

# Almost one quarter of Spanish women take antidepressants

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Over 30 percent of Spanish women consume benzodiazepines. Credit: Emuishere (Creative Commons / Reconocimiento no derivado)

Psychopharmaceutical use has risen over recent years. This is fact, but what is not clear is the reason why. Researchers from four Madrid-based health centres have shown that family conflict is not a significant factor. However, the results published in the journal *Atención Primaria* are striking: in Spain, 24% of women take antidepressants and more than 30% take tranquillisers.

"The use of psychopharmaceuticals is often related to [family](#) or work-related problems. We wanted to see if there was actually a positive link between the consumption of [antidepressants](#) and benzodiazepines and any kind of family dysfunction", Sonsoles Pérez, lead author of the study published in the renowned journal *Atención Primaria*, and a doctor at the Las Águilas Health Centre in Madrid, tells SINC.

The authors studied 121 women aged between 25 and 65, using family dysfunction surveys (the Apgar test), and the additive scale used to evaluate social readjustment (SLE). The psychopharmaceuticals analysed were

antidepressants and benzodiazepines (anxiolytics such as lorazepam and bromazepam).

"Although one might think that family conflicts lead to greater consumption of psychopharmaceuticals among women, we did not find any such relationship", the researcher says, adding that the use of such drugs depends a lot on the population segment taking them. "Some people with family, work-related or financial problems do not feel able to tackle their problems and fall back on the use of drugs", Pérez points out.

The results show that 24% of women in Spain use antidepressants and 30.6%, benzodiazepines, which are sometimes also used to help people sleep. In 78.6% of cases, these drugs are prescribed in primary health centres. The diagnosis is recorded in the patient's medical records in 64.5% of cases, with the primary causes being depression (11.6%), anxiety (9.9%) and insomnia (3.3%).

The scientists also found that benzodiazepine use increases with age. However, they did not find the same with antidepressant use. "We think that greater training is needed in identifying SLE and family dysfunction, and recording these in patients' records in order to help psychologists, psychiatrists and primary healthcare specialists", Pérez concludes.

## How is family conflict measured?

The relationship between the use of psychopharmaceuticals and family dysfunction has not been well studied. In order to gain a better understanding of family impacts on healthcare, and the effects of this illness on the family, the experts use numerical family functioning scales, such as the Apgar family test and the Stressful Life Events scale (SLE).

The first of these, developed in 1978 by Gabriel

Smilkstein, allows measurements to be made of the functional health of a family using parameters such as adaptability (family resources for problem solving), participation (cooperation of family members), growth gradient (physical, emotional and social maturity on the basis of mutual support), affection (caring and loving relationships between members of the family group), and resolution (time-sharing and provision of resources to support all members of the family).

SLEs, events that the patient has suffered over the past year, act as triggers causing suffering and stress, and cause emotional problems in the individual and the family, such as the death of a partner, separation, imprisonment, being fired and unemployment. Each event is assigned a score based on its severity of between 100 (the most serious event), and 11 (the least serious). Patients are classified as high risk (with a score of 4,300), mid-risk (300-199), and low risk (less than 199).

More information: Sonsoles Pérez Cuadrado, Cristina Morán Tiesta, Pilar Carreño Freire, Teresa Suárez Del Villar Acebal, Estefanía Cámara Sola y Yolanda Beatriz Sánchez Fernández. "Consumo de psicofármacos y disfunción familiar". *Atención Primaria*; 41(3):153-157 marzo de 2009.

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