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RESEARCH

# Elderly people with mental disorders: experiencing the use of psychotropic medicines

*Idosos com transtornos mentais: vivenciando o uso de psicofármacos*

*Ancianos con trastornos mentales: vivenciando el uso de psicofármacos*

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**ABSTRACT**

**Objective:** To interpret the experience of the elderly with mental disorder in the use of psychotropic medicines. **Method:** Qualitative study in the interpretative modality, supported by the Grounded Theory. It was carried out from interviews with 16 elderly people with mental disorder and six relatives, totaling 22 participants. **Results:** In the experience of the use of psychotropic medicines, the elderly with mental disorders become aware of their condition, attribute meaning and establish strategies for the correct use. On the other hand, they express their dissatisfaction with being dependent on psychotropic medicines to live without symptoms, face their side effects and do not always use them correctly. **Conclusion:** The use of psychotropic medicines is a priority in the life of the elderly and, in view of the fragilities found, it is necessary a continuous monitoring of health professionals.
**Descriptors:** Elderly; Mental Health; Psychotropic Medicines; Use of Medications; Mental Disorders.

**RESUMO**

**Objetivo**: Interpretar a vivência de idosos com transtorno mental na utilização de psicofármacos. **Método**: Estudo qualitativo na modalidade interpretativa, apoiado pela Teoria Fundamentada nos Dados. Foi realizado a partir de entrevistas com 16 idosos com transtorno mental e seis familiares, totalizando 22 participantes. **Resultados**: Na vivência do uso de psicofármacos, os idosos com transtornos mentais tomam consciência da sua condição, atribuem significado e estabelecem estratégias para o uso correto. Em contrapartida, eles expressam o descontentamento por depender dos psicofármacos para viver sem sintomas, enfrentam seus efeitos colaterais e nem sempre os utilizam de forma correta. **Conclusão**: O uso de psicofármacos se constitui em prioridade na vida dos idosos e, frente às fragilidades encontradas, é necessário um acompanhamento contínuo dos profissionais de saúde.
**Descritores:** Idoso; Saúde Mental; Psicotrópicos; Uso de Medicamentos; Transtornos Mentais.

**RESUMEN**

**Objetivo:** Interpretar la vivencia de ancianos con trastorno mental en la utilización de psicofármacos. **Método:** Estudio cualitativo en la modalidad interpretativa, apoyado por la Teoría Fundamentada en los Datos. Se realizó a partir de entrevistas con 16 ancianos con trastorno mental y seis familiares, totalizando 22 participantes. **Resultados:** En la vivencia del uso de psicofármacos, los ancianos con trastornos mentales toman conciencia de su condición, atribuyen significado y establecen estrategias para el uso correcto. En cambio, ellos expresan su descontento por depender de los psicofármacos para vivir sin síntomas, enfrentan sus efectos colaterales y ni siempre los utilizan de forma correcta. **Conclusión**: El uso de psicofármacos se constituye en prioridad en la vida de los ancianos y, frente a las fragilidades encontradas, es necesario un acompañamiento continuo de los profesionales de la salud.
**Descriptores:** Anciano; Salud Mental; Psicotrópicos; Uso de Medicamentos; Trastornos Mentales.

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## INTRODUCTION

The health care of the elderly is of concern to the sectors of society, since the aggregation of biological, emotional, social and economic factors in the aging process leads to fragilities and the emergence of many chronic conditions[1].

With regard to health, aging contributes to trigger or aggravate the presence of mental disorders, such as: schizophrenia, depression, bipolar disorders, delusions, anxiety, somatoform, among others[2].

Although in the last decades policies have been developed that aim at changes in the models of health care with a view to the quality of life, it is verified that the initiatives are still insufficient for an action focused on territorialization, community participation and care of the real people's health needs[3].

Referring to Mental Health Care Policies, as of 1978, the psychiatric reform movement guides, among other actions, de-hospitalization, leading to the creation of scenarios, such as the Psychosocial Care Centers (CAPS), the Volta Program and mental health support to basic care teams. Currently, in the search to strengthen the integrality of care, the Network for Psychosocial Care (RAPS) was established, with the proposal of offering treatment through articulation between the different support services[4]. Among these services, the CAPS are considered strategic devices for the organization of the RAPS, since they aim to recover the potential of community resources and promote the social reintegration of the person with mental disorders[5].

At the present time, care for the person with mental disorder is therefore performed predominantly in their community basis, with the support of different therapeutic resources[6]. In general, the person with mental disorder when inserted in their home creates a demand for care that involves the family and the elderly himself. In this conformation, the family needs to be guided and included in the therapeutic plan and, sometimes, it also lacks care. This is due to the physical, emotional and financial exhaustion caused by the chronic condition of the entity[7].

To the elderly with mental disorder, there are, in the Brazilian reality, no specific services. Thus, their care faces difficulties that begin with the lack of identification and appreciation of their specific needs, plus the lack of organization of the health services to meet such demand and professional qualification. The task of sheltering the elderly with mental disorder is often under the responsibility of the Long-term Care Facilities for Elderly (LTCFE), which do not have specialized treatments and adequate infrastructure to care for these elderly people[8].

The World Health Organization states that 20% of the elderly population has some kind of mental or neurological disease[9]. In the city of São Paulo, the prevalence of mental disorders among the elderly (over 65 years) was 33.6%[10]. Among institutionalized elderly, 30% of them presented some problem of this order[11].

Thus, it is considered that the health care of the elderly configures a new challenge for the health services, since it includes the need for more frequent, complex and comprehensive care, involving the mental disorder patient, family, society in general and, especially, an expanded view of health professionals regarding the health and disease process.

In this context, it is important to highlight the possibility of using different therapeutic resources, including psychotropic medicines aimed at reducing the harmful symptoms of mental disorders, which contributes to the development of social and psychological actions aimed at improving the conditions of life, especially social life. Thus, from a multidimensional and humanized view of health care, psychotropic medicines are also targeted to people with preserved mental health in order to alleviate suffering. It thus moves towards a movement that moves away from the hospital-centered, disease-focused paradigm[12].

The use of psychotropic medicines by the elderly presents important specificities related to dosage, absorption, adverse and adverse effects, and medicine interaction. In addition, this elderly person often presents clinical comorbidities that lead to the use of medicines for their control or treatment, increasing the complexity of this use[13].

Among elderly people living in the city of São Paulo, 12.2% used psychotropic medicines. Factors associated with this group were: female gender, advanced age, multi-morbidities, depressive symptoms, poor health perception and polypharmacy[10]. In an emergency and psychiatric emergency sector, 53.3% of the elderly were in psychiatric treatment and 82.2% were using psychotropic substances[14].

In a study that verified the adherence and difficulties of the elderly with bipolar affective disorder in relation to the medicine therapy, low adherence to pharmacological treatment, lack of knowledge, difficulties in self-administration and desire for treatment discontinuation were identified[15]. Among the relatives, there was also a low level of knowledge, as well as difficulties in relation to patient's non-adherence, overload with care responsibility and concern with access to health services[16].

Concern about the use of psychotropic medicines was revealed in a study with 930 elderly people with mental disorder, with average age of 70.4 years, most of whom were diagnosed with schizophrenia. They had different comorbidities and medicine prescription did not always follow the clinical guidelines and consensus recommendations[17].

Psychotropic medicines are substances that alleviate symptoms arising from mental disorders or promote changes in perception and thinking through altered psychic activity. Although their proposal is not that of curing the disease, they have contributed to the remission of psychotic and aggressive outbreaks and anxiety attacks, allowing greater social interaction of the patient. However, we must consider its side effects and adverse effects, including, mainly, weight gain, drowsiness, slowness, prostration, dry mouth feeling and impregnation, which leads to the need for specific care[18].

In view of the increase in the elderly population, the high prevalence of mental disorder among them, and the consequent use of psychotropic medicines, and believing that the elderly is the protagonist of the care process and that its use demands the establishment of different coping strategies. This study has as a guiding question: How does the elderly with mental disorder experience the use of psychotropic medicines? We propose, as an objective, to interpret the experience of elderly people with mental disorder in the use of psychotropic medicines.

## OBJECTIVE

To interpret the experience of the elderly with mental disorder in the use of psychotropic medicines.

## METHOD

### Ethical aspects

This research was approved by the Municipal Health Secretary and was approved by the Ethics and Research Committee that Involves Human Beings of the Medical School of Marília. All the participants signed the Free and Clarified Consent Term (FCCT). The interviews were identified with the letter E, followed by the number referring to the order of their accomplishment and, next, the identification of the elderly CAPS or Primary Care (PC). In the same logic, the families' speeches were identified by the letter F.

### Type of study

Qualitative study in the interpretative modality through Grounded Theory[19]. The discussion of the data was supported by the reference of Symbolic Interactionism, which, among other assumptions, argues that action is based on the meaning that things have for the individual, a result of social interaction; that meanings change according to the person's interpretative process by acting in the face of what he or she is facing and that in this process interacts, creates, recreates and transforms, as a dynamic and active being, thus defining his or her behavior[20].

### Study scenario

it was carried out in a caps ii and two primary care units (pc) in the city of marília, são paulo state. this municipality has approximately 218,000 inhabitants and 27,800 are elderly (over 60 years), 12.7% in relation to the general population. the health system has, as a gateway, 32 family health units and 12 Traditional Primary Health Care Units (TPHCU)[21].

The mental health care network is composed of a Regional Mental Health Clinic; a psychiatric inpatient unit in a general hospital, a psychiatric hospital in agreement with SUS (Unified Health System) and a Day Hospital. It has psychiatric care in four Basic Health Units and outpatient psychiatric care performed in a specialized care unit (Polyclinic). In addition, it has the CAPS II, which currently serves 224 users, more focused on serious mental disorders. Of these users, 35 are elderly, representing 15.6% of the total patients attended[21].

### Data source

The sample definition was performed by theoretical saturation[19], whose objective is to obtain data to help construct the categories. It is related, therefore, to the theoretical and conceptual development and not to the representation of a population. Thus, we have the initial sampling that "indicates where to start" and the theoretical sampling that "guides where to go"[19]. The study consisted of 22 participants, who constituted the three sample groups. Twelve patients with mental disorders undergoing treatment at CAPS II were initially included, however, in view of the concomitance between data collection and analysis, it was identified that elderly people attending CAPS are systematically monitored by the multi-professional team and that, in addition to the use of psychotropic medicines, they also participate in non-medicine therapeutic activities and that there was a regularity in the experience of the use of psychotropic medicines, thus, with a view to broadening the understanding of the phenomenon in the study was chosen to interview elderly people with mental disorder, who use psychotropic medicines and who do not receive care in the CAPS. In order to do this, two basic health units of the municipality were contacted, and the team indicated four elderly people with the proposed characteristics that constituted the second sample group. For these elderly people, home visits were made to the interview. In addition, it was verified that a person in the family was always present and followed the way the elderly experienced the use of psychotropic medicines. Thus, supported by the methodological framework of the Grounded Theory[19] and because they could add information that would contribute to broadening the interpretation of the phenomena studied, the experience of the elderly was constituted the third sample group, composed of six relatives.

The criterion of inclusion was for the elderly to be indicated by the professionals of the team as having the conditions to provide information and to be making use of psychotropic medicines. For the relatives, those who lived with the elderly people were selected and followed their medication treatment.

### Collection and data organization

The information was collected through the interview technique, recorded and applied – individually – in a reserved place and then transcribed in full. The elderly who attend the CAPS were interviewed in the CAPS itself, in a reserved room. As for family members, after telephone contact, the interview was marked at the place of their preference (CAPS or domicile). The elderly attended by primary care were interviewed at home, whose location was indicated by the teams of two units of the Family Health Strategy, contacted for the convenience of the researcher.

The interviews were carried out by the first author of the study and the script had identification data, such as age, gender, marital status and with whom they live, the medicines they use and the application of the following open question: "Speak as it is for you on a daily basis use medicines for their treatment of mental disorder." During the concomitant collection and analysis of the data that passes through an intense process of reflections, theoretical and methodological memoranda were constructed, aiming to facilitate the construction of the theory.

### Data analysis

By the Grounded Theory, open coding was performed. It consists of the analysis, line by line of the interviews, which made it possible to identify the codes, faithfully reproducing the expression contained in the data. After elaboration, the codes were grouped by similarity into categories. In the axial coding, the data were regrouped and the categories related to its subcategories, seeking to generate explanations and the connections between them. This made it possible to associate the

information and relate it to the same concept, in order to find the central category with the potential to explain the phenomenon "elderly people's experience with mental disorder in the use of psychotropic medicines". In the last stage (selective coding), the categories were organized around the perspective of a phenomenon of binary reach with potentialities and fragilities. The two units show the two faces of the phenomenon, with one side acting on the other[19]. All the stages of the data analysis counted on the participation and consensus of the three authors, in addition to three elderly and two caregivers interviewed, as well as the nurse from the CAPS that participated in a meeting in which the data were presented and validated.

## RESULTS

Of the 16 elderly people who participated in the study, there are 11 females and 5 males; the age ranged from 60 to 78 years, but most are in the range of 60 to 69 years. In addition, nine live with relatives, five live alone and two live only with her husband. Schizophrenia is present in seven of them, in addition to other disorders, such as obsessive compulsive and schizoaffective. They also have diseases like hypertension, diabetes and high cholesterol. The elderly of the PC did not know to inform the diagnosis. Among the six relatives, four are single children, one is a sister and the other the husband, who reside with the elderly and assist in the activities of daily living, mainly in the use of medicines.

The elderly interviewed use one to five psychotropic medicines, with an average of 3.3 per elderly, including neuroleptics, anxiolytics and antidepressants. The study participants were treated for mental disorder for at least five years, and the problem manifested itself in adulthood. Among the family members interviewed, four are single children, one is sister and the other the husband, who live with the elderly and assist in the activities of daily living, mainly in the use of medicines.

Chart 1 presents the potentiating and fragility aspects that involve the phenomena under study.

In the approach with these elderly people, it was observed that the mental disorder is at the center of their experience and, even presenting other comorbidities, they lose their meaning in the face of the suffering and relevance that it causes them. In this context, the use of psychotropic medicines is seen as a priority in his life.

In the search to interpret the experience of the use of psychotropic medicines, it was verified the existence of potentialising aspects and fragilities. As an important enhancement aspect, we find that they are positively influenced by the use of psychotropic medicines since they allow them to feel well, live without crises and hospitalizations, as can be seen in the following statements:

> *When I don't take it, it gives me hallucination. And then I have those nightmares with another world, with people who have already been, and that's the way it is. And every time it's persecution.* (E1 - PC)

> *And if you don't take it the crises start all over again, I've already been hospitalized in the Hospital* [name of the hospital]. (E6 – CAPS)

> *It gets very hectic* [when you don't take the medications]. *Walk side to side. He wants to call everyone, he doesn't stop, nothing is good.* (F3 - PC)

**Chart 1** – Phenomenon: experience of the elderly with mental disorder in the use of psychotropic medicines, Marília, São Paulo State, Brazil, 2015

| Categories | Subcategories |
|---|---|
| Potentiating Aspects | |
| 1. Being positively influenced by the use of psychotropic medicines. | Recognizing the need to use the medication to get well.<br>Depending on the psychotropic medicines to live without crises and hospitalization.<br>Recognizing more active and able to do activities and socialize. |
| 2. Establishing forms for the correct use of psychotropic medicines. | Creating routines to take psychotropic medicines.<br>Considering that correct use is already incorporated into daily life. |
| 3. Being supported by others for the correct use of psychotropic medicines. | Obtaining guidance from health professionals. Receiving support from family and neighbors. |
| Aspects of Fragility | |
| 4. Feeling dependent on psychotropic medicines. | Taking too much psychotropic medicines.<br>Wanting to be independent of psychotropic medicines.<br>Fearing the adverse effects of psychotropic medicines. |
| 5. Recognizing the adverse effects of psychotropic medicines. | Sensing discomfort for the bitter taste of psychotropic medicine.<br>Feeling that psychotropic medicines make the person slow and sleepy by calming too much. |
| 6. Using psychotropic medicines incorrectly. | Forgetting the indication of the psychotropic medicine.<br>Not knowing the names of psychotropic medicines. Using psychotropic medicines incorrectly.<br>Having difficult to use the large amount of medicines. |

*Because I know that if I take it, I'll be fine.* (E1 - CAPS)

[...] *since when I know her problem, the medicine helps a lot* [...] *because of the problems she has when she gives the crisis* [...]. *Jeez! It causes damn damage if shedoesn't take it. She gets nervous. If she catches a person, she punches and doesn't notice.* (F4 - PC)

The elderly with mental disorders use psychotropic medicines to obtain a living / survival in a more acceptable way for themselves and for those that surround them, for the reduction of signs and symptoms, with consequent improvement in social and familiar living, in the accomplishment of daily activities and in the suffering that disease causes them.

*Before, I didn't feel like doing anything. Not now, now I do many things. I sweep the house, make food, do the dishes, iron, cook.* (E5 - CAPS)

Faced with the benefits that the use of psychotropic medicines causes, the elderly establish routines for their correct use and sometimes this use is already incorporated into their daily life, according to the following statements:

*I get up in the morning, I have breakfast. Then I take two medicines. At night I shower and dine, I watch the novel. Then I go and take my medicine and go to sleep.* (E1 - CAPS)

*I write on the sheet, not to forget. I let the day and the night separated.* (E6 - CAPS)

*I think he's used to it, I think it's the day, the time. He takes after breakfast. He takes akineton, and then, at night, at about 8 o'clock, the haldol. Then he is already used to it, he dines and already takes the hadol and then, akineton.* (F2 - PC)

When the elderly do not feel able to use psychotropic medicines correctly, strategies are launched with the support of other people, such as neighbors, family members and health professionals.

[...] *the neighbor is the one who reminds me. He also takes medicine for the head. He takes plenty of medicine.* (E7 - CAPS)

*Yeah, alone. I'm going to show you how she does for me* [CAPS nursing assistant], [...] *this is 14 hours, the fork. In the morning, the sun. At night, the stars. The cell phone sharply rings* [...]. (E12 - CAPS)

In the experience of the use of psychotropic medicines, the medicineelderly manifest fragility aspects, such as the fact that they depend on them for the improvement to occur.

*Sometimes, we, wow! It's too much medicine, you should stop it. I think if I didn't drink it would be better. Since I suffer from these stuff, I'll take it.* (E4 - CAPS)

*But it's because you take it, take it and come up with a point and say, "My God, I need to stop it, I cannot depend on something that is not right, take all that medicine, to survive." Ah! I think so many people live without taking a medicine: I need to take all these medicines to survive.* (E3 - PC)

These elderly people, despite recognizing the need to cope with the adverse effects of psychotropic medicines, which are often intense and disabling are accompanied by mistrust and fear of other effects that may arise from them, as well as expressing their desire not to depend on the use of medicines.

[...] *I feel very sleepy, so if I had less medicine* [...] *I'm afraid to attack my kidney.* [...] *but sometimes I lose my balance, so much medicine. I lose balance in my legs, I have difficulty, sometimes even in the hands, I tremble.* (E7-CAPS)

[...] *we get the thick saliva, a lot of sleep and now it started to shake me.* [...] *I am afraid of having an attack, of raising my cholesterol levels even more.* (E11-CAPS)

As aspects of fragility in the experience of the use of psychotropic medicines by elderly people with mental disorder, is the inadequate use of medications, which occurs due to lack of adherence, confusion or forgetfulness.

*During the day it is emipramine, in the morning, but I don't take it. She* [the doctor] *asked me to take it, but I don't take it. It's just that is in my mind that they make me fat, that's why I slowed down. This fat that I have, I suspect is its fault, because when I had my last child I was really slim* [...]. *I had a perfect body.* (E4 - PC)

*She confuses the medication. Sometimes it's already marked there: it's this medicine, it's to take it early and at night, and I explain it to her. Then she doesn't know if she has taken it.* (F3 - CAPS)

[...] *when I don't call, she doesn't take it, she forgets, literally. Today I didn't call, I didn't call, I haven't talked to her since early morning, I'll probably get home, and the medication will be there, which is sertraline.* (F2 - CAPS)

*Lack of knowledge also contributes to the fact that the use of the medication doesn't occur to the satisfaction: I only know amplictil, I don't know any, it has amplictil, I don't know.* (E6 - CAPS)

The elderly also indicate difficulties in the use of medicines added to psychotropic medicines, since the complexity of the therapeutic scheme can lead to confusion, as can be seen in the following statements:

[...] *imagine if I get some wrong medicine, there's plenty of it, there's medicine for blood pressure.* (E10 - CAPS)

## DISCUSSION

The present investigation made it possible to show a cut in complexity that involves the lives of these people, which starts with the fact that the elderly interviewed present the mental disorder from the adult stage, a moment of construction of

the subjectivity and of conquests that contribute to the aging occurs more comfortably. A study interpreted that it is seen by what it presents, by the symptoms of the disease, and not as a person who has identity and life itself[22].

The elderly who participated in the study presented as main mental disorders schizophrenia and chronic obsessive disorder, which tends to make them difficult to manage their own treatment, leading them to depend on other people for this to occur to content. Care for the dependent elderly is usually under the responsibility of a relative[23].

The elderly of the study use, on average, 3.3 psychotropic medicines belonging to different medicine classes. Most of these medicines present risks of adverse effects, mainly due to the physiological changes and comorbidities that they normally present. Many of the psychotropic medicines used are on the list of Potentially Inappropriate Medication Use in Older Adults (PIM)[24]. Examples are haloperidol, levopromazine and olanzapine, tricyclic antidepressants and benzodiazepines. In general, these medications present risks of falls, orthostatic hypotension, cognitive deficit, sedation, hypotonia, dry mouth sensation, among other effects that also make it difficult to cope with the activities imposed on their daily lives[25].

From the condition that the use of various psychotropic medicines has important adverse effects, the suffering of these elderly people who, despite this, depend on them to live well, is on the agenda. The elderly respondents showed positivity in this use. This meaning is attributed to the fact that psychotropic medicines reduce the intense signs and symptoms caused by mental disorder and allow them to lead a more active life and with greater interaction and social interaction. In this respect, there is support in the literature when it is argued that, in the last decades, new psychotropic medicines with potential for the reduction of signs and symptoms related to mental disorders appeared[26].

Similar results were found in a qualitative study carried out with people with mental disorders in different age groups who use psychotropic medicines, since the use of such medicines allows them to clarify their thoughts and social life with behavior considered acceptable, causing them to identify the psychotropic medicines as essential and primordial to their life[12].

It is emphasized that currently, in the field of psychosocial care, psychotropic medicines are used as an important support to the treatment, contributing to the rehabilitation and, consequently, to the improvement of the quality of life[27].

The elderly with mental disorders, in the process of constant interaction with the health team, families and society in general, create, recreate and transform their daily lives, while being dynamic and active[21], establishing strategies for the correct use of medicines, with to avoid suffering. They pay attention, create routines, associate their use with some daily activity such as mealtime or bedtime, and when it is not possible to use psychotropic medicines autonomously, they turn to the help of others.

These strategies are established throughout the process of illness, interspersed by worsening and improvement, hospitalizations, crises and various sufferings, to the point of incorporating this use into the daily routine. It is, therefore, the use of strategies that are incorporated into the behavior learned from the experiences, from what is felt and what is taught to them[21].

In interactionist perspective, in this case, there is a significant symbol, since the interaction has enabled the development of personality, social adaptation and adequate reaction of the individual[21].

The concern of the elderly with the use of psychotropic medicines, due to the eminence of relapse of signs and symptoms, although it does not guarantee full adherence to the treatment, is important and seems to differ from what occurs in cases of organic diseases whose effects are not immediately perceptible. In the analysis of adherence to medication use among elderly people with schizophrenia, there was a greater involvement and valorization when dealing with psychotropic medicines, compared to other medicines, using different styles of medicine management[28]. Study with hypertensive patients revealed that none presented ideal adherence, although most were classified as non-adherent mild[29].

It is added to this understanding that these elderly people are playing an active role in disease control, which needs to be taken into account by health professionals when planning care with them, since non-medicine therapeutic actions should be carried out in parallel, as occurs with the elderly who attend CAPS. However, considering that the majority of the elderly with mental disorders are accompanied by the services of the PC, it is necessary to intervene in the Family Health Support Unit, which is more effectively responsible for the specifics of these elderly people.

The follow-up and support of relatives or other people close to the elderly also prove to be an essential condition for this experience, regardless of the care setting. Family members, as well as the elderly, recognize the importance and express concern about the use of psychotropic medicines, since they suffer from the consequences of not using or misusing them, which contributes to their alignment with care for this elderly person.

In the process of living with the chronicity of the disease and the dependence on the use of psychotropic medicines, the elderly understand that they use many psychotropic medicines and manifest a desire not to need them and make comparisons with those who do not depend on it. It is implied that these elderly people understand that something differs from the people who surround them, since when they are part of a complex network of relationships, they interpret themselves and others, defining their situation and their social reality[21]. This condition causes suffering and questioning as to the way that leads to life.

In addition, it has been observed that medicine therapy in specialized mental health services can be hampered by the irregularity in the provision of SUS, since, not always the socioeconomic condition of the elderly allows the purchase of psychotropic medicines with own resources[28].

Elderly people with a mental disorder, living and living with the continuous use of psychotropic medicines face difficulties, such as lack of knowledge, misuse, fear of confusing medicines with the large amount they use, as they are also usually treated for comorbidities. These difficulties can be reinforced by the assertion that the patient with mental disorder often resists the use of psychotropic medicines, since they do not completely remit signs and symptoms, reaffirm the constant presence of the problem, have undesirable effects and reinforce the future damage[30].

These elderly people, therefore, face a daily life surrounded by different interferences, since, on the one hand, they need the psychotropic medicines to alleviate signs and symptoms of the disease and, on the other hand, they experience the changes due to the medications. Faced with this, health care based on longitudinality and bonding is desirable, which presupposes an important professional and user interaction so that there is a formative process, aiming to develop new meanings to be used as instruments for action guidelines in favor of caring for each other In this perspective, the health education involving the interdisciplinary team becomes essential in the care of the elderly with a metal disorder that makes use of psychotropic medicines.

**Limitations of study**

It is worth mentioning that, as a limitation of the study, the fact that the elderly interviewed were those with conditions of verbalization and dialogue, which does not represent the totality of elderly people with mental disorder, it is possible that the others present even more complex experiences.

**Contributions to the area of nursing and public health**

Finally, it is expected that the present study will contribute to reflections about the health care of the elderly with mental disorder, involving health professionals and managers so that care for these people can contemplate the complexity of their needs.

## CONCLUSION

In the interpretation of the experience of the use of psychotropic medicines by elderly people with mental disorders, important implications to their life condition are revealed, considering that such use allows them to live better, reducing the signs and symptoms of the disease, adverse effects and nonconformity of needing psychotropic medicines.

In view of the significance that the use of the medicines acquires in the life of the elderly with mental disorders, it is verified that there is an own organization or supported by others to meet the needs. To do this, they create strategies, establish routines and incorporate the use of psychotropic medicines into their daily lives. Even so, sometimes they find difficulties in this use, they use incorrectly and they lack knowledge.

In addition, the focus of health care for these elderly people seems to be mainly for mental disorders and for the use of medicines, which does not seem to take into account the needs of the elderly in their entirety, considering the diverse alterations and diseases that commonly present. Faced with this, new questions arise that demand studies to show if these elderly people are receiving comprehensive health care, which depends on the integration between the services that make up the health care networks.

It is worth mentioning that, as a limitation of the study, the fact that the elderly interviewed were those with verbal and dialogical conditions, which does not represent the totality of elderly people with mental disorder, it is possible that the others present even more complex experiences.

Finally, it is expected that the present study will contribute to reflections about the health care of the elderly with mental disorder, involving health professionals and managers so that care for these people can contemplate the complexity of their needs.

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