Profile of hypertensive and diabetic patients, metropolitan area southern Brazil

Silvia Takeda. Serviço de Saúde Comunitária Grupo Conceição. tsilvia@terra.com.br
Margarita Silva Diercks. Serviço de Saúde Comunitária Grupo Conceição. margarita.diercks@yahoo.com.br
Luciane Kopittke. Serviço de Saúde Comunitária Grupo Conceição. kluciane@ghc.com.br
Julio Baldisserotto. Serviço de Saúde Comunitária Grupo Conceição. bjulio@ghc.com.br
Fúlvio B. Nedel. Universidade Federal de Santa Catarina. fulvionedel@gmail.com

Introdução: Results of the baseline of the “Evaluation of the quality of care in systemic hypertension and diabetes mellitus in Primary Health Care” research, identifying strategies to improve the quality of care for chronic diseases. Analyzes a Brazilian primary care service comprising 12 teams, with a population of 105,000 inhabitants, a total of 11,178 hypertensive and diabetic patients registered.

Objetivos: To evaluate patient’s socioeconomic and health characteristics, lab profiles, service utilization profiles and characteristics of the services provided.

Metodologia ou descrição da experiência: Longitudinal study (a cohort of registered patients and the professionals that integrate the health teams in each of the 4 measures). Patients data collection was accomplished at home, using structured questionnaires (a random sample of patients).

Resultados: 2,672 hypertensive and diabetic patients were interviewed. 27% of the patients have both conditions. 81% of the diabetics are hypertensive. 68% are women, half of whom is 64-years-old or less. 50% attended school for less than six years. Half of them know about their hypertension for over 9 years. Half of the patients with chronic diseases live with another person who also has a chronic condition. Less than 10% participate in group activities of health promotion. 66% visited a primary care doctor in the last 6 months, 23% are followed-up by nurses, 16% of diabetic patients visited dentist last year and 9% visited nutritionist.

Conclusões ou hipóteses: The information about the hypertensive and diabetic population has been very useful to plan and implement changes in primary care organization, review services provided, and to adequate health care teams’ permanent education activities.