapeutic monitoring, pharmacotherapy review, dispensing, health education, health screening and management of self- limited health problems. The human resources for the provision of services are being provided by UNIFAL-MG and involve professors, pharmacists and undergraduate students. The material and infrastructure resources are offered by the two parties that have established a partnership. In each establishment where the offices were implemented, there is a room for patient care that is properly equipped and always has a pharmacist and/or professor who guides two to three undergraduate students per shift. According to the Brazilian Institute of Geography and Statistics, Alfenas has 79,996 inhabitants and twenty health units. With the call of seven more pharmacists by the City Hall, which should take place in the first half of 2022, it is intended to start training these new servers so that they can implement services within the scope of pharmaceutical care in other health units in the municipality.

Keywords: Pharmaceutical care; Pharmaceutical services; Pharmacist

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2.11 IMPLEMENTATION OF PHARMACEUTICAL OFFICES IN HEALTH UNITS OF THE SUS IN ALFENAS-MG

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The pharmacist's role in direct patient care occurs through pharmaceutical services, which go far beyond dispensing medicines. They include the management of self-limited health problems, measurement of physiological and biochemical parameters, pharmacotherapeutic follow-up and monitoring, health education and screening, among others. These services should preferably take place in a pharmacist's office. The network of health units of the SUS (Health Unic System) in Alfenas-MG has decentralized pharmacies where the delivery and dispensing of selected medicines takes place. Initially, in partnership with the Municipality of Alfenas and the Federal University of Alfenas (Unifal-MG), a pharmaceutical office was implemented in one of the units and, due to the successful result, there was an expansion to three more health units: PSF (Family Health Program) Santa Clara Pinheirinho, Primavera and Municipal Ambulatory of Medical Specialties Dr. Plinio Coutinho. The consultations in these newly established offices as well as the internships offered to students of the Pharmacy course at Unifal-MG are under the responsibility of pharmacists at Unifal-MG. The implementation of pharmaceutical consultations was very well accepted by the multiprofessional team of the health units, however, due to the lack of knowledge of the service offered, tracking and health education were used as tools for attracting patients. The service is offered to those people identified, during the screening, as possible beneficiaries of pharmaceutical care, either because they present an altered biochemical or physiological parameter, present a self- limiting health problem or because any problem related to the drug is detected. The percentage of people who agreed to make the first pharmaceutical consultation is still low in relation to the number of people to whom the service is offered, and the number of people who returned for the second or other consultations for follow-up is also reduced. In this way, the evaluation of the effectiveness of the proposed interventions became difficult. Individualized pharmaceutical consultations, focused on the rational use of medication, constitute a relatively recent pharmaceutical service in the practice of the pharmaceutical profession and contribute significantly to the protection, recovery and promotion of people's health. However, there is still a need for greater awareness of the population and the multiprofessional team combined with the dissemination of the benefits of this service, so that people can be referred and benefit from this type of assistance.

Keywords: Pharmaceutical care; Pharmaceutical office; health units

Ethics Committee approval protocol:

Suportted by:

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2.12 ADVERSE EFFECTS OF DIPYRONE COMPARED WITH PARACETAMOL, IBUPROFEN AND ACETYLSALICYLIC ACID: AN UPDATED OVERVIEW

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Dipyrone is a non-steroidal anti-inflammatory drug (NSAID) used on a large scale in Latin American countries and Spain, to control pain and as an antipyretic. Its use remains controversial, given its adverse effect´s profile – including agranulocytosis, nausea, vomiting and abdominal pain –, which resulted in the prohibition of this drug in the United States and in most parts of the European Union. Therefore, this overview of systematic reviews aims to reassess the safety of using this drug in adult patients with mild to moderate pain. A PICOS search strategy was set up to guide the research, which is the following: P - adults with mild to moderate pain; I – dipyrone; C – paracetamol, ibuprofen and acetylsalicylic acid; O – adverse events; S – systematic reviews. Systematic reviews involving populations over 18 years of age, with mild to moderate pain, no history of drug allergies and that compared the drug to other three medication used in analogous ways, ibuprofen, acetylsalicylic acid or paracetamol were selected and the studies should also provide adverse events data. Studies covering immunosuppressed populations or those with liver or kidney failure were excluded. Searches were carried out in the PubMed, Embase, Scopus and Lilacs electronic databases using search strategy for each database, making use of Boolean operators OR and AND to combine the controlled vocabulary (MeSH, DeCS and Emtree) and key words (last search: 25/10/2021). This study was registered at PROSPERO platform with the register number CRD42021295272. Two independent reviewers carried out the study selection process through screening and eligibility. If there was disagreement, it was resolved by a third reviewer. The references of the included articles were tracked, a search was made in the gray literature and PROSPERO database and experts were sought, especially through the ResearchGate platform, in order to find research possibly ignored in the original search. The following data were extracted by two independent reviewers: Sixty-three studies were found in databases and 5 through manual search, of which 7 were included in total for qualitative synthesis. As of now, dipyrone seems to have a profile of adverse effects very similar to the other drugs involved, though it causes more agranulocytosis than acetaminophen. It is expected from this overview to comparatively verify the safety of the use of this drug in order to allow new therapeutic possibilities in a safer and based on evidence way.

Keywords: Dipyrone; Safety; Paracetamol; Ibuprofen; Acetylsalicylic acid

Ethics Committee approval protocol: Not applicable

Supported by: This work is being funded by the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior- Brazil (CAPES) - Funding Code 001

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2.13 DRUG DELIVERY IN SUS PHARMACIES: A NARRATIVE REVIEW

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Drug delivery is a service provided by the Ministry of Health for health care in Primary Care, and it can be performed by non-pharmacist professionals, also known as technical support, as long as they are under the supervision and training of the pharmacist. Its purpose is to make the medication available to users with basic orientation regarding its use, verifying if there is a need for intervention. Since not all Brazilian municipalities are able to count on a sufficient number of pharmacists on their staff, it is important that the technical support is trained in order to qualify the delivery of the medication. When properly trained for the job, the technical support may be able to verify suspected problems in pharmacotherapy and refer the case to the pharmacist for analysis. The objective of this study was to verify in the literature the state of the art regarding drug delivery in SUS community pharmacies. To this end, a narrative review of the literature was conducted using the databases MEDLINE (Medical Literature Analysyses and Retrieval System Online) via Pubmed, LILACS (Latin American and Caribbean Literature on Health Sciences) and Google Scholar. The keywords drug delivery, dispensation, and pharmaceutical assistance were used, considering the characteristics of each database. The inclusion criteria were: research that addressed the delivery of medicines in Primary Care pharmacies in SUS, published in English, Portuguese or Spanish; in original article format. There was no limitation of the publication period. As a result, it was observed that drug delivery is a less complex service than dispensing. However, it still requires the preparation of technical support, since the singularity of the subjects must interfere in the conduct and results of drug treatment. Therefore, the service has a structured work process that should serve as a form of standardization of the operational procedure in the execution of the service by the technical support. The pharmacist is responsible for training the technical support. The pharmacist must have specific knowledge and skills in relation to legislation, health problems, medicines, and communication with the patient, as well as being duly updated and based on scientific evidence. The training should have satisfactory quality and be efficient in preparing the team to perform the services. In this sense, the pharmacist has responsibilities in the implementation of strategies for the promotion of the rational use of medicines, as well as for all the financial repercussion that the medicine represents for the health services, which involves the training of the technical support to carry out the delivery of medicines.

Keywords: Drug delivery; Primary health care; Dispensing

Financing: None

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2.14 DEVELOPMENT OF A GUIDE FOR INCOMPATIBILITY IN Y OF INDOVENOUS DRUGS IN A UNIVERSITY HOSPITAL IN SERGIPE

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The administration of intravenous drugs during the recovery of patients in the hospital setting is quite common. However, this process can result in various health risks for the patient. Among these risks are the physical- chemical incompatibilities that, in general, can cause consequences to the patient's health in different degrees. Factors that contribute to drug incompatibilities include the large number of prescribed drugs, daily administration, and even continuous, simultaneous, and intermittent administration. In view of this, institutional documents emerge as an alternative that aim to direct and standardize care practice, in order to ensure the safe and appropriate use of pharmacotherapeutic treatment. Despite this, the use and development of these management tools have been less and less frequent. In this sense, the present study aimed to guide the nursing and pharmacy staff regarding the Y incompatibilities of intravenous drugs. Data were collected from the survey of commonly standardized drugs at a University Hospital in Sergipe. A quick reference table was developed after these drugs were evaluated for Y-compatibility. Guides published by other specialized hospitals, scientific articles and the most up-to-date manuals were used as a basis. Of the 118 different intravenous drugs analyzed, 86 were involved in incompatibilities, with emphasis on the following drugs: amphotericin B, diazepam, phenytoin and midazolam and sulfamethoxazole + trimethoprim, which had the highest number of incompatibilities. Finally, the creation of this instrument made it possible to strengthen the safe use of medicines in a more appropriate way, increasing the safety and effectiveness of clinical care, optimizing the therapeutic outcome of the patient admitted to the hospital setting and preventing errors related to medicines through the implementation of practices of effective care.

Keywords: Pharmaceutical care; Incompatibility guide; Drug incompatibility

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2.15 EFFECTIVENESS OF KETAMINE AND ITS DERIVATES IN IMPROVING SUICIDAL IDEATION IN PATIENTS WITH TREATMENT-RESISTANT DEPRESSION: A STUDY PROTOCOL

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Suicidal ideation, consisting of the act of thinking about one's own suicide, wheter in a more elaborate and detailed way, or just a desire not to be alive, has a high incidence among individuals with psychological disorders, thus resulting in an increase in the morbidity and mortality in this group. Ketamine, a drug used a priori as an anesthetic, was show to be effective in improving the symptoms of treatment-resistant depression (TRD) in several clinical trials. With this, we sought to develop a systematic review protocol, following the PRISMA-P [preferred reporting items for systematic reviews and meta-analyses protocols] format, with the following study question: "Is ketamine or derivatives more effective than other therapeutic options in preventing suicide in patients with treatment-resistant depression (TRD)?". Thus, a systematic review protocol is being conducted according to PRISMA criteria [preferred reporting items for systematic reviews and meta-analyses]. We developed a search strategy using Mesh descriptors, in addition to other keywords relevant to the search, using the Boolean operators OR and AND to combine within the same category and between categories, respectively, using the PICO format. Searches were performed in the PUBMED, EMBASE, COCHRANE LIBRARY, SCIELO and LILACS databases in July 2021, and only randomized clinical trials were included in our study. Undisclosed studies sought in the gray literature, from contact with authors specialized in the subject, analysis of clinical records, conference abstracts, among other measures. Duplicates of the articles found were excluded by the Rayyan platform, and the reading of titles and abstracts, at first, and the studies in full, later, are being done by two independent reviewers. Data extraction will be done after the inclusion of studies that meet our inclusion criteria, in a table with the most relevant data for our research, such as the drug used, the route of administration and the effects on suicidal ideation. The assessment of suicidal ideation is based on some specific scores, such as the Columbia Suicide Severity Rating Scale and the Beck Suicide Scale, since the assessment and monitoring of suicidal ideation is essential in patients with TRD. The tendency is that our study shows the effectiveness of ketamine and its derivatives in suicidal ideation in patients with TRD, since these drugs have been widely studied in individuals with refractory depression. In this way, the continuation of our study will show clearer and more evident data, since it is still under development.

Keywords: Ketamine; Suicidal; Ideation; Depression

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2.16 POTENTIALLY INAPPROPRIATE MEDICATIONS ASSOCIATED WITH THE RISK OF FALLS AND FRACTURES

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Considering that one of the aims of the *National Policy on Older Person* in Brazil is the prevention of falls and fractures, it was intended to identify potentially inappropriate medications (PIMs) associated with a greater risk of falls and fractures, as well as possible therapeutic equivalents. A systematic scoping review was conducted on the PubMed and Scopus databases, until May 2021. Studies that developed explicit screening tools to identify PIMs associated with the risk of falls and fractures in older people (≥ 60 years), regardless of gender and presence of morbidity/comorbidity were included. Twelve explicit screening tools that reported 15 drugs and 12 drug classes associated with the risk of falls and fractures were identified. The most cited PIMs were benzodiazepines (BZDs) (n = 10), tricyclic antidepressants (TCAs) (n = 7), and antipsychotics (n = 7) because they are associated with the risk of ataxia, syncope, and impairment of psychomotor function and, consequently, the risk of falls and fractures. Despite the safety risks involved, these drug classes are widely prescribed in clinical practice, especially for the management of psychological and behavioral symptoms of dementia. Selective serotonin reuptake inhibitors, serotonin and noradrenaline reuptake inhibitors, and bupropion are recommended as therapeutics equivalents of TCAs and BZDs. In the indication of neuropathic pain, gabapentin and pregabalin are suggested as TCAs equivalents. No therapeutic equivalent was reported for antipsychotics and it is recommended that their use be monitored in order to identify possible adverse drug events. Hence, BZDs, TCAs, and antipsychotics were the most cited drugs classes associated with an increased risk of falls and fractures. In this context, to identify the use of these medications and possible therapeutic equivalents can contribute to reduce the incidence of adverse drug events and to promote the safety of the older people.

Keywords: Inappropriate Prescribing; Potentially Inappropriate Medication List

Ethics Committee approval protocol: Not applied

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2.17 ASSESSMENT OF THE QUALITY OF LIFE OF RHEUMATIC DISEASE PATIENTS TREATED WITH BIOLOGICAL AGENTS

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Autoimmune rheumatic diseases are a group of heterogeneous pathologies commonly found in the population and that cause significant damage to patients' quality of life, whether due to movement limitation, constant pain, systemic impairment, or psychological and social changes. In addition to containing the disease's progress, there is a range of drugs to assist in the treatment of signs and symptoms, among them biological agents, a group of drugs that, after their development, changed the clinical evolution of patients with pathologies such as rheumatoid arthritis and spondyloarthropathies. In addition to symptomatic efficacy, biological therapy has the potential to significantly modify the course of these diseases, including the possibility of remission. The present study aims to evaluate the quality of life of patients with rheumatic diseases undergoing treatment with biological drugs. A quantitative, descriptive study was carried out, where the sociodemographic and clinical characterization instruments and the SF-36 quality of life assessment questionnaire were applied to patients treated at a specialized clinic in the city of Alfenas, MG. The research had 64 volunteers, among whom 68.8% were female, with an average age of 49.1 years. There was a prevalence of married patients (50%), white (60.9%), self-employed (28.1%), and those with incomplete primary education (28.1%). Most patients had rheumatoid arthritis (42.2%) and were treated with biological drugs for a period of 1 to 5 years (57.8%). The most commonly used biological agent was Infliximab (53.1%). The results generated from the application of the SF-36 quality of life questionnaire showed that in six of the eight domains analyzed, the score was above 50, suggesting an above-average quality of life. There was greater impairment in the physical aspect domain (average 39.8), followed by the emotional aspect (46.9), while the social aspect domain showed less impairment (67.6). The SF-36 questionnaire was an adequate instrument, of relatively quick application and easy to use to assess the quality of life of patients with rheumatic diseases. However, the continuity of the study will be necessary to allow a more precise delimitation of the impact of clinical variables and sociodemographics on the quality of life as well as the patient.

Keywords: Quality of life; Rheumatic disease; Biological agents

Ethics Committee approval protocol: 4.798.708

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2.18 EVALUATION OF THE RELATIONSHIP BETWEEN ANXIOLYTIC USE AND MEDICAL FOLLOW-UP IN THE CONTEXT OF THE COVID-19 PANDEMIC

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Nowadays, an increase in the use of anxiolytics is observed worldwide, and this use often does not have adequate medical monitoring, a situation which evinces the irrational use of drugs. Thus, this work aims to analyze the use of anxiolytics and relate it to adequate medical follow-up, comparing these data with the space-time before and during the COVID-19 pandemic, as well as evaluating the short and long-term repercussions of using these drugs. This is a quantitative/qualitative, descriptive study carried out in a virtual environment. The disclosure was made through an informative post on Facebook, Instagram, and WhatsApp®. For data collection, a questionnaire developed by the researchers was used with questions about sociodemographic aspects in addition to questions related to anxiety and how to treat the pathology, both in the previous context and during the SARS-CoV-2 pandemic. A total of 126 volunteers participated in the research, among whom 84.1% were female and the average age was 31 years. 55% of the participants reported having been diagnosed with anxiety, and of those, the most common part was before the pandemic (72.4%). 59.3% report that they were diagnosed by psychiatrists and/or psychologists, and 37.7% still follow up with psychiatrists and report that the service provided is satisfactory, not stating differences between face-to-face or remote appointments. Among those who report being diagnosed with anxiety, 69.5% are undergoing pharmacological treatment, most of whom were already using it before the pandemic. 69.5 percent of people diagnosed with anxiety are receiving pharmaceutical treatment, the majority of whom were previously taking it prior to the pandemic. It was also observed that the pandemic increased anxiety symptoms, and, consequently, there was an increase in the dose of medicine in this period. Most drugs are obtained through medical prescriptions. The present study showed that although the pandemic triggered an increase in anxiety, it has not been shown to raise the diagnosis of anxiety disorder in the sample, but rather to promote the worsening of this disorder.

Keywords: Anxiolytics; Rational Use; COVID-19

Ethics Committee approval protocol: 4.930.836

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2.19 PROFILE OF POTENTIALLY INAPPROPRIATE MEDICATION USE FOR ELDERLY IN A PRIVATE HOSPITAL FROM SÃO LUÍS-MA IN THE YEARS 2014 AND 2015

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The use of medications is becoming the main therapy in the treatment of diseases these days, which may bring risks due to adverse events, especially in some populations, such as the elderly, who generally use several drugs simultaneously. The objectives of this study were to verify the frequency of Potentially Inappropriate Medication (PIM) use for elderly, according to Beers criteria, in a private hospital from Maranhão, in the city of São Luís. A retrospective, quantitative, descriptive and longitudinal study was carried out, which allowed the analysis and evaluation of the profile of PIM use for the elderly in a private hospital. The data obtained was processed using Microsoft Excel and IBM SPSS Statistics 25. The present study was submitted to the ethical evaluation of the Research Ethics Committee and approved by the opinion number 3.250.115. It was observed that there was a predominance of women committed during the studied period, corresponding to 58,49% of patients in 2014 and 55,1% in 2015. The total number of drugs prescribed at the study site throughout the study period was 1658 and 37,03% of those are considered PIM by the Beers criteria. Among the most prescribed PIM classes in the two years are drugs for the treatment of alterations caused by acids (22,96%), antithrombotic agents (22,64%) and diuretics (11,56%). This study showed a high frequency of PIM prescribed for the elderly and reinforces the importance of care in the prescriptions of this population, which can be done with the aid of tools to identify high-risk therapies.

Keywords: Potentially Inappropriate Medication; Beers Criteria; Clinical Pharmacy

Ethics Committee approval protocol: 3.250.115

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2.20 IMPORTANCE OF PERSON-CENTERED CARE FOR SUCCESSFUL DIABETES SELF- MANAGEMENT: PATIENTS' PERSPECTIVES

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No-controlled diabetes mellitus is associated to the development of chronic complications, responsible for high morbidity and mortality rates. The healthcare professional carries out an important role in health education of people living with diabetes, in order to provide them the necessary autonomy to perform daily self-care activities, such as healthy eating, being active, taking medication and monitoring the glycemia. Evaluating the perception of people with diabetes about their relationship with healthcare professionals is important, because a good healthcare professional – patient communication is related to higher rates of self-care behaviors, well- being, self-efficacy and lower diabetes distress. The aim of this study is to present from the point of view of people living with diabetes, which factors in the healthcare professional – patient relationship, contribute to the adherence to diabetes self-management. Individual semi-structured interviews with Brazilian diabetic patients older than 18 years were conducted at Google Meet® platform in March and April, 2021. All interviews were recorded and subsequently transcribed to be analyzed. Nine people living with type 1 diabetes and two living with type 2 diabetes were interviewed and all of them had complete higher education. The participants were residents of six different Brazilian states: Piaui, Pernambuco, Mato Grosso, Minas Gerais, São Paulo e Rio Grande do Sul. Several aspects of person-centered care were mentioned as essential for developing bond and trust between healthcare professional and patient. Active listening, shared decision-making, having empathy and patience during the attendance, justifying and individualizing the counselling were highlighted as postures valued in health professionals, since they motivate and engage people to adhere to health behaviors. On the other hand, punitive, unwelcoming behaviors, and an approach focused only on numbers and based on possible future threats of poor glycemic control, cause frustration and the search for other health professionals. The results of this study reinforce the importance of training health professionals to perform their functions based on person-centered care, which is essential to meet current health demands, in addition to being valued by the patient and influencing adherence to health professionals' recommendations.

Ethics Committee approval protocol: approval No. 4.418.475 by Research Ethics Committee of FCFRP-USP Suportted by: National Council for Scientific and Technological Development (CNPq)

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2.21 MANAGEMENT OF HEPATORENAL SYNDROME WITH THE USE OF TERLIPRESSIN: A REVIEW

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Hepatorenal syndrome is a disorder characterized by renal dysfunction that occurs during the course of severe chronic liver disease, particularly advanced cirrhosis, but which can also occur during an acute liver crisis[1]. This syndrome is marked by reduced glomerular filtration rate and increased serum creatinine level. Terlipressin has been the most indicated vasopressor to be used during the management of this syndrome. Thus, the present study aims to identify, based on the available evidence, whether terlipressin is the recommended drug of choice and whether there is evidence of other vasopressor drugs for treatment. Searches were performed in PubMed, Cochrane Library and Embase databases. For the search, indexed terms such as "Terlipressin" and "Hepatorenal Syndrome" were used and, in addition to these, respective entry terms, correlating them through boolean operators. As inclusion criteria, systematic reviews published between 2006 and 2021 were used. After selection, 78 reviews were found, duplicates were excluded using the Mendeley application, totaling, in the end, 29 articles selected for full reading. After reading and analyzing it in its entirety, it was observed that there is a significant indication of the use of terlipressin, together with albumin infusion, for the possible reversal of renal vasoconstriction. Many authors have also performed comparative studies between the effectiveness of terlipressin in relation to the use of other vasopressor drugs such as norepinephrine, midodrine and octreotide, but terlipressin stands out in the positive clinical results. Finally, based on the available evidence on the subject, it can be concluded that terlipressin is the most clinically effective drug when compared to other vasopressor drugs. There is also significant evidence on better reversal of the condition when terlipressin is used concomitantly with albumin, compared to other drugs.

Keywords: hepatorrenal syndrome, terlipressin, albumin

[1] GINÈS, Pere et al. Hepatorenal syndrome. Nature, Catalonia, v. 23, no. 4, p. 1-15, Jan. 2018. Available at: https://www.nature.com/articles/s41572-018-0022-7. Accessed on: 02 Apr. 2022

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2.22 PREVALENCE OF BLOOD HYPERTENSION IN SCHOOL CHILDREN OF A PUBLIC EDUCATIONAL INSTITUTION IN THE CITY OF ASUNCIÓN, PARAGUAY

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Although arterial hypertension (HTN) is traditionally diagnosed in adulthood, it is known that an early diagnosis allows establishing actions to avoid complications in the future. The objective of this study was to determine the prevalence of arterial hypertension in school children. Descriptive observational study, non-probabilistic convenience sampling. A total of 77 schoolchildren from 4th to 6th grade were examined, with prior parental consent, in June 2017. Blood pressure was measured with calibrated aneroid sphygmomanometers, with cuffs of the recommended standard dimensions, and the 95th percentile was used for age, sex and height in order to classify arterial hypertension (AHT), classifying by means of cut-off points according to the national standard. 53.3% of the participants were male, the average age was 10.8±1.4 years. All children with Blood Pressure (BP) ≥95 percentile were classified in the category of Arterial Hypertension (HTN), whose general prevalence was 1.3% (n=1). Hypertension, in turn, is classified as Grade I if BP is between the 95-99th percentile and Grade II, a percentile greater than 99. The only case of HT was Grade I. When BP is between the 90-95th percentile, it is considered Normal-High ie pre-hypertensive. In the study, the prevalence was 7.8% (n=6). The prevalence of normotensive, that is, BP less than the 90th percentile, was 90.9%. Although the prevalence of hypertension is low, it is necessary to monitor this vulnerable population from prevention through health promotion strategies aimed at schools.

Keywords: Hypertension; School Children; Prevention

Ethics Committee approval protocol: approved by the Research Ethics Committee of the FCQ-UNA CEI/340/17
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2.23 PROFILE OF PRESCRIBED AND NON-PRESCRIBED HORMONOTHERAPY IN A TRANS AMBULATORY IN NORTHEASTERN BRAZIL

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In Brazil, since 2008, the Transsexualization Process in the SUS was instituted by the Ministry of Health. This defines that transgender persons can receive hormone therapy for body transformations from 18 years of age onwards if they so wish. However, many people are already present to the health service using hormones, often inappropriate to their health condition or administered in a way harmful. Despite the Transsexualization Process being regulated by ordinances, there are still few services prepared to meet the demands of transgender, in addition to the lack of mechanisms that facilitate this population's access to health services. This study aimed to analyze the profile of non-prescription hormone therapy use in a trans clinic located in a northeastern Brazilian state. This is an observational, retrospective, descriptive study carried out from January to March 2022. Data were collected from the electronic medical records in the Management Application for University Hospitals-AGHU/Ebserh. The following data were collected: date of birth, age, self-reported gender, and the name of the hormones used (prescribed and non-prescribed). Medical records that did not contain records on the use of hormones were excluded from the study. 61 medical records were included in the study. Of this total, 31 (50.8%) were trans men, 26 (42.6%) were trans women, followed by "travesti" 2 (3.3%), gender fluid 1 (1.6%) and bigender 1 (1.6%). The mean age was 26.7 years ± 6.5 years. The analysis showed that 53 medical records (86.9%) had prescribed hormones and that in nine records (17%), the use of non-prescription hormone therapy was identified only in trans women. Of these, six trans women were unable to inform the name of the drugs used. The most used hormones, testosterone cypionate represented (n 20, 37.7%) in trans men and the formulations 17-beta estradiol (n 5, 9.4%) and estradiol hemihydrate (n 5, 9.4%) in trans women. These data suggest that hormone use was more prevalent in trans men, but non-prescription hormone therapy was evidenced in trans women. This can be justified by the ease of access to female hormones since they are dispensed without a medical prescription. This scenario reinforces the role of the trans clinic in meeting the demands and in understanding the reasons that lead the user to seek the service.

Keywords: Transgender Persons; Health Servicws; Self Medication

Ethics Committee approval protocol: The research was approved by the Research Ethics Committee of the Hospital Universitário de Sergipe (CAAE 92652218.6.0000.5546) under opinion 3,068,440

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2.24 DEVELOPMENT OF A PHARMACEUTICAL PRESCRIPTION PROTOCOL IN THE STATE OF RIO GRANDE DO SUL FOR HIV POST-EXPOSURE PROPHYLAXIS: PROFESSIONAL EXPERIENCE REPORT

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Post-Exposure Prophylaxis (PEP) for the risk of infection with the Human Immunodeficiency Virus (HIV) is provided in Brazil to expand the forms of intervention to prevent new HIV infections, and it is necessary to start using it within less than 72 hours after sexual exposure, as it is considered a medical emergency. Pharmacists are strategic professionals within health services and their clinical activities, including drug prescription, are supported by specific legislation. The objective of this work is to report the process of building an institutional protocol for the pharmaceutical prescription of PEP in a specialized state service located in Porto Alegre, Rio Grande do Sul. The protocol was developed in stages, namely: elaboration stage, stage of structuring instruments for consultation and monitoring, and stage of evaluation of indicators. In the elaboration stage, an integrative review of the literature was carried out to identify potential fields of action of the pharmacist through the realization of pharmaceutical prescription, so that the protocol obtained a theoretical foundation consistent with the most recent practices in the scientific literature, as well as helped in the structuring medical records for monitoring service users. In addition, meetings and negotiations were also held with the multidisciplinary team from different sectors and with the management of the health service to align professional conduct. With the completion of the protocol and prior approval of the health team and the management of the health service, the evaluation of indicators followed, where the monitoring tables of users and the support materials used in pharmaceutical consultations were produced. The protocol came into force at the institution on 01/12/2021, and 57 users have been served since then. Of these, one person had complications during treatment caused by adverse effects, requiring medical attention. Patients are being monitored for return for rapid HIV testing and assessment of adverse effects. The initiative to develop a protocol to support and direct the participation of the pharmacist in the PEP prescription process in the health service contributed to the articulation between the professional pharmacy council and the Ministry of Health to authorize the prescription of PEP and PREP (Pre-Prophylaxis Prophylaxis). Exposure) to pharmaceutical professionals, through a favorable opinion that generated a nationwide ordinance. The initiative, which is a pioneer in the state in the implementation of a pharmaceutical protocol to support a pharmaceutical prescription service, had a positive impact on the consolidation of this practice in other public health services, improving care for the population, increasing access to prophylaxis and qualifying the professional conduct.

Keywords: Pharmaceutical Prescription; HIV Prophylaxis; Pharmaceutical Protocol; Pharmaceutical Services

3.RATIONAL USE OF MEDICINES

Brazilian Journal of
HEALTH AND PHARMACY

3.1 EXPERIENCES INVOLVING REVERSE LOGISTICS OF MEDICINES: A REVIEW

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Reverse logistics for medicines was established through Decree 103,888 on June 5, 2020. It deals with the rational disposal of household or disused medicines. The Pharmacist and the drugstore have a central role in complying with this decree. Thus, establishments are responsible for collecting and raising awareness of correct disposal. To identify in the literature, experiences of reverse logistics of medicines in drugstores. This is an integrative literature review, in the databases: Scientific Electronic Library Online (SCIELO), CAPES Periodicals, LILACS, and pubmed using descriptors: reverse logistics, medicines, and drugstores. Inclusion criteria were respected: available completely and free of charge, between the years 2017 to 2021, in any language and excluded those that did not address aspects of drug disposal in drugstores and that dealt with a literature review. Because of the literature search, 141 were found, of which 10 met the inclusion criteria. As found in the literature, the rules in force for this topic are RDC No. 222/2018, and RDC No. 44/2009, and the majority do not apply the Reverse Logistics of medicines, in the vast majority because they are not aware of it, in addition, many establishments do not segregate medicines and it is noted the use of outsourced companies to carry out the final disposal and that the means is through incineration. It was possible to notice in a significant portion of articles, that the authors report that in most pharmacies there is a deficiency in equipment for the safe disposal of medicines, as well as information on conscious disposal, which favors improper disposal and increased environmental consequences, also unknown by consumers. Pharmacies have greater ease of educational power, mainly because of pharmaceutical guidance that avoids inappropriate disposal of medicines. In this way, pharmacies could prioritize the implementation of a collection system, through an information board and guidance from employees to consumers, as well as having and exposing collectors to the respective segregation, in addition to publishing the action carried out on social media.

Keywords: Reverse logistics; Medicines; Drugstores

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3.2 EFFECTIVENESS OF TREATMENTS FOR DYSTONIC TREMOR, TREMOR ASSOCIATED WITH DYSTONIA AND DYSTONIC TREMOR SYNDROME: A SYSTEMATIC REVIEW PROTOCOL

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Dystonic Tremor is a type of tremor of action that appears in the segment affected by dystonia, with asymmetry, variable amplitude, irregular frequency, and predominant direction. The pharmacological treatment of Dystonic Tremor consists of the use of trihexyphenidyl, biperiden (first-line), clonazepam, tetrabenazine (second-line), and primidone, propranolol, and levodopa (third-line) and invasive methods such as deep brain stimulation can also be used. Nevertheless, there is a lack of evidence synthesis regarding the effectiveness of pharmacological and surgical (deep brain stimulation) treatment for this clinical condition. Therefore, the aim of this systematic review will be to answer the question according to the acronym PICOS: What type of treatment, whether pharmacological and/or surgical (deep brain stimulation), is most effective in reducing the severity of dystonic tremor, tremor associated with dystonia and dystonic tremor syndrome? The protocol will be registered in the International prospective register of systematic reviews (PROSPERO). Medline (PubMed), Embase, Cochrane Library, Web of Science, and Scopus electronic databases will be used for the search (from inception to May 2022). In addition, studies will be searched in other registries, such as gray literature databases (OpenGrey and MedRxiv), clinical trials registry databases (clinicaltrials.gov; International Clinical Trials Registry Platform; The European Union Clinical Trials Register and Registro Brasileiro de Ensaios Clínicos), and reference list of included studies. A search strategy elaborated with controlled vocabulary (MeSH, DeCS, and Emtree) and keywords will be used for each database. Two independent reviewers, through screening and eligibility, will carry out the study selection process. Assessment of risk of bias will be performed using the Risk-of-bias tool for randomized trials and the Modified Newcastle-Ottawa Scale. A summary of collected results will be presented in a descriptive way through tables. If possible, a meta-analysis of randomized controlled trials using the Mantel-Haenszel method and random effect model will be realized. In addition, heterogeneity, subgroup analysis, sensitivity analysis, funnel plots, and prediction interval will be performed. RevMan Manager Software will be used. Quality of evidence synthesis will be evaluated through the Grading of Recommendations Assessment, Development and Evaluation (GRADE).

Keywords: Dystonic tremor; Therapeutics; Deep Brain Stimulation

Ethics Committee approval protocol: Not applicable

Supported by: This work is being funded by the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior- Brazil (CAPES)- Funding Code 001

Brazilian Journal of
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3.3 EXPERIENCES FROM THE DRUG INFORMATION CENTER

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The Drug Information Center (DIC) at the Federal University of Alfenas is an extension project founded on April 6, 2015 and currently has 7 academic Pharmacy members. The DIC was born from the need to consider the large amount of information available on drugs as well as the application of this knowledge to clinical practice. In Brazil, the first DIC was implemented in 1994 as the Brazilian Drug Information Center. This service has proved to be useful as a free and secure update source. The DIC has the objective of providing, evaluating, retrieving and disseminating technical-scientific information on drugs and therapeutic decisions in an objective and timely manner. The DIC uses reliable and up-to-date sources of information to prepare technical notes on drugs and pharmacotherapy. These notes are published on the website of the Regional Council of Pharmacy of Minas Gerais and sent via mailing to pharmacists in the state. Along with another extension project: The voice of science, DIC produces informative and educational audios for federal radio in Alfenas, addressing topics such as the rational use of medicines, fake health news and diabetes mellitus. In partnership with the University of Brasília (UNB), the DIC worked on the production of protocols for the management of self-limited health problems by the pharmacist that will be disseminated through the Brazilian Association of Non-Prescription Medicines. Since the beginning of its activities, the DIC has already developed a total of 20 technical notes, 13 explanatory videos were produced on the effects caused by the use of antidepressants and anxiolytics and on slimming drugs and teas that were released on the instagram and you tube platform, totaling a reach of more than 1200 views in total. More than 30 audios were produced for broadcasting on the radio with the aim of reaching an audience that does not have access and/or the habit of accessing the internet; and 35 posts on important health topics were published on instagram. excellent job in disseminating reliable technical information and this is especially necessary at a time when fake news are circulating very significantly.

Keywords: Medicines; Information; Update

Brazilian Journal of
HEALTH AND PHARMACY

3.4 EVALUATION OF PRESCRIPTION OF PATIENTS USING OMEPRAZOLE IN PRIMARY HEALTH CARE IN A MUNICIPALITY OF MINAS GERAIS

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Proton pump inhibitors (PPIs) are one of the most prescribed therapeutic classes in the world, combining aspects that include high efficacy with low toxicity. Studies indicate that the long-term use of this class of drugs, which include omeprazol, is safe and relieves the gastrointestinal discomforts that users face with the use of polypharmacy. However, other studies show its chronic use may be related to some adverse effects and some risks associated with prolonged and/or indiscriminate administration. Omeprazol is part of the National List of Essential Medicines (RENAME), widely used in the clinic to treat various disorders, which are associated with stomach acid secretion, among others. This study aims to evaluate omeprazole prescriptions in Primary Health Care in the city of Alfenas-MG. This is a descriptive, quantitative and retrospective study where all prescriptions containing the drug omeprazole, dispensed from April to November 2020 were evaluated. The variables collected were: daily dose and frequency of omeprazol, duration of treatment, demographic characteristics such as gender, classes and interactions with other medications. A total of 12,627 prescriptions were analyzed and 1,381 (10.9%) prescriptions containing omeprazol were found, of which 547 (39.6%) were male and 834 (60.4%) were female. The mean number of medications used by patients was 5.49, suggesting polypharmacy. Other prescription drugs along with omeprazole, have been classified according to the Anatomical Therapeutic Chemical Code. Drugs with action on the cardiovascular system (group C) were the most prescribed (48.6%), within this group, simvastatin was the most prescribed (n=548; 8.8%). Then drugs for the alimentary tract and metabolism (group A) (21.9%) and blood and blood-forming organs (group B) (12.1%). The 20mg dose was found in 98.7% of prescriptions, most of them for continuous use and once a day. In conclusion, there is a high inappropriate prescription of long-term PPIs in medical practice, which favors interactions and potential adverse effects, so it is necessary to improve the training of professionals to promote the rational use of these drugs and reduce the risks associated with the treatment of prolonged use.

Keywords: Omeprazole; Primary Care; Rational Use of Drugs

Ethics Committee approval protocol: 4.717.418

Suportted by: Unifal-mg

4.HOSPITAL PHARMACY

Brazilian Journal of
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4.1 PHARMACEUTICAL INTERVENTIONS ANALYSIS IN NEONATAL PATIENTS ADMITTED TO THE INTENSIVE CARE UNIT OF THE EVANGELICAL HOSPITAL OF LONDRINA

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Clinical Pharmacy is a science field that provides knowledge for the pharmacist to perform clinical assistance, aiming the improvement of patient's quality of life. The patient care process is mostly composed of four stages: (i) collection and organization of user data; (ii) identification and evaluation of problems related to pharmacotherapy; (iii) elaboration of a care plan for the user; and (iv) individual user follow-up when necessary. Knowing that the neonatal intensive care unit (ICU) is recognized as a high-risk environment for the occurrence of errors, preventing them is a clinical necessity. Thus, the participation of clinical pharmacists and the implementation of critical analysis of incidents are among the strategies to avoid errors. The present study analyzed drug-related problems and their possible causes, according to the guidelines of Classification for Drug- Related Problems (PCNE) in its version 9.1 of 2019, aiming to stratify the pharmaceutical interventions performed by the clinical pharmacist in a Neonatal Intensive Care Unit, from January 2018 to December 2021. Patients whose length of stay in the unit was less than 24 hours and patients older than 28 days of life were excluded from this study. According to this study, Drug-Related Problems were caused by drug use process, such as inappropriate time of administration or dose interval (n= 113, 24.6%) and medication administered in excess (n= 62, 13.6%). We also found dispensing process errors, mainly wrong, unclear, or forgotten dosage (n=75, 16.3%). In addition, very high drug dose (n=40, 8.7%), low drug dose (n=21, 4.5%), and inadequate duplication of the therapeutic group or active ingredient (n=44, 9, 6%) were among Drug-Related Problems. Still analyzing the data, other causes were identified, such as the absence or inadequate monitoring of results (n= 8, 1.7%) and inappropriate pharmaceutical presentation (n= 26, 5.6%). Thus, with the stratification performed in this study, the most frequent drug-related problems in the neonatal ICU (evaluated here) are involved in the drug use process and the dispensing process.

Keywords: Clinical Pharmacy; Pharmaceutical Attetion; Neonatal Intensive Care Unit

Ethics Committee approval protocol: 4.880.087 (CAAE: 48567021.1.0000.5231)

5. PAIN

Brazilian Journal of
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5.1 EFFECTIVENESS OF EPIDURAL MORPHINE ONCOLOGICAL PAIN TREATMENT IN PATIENTS WITH ABDOMINAL CANCER: A STUDY PROTOCOL

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With the objective of increase the effectiveness compared to traditionals routes of administration used and reduce the adverse effects on treatment of oncological pain, especially in abdominal cancer, the epidural route is shown to be a beneficial alternative. This systematic review protocol aims the question of research: "Is the use of epidural morphine more advantageous over other routes of administration in the treatment of cancer pain in patients with abdominal cancer?". The databases used will be PubMed, EMBASE, Web of Science, Scopus e Cochrane Library, using DeCS and MeSH controlled vocabulary and specific keywords. In addition, the Boolean operators "OR" and "AND" will be used to combine intra and intercategories, respectively. The articles founded will be exported to EndNote and Rayyan® and duplicates removed. In sequence, two independent researchers will read the titles and abstracts and, among the selected references, read them integrally. This review includes randomized clinical trials performed with patients with abdominal cancer who used oral or epidural morphine in the treatment of cancer pain, without restrictions on gender or ethnicity. Excluded studies are going to be recorded for analysis. In cases of conflict, consensus will be established with a third researcher. To identify possible relevant non-indexed publications a manual search will be performed in the references of each article included, in the clinical trial registry bases and in gray literature, according to Methodological Guidelines for the Preparation of a Systematic Review and Meta -analysis of Randomized Clinical Trials.The agreement between the responsible for checking eligibility will be analyzed using the Kappa coefficient. The calculation will be performed using the QuickCalcs statistical software. Data extraction will be performed independently by two researchers using standardized tables in which the following variables were collected: i) General characteristics of the articles included; ii) Treatment characteristics; iii) Outcome characteristics. The entire review is being performed in accordance with the recommendations of the Transparent Reporting of Systematic Reviews and Meta-Analyses and followed the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols and was subsubmited at International Prospective Register of Systematic Reviews. The review, until this moment, is limited due to the lack of randomized clinical trials comparing oral and epidural morphine in patients with abdominal cancer, probably indicating the need for further research and studies on this route of administration.

Keywords: Epidural; Morphine; Cancer Pain

Supported by: This work is being funded by the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior- Brazil (CAPES) - Funding Code 001 and by the FAPEMIG/PPSU (Fundação de Amparo à Pesquisa do Estado de Minas Gerais/ Programa de Pesquisa para o SUS - Finding Code APQ-03735-17

6. INTEREST IN PUBLIC HEALTH

Brazilian Journal of
HEALTH AND PHARMACY

6.1 CESSATION OF SMOKING IN TIMES OF A PANDEMIC: PHARMACEUTICAL CARE IN THE MULTIPROFESSIONAL TEAM IN FAVOR OF LIFE

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Pharmaceutical care is an integrated action of the pharmacist with the health team, centered on the user, for the promotion, protection, recovery of health and prevention of diseases. On March 11, 2020, the World Health Organization declared Coronavirus Disease a pandemic. Studies show that smokers are part of the risk group for contamination. In addition, smoking plays a prominent role in the worsening of the coronavirus crisis, as it can be considered a risk factor for the most serious forms of Covid-19, causing different types of inflammation, and damaging the body's defense mechanisms. To ensure that smoking patients had access to smoking cessation treatment, individualized pharmaceutical care was instituted in the multidisciplinary team. The services in this format started in January 2021 and until August of the same year, where 33 patients were treated, 46% women and 54% men. The mean age group for women was 50 years and for men it was 61 years. The results obtained through the consultations and medical records were impressive, as 87% managed to stop smoking, among the patients treated, 21 patients needed pharmaceutical intervention. As a consolidation of the work, the first event was held on the national day against tobacco and as a result, we had 294 patients impacted with lectures, music, theater and free Auriculotherapy. The appreciation of pharmacists and their inclusion in Health Programs contribute to the strengthening of the team and to better health outcomes.

Keywords: Smoking; Pandemic; Pharmaceutical Care

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6.2 EVALUATE THE CAUSAL RELATIONSHIP OF RAMS NOTIFICATIONS MADE BY THE PHARMACIST MANIFESTED BY PATIENTS INTERMITTED IN A PUBLIC HOSPITAL

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The possible TOXIC CONSEQUENCES of the use of some medications generate special concern among patients, prescribing physicians, dispensers and regulatory authorities, since adverse reactions are an important cause not only of medical consultation but also of hospital admission, and sometimes of the patient's death.The present study aimed to evaluate the causal relationship of suspected adverse drug reactions reported by patients to the pharmacist in the inpatient wards of a public hospital. For the evaluation of the cause-effect relationship (causality and imputability), the algorithm of Naranjo and his collaborators is applied, a probability scale that includes the temporal sequence between the administration of the suspected drug and the appearance of the clinical picture. Suspected adverse reactions are classified into the following four categories: 1) proven or definite adverse reaction, 2) probable, 3) possible and 4) unrelated or doubtful.This study aimed to evaluate the causal relationship of notifications of suspected adverse drug reactions. Of the total number of patients in the study (n: 71), 40.8% (n: 29) presented at least 1 ADR.The active ingredients with suspected ADRs were 24 types, of which the most frequent were Vancomycin 1g (10%), followed in equal proportions by Omeprazole 40mg, Rituximab and Tazonam 4.5mg (7%). The causality analysis through the Naranjo Algorithm of the 24 active ingredients suspected of causing ADRs, the classification of Possible ADRs was the predominant (54%), followed by Probable ADRs (33%) and Doubtful ADRs (13%). The Pharmacist is the professional expert in medicines who can contribute to a good therapeutic use of medicines and tools to achieve the best health results. As a limitation of the study, it could be considered that the convenience sample of the study describes the behavior in this group of patients, so inference cannot be made to the entire population of hospital inmates.

Keywords: Notifications; Causal Relationship; Toxic Consequences

Ethics Committee approval protocol: Research Ethics Committee of the FCQ with the code 7010/2021, Research Directorate of the Faculty of Medical Sciences UNA_FCM_DI N 378/2020

Suportted by: National Council for Science and Technology (CONACYT)

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6.3 THERAPEUTIC ITINERARY OF PATIENTS WITH COVID-19 IN THE HEALTH CARE NETWORK AND EFFECTIVENESS OF THE SUS IN THE TREATMENT OF THE DISEASE

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One of the main ways to understand health care is through knowledge of the therapeutic itinerary, that is, the path taken by patients in the search for care. With this in mind, the objective of this study was to analyze the trajectory of patients diagnosed with Covid-19 in the health care network and the effectiveness of the SUS in the treatment of cases. This is a descriptive study, with a quantitative approach, carried out with patients who were hospitalized at Santa Casa de Alfenas-MG with a diagnosis of COVID -19 and were discharged. The recruitment took place through telephone contact, in which the participants answered a form for the registration and analysis of socioeconomic data, clinical data and related to the therapeutic itinerary through the health system. The effectiveness of SUS care was analyzed based on compliance with disease management protocols and flowcharts published by the Ministry of Health. Among the 62 patients who agreed to participate in the research, the age ranged from 29 to 96 years, with the majority being female (59.7%). The prevailing self- reported ethnicity/color was white (79%). As for the clinical variables prior to admission, it was found that 53.2% of the patients had chronic health problems, of which 97.0% used medication to treat comorbidities. Of the patients interviewed, 74.2% sought medical help within 1 to 5 days of symptoms, which were classified as mild 15 (24.2%) and severe 47 (75.8%). Of the total number of patients, 30.6% used medication without a prescription due to the symptoms they presented. The first place of search for care of most respondents (85.5%) was the hospital Emergency Room (ER), which shows a lack of access to the health system in the municipality, since the features of the Basic Health Units (BHUs), within the Primary Health Care (PHC) were passed over to the ER. In the analysis of the follow-up of the Covid-19 management protocols and flowcharts, adequate conduct was observed by the health units, except in relation to the Clinical Management Flow of adults and the elderly in Specialized Care and the Clinical Management Protocol of the Coronavirus (COVID -19), as they were not always followed correctly. In this way, the analysis of the therapeutic itinerary allowed a visualization of the path taken by the patient in the health care network until the hospital admission, knowing their preferences and trying to analyze individual and sociocultural practices in an attempt to solve their health problem. This may reflect on the solvability presented by the services sought, as well as contribute to the performance of professionals involved in health care.

Keywords: COVID-19; Itinerary; SUS

Ethics Committee approval protocol Resolution - CAAE: 33543520.8.0000.5142 Supported by: PIBIC/CNPq

Brazilian Journal of
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6.4 COVID-19 PANDEMIC: BURNOUT SYNDROME IN HEALTHCARE PROFESSIONALS IN A FIELD HOSPITAL IN SOUTHERN MINAS GERAIS

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During the initial outbreak of COVID-19 in China, about 70% of health care workers reported problems associated with mental health. Burnout syndrome is the characterization of physical and mental exhaustion, consisting of three dimensions: emotional exhaustion, depersonalization, and low professional achievement, and can be detected using the Maslach Burnout Inventory questionnaire. Recent studies have shown higher prevalence rates of Burnout syndrome in health professionals during the pandemic, when compared to previous studies. Based on this, this project aimed to identify the presence of Burnout syndrome among health care professionals at a COVID-19 campaign hospital in southern Minas Gerais. This is a quantitative, descriptive, cross-sectional study. Data collection was performed through virtual environment, using two assessment instruments, a questionnaire of sociodemographic characterization and the Maslasch Burnout Inventory, both applied by Google Forms to 57 individuals. Among the participants, 77.2% were female professionals, mostly nurses or nursing technicians (54.4%), with a mean age of 35 years, and 52.6% were directly involved in facing the pandemic. The MBI results show that, among the professionals studied (n=57), most presented medium level for emotional exhaustion (42.1%), high level for depersonalization (71.9%) and high level for professional accomplishment (98.2%). An analysis of only the professionals working directly on the front line COVID-19, showed a similar result, medium level for emotional exhaustion (50%), high level for depersonalization (76.7%) and high level for professional accomplishment (100%). The most compromised dimension was depersonalization, which was high in all groups, being a dimension of the syndrome characterized by treating patients in a distant and impersonal way. The alterations observed in the professional accomplishment and depersonalization dimensions suggest a tendency towards burnout. The rapid changes in the work environment due to the pandemic and the work overload had a negative impact due to the urgency of the situation. Thus, it is suggested that the constant pressures suffered by health professionals in a campaign hospital against COVID-19 have been a determining factor in triggering the Burnout Syndrome in these individuals.

Keywords: Burnout Syndrome; Healtcare Professional; Coronavirus

Ethics Committee approval protocol: 4.717.416

Suportted by: Conselho Nacional de Desenvolvimento Científico e Tecnológico - CNPq / PIBIC

Ethics Committee approval protocol Resolution - CAAE: 33543520.8.0000.5142 Supported by: PIBIC/CNPq

Brazilian Journal of
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6.5 EXPERIENCE REPORT: CREATION OF A COMMUNITY MEDICINAL GARDEN AND ITS CONTRIBUTION TO THE RATIONAL USE OF MEDICINES

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The use of medicinal plants is an ancient practice for therapeutic purposes, whose knowledge is passed from generation to generation. The creation of community medicinal gardens has much to contribute to the health and well-being of local communities. The objective of this work is to report the experience of creation and implementation of a medicinal garden in the main campus of UNIFAL-MG/Alfenas and the development of health education through lectures, meetings and workshops with the community. The purpose of these actions is to rescue the culture of traditional therapeutics, to perform the dispensation and to enable the rational use of medicinal plants by the population. This study is an experience report of an action of the university extension program called "FITOconscience: the rescue of the traditional and the rational applicability", which involves UNIFAL-MG students, participants in the action, the university, and society as a whole. The activities began in November 2021 and are still ongoing. The garden has about 20 species of medicinal plants that were donated by the Botanical Garden Foundation of Poços de Caldas/MG, by the medicinal garden of the Pharmacy School of the Federal University of Juiz de Fora (UFJF), and by the program participants. The selection of plants was based on popular use and on the National List of Medicinal Plants of Interest to SUS (RENISUS). The health promotion activities are already being developed, initially, remotely because of the COVID-19 pandemic, and from the second half of 2022 on, they will be carried out in person at the medicinal garden, in schools, and in health establishments (PSFs of Alfenas, FarUni, and LACEN of UNIFAL-MG). The target public will use the production of plants from the garden, which will be dispensed under the guidance and supervision of pharmacists. The activities promoted in the garden are horizontal, encouraging the exchange (community x university) and the rescue of knowledge; the appreciation of traditional knowledge and the encouragement of the correct, rational and conscious use of medicinal plants. In addition to addressing the correct form of consumption, possible adverse effects, toxicity, and the interaction of plants with allopathic medicines. The project promotes the expansion of knowledge about medicinal plants and their potential, integrating traditional knowledge and rescue with scientific evidence.

Keywords: Medicinal Plants; Medicinal Garden; Rational Use Of Medicines

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6.6 IMPACT OF LEAD EXPOSURE DURING THE GESTATIONAL PERIOD ON FETAL/ CHILDHOOD DEVELOPMENT - A SYSTEMATIC REVIEW

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Lead is a ubiquitous element widely used in industry, found in both organic and inorganic forms. Growing and worrying data on environmental lead contamination and its toxicity have been recorded in recent decades. Preclinical studies show that exposure to heavy metals during pregnancy and in the first years of life can cause developmental damage; however, there is a lack of evidence synthesis regarding the impacts of such exposure on human health. Thus, the aim of this systematic review is to determine the effects of lead exposure during pregnancy on the occurrence of miscarriage, infant mortality and/or cognitive impairment. A bibliographic survey was performed in the MEDLINE, Cochrane, Embase, LILACS, Scopus and Web of Science databases, using the MeSH (Medical Subject Headings) vocabulary and its hierarchical terms of specific keywords, associating the Boolean operators "OR" and "AND" to the search. The protocol of the systematic review was registered in the public database PROSPERO under the number CRD42022296750. Observational studies that evaluated the association of lead and the following outcomes were included: infant mortality, miscarriage, and/or learning disabilities. As a partial result, 5,190 articles were retrieved. Two independent reviewers (ABS and LEWS), through screening and eligibility, performed selection process. The agreement between ABS and LEWS was analyzed using the Cohen's Kappa coefficient after reading the title and abstract of 304 articles. The value obtained was 0.665, a substantial agreement between the researchers. After title and abstract screening, 35 studies were selected. Of these, 22 were excluded from the defined eligibility criteria. Eight studies were added from the manual search. Therefore, twenty-one studies included in the systematic review. Data extraction provided the following information: title, author, year, country, number of participants, exposure, lead exposure index, exposure classification, exposure time, comparative, outcome, outcome measure and instrument for outcome assessment. The results obtained so far are partial and require an assessment of the quality of the evidence collected.

Keywords: Lead; Childhood; Gestation

Ethics Committee approval protocol: Not applicable

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6.7 PHARMACEUTICAL MANAGEMENT IN PATIENT SAFETY IN ANTICOAGULANT THERAPY

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In clinical practice, anticoagulant therapy is the first pharmacological line of choice for the treatment and prophylaxis of thromboembolic events, resulting from an imbalance in coagulation homeostasis or a deficiency in the mechanisms of inhibition. Anticoagulants are drugs capable of preventing or containing the formation of blood thrombi by inhibiting important factors and enzymes in the coagulation cascade. This study aims to present the importance of the pharmacist in monitoring patients on anticoagulant therapy. This is an integrative literature review, in the following databases: Scientific Electronic Library Online (SCIELO), Latin American and Caribbean Literature (LILACS) and descriptors: anticoagulants, clinical pharmacy and cardiovascular diseases. The selection respected as inclusion criteria articles available completely and free of charge between the years 2019 and 2022, in Portuguese and English, and those that did not address the theme were excluded. A total of 136 studies were found, of which 14 met the criteria and were included in the review. According to the Department of Informatics of the Unified Health System (DATASUS), in the last decade there has been an increase in the prevalence and incidence of cardiovascular diseases in the world population, in addition, there has been an exacerbated increase in thromboembolic events in the world during the peak of the pandemic. COVID-19. In most cases in both scenarios, they were managed through anticoagulant therapy. Patients who have in their pharmacotherapy the use of this pharmacological class, need continuous monitoring and are more vulnerable to Problems Related to the Use of Drugs and Adverse Reactions to Drugs, due to the clinical condition, polypharmacy, the use of Potentially Dangerous Drugs and the frequent change of pharmacotherapeutic regimens. Due to these factors, the pharmacist's role in the management of these patients is remarkable during the pharmacotherapeutic follow-up process, analysis of medical prescriptions, monitoring of laboratory tests and performance of pharmaceutical interventions. In this context, pharmaceutical performance as part of the multidisciplinary team is vital, through clinical activities in the monitoring, management and follow-up of patients on anticoagulant therapy, by adding to the promotion, effectiveness and good practices of patient safety.

Keywords: Anticoagulant; Clinical Pharmacy; Cardiovascular Diseases

Ethics Committee approval protocol: It is not necessary

Suportted by: Pharmacist and Internship Preceptor, Maria Lecioneide de Carvalho

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6.9 POLYPHARMACY IN THE ELDERLY ACCORDING TO SOCIODEMOGRAFIC CHARACTERISTICS AND USE OF PUBLIC AND PRIVATE HEALTH SERVICES

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Introduction: World population aging is a reality. In Brazil, it is estimated that the elderly population will reach 33.4 million in 2025. With the increase in the population's life expectancy, the number of people with non- communicable chronic diseases that demand continuous care and in which medicines play an important role increases. It is well documented that a high percentage of elderly people use medication regularly. In this way, medications can contribute to the maintenance of functional capacity, but they can also compromise it. Therefore, drugs to be prescribed to elderly people must have their benefit-risk ratio well evaluated. Objective: To compare the proportion of elderly people in polypharmacy according to sex, age group and use of public and private health services. Development: This is a cross-sectional study carried out with a sample of 448 elderly people living in the city of Alfenas-MG. Polypharmacy was considered to be the self-report of the concomitant use of 5 or more medications. The self-report of medication use, as well as the variables gender (female; male), age group (60 to 69 years old; 70 to 79 years old; and 80 years old or more) and use of health services (public; private) were obtained. through questions asked during home interviews. Pearson's chi-square test was used in data analysis. The project was approved by the Research Ethics Committee of the Federal University of Alfenas-MG under protocol number 2,668,936. Results: Of the 448 elderly people evaluated, 41.7% reported polypharmacy. No statistically significant difference was observed in relation to sex and age group. Regarding the use of health services, there was a higher proportion of elderly people in polypharmacy among those who reported using private health services (p=0.001). Conclusion: There was a difference in the proportions of reports of polypharmacy in relation to the type of health service used by the elderly, which can help to direct actions to prevent polypharmacy by health professionals.

Keywords: Elderly; Polypharmacy; Use of Health Services

Ethics Committee approval protocol: 2,668,936

7. HONORABLE MENTIONS

Título do trabalho	Autores
1. Implantação de consultórios farmacêuticos no sistema público de sáude em um município do sul de Minas Gerais	Ana Paula Alves, Danielle Aparecida Ferreira Oliveira Marafon, Liliana Batista Vieira, Milena Carla Espósito, Ricardo Radiguieri Rascado, Tiago Marques dos Reis, Luciene Alves Moreira Marques
2. Medicamentos potencialmente inapropriados associados ao risco de quedas e fraturas	Geovana Schiavo, Marcela Forgerini, Rosa Camila Lucchetta, Patrícia de Carvalho Mastroianni
3. Pandemia Covid-19: Síndrome de Burnout em profissionais de saúde de um hospital de campanha do sul de Minas Gerais	Renata Maria Leal de Souza, Karina Batista Gonçalves, Ana Paula Assunção Quirino, Natália da Silva Martins Fonseca, Carlos Marcelo de Barros, Alessandra Oliveira Silva, Márcia Helena Miranda Cardoso Podestá
4. Desenvolvimento de Protocolo de Prescrição Farmacêutica no Estado do Rio Grande do Sul para Profilaxia Pós-Exposição ao HIV: Relato de Experiência Profissional	Laís Araújo de Oliveira, Fernanda Fávero Alberti, Lara Colles de Olive Araújo, Marlisa Siega Freitas
5. Brexpiprazol: Novo Medicamento no Brasil usado no tratamento coadjuvante do transtorno depressivo maior	Ana Paula Silva Alves, Brenda Cristine Delfino Silvério, Fabiana Pereira de Souza, Fernanda Gonçalves Rocha, Giovanna Carvalho Olivieri, Marina Isabel Silva Pedro, Rafaela Tavares Castilho, Luciene Alves Moreira Marques, Ricardo Radighieri Rascado

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