

Perceptions of pharmaceutical services among elderly people on polymedication

Impressão de idosos polimedicados sobre o serviço farmacêutico
Impresión de los ancianos polimedicados respecto del servicio farmacéutico

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ABSTRACT

Objectives: Describe the importance of guidelines provided during pharmaceutical consultation about compliance with medication therapy based on interviews with polymedicated elderly patients. **Methods:** A qualitative methodological study carried out during consultations with 40 elderly patients of both genders at the Health Care Center for Elderly Patients and Caregivers. The study used the technique of content analysis, applying a questionnaire with two open questions. **Results:** Two categories and eight subcategories emerged after the transcription of interviews and exhaustive reading of the data. The category "Pharmaceutical consultation as an education instrument for the self-care of polymedicated elderly patients" presented the highest frequency. The subcategory with the highest frequency was "Concern of elderly patients about self-care". **Final Considerations:** In the case of polymedicated elderly patients, pharmaceutical consultation is an important education instrument which, through the provision of pharmaceutical guidelines, allows the minimization of concerns about pharmacotherapy, contributing to compliance and self-care.

Descriptors: Polypharmacy; Pharmaceutical Services; Medication Adherence; Aged; Referral and Consultation.

RESUMO

Objetivos: Descrever a importância das orientações fornecidas durante a consulta farmacêutica sobre a adesão ao tratamento farmacológico com base nos depoimentos de idosos polimedicados. **Métodos:** Estudo metodológico, qualitativo, realizado durante consultas com 40 pacientes idosos de ambos os sexos no Centro de Atenção à Saúde para Idosos e Cuidadores. A técnica da análise de conteúdo foi utilizada, e um questionário com duas perguntas abertas foi aplicado. **Resultados:** Duas categorias e oito subcategorias emergiram da transcrição das entrevistas e leitura exaustiva dos dados. A categoria "Consulta farmacêutica como um instrumento educativo para o autocuidado de idosos polimedicados" apresentou a maior frequência. A subcategoria mais frequente foi "Preocupação dos idosos com o autocuidado". **Considerações finais:** No caso de pacientes idosos polimedicados, a consulta farmacêutica constitui um instrumento educativo importante que, através do fornecimento de orientações farmacêuticas, permite minimizar as preocupações com relação a farmacoterapia, contribuindo com a adesão e autocuidado.

Descritores: Polimedicação; Assistência Farmacêutica; Adesão à Medicação; Idoso; Encaminhamento e Consulta.

RESUMEN

Objetivos: Describir la importancia de las indicaciones brindadas durante la consulta farmacéutica sobre la adhesión al tratamiento farmacológico según discursos de ancianos polimedicados. **Métodos:** estudio metodológico, cualitativo, realizado durante consultas con 40 pacientes ancianos de ambos sexos en el Centro de Atención de Salud de Ancianos y Cuidadores. Se utilizó análisis de contenido, con un cuestionario de dos preguntas abiertas. **Resultados:** Surgieron dos categorías y ocho subcategorías tras la transcripción de discursos y la lectura exhaustiva de datos. La categoría "Consulta farmacéutica como instrumento educativo para el autocuidado de ancianos polimedicados" expresó la mayor frecuencia. La subcategoría más frecuente fue "Preocupación de los ancianos por el autocuidado". **Consideraciones finales:** En el caso de pacientes mayores polimedicados, la consulta farmacéutica constituye un importante instrumento educativo que, a través de la provisión de indicaciones farmacéuticas, permite minimizar las preocupaciones respecto de la farmacoterapia, contribuyendo así al cumplimiento y al autocuidado.

Descriptorios: Polifarmacia; Servicios Farmacéuticos; Cumplimiento de la Medicación; Anciano; Derivación y Consulta.

INTRODUCTION

The elderly population of Brazil is currently has about 16 million, and it is estimated that by 2025 it will have the sixth largest population of older people in the world, with about 32 million. With the population age and prevalence of non-communicable chronic diseases (NCCDs), there is a need for mobilization at the levels of family, social, health, legal, and financial assistance with significant investments in multidisciplinary actions⁽¹⁻²⁾. Some health professionals find it difficult to identify medication non-compliance and, if they do, they do not feel confident intervening. The certainty of non-compliance to drug therapy may lead prescribers to exaggerate guidelines in order to cause patients to comply with therapeutic plans for fear of harm⁽²⁾.

The World Health Organization, in the document "The Role of the Pharmacist in the Health Care System," noted that including pharmacists on health teams is essential to improving the health conditions of populations. This aim of this initiative was to guide and inform patients about the use of medications. In 1994, the 47th World Health Assembly was already emphasizing that, among other tasks, pharmacists should provide the population with objective and documented information on medicines⁽³⁾.

The inclusion of pharmacists on health teams increases compliance with therapeutic regimens and, as a result, can reduce the number of prescriptions and drug use associated with adverse reactions, and reduce hospitalizations and consequent costs, as well as improving the care process⁽⁴⁾. The procedures that should be an integral practice of pharmaceutical clinics include clarifying doubts about pharmacotherapy and providing information about the correct use of over-the-counter medications in cases of simple illnesses when there is no need for a medical consultation. Access to qualified guidance ensures the reduction of risks associated with the misuse of medications when patients, especially the elderly, self-medicate⁽⁵⁾. For the elderly, collaboration between health professionals and patients is essential to appropriately using required medications on a continuous basis in their daily lives. However, many of the elderly live alone and have no support, which makes self-administration of medications difficult⁽⁶⁾.

Social support has been associated with improved compliance, because the elderly who are living with other people or have the assistance of caregivers in the administration of medications find it easier to comply with therapy⁽⁷⁾. Polypharmacy is cited as one of the main problems among elderly patients and should be avoided whenever possible. Due to comorbidities and changes in pharmacokinetics and pharmacodynamics, the elderly are more prone to risks of adverse reactions and iatrogenies; there is an association between multiple drug use and increased likelihood of drug interactions⁽⁸⁾.

Although there is no consensus in the literature regarding the number of drugs that characterizes polypharmacy, conceptually, many authors consider that the simultaneous use of five or more medications is enough to characterize the event and signal the need for follow-up by a pharmacist⁽⁹⁻¹⁰⁾. Follow-up on pharmacotherapy in polymedicated elderly patients should be present in all health settings, whether community pharmacies, hospitals, clinics or medical offices, and pharmaceutical consultation should be prioritized. In Brazil, the practice of pharmaceutical

consultation is already established in hospital settings and is now beginning to be included in practices in community pharmacies and multidisciplinary clinics with pharmacists present, as part of multi-professional teams, or independently in private practices⁽¹¹⁾.

OBJECTIVE

To describe the important of guidelines provided during pharmaceutical consultation in compliance to medication therapy, based on interviews with polymedicated elderly patients, in relation to medication administration routines, behaviors adopted, and their conduct.

METHODS

Ethical aspects

The study was approved by the Ethics Committee of the Antônio Pedro University Hospital (CEP/HUAP). During all phases of the research, legal and ethical guidelines were respected, according to Resolution No. 466/12 of the National Health Council.

Type of study

This was an exploratory methodological study with a qualitative approach.

Methodological procedures

Study setting

The study was carried out at the Health Care Center for Elderly Patients and Caregivers (CASIC). It is a health center for care of the elderly and has a multidisciplinary team from the Aurora Afonso Costa School of Nursing (EEAAC) of Federal Fluminense University (UFF), located in the city of Niterói / RJ / Brazil.

Data source

Because only a small population participated in pharmaceutical consultations, no sampling technique was applied. The study included 40 elderly patients who received medical care at CASIC over a three-month period. The inclusion criteria were as follows: individuals older than 60 years old who were taking five or more medications. The exclusion criteria were: elderly patients with diagnosis of dementia and/or psychiatric illnesses and/or Mini-Mental Examination Scale scores with cut-offs less than 20 points (illiterate); 22 points (1 to 3 years of education); 24 points (4 to 7 years of education), and 26 points - education level equal to or greater than 8 years old⁽¹²⁾.

Data collection

The data collection took place during three months in 2016, using a semi-structured interview format that included closed questions regarding characterization of the participants: age, gender, education, medications used, previous clinical history,

and information that could contribute to the construction of the patient's profile. In addition, it included two open questions: "What was it like to receive guidance in the pharmaceutical consultation?" and "Do you feel that the pharmaceutical consultation favored improving self-care in relation to your medication?" The interviews were conducted during the pharmaceutical consultation in a private room ward at previously scheduled times, according to the availability of the participants. The interviews were recorded using a smartphone, and lasted on average 50 minutes. After this stage, the interviews were transcribed in full and the participants were given identification codes consisting of "ID" followed by the Arabic numerals corresponding to the order of the interviews (ID1 to ID40), in order to preserve anonymity.

Systematization and data analysis

Content analysis was used to organize and analyze the data from the recorded interviews about perceptions of pharmaceutical consultations. The technique was applied in three phases: pre-analysis; material exploration, and treatment of results with inferences and interpretation⁽¹³⁾. The de-identified participants' remarks were recorded, transcribed, and sequentially labeled regarding compliance with pharmaceutical consultations, e.g., ID1, ID2, ID3, ... ID40. The content analysis of these remarks allowed the identification and description of the perceptions of elderly patients of the influence of pharmaceutical consultations on self-care in relation to medication intake, based on their previous knowledge of pharmaceutical orientation, medication administration routines, adopted behaviors, and their resulting feelings. Categories and subcategories were defined. The categories were: "Pharmaceutical consultation as an educational instrument for elderly self-care"; and "Perception of the elderly about follow-up in pharmaceutical consultations." The subcategories were: "Guidance for the correct and rational use of medications"; "Information about how to store medications"; "Addressing doubts about pharmacotherapy"; "Concerns of the elderly about self-care"; "Satisfaction with pharmaceutical services"; "Importance of pharmaceutical services"; "Wellness and safety"; and "Awareness of availability of pharmaceutical consultations."

RESULTS

The sociodemographic and clinical characteristics of the 40 participants were collected three months after the initial pharmaceutical consultations at the CASIC and are presented in Table 1. Subsequently, the content analysis of the answers to the two open questions "What was it like to receive guidance in the pharmaceutical consultation?" and "Do you feel that the pharmaceutical consultation favored improving self-care in relation to your medication?" was presented. The sample consisted of 40 elderly patients, 32 (80.0%) women and 8 (20.0%) men. The difference in the number of women and men is significant, given a p-value = 0.000 in the binomial test (Table 1). The number of widowers (42.5%) was similar to that of married participants (40.0%). Most patients were retired (57.5%), received from 1 to 3 minimum wages (55.0%), and had incomplete elementary school education (45%) (Table 1).

The participants used an average of eight medications daily; this number was not associated with age or gender. Half of the

participants kept their medications in appropriate places, such as the bedroom or living room.

Two categories and eight subcategories emerged after the transcription of the interviews and exhaustive reading of the data. The distribution of categories, subcategories, units of analysis, and frequency was made after the transcription of answers to the following questions: "Do you consider that the pharmaceutical consultation favored improving self-care in relation to your medication?" and "What was it like to receive guidance in the pharmaceutical consultation?" A summary of the main results from the recordings of the interviews with elderly patients was made at the end of the second pharmaceutical consultation (Table 2).

The category "Pharmaceutical consultation as an education instrument for elderly self-care" presented the highest frequency (57%); among its subcategories, "Concerns of the elderly about self-care" stood out with concern for "Improving care" and having more "Responsibility." The subcategory "Guidance for the correct and rational use of medications" presented a frequency of 19.5% related words, followed by the subcategories "Information about how to store medications" and "Addressing doubts about pharmacotherapy," both with the same frequency of 4.7% related words.

The category "Vision of the elderly about follow-up in pharmaceutical consultations" presented a frequency of 43%; among its subcategories, "Satisfaction with pharmaceutical services" presented the highest frequency of 22.6% related words.

Table 1 - Profile of 40 elderly patients participating in pharmaceutical consultations at the Health Care Center for Elderly Patients and Caregivers/ Fluminense Federal University, Niterói, Rio de Janeiro, Brazil, 2016

Variable	Patients	
	n*	%
Gender		
Female	32	80.0
Male	8	20.0
Education		
Semi-illiterate	2	5.0
Incomplete Elementary School	18	45.0
Complete Elementary School	11	27.5
Incomplete High School	2	5.0
Complete High School	6	15.0
Complete College	1	2.5
Marital status		
Single	1	2.5
Married	16	40.0
Divorced	6	15.0
Widowed	17	42.5
Professional Status		
Retired	23	57.5
Homemaker	16	40.0
Caregiver	1	2.5
Place where patient keeps medicines		
Kitchen pantry	17	42.5
Bedroom	14	35.0
Living room	6	15.0
Bathroom	2	5.0
Other	1	2.5
Monthly income		
Less than one minimum wage	1	2.5
From 1 to 3 minimum wages	22	55.0
From 4 to 8 minimum wages	17	42.5

Note: *n – number of participants.

Table 2 - Content analysis of interviews with 40 elderly patients, Niterói, Rio de Janeiro, Brazil, 2016

Categories	f*(%)	Subcategories	Units of analysis	f*(%)
Pharmaceutical consultation as an educational instrument for elderly self-care	146 (57)	Guidance for the correct and rational use of medicines	Associations (3) Right/correct use (18) To clarify/explain (14) Purpose (4) Time (8) Validity (3)	50 (19.5)
		Information about how to store medications	Proper place (12)	12 (4.7)
		Addressing doubts about pharmacotherapy	Dose/Components (12)	12 (4.7)
		Concerns of the elderly about self-care	Forgetfulness (14) Suffering (7) Improving care (23) Responsibility (22) Reminders (6)	72 (28.0)
Vision of the elderly about follow-up in pharmaceutical consultation	110 (43)	Satisfaction with pharmaceutical services	Good (38) Excellent (1) Wonderful (4) Satisfied (6) Very satisfied (5) I liked it (3)	57 (22.6)
		Importance of pharmaceutical services	Interesting (2) Important (19) Productive (1) Useful (1)	23 (8.9)
		Wellness and safety	Safe (6) To improve (3) To organize (2) Right (5) It works (3)	19 (7.4)
		Awareness of pharmaceutical consultations	Did not know (9) I never thought about it (2)	11 (4.2)

Note: f* - Frequency of sample elements.

DISCUSSION

The study data showed a significant predominance of women, with 32 female patients. This corresponded to 80% of the sample population and is in agreement with other studies that have been carried out in Brazil. A study⁽¹⁴⁾ on the use of medications by elderly patients showed that 66.0% of the interviewees were women. Another study⁽¹⁵⁾ suggested that this predominance of women may be related to the phenomenon of the feminization of aging, which is attributed to lower exposure to risk factors by women in relation to men.

A study on the fragility of the elderly in seven Brazilian cities⁽¹⁶⁾ found that increased presence of women participants in health studies resulted from a historical condition of being caregivers and displaying greater participation in taking care of their health throughout life than men. In the present study, the condition of caregiver attributed by a husband to his wife was also observed in the content analysis of the interviews:

[...] *Even my wife looks and asks: Have you taken the medicine?* (ID9)

The range of ages showed the highest frequency between 70 and 72.5 years (22%), with a mean age of 71 years. No significant difference was observed between the mean age of men and women. This has been observed in other studies of the elderly who are receiving home care, with prevalent ages between 60 and 69 years old⁽¹⁷⁾.

The marital status was distributed as follows: widowers (42.5%), married (40.0%), divorced (15.0%), and single (2.5%).

A study⁽¹⁸⁾ that analyzed patterns of drug consumption among the elderly and their association with socioeconomic aspects presented similar data on marital status (49.5% married and 32.0% widowers). In that study⁽¹⁸⁾, the issue of living alone was emphasized as a worrisome condition among the elderly because having a partner at this stage of life can mean support for daily care and activities. The elderly participants in the present study were mostly retired (57.5%) and received from 1 to 3 minimum wages (55.0%). The economic reality of the retired elderly is worrisome because social disadvantages and precarious economic conditions are considered risks for depression, which favors death from any cause. There is a clear association between low financial levels in retirement and disability⁽¹⁹⁾.

The low education level identified for the participants was an important factor for the characterization of the lifestyles of these elderly patients, who mostly had incomplete middle school education (45%). A low level of education can be a serious risk for the elderly because it makes it more difficult to understand how to appropriately self-medicate, especially when the number of medications to be taken daily is high and the dosages are complex.

Another issue to be considered is the presence of some type of limitation. Researchers have reported that both education and family income have a large impact on the health situation of individuals, particularly the elderly⁽²⁰⁾.

The present study also showed that most participants were not aware of the appropriate place to store medications. They stored them in the dining room or kitchen (42.5%) or in places with sudden differences in temperature and humidity. This lack of knowledge was clear in the interviews:

This heating thing [...] about storing in the kitchen, in the bathroom, I had already heard about it, but I never took it very seriously [...] (ID3)

I'm more attentive with the time I take the medicine, I transferred the medication box to the bedroom, I do not leave it in the kitchen anymore. In the kitchen only the paper with the schedules, it is right on the refrigerator door, so I cannot forget [...] (ID14)

Similar results were found in a study in which 915 subjects were evaluated. The most common home storage sites were the kitchen (43.8%) and the bathroom (2.9%), exposing the medications in use to light, humidity, and heat⁽²¹⁾. In the present study, the highest number of medications taken daily was 5 to 16; with an average of 8 medications. The number of medications taken daily was not associated with age or gender. Some participants showed concern about possible reactions resulting from the excessive number of medications and their frequency of use. Pharmaceutical consultations also address the real need to use the prescribed drugs, their purpose, and the high cost of treatment.

Of the two selected categories, "Pharmaceutical consultation as an education instrument for elderly self-care" showed the highest frequency; the most cited subcategory was "Concern of the elderly with self-care," and the units with the highest frequencies demonstrated through words used in the interviews were "Improving care," "Responsibility" for their own treatment or medication administration, avoidance of "Forgetfulness" in medication administration, "Suffering," and "Reminders."

The concern expressed by these elderly patients about self-care draws attention to the need for health professionals to develop methods that guarantee suitable education for this phase of life. In old age, care increases in importance, because it is harder to fulfill one's needs with declining physical and mental abilities.

Self-care is the practice of activities that individuals initiate and carry out for their own benefit and for the maintenance of life, health, and well-being, with the objective of developing actions that contribute to integrity, functioning, and human development⁽²²⁾. Education of the elderly about prevention of disease, maintenance of treatment regimens for already-established diseases, and health promotion needs to be cyclical and continuous. Caring for oneself integrates the physical, mental, and spiritual dimensions. It is an existential matter that needs to be felt and lived by individuals and not through the perceptions of professionals. It is a practice of self to self that can be perceived in the following remarks:

Yes, it is a matter of care, right? I have reminders for insulin and, thank God, I have done it without forgetting [...] (ID30)

No doubt, I'm more careful about schedules, I do not stop taking medications when I'm feeling well. I always take the medications! I know they are important for me to be well! (ID31)

The study found that the elderly people are concerned about being able to self-medicate correctly, indicating the need for

consultation with pharmacists to achieve therapy success. Responsibility for their medications is essential for the elderly to maintain autonomy in their treatment, because the aging process should not be seen as a factor of incapacity. Nevertheless, when family members are involved in the care of the, the results of compliance and maintenance of treatment, especially of chronic diseases, is enhanced⁽²³⁾. A study⁽²⁴⁾ on home pharmaceutical care of the elderly noted that elderly patients were also concerned about the safety and efficacy of their medications, as well as obtaining the desired therapeutic effects. In the present study, some elderly patients used the word "responsibility" to define changes regarding medication care:

Yes, absolutely yes! I pay more attention to schedules. I'm more responsible for taking everything correctly! The thing is serious! (ID11)

What was good? It's just that I have to take better care of myself, right? It was good about this. I have to be responsible with the medication and even with eating, the right food, very good! I liked it here, I learned more, it was a blessed day! (ID6)

The word "suffering" was as attributed to the difficulty of accepting the high number of medications. The word "reminders" was about avoiding forgetting to take them and how to take them. Several patients described themselves as "sad" when they stopped taking their medications. The continuous use of medications can discourage patients who are living with chronic diseases. The constant use of medications, in some way, reaffirms the chronic health condition and generates "suffering," which leads these elderly patients to avoid this situation, as observed in the following remarks:

[...] I know they can help me, but I have to take them correctly and I also do not store them in the kitchen anymore, it's not good, it's very humid there. See? Now just the notes on the refrigerator to not make me forget! (ID8)

[...] In the kitchen only the note with the schedules, it is right there on the refrigerator door, you cannot forget. Ah, next time I leave the house, I will take my medications in their original package. So much information, gee! Thank God we have this service here! (ID14)

The most cited words in the second most frequent subcategory, "Guidance for the correct and rational use of medications," were: "right/correct use," "clarify or explain," "time," "purpose," "associations," and "validity," with a frequency of 19.5%:

I am taking the medications with more attention, I know they can help me, but I have to take them correctly and I also do not store them in the kitchen anymore, it's not good, it's very humid there. See? Now just the notes on the refrigerator to not make me forget! (ID1, ID4)

Pharmaceutical counseling can be beneficial in guiding and rationalizing the use of medications, preventing treatment failures, minimizing risks related to self-medication, and contributing to reducing health costs. Therefore, pharmacists need to develop communication skills to foster relationships of empathy and reliability that guarantee quality in patient care. The subcategory entitled "Information about how to store medications" also suggests

that the elderly need to be advised about the most appropriate place to keep their medications in order to acquire the desired effectiveness and safety of the drugs.

The results showed that the studied elderly patients kept their medications in the kitchen (42.5%) or in the bedroom (35.0%). The content analysis identified a frequency of 4.7% of words related to appropriately indicated locations. A similar study evaluated home storage sites for medications and classified them as unsafe and unsuitable because of exposure to heat, moisture, and sunlight; the kitchen and the bedroom were the two most cited places⁽²⁵⁾.

In the subcategory "Addressing doubts about pharmacotherapy," 4.7% of participants showed interest in clarifying doubts regarding dosage or some component in the medication's formula.

I organize my day and even when I leave, I take all the medicines without taking them out the package. Right? The medication's effect is more guaranteed this way, right doctor? (ID13)

The second category, "Vision of the elderly about follow-up in pharmaceutical consultations," presented a frequency of 43%. Among its subcategories, "Satisfaction with pharmaceutical services" showed the highest frequency, with a total of 22.6 % related words, followed by the subcategories "Importance of pharmaceutical services," "Wellness and safety," and "Awareness of availability of pharmaceutical consultations," with the respective frequencies of 8.9%, 7.4%, and 4.2% related words.

The subcategory "Satisfaction with pharmaceutical services" presented the highest frequency of related words. Most participants mentioned adjectives such as: "good," "great," "wonderful," "satisfied," and "very satisfied" with consultations and professional services:

*I am very satisfied, being able to talk and clear doubts. Like right now, about using the *supupira* tea, this is very good! (ID1, ID4, ID5, ID9)*

It was great, I learned a lot, very good! Good! Good! Good! I was doing [...] taking the medication incorrectly, then since that time, I started taking it right, and everything is going well, I want to and I will continue like this, very good! It's working! (ID20, ID29, ID36, ID39)

In the subcategory "Importance of pharmaceutical services," the words "interesting," "important," "productive," or "useful" showed significant frequencies. A total of 8.9% of words were used to highlight the importance attributed to the service performed by the pharmacists.

A study evaluating health care suggested that care should be conducted by multi-professional teams to harmonize actions around treatment and provide satisfactory therapeutic results that guarantee the well-being and safety of elderly patients⁽²⁶⁾.

In the present study, the elderly patients' remarks described their views about the importance of pharmaceutical services:

I thought it was something very important, wow! What attention! I wish I had it all the time. When I came in the first time, I was doing a lot of wrong things. (ID5, ID10, ID11)

For me, it was very important to have this consultation [...] it's difficult to know everything and sometimes I did not take the pills because it's complicated every day [...] the same thing, we feel discouraged and stay like this. (ID33, ID37)

In the subcategory of "Wellness and safety," the highest frequencies were for the words "safe," "improve," "organize," "right," and "works," as quoted: There are always some doubts, right! And it was good to clarify them before doing something wrong. (ID12, ID15, ID16, ID18)

The results for the subcategory "Awareness of availability of pharmaceutical consultations" may be related to the fact that, in general, the participants had incomplete middle school education (45.0%) and, for the most part, did not know about the possibility of pharmaceutical consultations. The results revealed that when the participants were informed about the possibility of pharmaceutical consultations, they believed that it could in some way contribute to increasing the safety of their treatment and promoting the effectiveness of the medications:

I liked it very much, I did not know about this service. I feel safer. I think it's very important for people who use lots of medications. I did not know about the professional services or the pharmaceutical services. (ID3, ID4, ID5, ID7)

I think this service should be more advertised, I do not think anyone knows that a pharmacist can help so much, even more us, the elderly, who need it because we use a lot of medications. (ID21, ID30, ID38)

In August 2013, the Federal Council of Pharmacy published Resolution No. 585, regulating the clinical attributions of pharmacists that, by definition, constitute the rights and responsibilities of professionals concerning their area⁽²⁷⁾.

Study limitations

Because consultations are a recent pharmaceutical practice, the study has limitations due to lack of research on the subject, and lack of knowledge of the availability of pharmaceutical services by the population, specifically the elderly.

Contributions to the health sector

The present study contributes to the area of public health, insofar as pharmaceutical care enables the education of the polymedicated elderly, contributes to the rational use of medications, promotes health, and prevents frequent hospitalizations.

FINAL CONSIDERATIONS

The results of the present study lead to the conclusion that pharmaceutical consultation is an important instrument of education for polymedicated elderly patients. It is possible to minimize concerns about pharmacotherapy, contribute to self-care, and promote well-being through the provision of pharmaceutical guidelines. Finally, this study did not exhaust the theme, which is new in the Brazilian scenario. This study demonstrated the importance of informing patients, particularly elderly patients, about the availability of pharmaceutical consultations, a service that closes existing gaps in the healthcare system.

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