

Editorial

Climate change demands preparedness of pharmaceutical services for disasters

Mudanças climáticas exigem a preparação da assistência farmacêutica para desastres

> Elaine Silva MIRANDA, Simone Pozza MAHMUD DOI: 10.30968/rbfhss.2024.153.1184

In May 2024, a disaster caused by intense and persistent rainfall affected approximately 2.4 million people, displacing over 420,000 individuals across 478 municipalities in the Brazilian state of Rio Grande do Sul¹. According to the Intergovernmental Panel on Climate Change (IPCC), extreme events such as heatwaves, intense precipitation, droughts and tropical cyclones are happening and will continue to occur with increasing frequency across all regions of the globe². These events are leading to a rise in disasters.

Disasters are adverse events that disrupt social dynamics and result in significant human, economic, and material losses3. They cause short-, medium-, and long-term health impacts. In this context, pharmaceutical services, as a component of the health sector, must must play a role in addressing demands generated by the use of medicines⁴.

There are two main fronts for pharmaceutical services: the maintenance of treatments in progress and providing the necessary resources to address the direct consequences of the disaster⁵. The consequences of disasters are multifaceted and evolve over time, varying significantly depending on the specific nature of the event. During a flood, for instance, it is possible to notice injuries, trauma, cuts, electric shocks and drownings in the very first hours. In following days, infectious and parasitic diseases (diarrhea, cholera, hepatitis A, dengue, leptospirosis, and giardiasis), gastroenteritis, dermatitis and skin rashes may occur, due to exposure to contaminated water and food. As a consequence of overcrowding in shelters, other health problems arise, such as respiratory diseases⁶. In the short term, malnutrition and circulatory system diseases, such as hypertensive crises and strokes, may also arise⁷.

There are numerous needs that emerge during a disaster, which are urgent and require timely decision-making. This can only be adequately achieved through "Preparedness". Preparedness consists of a set of measures that must be taken before a disaster in order to reduce its impact and mitigate damage³. Therefore, how should health services prepare? How can pharmacists contribute?

The initial step in developing a disaster preparedness plan is to identify the most likely threats to a particular area. Understanding these threats allows for a comprehensive analysis of the pharmaceutical needs that may arise⁴. Knowing the demographic profile as well as the medicines consumption profile of victims is essential for forecasting that enables timely provision with assured quality, whether through procurement, transfer, or donation. For this, it is crucial to know the pattern of medicines use and how the disaster influenses it. In this regard, dispensing data from healthcare services can provide valuable insights about medicines use patterns and inform preparedness efforts, ensuring the continuity of treatments.

In the response phase, a situational analysis must initially be conducted, i.e., identifying individuals who were continuously using medications before the disaster^{4,5,8}. A common practice observed in these situations is the donation of medicines by the population, which should be discouraged. In Brazil, it is usual for a disaster to affect only part of the country. This allows for the mobilization of unaffected areas in solidarity actions, which usually include medicines donations. In this scenario, however, it is common to receive medicines of compromised quality or unnecessary that ultimately generate disposal costs^{10, 11}. Knowing the needs beforehand directs the receipt of donations and avoids further complications¹⁰.

pISSN: 2179-5924

Brazilian Journal of Hospital Pharmacy and Health Services Revista Brasileira de Farmácia Hospitalar Serviços de Saúde Open access: http://www.rbfhss.org.br

Editors-in-Chief

Elisangela da Costa Lima Federal University of Rio de Janeiro, Rio de Janeiro, Brazil

Deputy Editors

Fernando Fernandez-Llimos University of Porto, Porto, Portugal

Associate Editors

Mario Jorge Sobreira da Silva Cancer Institute, Rio de Janeiro, Brazil

Alice Ramos Oliveira da Silva Universidade Federal do Rio de Janeiro, RJ, Brasil

Dyego CS Anacleto de Araújo Universidade Federal do Espírito Santo, Vitória, Brasil

Antonio Matoso Mendes Universidade Federal do Paraná, Curitiba, Brasil

Editorial Board Members

Adriano Max Moreira Reis Federal University of Minas Gerais, Belo Horizonte, Brazil

Claudia Du Bocage Santos-Pinto Federal University of Mato Grosso do Sul, Campo Grande, Brazil

Claudia GS Serpa Osorio de Castro Oswaldo Cruz Foundation, Rio de Janeiro, Brazil

David Woods University of Otago, Otago, New Zealand

Dayani Galato University of Brasilia, Brasilia, Brazil

Diego Gnatta Federal University of Rio Grande do Sul, Porto Alegre, Brazil

Divaldo P Lyra Junior Federal University of Sergipe, Aracaju, Brazil

Eugenie D R Neri Walter Cantídio Teaching Hospital, Fortaleza, Brazil.

Inajara Rotta Federal University of Paraná, Curitiba, Brazil Inés Ruiz Álvarez University of Chile, Santiago de Chile, Chile

Leonardo R Leira Pereira University of São Paulo, Ribeirão Preto, Brazil

Luciane Cruz Lopes University of Sorocaba, Sorocaba, Brazil

Lucila Castro-Pastrana

Universidad Americas Puebla, Puebla, Mexico

Maely P Fávero-Retto National Cancer Institute, Rio de Janeiro, Brazil

Marcela Jirón Aliste University of Chile, Santiago de Chile, Chile

Marcelo Polacow Bisson Military Police of São Paulo State, São Paulo, Brazil

Maria Rita N Garbi

Health Sciences Education and Research Foundation, Brasília,

Maria Teresa Herdeiro University of Aveiro, Aveiro, Portugal

Marta Maria de F Fonteles Federal University of Fortaleza, Fortaleza, Brazil

Renata Macedo Nascimento Federal University of Ouro Preto, Ouro Preto, Brazil

Selma Castilho Fluminense Federal University, Rio de Janeiro, Brazil

Sonia Lucena Cipriano University of São Paulo, São Paulo, Brazil

Vera Lucia Luiza Oswaldo Cruz Foundation, Rio de Janeiro, Brazil

Editoral Assistant

Maria Alice Pimentel Falcão
University of Sao Paulo, Sao Paulo, SP, Brazil

Ronara Camila de Souza Groia Veloso Federal University of Minas Gerais, Belo Horizonte, MG, Brazil

Livia Pena Silveira

Federal University of Minas Gerais, Belo Horizonte, MG, Brazil Claudmeire Dias Carneiro de Almeida

Federal University of Minas Gerais, Belo Horizonte, MG, Brazil

Graphic Design: Liana de Oliveira Costa

Website support: Periódicos em Nuvens

ISSN online: 2316-7750

Mission: To publish and divulge scientific production on subjects of relevance to Hospital Pharmacy and other Health

Publication of Hospital Pharmacy and Health Services Brazilian Society / Sociedade Brasileira de Farmácia Hospitalar e Serviços de Saúde

President: Maely Pecanha Fávero Retto

Vice-President: Ana Paula Antunes

Rua Vergueiro, 1855 - 12° andar, Vila Mariana - São Paulo SP, Brazil. CEP 04101-000 - Tel./Fax: (11) 5083-4297 atendimento@sbrafh.org.br/www.sbrafh.org.br



elSSN: 2316-7750 1 rbfhss.org.br/ © Autores



Another important aspect concerns mental health, which is commonly affected as a consequence of a disaster¹¹. Apart from acute stress at the onset, post-traumatic stress, anxiety, panic, depression, and abuse of alcohol, other drugs and medicines are also observed, affecting even health professionals. In this situation, psychoactive medicines are also of special interest for pharmaceutical services.

An exacerbated consumption of psychotropic medications is observed in the aftermath of a disaster as a way to alleviate the impact on mental health⁸, mainly to treat symptoms of acute stress. It is at this moment that the large-scale use of benzodiazepines occurs. However, evidence on the safety of these medications in acute stress is scarce. Furthermore, long-term use as a treatment for Post-Traumatic Stress Disorder is discouraged by specific guidelines¹².

It is also important to consider that, immediately after a disaster, affected individuals often find themselves in critical conditions, sometimes homeless or displaced, which puts them at risk of further events. In the case of floods, there is a risk of accidents with venomous animals or trauma caused by debris accumulated due to rain, or depending on the region, the risk of landslides. In this sense, the depressant effect of benzodiazepine medications can increase the vulnerability of those affected. Besides benzodiazepines, the prolonged use of antidepressants without other support mechanisms can lead to dependence and not improve anxiety and trauma conditions.

As in previous disasters, there is a large contingent of people living in temporary shelters in Rio Grande do Sul who need all kinds of supplies, including continuous-use medications. However, it is necessary to undertake a careful analysis before setting up pharmacies in temporary shelters. Considering that prescribing, dispensing and using medications are involved, adequate care for the homeless and displaced should come from a team of health professionals capable of supporting rational use. When it comes to managing medications, including potential donations, extra care must be taken when handling those subject to special control, which requires a set of storage criteria and demands the presence of pharmacists to manage them safely¹³.

The pharmacist's role in pharmaceutical services goes beyond providing medicines and encompasses health prevention and promotion¹⁴. Pharmacists play a pivotal role in disaster healthcare, providing essential guidance on medication use, monitoring treatment outcomes, and serving as reliable sources of health information. This is especially critical in a world facing frequent extreme events.

References

- 1. Casa Militar. Defesa Civil RS. Defesa Civil atualiza balanço das enchentes no RS 14/6, 9h. Available at https://defesacivil.rs.gov.br/defesa-civil-atualiza-balanco-das-enchentes-no-rs-10-6-9h-666c88c935ebc. Accessed on June 15, 2024.
- 2. Intergovernmental Panel on Climate Change (IPCC): Summary for Policymakers. In: Climate Change 2023: Synthesis Report. Contribution of Working Groups I, II and III to the Sixth Assessment Report of the IPPC [Core Writing Team, H. Lee and J. Romero (eds.)]. IPCC, Geneva, Switzerland, pp. 1-34, 2023; DOI: 10.59327/IPCC/AR6-9789291691647.001
- 3. Sundnes, K. O. & Birnbaum, M. L. Health disaster management guidelines for evaluation and research in the utstein style. Prehospital and Disaster Medicine, 2003, 17(suppl3), 1-177.
- 4. Miranda ES, Fitzgerald JF, Osorio-de-Castro CGS. A methodological approach for the evaluation of preparedness of pharmaceutical services. Rev Panam Salud Publica. 2013;34(4):312–20.
- 5. Miranda ES. Assistência Farmacêutica em Desastres. In Assistência Farmacêutica: gestão e prática para profissionais da saúde. Osorio-de-Castro, CGS, Luiza VL, Castilho SR, Oliveira MA, Jaramillo NM (Orgs). Rio de Janeiro: Editora Fiocruz, 2014. 469 p.
- 6. Freitas CM de, Silva DRX, Sena ARM de, et al. Desastres naturais e saúde: uma análise da situação do Brasil. Ciência & Saúde Coletiva, 2014, 19(9), 3645–3656. DOI: 10.1590/1413-81232014199.00732014
- 7. Xavier, DR., Barcellos, C., Freitas, CM. de. Eventos climáticos extremos e consequências sobre a saúde: o desastre de 2008 em Santa Catarina segundo diferentes fontes de informação. Ambiente & Sociedade, 2014, 17(4), 273–294. DOI: 10.1590/1809-4422ASO-C1119V1742014
- 8. Miranda, ES., Dell'Aringa, M, Costa, E A da, et al. Psychoactive substance consumption after the Fundão dam mine tailing disaster in Minas Gerais State, Brazil. Cadernos De Saúde Pública, 2024, 40(3), e00237022. DOI: 10.1590/0102-311XEN237022
- 9. World Health Organization, Department of Essential Drugs and Other Medicines. Guidelines for medicines donations. 3nd edition. Geneva: WHO; 2010. Available from: https://www.who.int/publications/i/item/9789241501989. Acesso 21 junho 2024.
- 10. World Health Organization. Guidelines for safe disposal of unwanted pharmaceuticals in and after emergencies. Geneva: WHO; 1999. Available at https://www.who.int/publications/i/item/guidelines-for-safe-disposal-of-unwanted-pharmaceuticals-in-and-after-emergencies. Accessed on June 21, 2024.
- 11. Dell'Aringa MF, Correa-Oliveira GE, Della Corte F, et al. Mental Health Services Utilization by the Population That Suffered Water Supply Interruption Following Mariana Dam Failure (Brazil). Disaster Medicine and Public Health Preparedness. 2023;17:e182. DOI:10.1017/dmp.2022.92
- 12. Lang, Ariel J, Jessica L Hamblen, Paul Holtzheimer, et al. "A Clinician's Guide to the 2023 VA/DoD Clinical Practice Guideline for Management of Posttraumatic Stress Disorder and Acute Stress Disorder." Journal of Traumatic Stress 2024, 37 (1): 19–34. DOI:10.1002/jts.23013.



eISSN: 2316-7750 rbfhss.org.br/ © Autores **2** pISSN: 2179-5924

Miranda ES, Mahmud SP. Climate change demands pharmaceutical preparedness for disasters. Rev Bras Farm Hosp Serv Saude. 2024;15(3):e1184. DOI: 10.30968/rbfhss.2024.153.1184.



- 13. Brasil. Ministério da Saúde. Secretaria de Vigilância Sanitária. Portaria nº 344, de 12 de maio de 1998. Aprova o Regulamento Técnico sobre substâncias e medicamentos sujeitos a controle especial. Diário Oficial da União [Internet], Brasília, 19 de maio de 1998 [citado em 2017 Out 26]. Available at: https://antigo.anvisa.gov.br/documents/10181/2718376/%2848%29PRT_SVS_344_1998_COMP.pdf/a9cf1318-d199-4dd3-954a-71b11188e3b8 Accessed on June 21, 2024.
- 14. Ministério da Saúde. Conselho Nacional de Saúde. Resolução nº 338 de 06 de maio de 2004. Aprova a Política Nacional de Assistência Farmacêutica. Available at: https://bvsms.saude.gov.br/bvs/saudelegis/cns/2004/res0338_06_05_2004.html. Accessed on June 19, 2024.

Elaine Silva MIRANDA is a pharmacist, holds a PhD in Public Health, and is an associate professor at the Universidade Federal Fluminense. She was a visiting professor at the Research Center in Emergency and Disaster Medicine (Universita Del Piemonte Orientale) in 2019.

Simone Pozza MAHMUD is a pharmacist, holds a master's degree in Epidemiology, and is the supply coordinator at the Hospital de Clínicas de Porto Alegre (Rio Grande do Sul). She is the president of the Coordinadora Sudamericana para el Desarrollo de la Farmacia Hospitalaria – COSUDEFH and was vice-president (2012-2013) of Sbrafh.



eISSN: 2316-7750 rbfhss.org.br/ © Autores **3** pISSN: 2179-5924