COMMUNITY DEMAND DIAGNOSIS IN A AREA OF SÃO PAULO

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INTRODUCTION

The International Classification of Diseases and related health problems, ICD, is the classification system most widely used in any health service. However, its use in primary care is controverse. Simplistically ICD is a list of causes of death and morbidity organized by categories. It is suitable for a summary of medical discharge or a death certificate, but incompatible with primary care consultations. "Family physicians operate most of the time at lower levels of abstraction"1.

Classic studies already showed the impossibility of an accurate diagnosis in more than 50% of primary care consultations. Crombie concluded: in family medicine "it is bad practice vigorously try to define a diagnosis for a vague problem" 3.

The International Classification of Primary Care, now in its second edition (ICPC-2), is the Wonca classification system. It includes diseases, but also care processes as procedures and reasons for consultation. It is the best tool to build a demand diagnosis in primary care services, to promote the development of a preventive vision on the community by Family Physicians.

OBJECTIVE

To Evaluate the main reasons for medical consultation, interventions proposed under the ICPC-2, and destination of the users of yellow territory of Luar do Sertão Health Centre, São Paulo, during the month of January 2011.

METHODOLOGY

At each visit the following data were recorded: name, age, reasons for consultation (according to the ICPC-2), proposed interventions and medical referrals. The data were united and statistics were calculated using the software Excel.

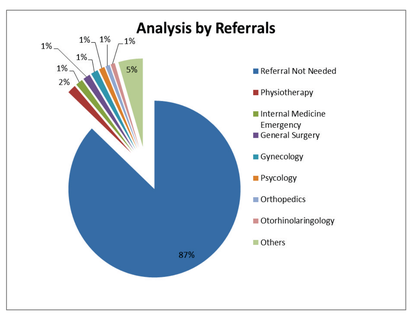
RESULTS

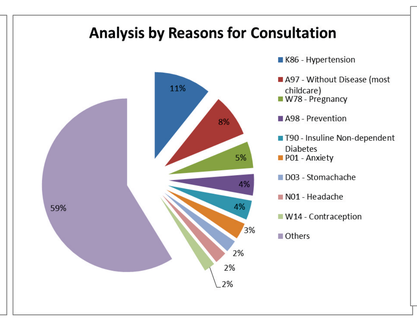
We performed a total of 370 queries in 19 days (19.47/day). The average age of users was 34.57 years, most adults between 20 and 59 years (51%).

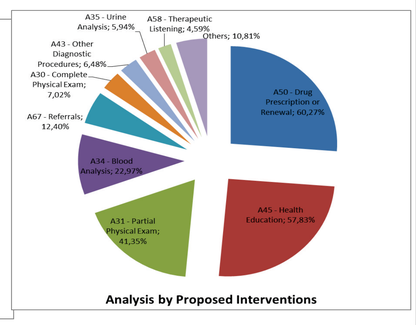
There was an average of 1.41 reasons for consultation. 158 reasons were found, 15 being the most prevalent (50.29% of total). Uncomplicated hypertension (ICPC K86) was the most prevalent (10.86%).

2.29 interventions per consultation were held, the most common was drug prescriptions or renewal (occurred in 223 consultations - 60.27%).

87.03% of patients had their problems solved at the primary care level, with only 12.97% who needed referral. Physiotherapy appeared as the main target of these referrals, with 12.50%.







DISCUSSION

More than half of the diagnoses is summarized in 15 health problems. If we expand to 30 we go to just over 60% which is consistent with similar studies6,7,8.

In only 39.33% of the consultations the doctor did not provide any prescription and 22.97% of the users were ordered blood tests, which is slightly more than two thirds of patients being medicalized and almost a quarter conducting examinations, a number that may proves a collusion of the physician with the medicalized population. It is insufficient to ascertain the conditions and requirements of these applications, but here stays an alarm.

The proportion of referrals in the order of 12.97% is consistent with studies of reference9, although many European nations admit only 5% as target9.

CONCLUSION

Diagnosis demand of an area is very useful to know and follow the needs of users, being essential tool for a good resource management. It should be frequent practice of services to monitor the work of their physicians and to make a comparison with other reference services.

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