

66 - EPIDEMIOLOGICAL AND CLINICAL CHARACTERISTICS OF PATIENTS WITH HIV/AIDS TREATED IN A HOSPITAL OF REFERENCE - NATAL/RN/BRAZIL

RICHARDSON AUGUSTO ROSENDO DA SILVA
LÍVIA SÊMELE CÂMARA BALDUINO
ANA ELZA OLIVEIRA DE MENDONÇA
MYLLA GABRIELLE SOARES DE ARAÚJO
GILSON DE VASCONCELOS TORRES

Programa de Pós-Graduação em Ciências da Saúde/UFRN, Natal/RN, Brasil
rrosendo@yahoo.com.br

INTRODUCTION

Twenty-eight years or lives with the epidemic of Acquired Immune Deficiency Syndrome (AIDS). Increasingly, AIDS is hurdling and borders, developing unpredictably between individuals from all continents and in full reproductive activity, at a high rate among young women.

The AIDS pandemic has become in recent years, a coexistence of an illness, chronic condition that adequately addressed (PALELLA et al, 1998). The incidence of opportunistic infections has decreased since the introduction of antiretroviral therapy (HAART) highly effective, leading to a reduction in morbidity and mortality associated with infection by human immunodeficiency virus (MOCROFT et al, 2004).

The epidemiological indicators are showing the international changes in the pattern of transmission of the disease, characterized by the increasing trend of heterosexual transmission, feminization, pauperization and rejuvenation of HIV/AIDS (VERMELHO et al, 1999).

Because Brazil is a country of continental size and marked by deep social inequalities economic-cultures' is that we can observe an epidemic of multifaceted character. According to Rodrigues Júnior & Castilho (2004), has described AIDS in Brazil as being composed of several sub-regional epidemics, without configure a single profile across the country. In addition to the socio-economic inequalities and cultural in our country we have a variety of sub-types of HIV, which is being responsible for the characteristics of the epidemic in each region / state.

The interest in developing this study appeared for work and living with HIV, the observation of rapid and significant epidemiological changes that this epidemic has undergone the test of time, but also the importance in knowing the profile of people infected by HIV/AIDS, and determinants that are associated with disease transmission.

It is in this context that this work was carried out in order to describe the epidemiological and clinical characteristics of patients with HIV/Aids health care in a reference to the treatment of infectious diseases in Natal, Brazil.

METHODOLOGY

This is an epidemiological study, descriptive, quantitative, and developed at the Hospital Giselda Trigueiro (HGT), a reference in the treatment of AIDS, located in the city of Natal - RN, Brazil.

The target population consisted of all 313 patients with HIV treated in the period August 2007 to July 2008, in the days of the outpatient consultations.

For inclusion of participants in the study followed the following inclusion criteria: to have the doctor confirmed the diagnosis with HIV, be over 18 years, together with the User service, be in consultation at the Hospital and signing consent form consent.

The project was approved by the Ethics in Research with humans at the Federal University of Rio Grande do Norte, under no. 148/2007.

As an instrument of data collection used a form of interview with structured questions, validated through a pilot study. The same was to characterize the socio-demographic and health of people with HIV who are treated in the Center of Reference for the treatment of AIDS in Natal/RN, including socio-demographic information such as name, age, gender, address, income family, color, and data related to the current illness.

RESULTS AND DISCUSSION

As regards the profile of people with HIV, it was found that 180 (57.5%) were men and 133 (42.5%) women, aged between 19 and 62 years, the age bracket of 31 to 40, 122 (39.0%).

The epidemiological indicators have shown changes in the pattern of transmission of this epidemic, leaving the risk groups for homosexuals is a growing trend of heterosexual transmission (VERMELHO et al, 1999).

This change in the pattern of transmission makes finding a rising frequency of infected women and therefore the increase of vertical transmission of HIV, an increase in the number of AIDS cases in children around the world (TOMAZELLI, 2003).

Since the early 1980s until June 2007 were reported in Brazil, 407,211 cases of AIDS. Of this total, 131,127 occurred among women, demonstrating that the female is on the rise in the epidemic in the country (BRASIL, 2007).

Women are, in actuality, the group most vulnerable to AIDS, not only by their anatomical and physiological characteristics, but also by the social, economic and cultural domination. His role in the family, caring, sexual partner and any parent, puts them face the challenges of a disease which, although considered chronic after the advent of antiretroviral therapy, is still valid today, a fatal outcome (BORGES, 2000; CLAUDIA et al, 2005).

Heterosexual women, married and monogamous, have no concept of risk are unaware of their sexual practices from their steady partners, being thus very doubtful as to when and how to negotiate safe sex, remain exposed and vulnerable (MUNHOS; SEABRA, 1996).

It is understood that, for most women, it is very difficult to accept and understand the sexual behavior of their partners, who often have other sexual relationships, male or female. This negotiation of reality may be contributing to the fact that their women resist change in their sex lives.

The limited change in female sexual practices, despite the obvious threat of HIV infection, points to the fact that most women need to evolve with regard to prevention, being able to create strategies for transformation and changes in their sexual behavior to protect themselves from HIV infection.

They also supplied the city of Natal, 178 (56.9%) and in the state of RN, 135 (43.1%).

Among the capital from 59 (18.8%) lived in the northern area, 36 (11.5%) in the West, 52 (16.6%) in the East and 31

(9.9%) in the South. The capital, Natal is the worst hit, with more than 50% of AIDS cases in adults in Rio Grande do Norte (SESAP, 2006).

Currently it has been observed in Brazil other phenomena in the evolution of the HIV/AIDS, such as "ruralization" and "internalization", characterized by the growing number of cases in patients from small towns and rural areas. Here, this fact could be verified, because there was a significant proportion of a patient from rural areas and smaller cities, with up to 50,000.

As for color, it was observed that 180 (57.5%) of users were brown, 39 (12.5%) black and 94 (30.0%) were white, confirming the current profile of the epidemic in Brazil, which moves between people of mixed ethnicity. The AIDS epidemic continues its growth among the most vulnerable populations, expressed by the persistent increase in the proportion of cases with race / color "black" and reduction of the "white" in both sexes (BRASIL, 2005).

The monthly family income was observed that 111 (35.5%) had income as less than a minimum wage and 100 (31.9%) from 1 to 2 minimum wages. The family income data confirm the thesis of pauperization of the epidemic, according to Parker & Camargo Jr. (2000). According to Fonseca et al (2003); Szwarcwald and Bastos (2000) impoverishment is reflected in the fact that individuals who are in less advantageous positions in relation to the labor market make most Brazilians with HIV/AIDS.

These authors have thought the issue of social vulnerability and the consequent impoverishment of the AIDS epidemic on economic and political terms. It is common in poorer areas work together numerous adverse factors regarding the lack of infrastructure, poor service provision and employment opportunities.

Regarding occupation the vast majority worked in the service industry / trade, accounting for 137 (43, 8%) respondents.

Schooling has been used as a marker of socioeconomic status, and the increase in the proportion of AIDS cases in individuals with less education has been called pauperization. Between 1988 and 1999, the proportion of cases among individuals with some schooling accrues in 28.6 to 60.7% (BRASIL, 1997). In our study, the proportion of individuals with elementary school was 165 (52,7%) and high school 132 (42,2%), confirming that there is progressive pauperization of the epidemic, with a tendency to hit people with levels of education increasingly lower.

According to Santos (2002), the impoverishment in itself is a factor that raises not only morbidity but also mortality related to AIDS, and is therefore a factor of great magnitude to the epidemic. According to the authors, Brazil is one exception to this reality because of the policy of free distribution of antiretroviral medication, with marked reduction of morbidity and mortality.

However, this factor alone is not sufficient since many patients discontinue treatment due to lack of essential support to therapy as housing, sanitation, education, food and employment. This is the reality found in most of the clients Reference Center study.

Another aspect analyzed for the profile of users is related to marital status. It was observed that 124 (39,6%) were married, 28 (8,9%) were separated, with the largest contingent, 144 (46,0%), was unmarried.

The most prevalent form of contamination of the participants, according to those interviewed, it was through heterosexual transmission 187 (59,7%), corroborating with the current profile of the epidemic in Brazil and worldwide, that points to increasing heterosexual transmission.

The input from users for monitoring the service, 79,2% already had one sign or symptom indicative of immunodeficiency. However, 85,3% of users were unaware of the disease after joining the service. The data are best displayed in table 1 and 2.

Table 1. Sociodemographic characteristics of HIV/Aids outpatient clinic of the Hospital Giselda Trigueiro, Natal/RN - 2007/2008.

Sociodemographics characteristics	f	%
Gender		
Male	180	57.5
Female	133	42.5
Ages Group		
20 years to 30 years	69	22.0
31 years to 40 years	131	41.9
41 years to 50 years	86	27.5
51 years to 61 years	27	8.6
Residence		
Natal	178	57.5
Insider	135	42.5
Skin color		
Brown	180	57.5
White	94	30.0
Black	39	12.5
Month Familiar Income		
Up to 2 minimum wages	211	67.4
> 2 to 4 minimum wages	93	29.7
> 4 to 6 minimum wages	9	2.9
Occupation		
Services / Trade	149	47.6
Housewives	74	23.6
Student	4	6.9
Manufacturing	16	5.1
Jobless	51	16.3
Schooling		
Illiterate	3	1.0
Elementary	165	52.7
High School	132	42.2
University	13	4.2
Marital status		
Single	144	46.0
Married	124	39.6
Divorced	28	8.9
Widowed	17	5.4
Total	313	100.0

Table 2. Health characteristics of people with HIV/Aids outpatient clinic of the Hospital Giselda Trigueiro, Natal/RN - 2007/2008.

Features	f	%
Exposition form		
Heterosexual	187	59,7
Homosexual	94	30,0
Bisexual	21	6,7
Injectable-drugs use	10	3,2
Transfusion	1	0,3
Arrival in service with some sign symptom indicative of HIV		
Yes	248	79,2
No	65	20,8
Discovery of disease after joining the service		
Yes	267	85,3
No	46	14,7
Total	313	100,0

CONCLUSION

In this research, the interviewed users were mostly young adults, low income, poorly educated, and infected by unprotected heterosexual intercourse, with a slight predominance of male over female, from the capital, low education and income, and had first contact with the service for diagnosis and follow-up after the presenting signs and symptoms of HIV / AIDS, following the trend of other cities.

Considering these aspects, and based on the results, it appears that there is need for policies for prevention and care should be different for each region: this applies particularly to Brazil, where regional differences are striking and indeed directly influence the mode of transmission of HIV.

We note that the epidemic, once reserved for large Brazilian cities is spreading to the interior, including the highly rural areas, showing that the internalization of the disease is occurring.

The increase in cases among women per se justifies the heterosexual AIDS in our state, but there are records of increased reports of heterosexual men, reinforcing the condition.

The relationship with the pauperization of the epidemic is based on the increasing reports of individuals with fewer years of schooling, however observed that the venue for this study, the notifications are still scarce showing no improvement in the quality of the records over the years.

REFERENCES

- BASTOS, F. I.; SZWARCOWALD, C. L. Aids e pauperização: principais conceitos e evidências empíricas. **Cadernos de Saúde Pública**. Rio de Janeiro, 16, (sup.), p.65-76. 2000.
- BRASIL. **Boletim Epidemiológico – Aids**. A epidemia de Aids no Brasil: Situação e tendências. Ministério da Saúde / Secretaria de Assistência à saúde. Brasília (DF). 1997
- _____. **Boletim Epidemiológico - AIDS**. Ministério da Saúde / Secretaria de Assistência à saúde. Brasília (DF): Ministério da Saúde. 2005.
- _____. **Boletim Epidemiológico - AIDS**. Ministério da Saúde / Secretaria de Assistência à saúde. Brasília (DF): Ministério da Saúde. 2007.
- BORGES, N. R. A. C. Mulheres e Aids: refletindo sobre o risco. Campinas, 2000. **Dissertação** (Mestrado em Educação). Campinas (SP): Faculdade de Educação. Universidade Estadual de Campinas. 2000.
- CLÁUDIA, C; MARIA, J. R; PAULA, C; TERESA, A. SIDA e a Mulher. **Millenium on line- Revista do ISPV** - n. 31. Maio de 2005. Available from: URL: <http://www.ipv.pt/millenium/Millenium31/default.htm>
- FONSECA, M. G. P; TRAVASSOS, C; BASTOS, F. I; SILVA, N. V; SZWARCOWALD, C. L. Distribuição social da Aids no Brasil, segundo participação no mercado de trabalho, ocupação e status sócio-econômico dos casos de 1987 a 1998. **Cadernos de Saúde Pública**. Rio de Janeiro, v.19, n. 5, p. 1351-63, 2003.
- MUNHOZ, R; SEABRA, N. J. A Aids entre as mulheres: reflexões sobre seus depoimentos. In: PARKER, R. ; GALVÃO, J. **Quebrando o silêncio: mulheres e Aids no Brasil**. Rio de Janeiro: Relume Dumaré, p.115-35.1996.
- MOCROFT, A; MONFORTE, A; KIRK, O; JOHNSON, M.A; FRIIS-MOLLER, N; BANHEGYI, D; BLAXHULT, A; MULCAHY, F; GATELL, J.M; LUNDGREN, J.D; EUROSIDA STUDY GROUP. Changes in Hospital admissions across Europe: 1995-2003. Results from the EUROSIDA Study. **HIV Medicine**, v.5, p. 437-447. 2004.
- PALELLA, JR F. J; DELANEY, K. M; MOORMAN, A. C; LOVELESS, M. O; FUHRER, J; SATTEN, G. A; ASCHMAN, D. J; HOLMBERG, S. D. Declining morbidity and mortality among patients with advanced human immunodeficiency virus infection. HIV Outpatient Study Investigators. **The New England Journal of Medicine**, v. 338, p.853-860. 1998.
- PARKER, R; CAMARGO-JUNIOR, K. R. Pobreza e HIV/AIDS: aspectos antropológicos e sociológicos. **Cadernos de Saúde Pública**. Rio de Janeiro, v. 16, (sup.), p.89-102. 2000.
- RODRIGUES-JUNIOR, A. L; Castilho E. A. A epidemia de Aids no Brasil, 1991 – 2000: descrição espaço-temporal. **Rev da Soc Bras de Med Trop**, v.37, p. 312-317. 2004.
- SANTOS, N. J. S; TAYRA, A; SILVA, S.R; BUCHALLA, C. M; LAURENTI, R. A Aids no estado de São Paulo: as mudanças no perfil da epidemia e perspectivas da vigilância epidemiológica. **Rev Brás Epidemiol**, v.5, p.286-310. 2002.
- SESAP. RIO GRANDE DO NORTE. Secretaria de Estado da Saúde Pública. Programa Estadual DST/AIDS. **Boletim Epidemiológico – AIDS**, dezembro, v. 1, n.1, p. 1-8. 2006.
- TOMAZELLI, J; CZERESNIA, D; BARCELLOS, C. Distribuição dos casos de Aids em mulheres no Rio de Janeiro de 1982 a 1997: uma análise espacial. **Cadernos de Saúde Pública**. Rio de Janeiro, v. 19, n. 4, p. 1049-61. 2003.
- VERMELHO, L. L; BARBOSA, R. H. S; NOGUEIRA, S. A. Mulheres com Aids: desvendando histórias de risco. **Cadernos de Saúde Pública**. Rio de Janeiro, v. 15, n. 2, p.369-79. 1999.
- VIEIRA, N. F. C; PAIVA, T. C. H; SHERLOCK, M. S. M. Sexualidade, DST/Aids e Adolescência: não quero falar, tenho vergonha. **DST-Jornal Brasileiro de Doenças Sexualmente Transmissíveis**, v. 13, n. 4, p. 46-51. 2001.

Main Author:

RICHARDSON AUGUSTO ROSENDO DA SILVA
Rua São Clemente, 3306, Candelária, Natal/RN, CEP-59065-610, Brasil.
E-Mail: rirosendo@yahoo.com.br

Co-authors:

LÍVIA SÊMELE CÂMARA BALDUINO – E-Mail: liviasemele@hotmail.com
ANA ELZA OLIVEIRA DE MENDONÇA – E-Mail: a.elza@uol.com.br
MYLLA GABRIELLE SOARES DE ARAÚJO – E-Mail: myllagaby@hotmail.com
GILSON DE VASCONCELOS TORRES – E-Mail: gvt@ufrnet.br

EPIDEMIOLOGICAL AND CLINICAL CHARACTERISTICS OF PATIENTS WITH HIV/AIDS TREATED IN A HOSPITAL OF REFERENCE - NATAL/RN/BRAZIL

ABSTRACT

AIDS has increasingly come hurdling and borders, developing unpredictably between individuals from all continents and in full reproductive activity, at a high rate among young women. Also, has undergone rapid and significant epidemiological changes the test of time. It is in this context that this work was carried out in order to describe the epidemiological and clinical characteristics of patients with HIV/AIDS health care in a reference to the treatment of infectious diseases in Natal/RN, Brazil. This is an epidemiological study, descriptive, quantitative, and developed at the Giselda Trigueiro Hospital, a reference in the treatment of AIDS, located in the city of Natal/RN, Brazil. The target population consisted of all 313 patients with HIV treated in the period August 2007 to July 2008, in the days of the outpatient consultations. As an instrument of data collection used a form of interview with structured questions, validated through a pilot study. Identified that 180 (57, 5%) were men and 133 (42, 5%) women, being the predominant age group of 31 to 40, 122 (39, 0%). They also supplied the city of Natal, 178 (56, 9%) and in the state of RN, 135 (43, 1%). The monthly family income was observed that 111 (35, 5%) had income as less than minimum wage. The proportion of individuals with elementary school was 165 (52, 7%). The most prevalent form of contamination of the participants, according to those interviewed, it was through heterosexual transmission 187 (59, 7%). The input from users for monitoring the service, 79, 2% already had one sign or symptom indicative Immunodeficiency. In this study, the profile of those interviewed following the trend of other Brazilian cities.

KEYWORDS: AIDS/HIV, Epidemiology, Epidemiologic profile.

ÉPIDÉMIOLOGIQUES ET CLINIQUES CARACTÉRISTIQUES DES PATIENTS ATTEINTS DU VIH/SIDA SOIGNÉS DANS UN HÔPITAL DE REFERENCE - NATAL/RN/BRÉSIL

RÉSUMÉ

SIDA a essuyé de nombreuses haies et des frontières, en développement de façon imprévisible entre les individus de tous les continents et dans l'activité de reproduction intégrale, à un taux élevé chez les femmes jeunes. Aussi, a subi des modifications rapides et importantes épidémiologique à l'épreuve du temps. C'est dans ce contexte que ce travail a été réalisé afin de décrire les caractéristiques épidémiologiques et cliniques des patients atteints du VIH/SIDA des soins de santé dans une référence au traitement des maladies infectieuses dans le Natal, RN, Brésil. Il s'agit d'une étude épidémiologique, descriptive, quantitative, développé à l'Trigueiro Giselda Hospital, une référence dans le traitement du SIDA, situé dans la ville de Natal/RN, Brésil. La population cible était constituée de tous les 313 patients traités avec le VIH dans la période d'août 2007 à Juillet 2008, dans les jours à des consultations ambulatoires. En tant qu'instrument de collecte de données utilisé une forme d'interview avec questions structurées, validé par une étude pilote. Déterminé que 180 (57,5%) étaient des hommes et 133 (42,5%) des femmes qui est la tranche d'âge prédominante est de 31 à 40, 122 (39,0%). Elles ont également fourni la ville de Natal, 178 (56,9%) et dans l'état de RN, 135 (43,1%). Le revenu familial mensuel a été constaté que 111 (35,5%) avaient un revenu de moins que le salaire minimum. La proportion des personnes physiques à l'école primaire était de 165 (52,7%). La forme la plus courante de contamination des participants, selon les personnes interrogées, c'est grâce à la transmission hétérosexuelle 187 (59,7%). L'apport des utilisateurs pour le service de suivi, 79,2% avaient déjà un signe ou symptôme d'immunodéficience indicative. Dans cette étude, le profil des personnes interrogées, suivant la tendance des autres villes du Brésil.

MOTS-CLÉS: sida/VIH, de l'épidémiologie, le profil épidémiologique.

EPIDEMIOLÓGICOS Y CLÍNICOS CARACTERÍSTICAS DE LOS PACIENTES CON VIH/SIDA TRATADOS EN UN HOSPITAL DE REFERENCIA - NATAL/RN/BRASIL

RESUMEN

El SIDA ha venido cada vez más vallas y las fronteras, el desarrollo de manera impredecible entre los individuos de todos los continentes y en plena actividad reproductiva, a una tasa elevada entre las mujeres jóvenes. Además, ha experimentado cambios epidemiológicos rápidos y significativos de la prueba del tiempo. Es en este contexto que este trabajo se llevó a cabo con el fin de describir las características epidemiológicas y clínicas de los pacientes con VIH/SIDA, atención de salud en una referencia para el tratamiento de enfermedades infecciosas en Natal/RN, Brasil. Este es un estudio epidemiológico, descriptivo, cuantitativo, desarrollado en el Trigueiro Giselda Hospital, una referencia en el tratamiento del SIDA, ubicado en la ciudad de Natal/RN, Brasil. La población objetivo consistió en todos los 313 pacientes con VIH tratados en el período agosto 2007-julio 2008, en los días de las consultas externas. Como instrumento de recolección de datos utilizado una forma de entrevista con preguntas estructuradas, validada a través de un estudio piloto. Indicó que 180 (57,5%) eran hombres y 133 (42,5%) mujeres, siendo el grupo de edad predominante de 31 a 40, 122 (39,0%). También se suministra la ciudad de Natal, 178 (56,9%) y en el estado de RN, 135 (43,1%). El ingreso familiar mensual se observó que 111 (35,5%) tenían ingresos inferiores al salario mínimo. La proporción de individuos con la escuela primaria fue de 165 (52,7%). La forma más frecuente de contaminación de los participantes, según los entrevistados, fue a través de la transmisión heterosexual 187 (59,7%). La entrada de los usuarios para el seguimiento del servicio, el 79,2% ya tenía un signo o síntoma indicativo de inmunodeficiencia. En este estudio, el perfil de los entrevistados siguiendo la tendencia de otras ciudades brasileñas.

PALABRAS CLAVE: VIH/SIDA, Epidemiología, perfil epidemiológico.

CARACTERÍSTICAS EPIDEMIOLÓGICAS E CLÍNICAS DE PORTADORES DE HIV/AIDS ATENDIDOS EM UM HOSPITAL DE REFERÊNCIA - NATAL/RN/BRASIL

RESUMO

A Aids cada vez mais vem transpondo barreiras e fronteiras, desenvolvendo-se de forma imprevisível entre

indivíduos de todos os continentes e em plena atividade reprodutiva, com um ritmo acelerado entre jovens e mulheres. Além disso, vem sofrendo rápidas e significativas mudanças epidemiológicas ao passar dos tempos. É nesse contexto que este trabalho foi desenvolvido, com o objetivo de descrever as características epidemiológicas e clínicas de portadoras de HIV/Aids atendidas em um serviço de referência para o tratamento de doenças infectocontagiosas em Natal-RN, Brasil. Este é um estudo epidemiológico, descritivo, de natureza quantitativa, desenvolvido no ambulatório do Hospital Giselda Trigueiro, referência no tratamento da Aids, situado no município de Natal/RN, Brasil. A população alvo foi composta por todos os 313 portadores de HIV atendidos no período de agosto de 2007 a julho de 2008, nos dias das consultas do ambulatório. Como instrumento de coleta de dados utilizou-se um formulário de entrevista com questões estruturadas, validada através de um estudo piloto. Identificou-se que 180 (57,5%) eram homens e 133 (42,5%) mulheres; sendo a faixa etária predominante de 31 a 40 anos, 122 (39,0%). Os mesmos proviam do município de Natal, 178 (56,9%) e do interior do Estado do RN, 135 (43,1%). Quanto à renda mensal familiar observou-se que, 111 (35,5%) possuíam como renda menos de um salário mínimo. A proporção de indivíduos com até o ensino fundamental foi de 165 (52,7%). A forma prevalente de contaminação dos participantes, segundo os entrevistados, foi através da transmissão heterossexual 187 (59,7%). Quanto à entrada dos usuários para acompanhamento no serviço, 79,2% já apresentavam algum sinal ou sintoma indicativo da imunodeficiência. Nesta pesquisa, o perfil dos usuários entrevistados segue a tendência das outras cidades brasileiras.

PALAVRAS-CHAVE: Aids/HIV, Epidemiologia, Perfil epidemiológico.

PUBLICAÇÃO NO FIEP BULLETIN ON-LINE: <http://www.fiepbulletin.net/80/a2/66>