

THE IMPORTANCE OF SPIRITUALITY AND RELIGIOSITY IN PHARMACEUTICAL SERVICES IN THE CONTEXT OF DEPRESSION

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The importance of spirituality and religiosity in pharmaceutical services in the context of depression

The importance of Spirituality and Religiosity in pharmaceutical services in the context of depression

Marco Tulio Alves Maia¹, Lindisley Ferreira Gomides²

¹Pharmacy student, Faculdade Dinâmica do Vale do Piranga (FADIP).

²Lecturer in the Pharmacy course and the Master's Program in Health and Environmental Sciences (PROCISA) at the Faculdade Dinâmica do Vale do Piranga (FADIP).

*Corresponding author: marcotulio67@outlook.com

Abstract

Depression is one of the leading causes of disability, affecting around 322 million people, with prevalence among women and the elderly. In Brazil, the disease is already considered a public health problem, affecting about 5.8% of the population, totaling 11.5 million cases registered in the country. In recent decades, the term Spirituality has been widely discussed as an important factor that helps modulate the patient's response to health and disease processes, influencing treatment and prognosis. Therefore, the objective of this research was to analyze the influence of Spirituality as an intervention tool in coping with depression in the pharmacist's performance. An exploratory, descriptive research was carried out in PUBMED, SCIELO and BVS, with the descriptors spirituality, religiosity, religious and pharmaceutical coping, with associations among themselves, in English and Portuguese. It was observed that Spirituality, in fact, is a modulating source of the patient's health and disease processes and therapies that work on spirituality have been used for the prevention and treatment of physical and mental illnesses, including depression, providing emotional support, resilience and a better prognosis. The pharmacist is the professional responsible for dispensing and pharmaceutical guidance of psychotropic drugs used by patients with depression. Once updated on the subject, through the welcome and wisdom in listening to life stories, the pharmacist can assess the presence of spiritual religious coping and establish support with the patient to cope with the disease.

Key words: *Depression, Spirituality, Religiosity, Religious Coping, Pharmaceutical.*

Resumo

A depressão é uma das causas líderes de incapacidade, atingindo cerca 322 milhões de pessoas, com prevalência entre mulheres e idosos. No Brasil, a doença já é considerada um problema de saúde pública, com acometimento de cerca de 5,8% da população, totalizando 11,5 milhões de casos registrados no país. Nas últimas décadas, o termo Espiritualidade tem sido muito discutido como um importante fator que auxilia na modulação da resposta do paciente aos processos de saúde e doença, influenciando no tratamento e no prognóstico. Diante disso, o objetivo da presente pesquisa foi analisar a influência da Espiritualidade como ferramenta de intervenção no enfrentamento da depressão na atuação do farmacêutico. Foi realizada uma pesquisa exploratória, descritiva, no PUBMED, SCIELO e BVS, segundo os descritores espiritualidade, religiosidade, coping religioso e farmacêutico, com associações entre si, em

inglês e português. Foi possível observar que a Espiritualidade, de fato, é uma fonte moduladora dos processos de saúde e doença do paciente e as terapias que trabalham a espiritualidade têm sido utilizadas para prevenção e tratamento de doenças físicas e mentais, inclusive a depressão, conferindo suporte emocional, resiliência e um melhor prognóstico. O farmacêutico é o profissional responsável pela dispensação e orientações farmacêuticas dos psicofármacos, utilizados pelos pacientes com depressão. Uma vez atualizado sobre o tema, através da acolhida e da sabedoria em ouvir os relatos de vida, o farmacêutico pode avaliar a presença de coping religioso espiritual e estabelecer um suporte junto ao paciente para o enfrentamento da doença.

Palavras-chave: *Depressão, Espiritualidade, Religiosidade, Coping Religioso, Farmacêutico.*

INTRODUCTION

Recent research has pointed to the benefits of the therapeutic approach of the intrinsic variables of spirituality/religiosity (S/R) in the monitoring of various pathologies, from pediatrics to mental health in adults and the elderly (ALMEIDA, 2010). Considering this impact and the fact that Spirituality acts as an essential resource for dealing with difficult and stressful situations (BIONDO et al., 2017), the World Health Organization (WHO) added the spiritual aspect to the concept of health in 1998, and it is currently defined as "complete physical, mental, spiritual and social well-being, and not just the absence of disease" (*World Health Organization - WHO, 1998*).

Spirituality is generally conceptualized as the peculiar dimension of every human being in the attempt to give meaning to life and in the tireless search for answers to the fundamental aspects of this existence, an intrinsic particularity of the individual (GOMES, 2014). This search can also involve ties with transcendent experience and the sacred, a fact that justifies Religiosity being involved in these processes (FILHO et al., 2018). Evidence shows that religious activities can increase motivation to carry out day-to-day activities, with a consequent improvement in physical and emotional health, benefiting a better quality of life (QoL) (ABDALEATI; MOHD; MYDIN, 2016), as well as generating resilience in the patient.

In recent decades, multiple factors have been linked to a change in the lifestyle and routine of a large part of the population, causing damage to QoL. Among the factors most often mentioned are the competitiveness of the job market, work overload and high unemployment rates amid a political crisis plaguing the country (DUTRA, 2016). In addition to these factors, the socio-economic crisis that brings uncertainty about a prosperous future, together with the search for a standard of QoL and beauty stipulated by the industry, also occupy the extremes of the population's life routine (CAMPOS et al., 2020).

Among young people, this analysis is no different. Many of them already share the responsibility of a formal job with adults to support the family, contributing to the significance of these statistics (DUTRA, 2016). In academic life, young people also encounter exhausting study routines, often associated with periods of work, motivated by the need to get an education (GOMES, 2013).

These opposites of ideal and struggle can be seen on social networks and in virtual groups, where the social *status* that is sought after and constantly re-evaluated after analyzing posts about happiness and success are aggravating factors that destroy self-esteem and corrupt the hope of a successful future, built gradually (SILVA, 2021).

The excess of activities can lead to work overload and few leisure activities, and the limited time with the family can trigger Minor Mental Disorders (MMD), such as stress, depression, insomnia and anxiety, which are considered the evil of the century, bringing great concern to health professionals (ZAMBRONI DE SOUZA, 2006; PAPADIMITRIOU, 2017).

Among these, depression stands out for being mentioned worldwide as the most common illness in the coming years, according to recent WHO data. Depression is currently one of the leading causes of disability, affecting around 322 million people, with a higher prevalence among women and the elderly. In Brazil, it is already considered a public health problem, affecting around 5.8% of the population, with a total of 11.5 million cases registered in the country (WHO, 2017).

As it does not have a specific cause, it is characterized by its multifactorial aspect, involving biological, psychological and sociocultural factors (RUIZ et al., 2018). According to the *Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition (DMS-5)*, once related, they trigger a set of symptoms of mood swings, loss of energy, reduced concentration, anxiety, feelings of worthlessness and thoughts of self-injury or suicide (DMS-5, 2014), which justifies the need to observe the patient's condition, with treatment monitored by trained professionals.

Among health professionals, pharmacists stand out for the important role they play in a variety of settings, not just in research, consultancy or drug development, but also close to the patient, in environments such as drugstores, clinical analysis laboratories, hospital pharmacies, oncology departments, community pharmacies in Basic Health Units (UBS) and even in the pharmacist's office, where this professional is responsible, above all, for welcoming and providing pharmaceutical guidance to patients, including patients with depression, accompanied by pharmaceutical care along with psychotropic drugs (AGUIRRE, 2015).

From a clinical and epidemiological point of view, researchers, including Brazilians, have spared no effort to assess the impact that the relationship of E/R can have on the physical and mental health of a person or a community (MOREIRA-ALMEIDA; LOTUFO;

KOENING, 2006). The influence of E/R on health and, in particular, mental health, is a phenomenon resulting from various factors.

Among the possible ways in which spiritual and religious involvement could influence health are lifestyle factors, social support, a belief system, religious practices, as well as ways of expressing stress, spiritual direction and guidance (ALLPORT and ROSS; 1967), which reinforces the need to update health professionals on the various ways of approaching the biopsychosocial nature of the patient and contemplating health according to the concept already reformulated by the WHO in 1998

Corroborating the fact that the evidence points to the multiple benefits of care focused on the patient's Spirituality, both in prevention and treatment, promoting reflections on the subject is extremely relevant, especially with regard to updating pharmacists on this practice, leading professionals to care closer to the reality that the patient lives, with positive aspects in the provision of pharmaceutical services (CORSI; JACKSON; McCARTHY, 2019), providing more comprehensive care, addressing not only the symptoms or the disease, but the individual as a whole, in its different dimensions.

In view of this, the aim of this study was to analyze the influence of Spirituality as an intervention tool in coping with depression in the work of pharmacists. To meet this demand, this objective was broken down into the following topics: *i)* to verify how the patient has related to Spirituality in the health pillar; *ii)* to analyze the modulation of Spirituality on the symptoms of depression and, finally, *iii)* to evaluate how the pharmaceutical professional can use Spirituality with depressed patients in the services in which they work.

METHODOLOGY

An exploratory, descriptive study was carried out, addressing the importance of E/R used as a tool for pharmaceutical guidance in the treatment of depression. This research was characterized by grouping, analyzing and synthesizing research results on the subject, in a systematic and orderly way, in order to present, discuss and deepen knowledge about the proposed theme, according to Mendez (2008).

The selection of articles took place between July and August 2021, in virtual environments such as the *Virtual Health Library (VHL)* and the *US National Library of Medicine National Institutes of Health (PubMed)* - a search tool with free access to the library database *Medical Literature Analysis and Retrieval System Online (Medline)* and the *Scientific Electronic Library Online (SciELO)*. To search for the studies, the descriptor depression was associated with the terms Spirituality, Religiosity, Religious Coping and Pharmacist, joined by the Boolean term E, in English and Portuguese. A timeless search was also used, according to the association of three terms in order to include the pharmacist in the scenario of depression associated with modulation with E/R, for example: "Depression AND Spirituality AND Pharmacist" or "Depression AND Religiosity AND Pharmacist" or even "Depression AND Religious Coping AND Pharmacist", searched under the same conditions.

The inclusion criteria were articles that fit the theme addressed, with texts available in full, and publications from the last 21 years (2000 to 2021), except for the publications found in the timeless search, with associations of the descriptors to the term Pharmacist. Incomplete texts; repetition of the same article in more than one database; and bibliographic reviews were excluded.

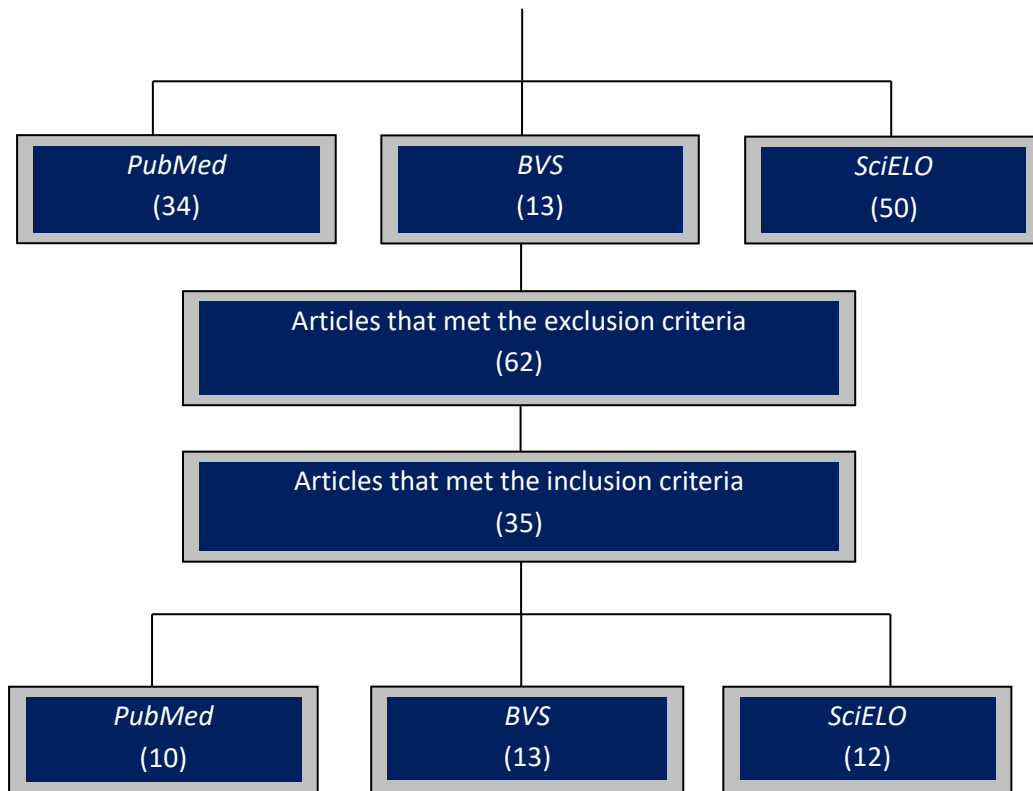
The selection process involved reading the titles of the articles, followed by the abstract. After applying the exclusion criteria, the articles were sent to a file folder to be read in full, in order to extract the data for analysis and discussion.

RESULTS AND DISCUSSION

Based on the methodology adopted, 97 articles were found in the search. Of these, 62 were eliminated according to the established exclusion criteria. After analyzing the abstracts, 35 articles were selected, 10 from *PubMed*, 13 from the *VHL* and 12 from *SciELO*, as can be seen in **Figure 01**.

Figure 01. Flowchart of the selection of studies, according to the arrangement of works on the PubMed, VHL and SciELO electronic platforms.

Total number of articles found in the databases
(97)



Source: Prepared by the author, 2021.

In terms of year of publication, 1 study was published in 2000; 1 in 2004; 1 in 2006; 1 in 2007; 1 in 2009; 1 in 2010; 4 in 2012; 3 in 2013; 1 in 2014; 1 in 2015; 2 in 2016; 5 in 2017; 3 in 2018; 4 in 2019; and, among the most recent, 5 in 2020; and 1 in 2021. As for the language of publication, the studies were divided into English (5) and Portuguese (30). Regarding the descriptors, 11 articles were related to the terms Depression and Spirituality; 10, the search with Depression and Religiosity; 10, Depression and Spirituality and Spiritual Religious Coping; and, finally, 4, Pharmacist and Depression and Spirituality.

When searching for "Depression and Spirituality", it was possible to find several articles, including those relating depression to other pathologies, and not just the isolated illness. When comparing the search with "Depression and Spirituality" and "Depression and Religiosity", it was possible to observe the repetition of many articles, due to the use of the terms Spirituality and Religiosity as synonyms. In many situations, the terms overlap, despite not having the same meaning. The articles that were listed in the CRE survey were also largely

repeated because, despite discussing CRE in health and illness processes, the topic is directly related to the E/R scenario.

It was observed that, in fact, publications associated with E/R with pharmacists are still incipient when compared to other health professionals, such as doctors, nurses and psychologists. In view of this, the design of the timeless search carried out with the descriptors "Depression And Spirituality Pharmacist" OR "Depression And Religiosity And Pharmacist" or, even, "Depression And Religious Coping And Pharmacist" met the proposed objectives, pointing to the need for more research involving pharmacists in this important subject.

For a better discussion of the results, following a linearity of reflections, the data was presented in the following sequence: *i)* The Spirituality of the patient in the processes of health and illness, *ii)* The modulation of Spirituality and Religiosity in Depression, and *iii)* E/R under the care of the pharmacist with depressive patients.

***i)* The Spirituality of the Patient in the Process of Health and Illness**

Thinking about Spirituality and health brings to light its aspect related to daily clinical practice, demonstrating that there is still a big gap between knowing and doing. It is possible to observe that Spirituality contributes to helping the patient interpret the illness by giving meaning and significance to the moment experienced (KOENING et al., 2015) and, in this way, spiritual practices, including religious ones, serve as support and coping for both the patient and the family member

Although E/R is not yet widespread in practice, it is already used by various health professionals. In medicine, the area of pediatrics has gained prominence (GARANITO, 2016). Spirituality in children can be approached in a soft way with questions about the meaning of life; whether there is acceptance of losses and/or changes; whether there is a need to meet someone, say goodbye or forgive someone; and even in the assessment of how the patient lives with their illness; what desires the patient still has, what their taste is in relation to music and nature, where they find peace, which people bring them comfort and tranquillity (IGLESIAS; ZOLLNER, CONSTANTINO, 2016).

Among nursing professionals in general, the subject has been widely discussed in the literature and addressed in practice. For those working in the oncology area, modulation with E/R is already considered an indispensable tool (NASCIMENTO et al., 2010). In a study carried

out abroad, it was possible to see that creating a bond with the nurse and modulating Spirituality can trigger self-esteem reactions in patients and an understanding of the meaning of life (DIAS; PEREIRA; MELO, 2021).

In psychology, the use of Spirituality as an aid to health is also a reality (MONTEIRO, 2020). Although seen as one and the same, Spirituality differs conceptually from Religiosity. The nature of religion refers to the institutional and doctrinal aspect of a certain form of religious experience; Spirituality, on the other hand, manifests itself as religious when this transcendence has such an impact on the transformation of the person's life that the sensory experience is like the presence of an absolute, identified as God (OLIVEIRA and JUNGES, 2012).

Given the importance of Spirituality for the biopsychosocial nature of the individual, it is understandable that, in the field of health, it is possible to observe the results of Religious/Spiritual Coping (CRE). This phenomenon is based on the use of Religion and/or Spirituality to deal with problems and adverse or stressful circumstances (PANZINI and BANDEIRA, 2007). CRE can modulate the individual in a positive (CREP) or negative (CREN) way, depending on how the person relates to these practices.

By acting in a positive way, it provides benefits to the patient, such as improved mood, life expectancy, positivity in the construction of personal and professional projects, associated with lower rates of depression; a reduction in suicidal behavior and thoughts; as well as a reduction in the use and abuse of alcohol and drugs (ZERBETTO et al., 2017). With this support, CREP encompasses factors that are intrinsic to people's lives and daily lives, which can often be isolated or not immediately noticed, but which are essential in the search for a relationship between the concepts of Religion, Spirituality and Health.

On the other hand, CREN can generate opposite effects by centralizing the reason for life's problems and coping with health issues as a result of God's will, a destiny for which the individual was chosen to live, and can even be a trial to achieve redemption or forgiveness for sins already committed (FOCH; SILVA; ENUMO, 2013). As a result, the literature indicates that CREN results in a worsening of health problems, discomfort, a reduction in each individual's perception of freedom, as well as a strong conviction that personal care, drug or surgical treatment is not so necessary, with acceptance of the disease or a poor prognosis

(PINTO, 2009), which justifies health professionals taking greater care with this type of reaction.

ii) The modulation of Spirituality and Religiosity in Depression

The E/R interface in the depression scenario has been mentioned as an important positive coping support, providing emotional modulation, hope and resilience (CARNEIRO et al., 2020), suggesting the importance of this discussion in depressive disorders.

The act of growing old is not pleasurable for a large part of humanity and, as such, it can bring sadness and anguish to many people, especially women, as they have to deal with roles such as daughter, mother, wife, house manager and also a professional in the job market. According to Fortes-Burgos; Neri and Cupertino (2008), the interaction of E/R is used by women as a buffer against negative events, as protective elements of the *self*, helping mainly in situations of high uncontrollability, serving as a facilitating element in the acceptance of the lack of control, and preserving the *self* from the negative impacts of stress

A range of studies show that higher levels of religious involvement are positively associated with indicators of psychological well-being (satisfaction with life, happiness, positive affect and higher morale), as well as lower levels of alcohol/drug use/abuse and symptoms of depression, with suicidal thoughts and behaviors (KOENIG; KING; CARSON, 2012). Usually, the positive impact of religious involvement on mental health is more intense among people under stress, such as the elderly and people with disabilities and medical illnesses. On the other hand, people who are not part of this sample group have reported positive effects of religious involvement in various health scenarios (MOREIRA-ALMEIDA; LOTUFO; KOENIG, 2006).

This data reinforces the fact that E/R is used by patients as an important protective factor against the disease. Protective factors can act to favor human development when there is exposure to risks and health imbalances. The presence of protective factors is enough to mitigate such events, as resources are offered to deal with stressful events and thus achieve positive outcomes (BAPTISTA et al., 2019).

According to Pereira et al. (2020), studies show that the practice of E/R in hospitals has been associated with a lower risk of depression and suicide, and this complementary method

can favor better coping with the adverse difficulties of the disease through CREP. Suicidal behavior (SB) has focused on so-called risk factors, namely the presence of mental illness, impulsivity, hopelessness, sociodemographic differences between individuals, family history and associated medical conditions. SB can be the result of a set of depressive symptoms, in which the person affected attempts to take their own life (CARIBE, CASQUEIRO and MIRANDA-SCIPPA, 2020).

Intrinsic Religiosity (IR) represents the extent to which Religiosity can motivate or influence behaviors, decisions and, in general, the subject's life (CARIBÉ et al., 2012). In a study carried out in Brazil, a sample of hospitalized patients with depression found that IR was associated with greater resilience, better QoL and less CS (MOSQUEIRO, DA ROCHA, FLECK, 2015).

Corroborating the above study, researchers state that Spirituality acts as a relevant factor, including emotional support practices in the patient's routine, such as meditation, devotional attitude, reinforcing the sense of internal control (MINAYO; FIGUEREDO; MANGAS, 2017). Such practices have physiological repercussions on brain functioning and can reduce the expression of impulsive and aggressive attitudes which, in turn, are part of the broad spectrum of self-destructive behaviors (PAGLIONE; OLIVERIA; MUCCI, 2019).

According to Miranda et al. (2020), E/R has a number of tools that are used to cope with illnesses. One of the ways to elevate the spiritual is through Reiki, a technique of laying on of hands, in which energy is channeled to other people, providing a gentle improvement in the patient's anxiety and depression (SANTOS et al., 2019). It is one of the oldest healing methods known to mankind, originating in Tibet in the 18th century (FREITA; ANDRADE; BADKE, 2015) and is currently considered one of the most widely used Integrative and Complementary Practices (PICS) in the Unified Health System (SUS) (VIEIRA, 2017).

The benefits generated by the practice of Spirituality are notorious and are even valid for depressive symptoms left by war in veterans of the USA and Canada. Smith-MacDonald et al. (2017), after adopting SR practices in a study with these soldiers, points out that the means offered with the support of SR helped in coping with crises, trauma and/or stress.

In just 10 years there has been an increase of 2,100 quantitative studies (KOENIG; KING; CARSON, 2012), discussing the relationship between Spirituality and physical and mental health from a wide variety of perspectives, especially in the field of Psychology. Some topics

have been so widely researched that they are already a specific field of research, such as CRE (PARGAMENT et al., 1990; 1998b).

Koenig cites several studies that point out that religious beliefs and practices are associated with lower suicide rates; less anxiety; less substance abuse; less depression and faster recovery from depression; greater well-being, hope and optimism; more purpose and meaning in life, superior social support; greater marital satisfaction and stability (KOENIG, 2004). Stearns et al. (2018) suggest that increased religiosity can help individuals to have better mental health and serve as protection against the effects of depression.

In mental illness, studies carried out in the United States and Europe show that the association of E/R plays a significant role in coping with symptoms. Tepper's American research, applied to 406 patients in one of the thirteen mental health services in Los Angeles County and replicated by Mohr in 115 mental health service users Switzerland, shows that for the majority of patients (over 80% in the American research and 71% in the Swiss research), religion provided hope, purpose and meaning in life (HEFTI, 2013). In this study, the use of CRE methods reduced psychotic symptoms, increased social integration and minimized the risk of suicide, among other effects, highlighting the positive side of the relationship between Religion, Spirituality and Health.

iii). E/R under the care of pharmacists with depressed patients

In proportion to the massive increase in depression, there has also been an exponential increase in the use of antidepressants. In clinical management, the introduction of this pharmacotherapy triggers improvements in depressive symptoms, however, the use of these drugs must be monitored in order to avoid risks related to undesirable adverse effects and irrational use, making individualized monitoring necessary to ensure adherence to treatment (RODRIGUEZ; FLISTER, 2020).

In this context, the attention of the pharmaceutical professional is directly associated with patients with depression, since the professional carries out activities to promote, prevent, guide and resolve Medication-Related Problems (MRPs), an event suspected of being linked to pharmacotherapy that interferes with therapeutic results and the user's QoL (BRASIL, 2019).

Among the pharmaceutical activities aimed at the patient, dispensing is particularly important, not just because of the access to the drug, but mainly because of the opportunity to provide the patient with important information for the correct use of the drug, adherence to pharmacotherapy and also to protect the patient from negative results due to PRMs. Evaluating the uniqueness of this pharmaceutical service, Peppe (2000) emphasizes that the doubts clarified and the information given to the patient are equally or more important than the medicine received; they should not, therefore, be considered just an exchange of goods for a prescription.

According to the search results using the descriptors E/R associated with pharmacists, it was possible to observe that discussions involving Spirituality and religious coping with pharmaceutical practice are still incipient, perhaps due to the fact that it is a new practical approach associated with the biopsychosocial factors of health and disease processes, or even due to the fact that pharmacists have a wide range of activities, with many technical duties, such as drug development, clinical research, clinical and toxicological analysis, teaching, health surveillance, among others.

Although the discussion is in its early stages, E/R has already been mentioned in the context of other diseases, including pharmacists in care. In the case of hypertensive diseases, for example, the pharmacist occupies an ideal, highly accessible position as a health service provider, with the ability and capacity to contribute effectively to solving the care gap in the management of Hypertension (HA) (PUNREL et al., 2019).

Knowing that depression can be observed in isolation, the association of other illnesses and depressive symptoms makes the pharmacist even closer to monitoring the patient with O/R, since he is the professional who is with the patient, in the guidelines that encompass the nature of the medication and the correct way to use it, avoiding complications from indiscriminate use and non-adherence to medication.

Using the same example of hypertensive patients, there are discussions in the literature about the E/R approach in depressed patients with AH. In other words, in addition to hypertension, the patient who seeks guidance from the pharmacist also has depression, another clinical condition to be observed and treated, with a careful look at pharmacotherapy and the modulation of the ERC (DAVID and GURION, 2016).

In this way, even though there is still little mention of E/R in the literature, the professional must be up-to-date on the subject and the processes related to coping with illnesses, since the pharmacist is very close to the patient, which makes it possible to observe the effects of CRE in the monitoring of various illnesses, including depression (CARIBÉ et al., 2012; CARIBÉ and SCIPPA, 2018).

In addition, many patients have expressed the desire for aspects of spiritual care to be incorporated into the care they receive and, often, the length of a medical consultation, as well as the dynamics of care in primary healthcare units and hospitals, do not allow for an in-depth approach to this scenario. Pharmacists, on the other hand, are at the forefront of healthcare provision and can therefore take a different approach to the patient's condition by assessing the spiritual context in which they are inserted (JACOB et al., 2020).

Therefore, in addition to providing educational support so that the individuals they serve can adhere to pharmacological treatment safely and effectively, encouraging the rational use of medicines (GUN et al., 2012), pharmacists can use tools together with E/R to strengthen patients' spirituality.

In the study by Jacob et al. (2020), the researchers scored E/R as an extremely important component in the assessment of a patient, with the pharmacist playing an important role in holistic care in addressing patients' spiritual needs. Awareness of E/R in the processes of health and illness and the openness that the pharmacist can offer to deal with these issues together with the patient, can generate a bond of trust and empathy, in which the patient will feel safe to expose their beliefs, their thoughts about the disease and the accounts of what the new routine of life has been like after the diagnosis and/or after the treatment.

At this point, it is possible that the pharmacist, with a welcoming and humble attitude, will notice reports of CREN, which should be monitored, reassessed and even extended to other health professionals who deal with the care of this patient. The effects of CREN are detrimental to life, increase the risk of non-adherence to therapies (medication and psychological), with an increased risk of clinical complications and a decline in QoL.

If, on the other hand, CREP is observed, even if it is not the professional's belief, the reports should be listened to with the same patience, with the same welcome. And if this belief is important to the patient and is what positively modulates their day-to-day life, bringing hope for a better future with preserved health, it should be reinforced by the professional. This

reinforcement doesn't have to be with empty attitudes, if there is no reciprocation. All it takes is a smile, a look, a hug, a body expression that tells the patient that they are on the right track and that yes, everything will be fine.

That said, it is necessary for patients to be properly counseled during dispensing so that their doubts can be clarified and their fears and misgivings can be heard, whether or not they are associated with their beliefs. If necessary and if they feel comfortable, pharmacists can say a prayer, a moment of reflection with their patients; talk about God; suggest some spiritual practices to patients, such as body relaxation, holistic massage, art therapy, breathing techniques, *mindfulness*, *reiki*, among others. As proposed by the SUS, these are complementary and integrative techniques that work on the mind, calm the body and improve the patient's health and QoL.

CONCLUSION

In view of the above, it can be inferred that social determinants, such as E/R, have been increasingly identified as having a beneficial impact on health and treatment. The use of CREP contributes to a smoother modulation of everyday life situations and brings various benefits to patients, including the prevention of signs and symptoms associated with diseases, as well as coping with the disease itself, especially chronic ones. Palliative care is also highlighted, and E/R is a tool for resilience and peace.

Through this work, it was possible to point out the benefits of E/R in coping with depression, as well as the importance of this spiritual dimension for the patient. Pharmacists, as professionals who provide information and health care to patients, can align patient care with the incorporation of practices associated with E/R, which is still incipient in this practical scenario. To this end, it is necessary to deepen pharmaceutical knowledge and training on the impact of religious and spiritual beliefs on health, associating pharmaceutical care closer to the patient with prevention and well-being practices in this area.

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Collaboration between authors

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