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Evaluation of Psychotropics Consumption In A Psychiatric Emergency Service of A General Hospital

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Abstract: - Several types of interventions in mental health have been implemented since the Psychiatric Reform to ensure assistance to the population affected by mental disorders. Psychiatric drugs and psychotropic agents are chemicals that act on the central nervous system and affect the mental and emotional functions of individuals. This study aimed to investigate the use of psychoactive substances of Ordinance 344/98 in the Psychiatric Emergency Service of the Hospital General Dr. Estevam Ponte (SEPHG). Research was conducted from January to March 2013. We analyzed the records of 30 admitted patients to SEPHG and their prescriptions. Of these, 20% of the patients came from the Center, 16.6% from Expectativa and 13.3% from Sinha Sabóia and Terrenos Novos, the remaining patients came from other districts of the city of Sobral. There was a higer higher prevalence of males (77%) who were administered psychotropic drugs. The prevalent age range was from 20 to 29 years, which corresponds to 33% in both sexes. The therapeutic classes that were dominant were typical antipsorics, such as haloperidol (96.6%) and benzodiazepines, such as diazepam (90%). There is concern with the use of psychotropic drugs and the need to implement services to ensure their rational use, preserving the health of the population and reducing public spending.

Keywords*: Mental health, Psychotropic drugs, Mental disorders, Psychiatric Emergency Services.*

I. INTRODUCTION

The importance of mental health is recognized by the World Health Organization (WHO) by the definition of health, in which health is understood as "not merely the absence of disease or infirmity", but as "a state of complete well-being physical, mental and social " [1].

Currently, several types of intervention in mental health after the Psychiatric Reform have been implemented to ensure assistance to the population affected by mental illness, such as the Primary Care Service, Center for Psychosocial Care (CAPS), Therapeutic Residence Service (SRT) mental health clinics and psychiatric hospitalization in a general hospital between others [2].

The Mental Health Program is the sustaining base of actions designed to ensure and restore mental health. This program provides grants for monitoring and treatment pharmacological or non-pharmacological of patients (psychotherapy or other occupational practices) [3].

Psychiatric drugs or psychotropic agents are chemicals known for millennia and have often been related to the treatment of mental illness. They act on the central nervous system (CNS) and in some way affect the mental and emotional functions of the subjects [4]. The use of drugs in the treatment of psychiatric disorders is becoming more accurate as psychiatric diagnoses continue acquiring objectivity, consistency and reliability. It offers a wide use in clinical medicine, pharmacotherapy of mental disorders, one of the areas most rapidly evolving [5].

Psychotropics are acquired by prescription, and their sale controlled by the Ministry of Health, through Decree 344 of May 12, 1998, to ensure that there is particular effective care on the use of these psychotropic drugs, reducing their abuse [6]. The psychotropics drug distribution system requires an in-depth investigation of the activities, so you can ensure a control with increased security, efficiency and effectiveness. [6]

The ordinance 344/1998 mentions that from the moment of entry of the drug in the hospital, it should always be accompanied by a responsible pharmacist, this professional should follow in accordance with the standards set for the input, output and losses of psychotropic medication on a specific record book which must necessarily contain the hospital, the numbering of specific prescriptions, number and invoice equivalent to entry of the product. These substances should be mandatorily stored under key or other device that provides security in exclusive place for this purpose, and the responsibility of the pharmacist inventory control of these drugs [6].

The psychotropic drug use has grown in recent decades in many Western countries and even in some Eastern countries. This growth has been attributed to increased frequency of psychiatric disorders diagnoses in the population, to introduction of new psychiatric drugs in the pharmaceutical market and to new therapeutic indications of existing psychiatric drugs [7].

According to some studies, the use of psychoactive substances in Brazil increased significantly due to the significant increase in diagnoses, the introduction of new drugs on the market or new indications for existing problems [8].

Countries with large pharmaceutical markets such as Canada, the United States and Brazil, face problems of strong abuse of psychotropic drugs. Being necessary to control and inspect to ensure an adequate supply of these substances in order to avoid irrational prescription and consequently the abuse of this drug class [9].

It is understood as appropriate use of psychotropic drugs when the patient receives drugs to their clinical needs, in doses that meet their individual needs, for an appropriate period and the lowest cost to them and to the community [10].

This research aims to analyze the use of psychotropic drugs in the Psychiatric Unit of the General Hospital Dr. Estevam Ponte, at city of Sobral, Ceará, through research in the medical records of hospitalized individuals in the period from January to March 2013. According to Sousa Silva and Oliveira [11], currently the Psychiatric Emergency Service of Sobral (CE), developed in Dr. Estevam Ponte General Hospital, has observation beds, where the customer remains the time needed for recovery. During this period, it goes through an evaluation of the psychiatrist who analyzes the client's mental framework and determines treatment. According to the case, the client will continue their treatment in extra-hospital, will be in observation or will be admitted to the psychiatric inpatient unit available in the mentioned general hospital.

In view of this, this study aimed to investigate the use of psychoactive substances of the ordinance 344/98 by socioeconomic analysis of hospitalized patients and identify the main clinical indications and prescribed treatment regimens, seeking to reinforce attitudes that may prevent the misuse of psychotropics, stressing the importance of it in order to minimize the adverse effects and costs, thus promoting the rational use of these medicines.

II. METHODS

The study type was transversal documentary with quantitative approach. The survey was conducted in the Psychiatric Emergency Department and Emergency General Hospital Dr. Estevam Ponte (SEPHG), located in the city of Sobral (CE).

- Study Samples

We evaluated the records of individuals admitted to the ER and Psychiatric Emergency General Hospital Dr. Estevam Bridge during the January to March 2013. The records were examined randomly in September and October 2013 considering the criteria inclusion and non-inclusion.

- Inclusion and Non-inclusion Criteria

The inclusion criteria were selected records of the municipality of Sobral patients (EC) consisting prescriptions of psychoactive substances and hospitalization period longer or equal to 07 days. And as non-inclusion criteria, records that are not consisting prescription psychoactive substance and hospitalization period less than 07 days.

- Data collect

Data were collected from medical records of patients admitted to the Psychiatric Emergency Service General Hospital Dr. Estevam Bridge. The form was used to evaluate: socio-demographic, provenance, psychiatric diagnosis, adopted procedure and main routing.

- Ethical aspects

The research was based on the principles of Resolution 466/12 and met the fundamental scientific and ethical requirements for work with humans. Was submitted to the Education and Research Centre of Sobral (NEPS) / Ethics Committee for Research involving Humans Universidade Estadual Vale do Acaraú Being the commitment term, ensuring the anonymity of people, registered in Plataforma Brasil with Nº. CAAE: 22488913.1 .0000.5053 and the Letter of Agreement with the direction of the Psychiatric inpatient Unit of the

General Hospital Dr. Estevam Ponte as Appendix A. Regarding as Term of Consent, there was justification for not using because it was a documentary research (Appendix B).

III. RESULTS AND DISCUSSION

The SEPHG meets users who suffer from change in thinking, such as delirium, aggressive acts, these situations that need quick response, because it is associated with cases that can cause risk of death to those users. Are cases of people who get angry without apparent reason and begin to harm yourself or the people who are around you. This service also assists individuals in situations of change of their mental conditions due to the use of drugs, people who have experienced trauma and who need psychiatric care as a result of the acquired sequelae.

For Del-Well and Teng [12], psychiatric emergency care in general hospital is a relatively recent practice. Its beginning is closely related to the redirection of attention to mental health policies, whose basic guidelines are guided fundamentally by the deinstitutionalization of psychiatric patients and the replacement of large psychiatric hospitals for different treatment modalities, including the emergency services psychiatric.

Data were collected randomly where 30 records of users admitted to SEPHG Dr. Estevam Ponte with psychiatric disorder frame, which made use of psychotropic medication and hospitalization equal to or greater than 7 days in 2013. During the months of January it was identified 06 patients, in February 14 patients and March 10 patients.

Table 01. Total number of admissions in SEPHG Dr. Estevam Bridge and sex distribution of the assisted users, according to the study criteria in the period from January to March 2013.

	Janeiry/2013	February/2013	March/2013
Number of admissions	**6**	**14**	**10**
	Male	Female	
Sex of hospitalized patients	**23 (77 %)**	**7 (23 %)**	

Given the results presented in Table 01, it was found that in February there was a rise in the number of admissions corresponding to (46.6%) of the sample, it is necessary to conduct a survey for a longer period to determine the causes that can be correlated to this result.

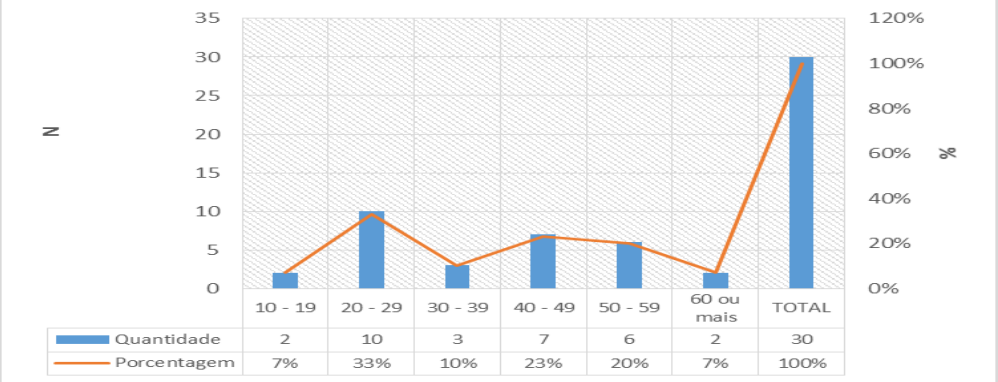
For Sousa Silva and Oliveira [11] it's necessary review the length of stay criteria and ensure, through institutional supervisions and inspections, it is as soon as possible, taking the psychiatric conduct and the assessment carried out by the professional staff accompanying the person assisted by psychiatric disorder.

Also according to Table 01, the results for the sociodemograáficas characteristics it was found that 23 (77%) were males and 7 (23%) female.

Galvão and Abuchaim [13] reported that psychiatric emergencies affect both men and women, and those patients seeking hospital for emergency psychiatric condition have changes in thoughts, feelings, or behaviors for which it is necessary to quick service to represent risk meaningful to patients or others.

For Andrade, Viana and Silveira [14] several epidemiological studies have demonstrated gender differences in incidence, prevalence and course of mental and behavioral disorders. Men have a higher prevalence of disorders associated with the use of psychoactive substances, including alcohol, antisocial personality disorders and schizophrenia, control disorders of impulse and attention deficit hyperactivity disorder in childhood and adulthood, while women have higher prevalence rates of anxiety and mood disorders than men. In disorders whose prevalence is similar in men and women, differences are observed in the age at onset, symptomatology profile and response to treatment. It has also been identified different patterns of psychiatric comorbidity in men and women.

Figure 01. Distribution of users by age group assisted in SEPHG Dr. Estevam Ponte, according to the study criteria in the period from January to March 2013.



The age group with the main highlight was the 20-29 years (33%), with 10 patientes, that is, users who are of working age, young adults. As 13% of users cited as drug patients, where the service was due to withdrawal syndrome.

For Brunoni [15], research carried out showed that the prevalence of psychiatric disorders in adults is high. In these studies it was consulted in 14 countries, 60,000 adults, it was observed that the annual prevalence of any psychiatric disorder is about 20%.

According to Sousa, Silva and Oliveira [11], the age of these patients is a significant determinant of mental disorders, because in general, the presence of mental disorders influence in their way of life, especially for interrupting labor productivity, due to the resulting failure of mental illness.

For Scivoletto, Boarati & Turkiewicz [16], many of psychiatric emergencies in this age group may be related to different diagnoses and can either set up the first episode of a psychiatric disorder such as aggravation of a pre-existing framework. Therefore, emergency care is also the time of differential diagnosis.

According to Nicholas [17], most schizophrenics show the first symptoms between 20 and 39 years old. This period is classified as "high risk" for schizophrenia. Men tend to have the earlier symptoms than women. Due to the different ages of onset, prevalence and incidence rates vary according to the composition of age and gender. The age distribution is particularly important when estimating the probability or the risk of a person becoming schizophrenic for the rest of your life.

Table 02. Percentage of patients origin in SEPHG Dr. Estevam Ponte, according to the study criteria in the period from January to March 2013. FHS: Family Health Strategy

FHS	N	%
Aracatiaçu	1	3,33
Caioca	1	3,33
Centro	6	20
Estação	1	3,33
Expectativa	5	16,66
Jaibaras	1	3,33
Jordão	1	3,33
Junco	2	6,66
Padre Palhano	1	3,33
Rafael Arruda	1	3,33
Recanto	1	3,33
Sinhá Saboia	4	13,33
Sumaré	1	3,33
Terrenos Novos	4	13,33
TOTAL	30	100

According to Table 02, regarding the origin of treated and admitted to SEPHG Dr. Estevam Ponte users highlighted four districts that belong to the headquarters of the city of Sobral, where each neighborhood has its Family Health Estrategy. These neighborhoods are the Center (20% of patients), Expectativa (16% of patients) and Sinha Saboia (13% of patients) and Terrenos Novos (13% of patients), the rest were from other districts and rural districts.

For Lemke and Silva [18], the notion of territory has become an organizing principle of the work processes in the current Mental Health and Primary Care policies. In the context of consolidation of the Unified Health

System (SUS), the two policies are challenged to build care practices guided by a territorial logic and thus implement the health actions closer to the user's world and its ways life.

The Family Health Strategy is part of the Center through the Health Center Dr. Luciano Adeodato, known as Tamarindo and to be able to meet all the demand of the neighborhood. It is a privileged area to have several health facilities such as: Medical Specialties Center (EMC), Psychosocial-Alcohol and Drug Care Center (CAPS AD), among others. According to the same document, the psychiatric reform and the movement of densinstitucinalização, was founded the Therapeutic Residence, whose proposal to rescue the citizenship and patient autonomy with mental disorders [19].

In the context of the mentioned territories, the Expectativa neighborhood has the Family Health Center where the working process is structured around the following issues: child care (especially attention to malnutrition, diarrhea and respiratory infections), attention to women, in addition to diseases leprosy, tuberculosis, diabetes and hypertension [19].

In the neighborhoods Sinha Sabóia (4) and Terrenos Novos (4) also had a number of patients to be highlighted. The access to health services for residents of the area of coverage focuses on the Family Health Center that is inserted into the SUS health unit: Mixed Unit Dr. Tomaz Correa Aragon, in the Sinhá Saboia, where their care is given heterogeneously in view of their different socio-economic contexts. In this service it was observed the existence of two different attention level units, having facilities of FHS and a tertiary pediatric hospital unit. Regarding the daily running of the health service, are scheduled calls or spontaneous demand. In Sinha Sabóia is notorious the violence, it includes feuds between different groups fighting for territory [19].

Already the Terrenos Novos is home to low-income families, where occur the existence of unemployment and low capacity for entering the market. Among the public policies implemented, was created the Reference Center for Social Assistance - CRAS, as the main development space in community [19]. Given these information presented, there is a lack of services in mental health and the lack of specialized professionals in this area.

According to the National Policy on Mental Health, the mental health network may formed of several assistive devices that enable psychosocial care to patients with mental disorders, according to population criteria and demands of municipalities. It should work in a coordinated manner with the CAPS as strategic services in organizing your gateway and its regulation [20].

For Souza, Silva and Oliveira [11], the existence of various obstacles to user accessibility to mental health services is essential, as according to the Basic Health Units - UBS, equivalent in neighborhoods the FHS, has responded for less than 10% of the demand of these users.

As for the input aspect in SEPGH realized the family support responsibility in 50% of cases, therefore, for Scivoletto, Boarati and Turkiewicz [16], the participation of family members is essential from initial assessment, to obtain data of the history, of ambient of patient and of assessment of the family situation.

For Martins et al. [21] the family is critical to the success of the patient pharmacotherapy, as often, the family is the closest link that users have with the world.

According to the National Mental Health Policy, the psychiatric hospitalization will only be carried out through detailed medical report that features their motives. In the care of mental health, of any nature, the person and their family or guardian will be formally made aware of the person's rights with mental disorder, which must have access to the best treatment of the health system, commensurate to their needs [20] .

Meanwhile, 33.3% of patients was alone in seeking care, showing that these patients, when they noticed the complexity of their situation, they search emergency care. The treatment in detention regime will be structured to provide comprehensive care to the person with mental disorders, including medical, social, psychological, occupational, recreational, and others services. The person who voluntarily seeks his hospitalization must sign at the time of admission a statement that opted for this treatment regimen.

The remaining (16.6%) of the patients had access to the service through active pursuit of CAPS General and CAPS-AD. For the most common meaning attributed to the active search, widely used in the actions of Epidemiological Surveillance, is to go looking for individuals for the purpose of symptomatic identification, especially of diseases and notifiable diseases. It's a procedure important in the actions in epidemiological surveillance and field research, aims to identify suspected cases in a quick confirmation to properly guide the implementation of control measures. [20]

The main hypothesis of diagnosis raised according to the International Classification of Diseases (ICD) was paranoid schizophrenia (CID-10 F20.0) with 33% of patients diagnosed with that hypothesis [22].

The patients referred to the SPEGH reported visual and auditory hallucinations, delusions, agitation and aggression, insomnia among others. All patients are submitted to anamnesis and mental examination by the general practitioner or psychiatrist on duty, and then, if opted for the same hospitalization were referred to the psychiatric unit, which began medical treatment.

For Galvão and Abuchaim [13], the most common diagnoses in psychiatric emergency services involve depression and mania, schizophrenia, alcohol and crack addiction, where the vast majority of treated patients require hospitalization.

Schizophrenic disorders are severe and persistent mental disorders characterized by distortions of thinking and perception, by inadequacy and blunting of affect by the absence of impairment in sensory and intellectual capacity (although over time can show cognitive deficits). Its course is variable, with about 30% of cases with complete or nearly complete recovery, 30% with incomplete remission and partial loss of operation and 30% with significant and persistent deterioration of the professional working capacity, social and emotional. The paranoid schizophrenia is essentially characterized by the presence of relatively stable delusions, often of persecution, usually accompanied by hallucinations, particularly of the auditory and perceptual disturbances. Disturbances of affect, volition and speech, and catatonic symptoms, are either absent or relatively inconspicuous. [23]

What can be seen on these facts is that the factors that cause exactly the paranoid schizophrenia are still confused, and it is known that's the imbalance of brain neurotransmitters establishes the fundamental cause of the disease. However, more precise information about this imbalance and the procedure that causes this psychiatric disorder is still a great mystery to be unraveled by science [24].

The second most notorious case was mental and behavioral disorders due to use of alcohol - acute intoxication (ICD-10 F10.0) with 17% of patients assessed during the study period who sought care at SEPHG [22].

As evidenced by the study by Souza, Silva and Oliveira [11] in their data there was a significant number of psychiatric emergency services determined by the use / abuse of alcohol with a total of 81 (42.40%). This fact calls attention because alcohol is a drug considered of common use. In this respect, society is permissive to stimulate this consumption through advertising. The media should alert to alcohol dependence as a serious illness, generating serious consequences and in some tragic moments.

For Amaral, Malbergier and Andrade [25], the clinical presentation of intoxication by alcohol is varied, depending mainly on the blood alcohol level (BAC) and the level of tolerance previously developed by the patient. Other factors like dietary status, the rate of alcohol intake, and some environmental factors may also have influence.

According to Amaral, Malbergier and Andrade [25], alcohol is associated with almost 70% of homicides, 40% of suicides, 50% of car accidents, 60% of drownings and 40% of fatal falls. In addition to external causes, alcohol is also related to a variety of diseases that can include hypertension, stroke (stroke), diabetes, liver disease and stomach and breast cancer and esophagus.

Lopes et al. [27] analyzed the prints of women who have a drug users in family. The study was conducted in Psychosocial Care Center Alcohol and Drugs (CAPS ad). In this study we observed that among the drugs most used were crack cocaine (50%) and alcohol (42%).

Table 03. Therapeutic Classes and Psychotropic Substances prescribed in SEPHG, Dr. Estevam Ponte, according to the study criteria in the period from January to March 2013.

Therapeutic Classes	Drug	N	%
ANTIEPILEPTIC	Valproic Acid	13	43.3
	Carbamazepine	02	6.6
TRICYCLIC ANTIDEPRESSANT	Amitriptyline	01	3.3
	Nortriptyline	02	6.6
ANTIPARKINSONIAN	Biperiden	11	36.6
HUMOR MODULATOR	Lithium Carbonate	10	33.3
BENZODIAZEPINE	Clonazepam	21	70
	Diazepam	27	90
	Lorazepam	02	6.6
	Midazolam	09	30
TYPICAL ANTIPSYCHOTIC	Chlorpromazine	16	53.3
	Haloperidol	29	96.6
	Thioridazine	02	6.6
ATYPICAL ANTIPSYCHOTIC	Olanzapine	06	20
	Quetiapine	03	10
	Risperidone	12	40

The results presented in Table 03 demonstrate that the use of the typical antipsychotic haloperidol during the study period had higher utilization of 29 (96.6%) of the SEPGH patients in various presentations and concentrations. The second most used are benzodiazepines such as diazepam 27 (90%), clonazepam 21 (70%). It is also important we inform the use of valproic acid 13 (43.3%) one anti-epileptic, biperiden 11 (36.6%) antiparkinson, risperidone and 12 (40%) an atypical antipsychotic.

According to national literature, schizophrenia affects approximately 1% of the population and accounts for 25% of psychiatric hospitalizations. More than 100 randomized clinical trials and double-blind, meta-analyzes clearly demonstrate the effectiveness of "traditional" antipsychotic drugs as alternative first-line treatment of

positive symptoms of schizophrenia. About 60% to 80% of patients with schizophrenia will improve over conventional antipsychotic agents. Nevertheless, a significant percentage of these patients, 20% to 40%, do not respond even at high doses of these antipsychotics, even when combined with other forms of social and psychological treatment. This group of patients known as "resistant" to neuroleptic therapy has a high rate of morbidity and mortality, and high social and family costs. The introduction of clozapine represented therapeutic advance because it has greater efficacy on positive symptoms of the disease. However, the risk of agranulocytosis associated with clozapine, although low, remains to be possibly fatal, as a major difficulty in long-term treatment with this drug [23].

Benzodiazepines are antianxiety agents and hypnotics important to treat states of anxiety and sleeplessness. Diazepam stands in use today to have a potent, quick and lasting action this by being well absorbed when administered orally, reaching peak plasma concentration at 1 hour. The effects exerted by Benzodiazepines consists of reducing anxiety, aggression, muscle tone, and anticonvulsant effect [26].

For Del-Ben and Teng [12], the effective integration of a psychiatric emergency service with other mental health services available in the region is a decisive factor for the smooth functioning of both the emergency unit and the psychiatric care system as a whole. Within an articulated network of mental health services, psychiatric emergency service has an important role in decision-making regarding the indication of treatment required for each case, playing at the same time the new case screening function by inserting them in network available treatment, and the important function for other services, for patients already included in the mental health care system.

According to a study by Souza, Silva and Oliveira [11], the Ministerial Decree No. 244 of January 29, 1992, determines the existence of some guidelines for mental health care, which are: based service organization on the principles of universality, prioritization , regionalization and integration of actions; diversity of methods and therapeutic techniques at various levels of care complexity; ensuring continuity of care at various levels; multiprofessionality in providing services; emphasis on social participation from the formulation of mental health policies to control its implementation; definition of local management agencies as responsible for the completion of this Decree and rules for monitoring and evaluation of services.

By analyzing the type of referral after hospital stay of users, as shown in Table 04, 37% of patients were referred for follow-up outpatient treatment at the Psychosocial Care Center - General CAPS, 30% forwarded to the CAPS - AD Alcohol and other drugs in the city of Sobral - CE. In the referral to other services 23% of patients were sent to services like basic health unit, ie FHS. This proves the existence of a mental health network providing integrated assistance to users.

Table 04. Following after Hospital Discharge of users assisted in SEPHG Dr. Estevam Ponte, according to the study criteria in the period from January to March 2013.

Referral	**N**
CAPS Geral	11
CAPSAD	9
Others*	7
Uninformed	3
TOTAL	30
* Basic Unit of Health, Treatment and Mental Health Consultation in Psychiatry	

As we can see in his study Sousa Silva and Oliveira [11], most patients after evaluation and release of SEPHG were referred for follow-up outpatient treatment in CAPS - AD service that, outside the hospital, which meets the demand of chemical dependents.

IV. FINALCONSIDERATIONS

The psychotropic consumption in SEPHG depends on the prescription of clinical doctors and psychiatrists on duty, as well as the availability of existing drugs in the hospital pharmacy. Prescriptions of typical antipsychotics and benzodiazepines were made by specialists in psychiatry, thus taking into account the frequency of consumption of these products, we can say that although they are in accordance with the psychiatry protocols should be studied by multidisciplinary evaluations because determining the risk-benefit and even the cost of drug therapies, quality of care, the problems related adverse reactions can contribute in a meaningful way in improving the service provided to the patient. In the study in question, according to the literature and the experience in the sector, there is the need for guidelines for structural improvement of SEPHG.

A significant percentage of patients aged 20 to 29 years correspond to 13% used the service because they presented withdrawal syndrome, that can is related to several clinical conditions, where the most common is the abrupt discontinuation of drugs.

Since the beginning of the study, it is noted that the Brazilian scientific production in the theme addressed is still incipient. Therefore, we aim too, with this research, show how useful it can be a SEPHG for scientific research regularized by a methodology and that this will encourage more health professionals to produce knowledge on health mental. The high staff turnover and excessive demand of services are negative factors SEPHG. On the other hand, during the analyze of data was observed the wide variety of cases with clinical presentations, complexity and changes as different, offering an opportunity for access to a valuable material for research.

The SEPHG Dr. Estevam Ponte relates to all the services that make up the mental health network in Sobral, as well as playing an important role in organizing the patients flow within the mental health, exercising functions that go beyond the simple need to stabilize the psychiatric condition.

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APÊNDICEB

HOSPITAL DR. ESTEVAM PONTE LTDA
Boulevard João Barbosa, 401- Centro - Sobral - CE
Fone: 0**(88) 613.2626 - CEP.: 62010-190
CNPJ 02304065/0001-56

CARTA DE ANUÊNCIA

Aceito o pesquisador **Pedro Henrique Martins** pertencente ao **Instituto Superior de Teologia Aplicada – INTA** a desenvolver sua pesquisa intitulada **CONSUMO DE PSICOTRÓPICOS NA UNIDADE PSIQUIÁTRICA DO HOSPITAL GERAL DR. ESTEVAM PONTE, SOBRAL (CE)**, sob a orientação da Prof.ª. Me. **Olindina Ferreira Melo de Chaves**.

Ciente dos objetivos, métodos e técnicas que serão usados nesta pesquisa, concordo em fornecer todos os subsídios para seu desenvolvimento, desde que seja assegurado o que segue abaixo:

1) O cumprimento das determinações éticas da Resolução 196/96 CNS/MS;

2) A garantia de solicitar e receber esclarecimentos antes, durante e depois do desenvolvimento da pesquisa;

3) Que não haverá nenhuma despesa para esta instituição que seja decorrente da participação nessa pesquisa; e

4) No caso do não cumprimento dos itens acima, a liberdade de retirar minha anuência a qualquer momento da pesquisa sem penalização alguma.

Sobral, 22 de outubro de 2013.

HOSPITAL DR. ESTEVAM PONTE LTDA

APÊNDICEC

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FACULDADES INTA
GRADUAÇÃO E PÓS-GRADUAÇÃO

INSTITUTO SUPERIOR DE TEOLOGIA APLICADA
Credenciado pela Portaria nº 1.744 de 07/07/2003 - D.O.U 08/07/2003

JUSTIFICATIVA DA NÃO UTILIZAÇÃO DO TERMO DE CONSENTIMENTO LIVRE E ESCLARECIDO (TCLE)

Eu, Olindina Ferreira Melo de Chaves, pesquisadora principal do projeto "Consumo de Psicotrópicos na Unidade Psiquiátrica do Hospital Geral Dr. Estevam Ponte, Sobral (CE)", informo a este Comitê de Ética em Pesquisa a dispensa da utilização do **TERMO DE CONSENTIMENTO LIVRE E ESCLARECIDO** para realização deste projeto tendo em vista que o mesmo utilizará somente dados secundários obtidos a partir do estudo de material já coletado para fins diagnósticos e da revisão de prontuários com as informações referentes aos pacientes.

Nestes termos, me comprometo a cumprir todas as diretrizes e normas reguladoras descritas na Resolução n° 196 de 10 de outubro de 1996 e Resolução n° 251 de 05 de agosto de 1997, referentes às informações obtidas com Projeto.

Sobral, 16 de Outubro de 2013.

Olindina Ferreira Melo de Chaves