99 - DETERMINATION OF THE PROFILE OF PATIENTS WITH HEART FAILURE (HF) ON A BASIC HEALTH UNIT (UBS) OF MARINGÁ-PR

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INTRODUCTION

In recent decades, there has been a significant change in the mortality profile of Brazilian population, with increased number of deaths caused by chronic diseases and external causes. Cardiovascular diseases are the most common causes of morbidity and mortality throughout the world and among the risk factors for cardiovascular disease are diabetes mellitus and hypertension, independent and synergistic factors (BERSUSA et al. 2006).

The increasing prevalence of overweight and obesity and chronic degenerative diseases are occurring in many countries. Allied to this, heart failure (HF) is a final common pathway of most diseases affecting the heart, being one of the most important clinical challenges in healthcare today. This is an epidemic problem in evidence (Mendonça, 2004; PERSIC, 2012).

Despite the availability of several effective medications and prescription of pharmacological treatments (exercise and diet), the number of hypertensive patients with uncontrolled blood pressure is increasing, a fact that can be attributed to inadequate treatment regimens and very complex. There is a lack of treatment adherence, misuse of drugs and high incidence of complications of hypertension, such as cardiovascular and renal disease, one of the biggest challenges for health systems (Chobanian et al., 2003).

It is therefore essential inserting tools in the Unified Health System (SUS) to ensure the quality of care provided to these patients, especially regarding the membership fee and effectiveness of treatment and thus significantly reducing the number of hospitalizations associated with these factors. The no pharmacological treatment involves dietary practice and physical exercise in a continuous and proper, which has been effective in the anti-inflammatory action in preventive medicine popular (Sprod et al., 2011), the lower incidence of dyslipidemia (Fernandes et al., 2011), aid in the treatment of patients with HF (NUNES and DALL'AGO, 2008), among others. Currently, the search for physical exercise programs for health promotion has been growing, but the membership / retention of seniors this practice is still insufficient for occasional or situational factors (Cardoso et al., 2008) that may lead them to psychological conflicts (KRAVCHYCHYN et al., 2012; FREITAG et al., 2012; 2011).

The prevention and treatment of hypertension, obesity and atherosclerotic vascular disease may have a major impact on the incidence and mortality of HF. Therefore, it is necessary to determine the profile of patients with IC SUS, for this, we conducted a study to evaluate these patients in a UBS in Maringá, Paraná.

METHODOLOGY

We conducted a cross-sectional, population type, the UBS of Maringá, Paraná, whose data were collected from electronic medical records of patients with HF, available from the Unit on September 5, 2012. We selected 83 patients among them 39 (46.99%) were male and 44 (53%) were female. For inclusion in the study the patient needed to use the drug digoxin or included in the medical record diagnosis of HF. For the values of absolute and relative frequency, we used the program in Excel 2007 that were categorized values for males and females. All information collected was kept confidential, as well as the personal data of all subjects who signed a consent form.

To determine the profile of UBS was collected the following parameters: the pressure level, anthropometric measurements (weight, height and body mass index), age and gender.

Quantitative variables are presented as mean, standard deviation and graphs with values expressed in percentages and percentage of prevalence.

RESULTS AND DISCUSSION

The main risk factors for cardiovascular disease are well known, such as such as smoking, dyslipidemia, obesity, inactivity, diabetes mellitus and heredity (COSTA et al., 2007). Therefore, it is necessary to know the prevalence and determine the profile of these risk factors, alone or combined, for it is through their reduction through programs of primary and secondary prevention, that our objective is the effectiveness of any health program.

In Table 1 it can be seen the distribution of mean anthropometric variables in men with HF, according to age.

Table 1. Distribution of mean anthropometric variables in men with HF, according the age.

Age Group (years)	N (percentage)	Weight (average express in kg)	Estature (average expressed em m)	BMI (average express in m/kg2)
40-50	3 (7,7%)	68±12	1,72±9,7	27±2,3
51-60	7 (17,9%)	80,8±13,7	1,68±5,6	26,5±1,5
61-70	10 (25,6%)	71,4±6,3	1,66±7,3	22,7±4,2
Above to 70	19 (48,7%)	61,1±9,2	1,65±7,8	22,57±2,8

These results showed that the demand for men's health increases with age. Body weight increases in the age group of 51-60 years (mean 80.8 kg), and that from the age of 61, this starts to decrease gradually coming to an average of 61.1 kg in patients over 70 years. One can also see that the height and BMI suffer a decline with advancing age.

The decrease in body weight is an item of concern for males, and the results are in agreement with those observed by Gallahue and Ozmun (2003), where, according to them, during aging seniors above 70 years can lose about 20 40% of the strength and muscle mass is not practicing exercise regularly resistance or force, resulting in weight loss and decrease in BMI. Regarding height, the results are close to those observed by Matsudo (2002), where the weight decreases starting between 50 and 55 years due to compression of the vertebrae to the flattening of the intervertebral discs, which may cause postural pathologies such as kyphosis it is the most prevalent.

In Table 2 is shown the distribution of mean anthropometric variables in women with HF, according to age.

Table 2. Distribution of mean anthropometric variables in women with HF, according the age.

Age Group (years)	N (percentage)	Weight (average express in kg)	Estature (average expressed em m)	BMI (average express in m/kg2)
40-50	5 (11,4%)	66,3±12,9	1,56±1,1	24,5±4,5
51-60	5 (11,4%)	69,6±15,4	1,51±1,1	30,2±5,8
61-70	8 (18,2%)	81,5±15,3	1,56±4,3	30,5±5
Above to 70	26 (59%)	69±20,7	1,54±4,9	31,6±4,9

Our results suggest that the demand for women's health also increases with aging which reached 59% above 70 years of age of the sample. Body weight begins to increase between the ages of 51-60 years old and only after age 70 begins to suffer a significant drop, on the other hand, the height practically not changed over the years and BMI is increased gradually with advancing age.

According to the study by Domenico et. al. (2008), the body weight increase after 40 years of age in women can be explained to be a critical stage, because most lying in menopause, where many signs and symptoms associated with postmenopausal years, result of the fall of circulating estrogen, a decrease of lean body mass and increased fat mass, thus increasing BMI.

Selected sample, 53% (n = 44) were women and 47% men (n = 39), between 40 and 100 years old, where 45 subjects in the study (54.2%) is in the age group above 70 years (48.7% of men and 59% women), these results that will meet those already described by Gus et. al. (2004), which emphasizes that elderly people seek medical care, often not for prevention, but because they are a quality of life loss. For these authors, the incidence of lower demand for health care by individuals of lower age group is a cultural issue that should be abolished from, not bothering to prevent disease, but to treat them only. It is noteworthy that 44.45% of men and 55.55% women participating in the study are controlled with pressure. Our findings are in agreement with the current literature, where the risk of complications of hypertension in general is higher in men than in women (GARDEN et. Al, 2007), but the difference is not significant.

The mean age (69.8 ± 12.5 for men and 71.4 ± 13.8 for women) and body weight (68.44 ± 12.99 to 70.80 ± 18.11 for men and for women) resembles to both genders, which reinforces the hypothesis Pereira et al. (2007), which states that there is no significant difference in age and body weight between genres of leprosy patients.

In relation to height (1.67 ± 0.07 for men and 1.55 ± 0.04 for women) and BMI (23.51 ± 3.62 to 28.90 ± 5.85 for men and for women), we find that women are relatively smaller stature and have a higher BMI. Therefore, the average BMI is higher in female than in male patients, indicating overweight and healthy weight women (normal) for men, according to WHO (1998). These data corroborate the research Makdisse et. al. (2008), which emphasize that BMI is higher for men, because their present muscle mass and bone density higher than women. Therefore, this finding is of concern, since women have a higher risk of having osteoporosis than men and that the higher your BMI, the greater the risk (and Zacchello CURY-FAISAL, 2007).

Taken together, our results suggest that there is a definite pattern for patients with HF attended for the SUS because there are risk factors that affect disease progression.

CONCLUSION

Our study has shown a high prevalence of HF. The preparation of the accompanying measures aiming changes in quality of life and therapeutic control is necessary to decrease the prevalence of its offense, as already observed in developed countries, where there is a significant reduction in morbidity and mortality rates from cardiovascular diseases such as HF. This study corroborates others have performed, it was demonstrated the need for better assessment and monitoring of patients seen by the public health system, highlighting the need for a more effective health policy to provide coverage appropriate therapy for patients with these diseases and also shows the importance of preventive measures for these individuals.

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DETERMINATION OF THE PROFILE OF PATIENTS WITH HEART FAILURE (HF) ON A BASIC HEALTH UNIT (UBS) OF MARINGÁ-PR

ABSTRACT

The aim of this study was to determine the profile of patients with HF users in a UBS, Maringá-PR. We conducted a cross-sectional, population type, the UBS of Maringá, Paraná, whose data were collected from electronic medical records of patients with IC, available from the Unit on September 5, 2012. We selected 83 patients, among them 39 (46.99%) were male and 44 (53%) were female. For inclusion in the study the patient needed to use the drug digoxin or included in the medical record diagnosis of HF. For the values of absolute and relative frequency, we used the program in Excel 2007 that were categorized values for males and females. All information collected was kept confidential, as well as the personal data of all subjects who signed a consent form. For to determine the profile of UBS were collected the following parameters: the pressure level, anthropometric measurements (weight, height and body mass index), age and gender. Quantitative variables were presented as mean, standard deviation and graphs with values expressed in percentages and percentage of prevalence. The survey shows that 54.2% of patients (n = 45) are aged above 70 years. The average age for males and females were 69.8 ± 12.5 and 71.4 ± 13.8, respectively. While body weight was similar for both genders. Women have a lower height (1.7 ± 0.07 m for males and 1.5 ± 0.04 for females), but have BMI (body mass index) higher. However, the data indicate that there is a definite pattern for patients with HF served for the SUS (Unified Health System), as there are risk factors that affect disease progression.

KEYWORDS: Profile of Patients, Heart Failure, Health Basic Unity

DETERMINATION DU PROFIL DES PATIENTS AVEC L'INSUFFISANCE CARDIAQUE (IC) DANS UNE UNITÉ PRIMAIRE DE SANTÉ (UBS) DANS MARINGÁ - PR

RESUMEE

L'objectif de cette étude était de déterminer le profil des patients avec l'insuffisance cardiaque (IC) utilisateurs du système public de santé à la cité de Maringá-PR. Nous avons réalisé une étudepopulacional transversale dans une unité primaire de santé à Maringá, Paraná, à partir des dossiers médicaux électroniques des patients avec IC disponible en cette unité en le 5 septembre 2012. Nous avons sélectionné 83 patients parmi lesquels 39 (46,99%) étaient des hommes et 44 (53%) étaient des femmes. Pour être inclus dans l'étude, le patient avait besoin d'utiliser le médicament digoxine ou être inclus dans le dossier médical avec diagnostic de IC. Pour analyser les valeurs de fréquence absolue et relative, le programme Excel 2007 a été utilisé où ils ont été classifiés par les sexes. Toutes les informations recueillies ont été confidentielles, ainsi que les participants de cette recherche ont signé un formulaire de leur consentement. Pour déterminer le profil de ses patients les suivantsdes paramètres ont été analisées: le niveau de pression arterial, des mesures anthropométriques (poids, taille et des indices de masse corporelle), l'âge et le sexe. Les variables quantitatives ont été présentés sous forme de moyenne, écart-type et des graphiques avec des valeurs exprimées en pourcentages et /ou en pourcentage de la prévalence. Les résultats on démontrait que 54,2% des patients (n = 45) avaient plus de 70 ans. La moyenne d'âge pour les hommes et les femmes était 69,8 ± 12,5 et 71,4 ± 13,8, respectivement. Alors que le poids corporel était similaire pour les deux sexes. Les femmes ont une hauteur inférieure (1,7 ± 0,07 pour des hommes et 1,5 ± 0,04 pour les femmes), mais ils ont l'IMC (indice de masse corporelle) supérieur. Toutefois, nos résultats indiquent qu'il n'y a pas un modèle précis pour les patients avec IC atteints à SUS (Système unifié de santé), parce qu'il existe des facteurs de risque qui affectent la progression de cette maladie.

MOTS-CLÉS: profil des patients, l'insuffisance cardiaque, unité primaire de santé.

DETERMINACIÓN DEL PERFIL DE LOS PACIENTES CON INSUFICIENCIA CARDIACA (IC) EN UNA UNIDAD BÁSICA DE SALUD (UBS) DE MARINGÁ-PR

RESUMEN

El objetivo deste estudio fue determinar el perfil de los pacientes con IC en los usuarios una UBS, Maringá-PR. Se realizó un estudio transversal, tipo de población, en la UBS de Maringá, Paraná, cuyos datos se obtuvieron de la historia clínica electrónica de los pacientes con IC, disponible por la Unidad en 5 de septiembre de 2012. Se seleccionaron 83 pacientes, entre ellos 39 (46,99%) eran hombres y 44 (53%) eran mujeres. Para la inclusión en el estudio del paciente fue necesario hacer lo uso del medicamento digoxina o incluirse en el diagnóstico historia clínica de IC. Para los valores de frecuencia absoluta y relativa, se utilizó el programa Excel 2007 que se clasificaron los valores para hombres y mujeres. Toda la información recogida se manteneros en secreto, así como los datos personales de todos los sujetos que firmaron un formulario de consentimiento. Para determinar el perfil de UBS se recogieron los siguientes parámetros: nivel de presión, medidas antropométricas (peso, talla e índice de masa corporal), la edad y el género. Las variables cuantitativas se presentan como media, desviación estándar y las gráficas con los valores expresados en porcentajes y el porcentaje de prevalencia. La encuesta muestra que el 54,2% de los

pacientes (n = 45) tienen edades por encima de 70 años. La edad promedio para hombres y mujeres fueron 69,8 ± 12,5 y 71,4 ± 13,8, respectivamente. Mientras que el peso corporal fue similar para ambos sexos. Las mujeres tienen una altura más baja (1,7 ± 0,07 m para los hombres y 1,5 ± 0,04 para las mujeres), pero tienen el IMC (índice de masa corporal) mayor. Sin embargo, los datos indican que existe un patrón definido para los pacientes con IC de lo SUS (Sistema Único de Salud), ya que son factores de riesgo que afectan a la progresión de la enfermedad.

PALABRAS CLAVE: Perfil de los Pacientes, Insuficiencia Cardíaca, Unidad Básica de Salud

DETERMINAÇÃO DO PERFIL DOS PACIENTES PORTADORES DE INSUFICIÊNCIA CARDÍACA (IC) EM UMA UNIDADE BÁSICA DE SAÚDE (UBS) DE MARINGÁ-PR

RESUMO

O objetivo deste estudo foi determinar o perfil dos pacientes portadores de IC usuários de uma UBS, Maringá-PR. Realizou-se um estudo transversal, do tipo populacional, na UBS do município de Maringá, Paraná, cujos dados foram coletados a partir de prontuários eletrônicos de pacientes portadores de IC, disponibilizados pela própria Unidade no dia 5 de setembro de 2012. Foram selecionados 83 pacientes dentre eles 39 (46,99%) são do gênero masculino e 44 (53%) do gênero feminino. Para inclusão na pesquisa o paciente precisava fazer uso da droga digoxina ou constar no prontuário o diagnóstico de IC. Para os valores de frequência absoluta e relativa utilizou-se o programa Excel 2007 em que foram categorizados valores para o sexo masculino e feminino. Todas as informações obtidas foram mantidas em sigilo, assim como os dados pessoais de todos os sujeitos que assinaram o termo de consentimento livre e esclarecido. Para determinar o perfil dos usuários da UBS foram coletados os seguintes parâmetros: o nível pressórico, medidas antropométricas (peso, estatura e índice de massa corpórea), faixa etária e o gênero. As variáveis quantitativas foram apresentadas em forma de média, desvio padrão e gráficos com valores expressos em percentuais e/ou porcentagem de prevalência. A pesquisa mostra que 54,2% dos pacientes (n=45) encontram-se na faixa etária acima de 70 anos. A média de idade para os gêneros masculino e feminino foram 69,8±12,5 e 71,4±13,8, respectivamente. Enquanto o peso corporal foi semelhante para ambos os gêneros. As mulheres apresentam menor estatura (1,7±0,07mts para o gênero masculino e 1,5±0,04 para o gênero feminino), porém apresentam IMC (índice de massa corporal) mais elevado. Entretanto, os dados indicam que não há um padrão definido para os portadores de IC atendidos pelo SUS (Sistema Único de Saúde), pois existem fatores de risco que comprometem a evolução da doença.

PALAVRAS-CHAVE: Perfil dos Pacientes, Insuficiência Cardíaca, Unidade Básica de Saúde.