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The New Approaches Therapeutics That Complement Medicinal Therapy of Patients in Mental Health: an Analysis

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ABSTRACT

Mental illnesses represent a challenge for healthcare worldwide. In Brazil, this reality is not different, with the Unified Health System (SUS) providing or improving the therapeutic treatment of patients assisted by public health policies, through the implementation of integrative and complementary practices in mental health patient therapy. Drug therapy associated with the increase in integrative practices contributes to improvements in the patient, in addition to promoting updates to the protocols and clinical guidelines that address pathologies of the mental nature. In this context, this chapter should analyze the main mental disorders, such as drug therapies used to treat these patients, as well as the use of integrative practices that complement the use of medications.

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INTRODUCTION

The treatment of patients suffering from psychosocial disorders has undergone several changes and improvements in the last 50 years. The discovery and implementation of new medications enabled a therapeutic approach focused on the patient's interaction in society, and no longer on his confinement, through compulsory hospitalizations for being considered as unable to share his life in the social environment.¹

The use of medications with more elucidated and more efficient mechanisms of action provided new social challenges in welcoming patients who were previously confined in spaces on the social margin, the asylums².

The policy of dehospitalization and reduction of psychiatric beds, in addition to directing people with mental disorders to decentralized and community mental health services made it possible to change from a single service to a wide range of services and health care³, addressing not only the pharmacological effect of the medication but also the reintegration of the mental patient into society⁴ or new complementary therapies⁵.

The social immersion of the mental patient was accompanied by challenges to accommodate him, supporting his pathological condition, previously marginalized, both by society in general and by relatives and family members⁶.

With the change from a precarious care service, asylums, to a wide range of services and care, aggregated by multiprofessional health teams in psychosocial care centers⁷, the treatment of patients suffering from mental illnesses has been undergoing even more transformative processes, since the multiprofessional view of health, through the decentralization and demarginalization of the mental patient, has enabled the use of new treatments and therapeutic approaches that complement the use of medicine.

In this challenge, the use of new therapeutic approaches understood as integrative and

complementary practices provide a medicinal complement, bringing the patient new ways of facing his treatment. Since medication is the primary therapy process, the use of adjuvants brings as innovation the reduction of signs and symptoms of diseases, stimulation of professional-patient contact, reduction in the use of medications, strengthening of the immune system and improvement in quality of life⁸.

In this context, new treatments for patients with mental disorders come into focus and become a challenge to be discussed and updated in the clinic. Based on this, this chapter focused on bringing a literature review about the main mental pathologies, their pharmacological treatment, as well as the new therapeutic alternatives that are used in the treatment of mental patients.

Mental health disorders

Mental Health disorders are understood as:

"Changes in the functioning of the mind that impair the person's performance in family life, in social life, in personal life, at work, in studies, in understanding oneself and others, in the possibility of self-criticism, in tolerance of problems and in the possibility of enjoy life in general"⁹.

These pathologies represent a range of disorders that involve biological changes and that are associated with problems of mental development and social life¹⁰. The understanding of these pathologies provides an adequate approach to the specific mental disorder, and the main main pathologies are described below, as well as their characteristics.

Depression

Depression is characterized, according to PAHO / WHO¹⁰, for sadness, loss of interest or pleasure, feelings of guilt or low self-esteem, altered sleep and appetite, tiredness and lack of concentration. Those who suffer from this pathological condition may also have multiple physical complaints without any apparent cause, where an estimated 300 million people are affected by this condition¹⁰. It is a pathology

mainly explained by genetic or organic and psychosocial factors, where it has a strong influence of exogenous factors that are triggers for the development of the disease¹¹. This disease has no age and can affect the child population, also being explained mainly by genetic or organic and psychosocial factors,

although the influence of external factors is not totally ruled out¹². Gathercole¹³ (2004) developed a model that positions depression as a product of two distinct strands: individual vulnerabilities and environmental toxicity (Figure 1).

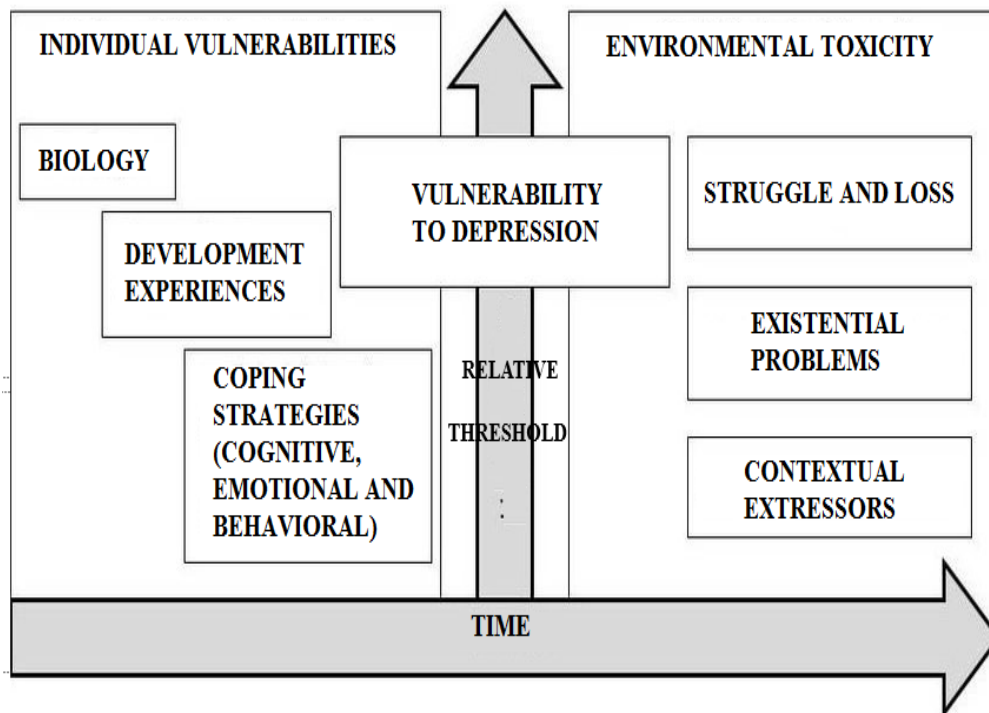


Figure 1. Scheme of vulnerability to depression, based on Gathercole's diathesis-stress model. Adapted from Gathercole (2004)

The first, more focused on intrapersonal and past aspects, relates to genetic, biological predisposition, development and coping strategies, and the second, more focused on interpersonal and present aspects, such as losses and other stress-inducing life events¹⁴.

The pharmacological treatment of depression involves antidepressant drugs from many different classes, among them, the most used classes are non-selective inhibitors of monoamine reuptake¹⁵, Selective Serotonin Reuptake Inhibitors¹⁶, Serotonin and norepinephrine reuptake inhibitors¹⁷, ALFA-2 antagonists¹⁸, Selective dopamine reuptake inhibitors¹⁹ and Monoaminoxidase Inhibitors²⁰, where they can have several adverse effects, including drowsiness, tiredness, dry mouth,

blurred vision, headache, tremor, palpitations, constipation, nausea, vomiting, dizziness, flushing, sweating, drop in blood pressure, weight gain between others²¹.

The adverse reactions that these drugs can present, in addition to the effective time between the beginning of treatment and the observation of improvement in clinical symptoms, can promote the abandonment of drug therapy, contributing to the continuity of the pathological condition²².

Bipolar Affective Disorder

Bipolar affective disorder is characterized by mood swings, having two states, good mood (mania) and depression or irritation²³, there are also subdivisions between these main states (figure 2)

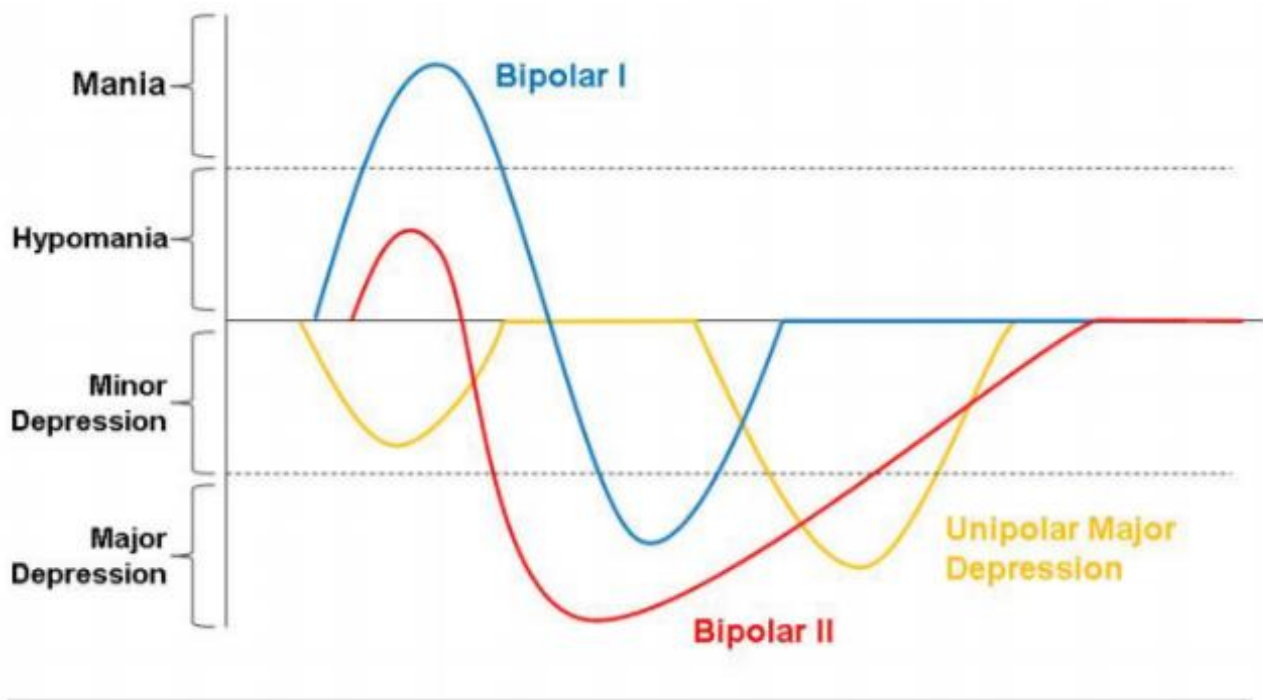


Figure 2- Subtypes of bipolar disorder Fiedorowicz²⁴ (2011).

The course of the disease for bipolar subtypes is distinguished by the more extreme mood elevation syndromes of bipolar I. with bipolar, I had at least one episode crossing the threshold of mania. Bipolar II individuals have one or more major depressive episodes with hypomania, but not mania²⁴.

This mental disorder is responsible for high rates of morbidity and mortality. The occurrence of this disorder is related to genetic, biological, environmental and psychosocial factors, and may be reduced based on therapies, individual's adherence with the treatment disorder²³. There is a need for attention to the negative and persistent consequences of bipolarity that, despite being constituted by strong biological indicators, needed psychosocial attention²⁵. The most important drugs in the treatment of symptoms of Bipolar Disease are mood stabilizers and antidepressants, in addition to antipsychotics, anxiolytics and hypnotics²⁶.

Schizophrenia

Schizophrenia is characterized by, among other things, the loss of contact with reality through the loss of the usual forms of association of ideas. It is common the appearance of excessive

ambitions that can evolve into a mania of greatness (megalomania) as well as the appearance of persecutory delusions²⁷. The current definition of schizophrenia indicates an idiopathic chronic psychosis, appearing to be a set of different diseases with symptoms that resemble and overlap. Schizophrenia is of multifactorial origin where genetic and environmental factors appear to be associated with an increased risk of developing the disease²⁸.

The main clinical manifestations (Figure 3) are associated with several psychosocial factors that play an important role in the perception of the disease, as well as its treatment.

The pharmacological treatment of this disorder involves drugs of various pharmacological classes, among them the most used are antipsychotics³⁰. This disease is constantly related to the dopaminergic hypothesis that proposes schizophrenia as a disturbing disorder associated with dopaminergic dysfunction, but with a series of indicative evidence that other neuroreceptor systems are involved in the pathophysiology of the disorder, including glutaminergic receptors³¹.

CENTRAL SYMPTOMS OF SCHIZOPHRENIA

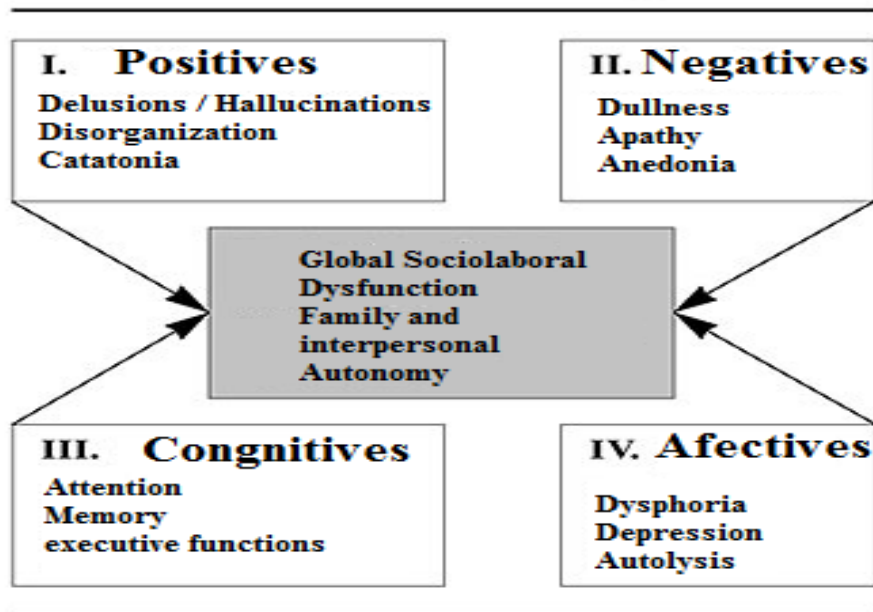


Figure 3. Main symptoms of schizophrenia associated with psychosocial factors. Blas²⁹ (2004)

Attention deficit and / or hyperactivity disorder (ADHD)

The classic symptomatic triad of this pathology is characterized by inattention, hyperactivity and impulsivity. Inattention can be identified by the following symptoms: difficulty paying attention to details or making careless mistakes in school and work activities; not following instructions and not completing school, household or professional duties; difficulty organizing tasks and activities; avoid, or be reluctant to, engage in tasks that require constant mental effort; losing things needed for tasks or activities; and be easily distracted by stimuli unrelated to the task and forget about daily activities ³².

The pharmacological treatment of this disorder consists of amphetamine drug classes, such as methylphenidate, which have been prescribed as a drug to enhance school and work performances for this disorder.³³.

Autistic Spectrum Disorder (ASD)

Currently, autism is classified as an invasive developmental disorder that involves serious difficulties throughout life in social and communicative skills - in addition to those

attributed to global developmental delay, and also limited and repetitive behaviors and interests ³⁴. Although there are no specific remedies to cure autism, combating symptoms related to autism such as aggression, hyperactivity, compulsiveness and difficulty in dealing with frustration becomes a necessity, with antipsychotics being the therapy used ³⁵.

New approaches to therapeutic complementation

The incorporation of mental patients into society led to the advent of integrative and complementary therapeutic approaches to drug treatment, these practices being legislated and approved, in Brazil, by the National Policy of Integrative and Complementary Practices³⁶, where they contemplate a therapeutic approach that uses complex care systems "that seek to stimulate natural mechanisms for preventing injuries and recovering health through effective and safe technologies"³⁶. Interventions with PICs are part of the attempt to demedicalize the practices of health teams and show a sense of integration of the physical and psychic dimension. In addition, they indicate an opening for a set of integrated interventions ³⁷.

In this sense, the integrative and complementary therapeutic approaches approved by the National Policy of Integrative and Complementary Practices involve work methodologies that approach the patient in an integrated manner, not only his pathology. This therapy is already described for the complementary treatment of autism ³⁸, depression ³⁹ and other mental illnesses. Its range of therapies comprises a wide spectrum, among them: Acupuncture / TCM, Homeopathy, Anthroposophical Medicine, Phytotherapy and Social Thermalism / Crenotherapy, widely addressed and specified in the Brazilian PNPIIC.

This field of knowledge and care draws an extremely multiple and syncretic picture, articulating an increasing number of diagnostic-therapeutic methods, light technologies, oriental philosophies, religious practices, in sensitive strategies of bodily experience and self-knowledge. This broad collection of therapeutic care also includes resources such as nutritional therapies, body disciplines, various types of massage therapy, shamanic practices and lifestyles associated with naturalism and ecology ⁴⁰.

CONCLUSION

Disorders involving mental health comprise large and multicentric distinct causes, in addition to presenting different symptoms. Its treatments involve drug therapy, but the therapeutic complement becomes necessary since the integrative and complementary practices help to relieve symptoms often unrelated to the processes in which the drugs can act, providing the approach of a therapy that contemplates the patient as a whole and in need of a multiprofessional vision, with professionals capable of having this view on the individual. In this sense, it becomes necessary to increase the approaches involving Integrative and Complementary Practices for a complete therapy of the patient, which takes into account the patient's health in all viable aspects of

execution by the health teams of the treatment units of people with mental illnesses.

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