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INTERNAÇÕES DE ADOLESCENTES POR CONDIÇÕES SENSÍVEIS À ATENÇÃO PRIMÁRIA EM UMA REGIONAL DE SAÚDE*

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Original article

HOSPITAL ADMISSIONS OF ADOLESCENTS DUE TO PRIMARY CARE SENSITIVE CONDITIONS IN A HEALTH REGION*

Jéssyca Slompo Freitas[1], Maria Marta Nolasco Chaves[2], Vivian Patricia Raksa[3], Liliana Muller Larocca[4]

ABSTRACT: Objective: To analyze hospital admissions due to primary care sensitive conditions in the 2nd Health Region of the State of Paraná in the 2010-2014 period. Method: Retrospective ecological study conducted from March to June 2016, with descriptive statistical analysis of data available in the hospital information system Results: Of the 87,321 admissions of adolescents aged 10-19 years, 9,858 (11.29%) were due to primary care sensitive conditions. The main causes include kidney and urinary tract infection (23.28%); infectious gastroenteritis and complications (18.96%); epilepsies (14.91%); diseases related to prenatal care and childbirth (9.79%); and asthma (10.51%). Hospitalizations in the age group of 15-19 years accounted for 57.52%, with a prevalence for the female gender (66.64%). Conclusion: To investigate the determination of hospitalizations and processes that interfere with primary health care for adolescents can reduce preventable hospitalizations and increase the quality of care provided to adolescents.
DESCRIPTORS: Primary health care; Hospitalization; Public health; Adolescent health; Nursing.

INTERNAÇÕES DE ADOLESCENTES POR CONDIÇÕES SENSÍVEIS À ATENÇÃO PRIMÁRIA EM UMA REGIONAL DE SAÚDE

RESUMO: Objetivo: analisar as internações por condições sensíveis à Atenção Primária de adolescentes na segunda regional de saúde do Paraná no período de 2010 a 2014. Método: estudo ecológico retrospectivo, realizado no período de março a junho de 2016, com análise estatística descritiva de dados disponíveis no sistema de informações hospitalares. Resultados: das 87.321 internações de adolescentes de 10 a 19 anos, 9.858 (11,29%) foram por condições sensíveis à atenção primária. Entre as principais causas: infecção do rim e trato urinário (23,28%); gastroenterites infecciosas e complicações (18,96%); epilepsias (14,91%); doenças relacionadas ao pré-natal e parto (9,79%); e asma (10,51%). As internações na faixa etária de 15 a 19 anos representaram 57,52% com prevalência para o sexo feminino (66,64%). Conclusão: investigar a determinação das internações e dos processos que interferem na atenção primária à saúde para adolescentes pode reduzir hospitalizações evitáveis e aumentar a qualidade da atenção prestada ao adolescente.
DESCRITORES: Atenção primária à saúde; Hospitalização; Saúde pública; Saúde do adolescente; Enfermagem.

INGRESOS DE ADOLESCENTES POR CONDICIONES SENSIBLES A LA ATENCIÓN BÁSICA EN UNA REGIONAL DE SALUD

RESUMEN: Objetivo: analizar los ingresos por condiciones sensibles a la Atención Básica de adolescentes en la segunda regional de salud de Paraná en el periodo de 2010 a 2014. Método: estudio ecológico retrospectivo, que se realizó en el periodo de marzo a junio de 2016, con análisis estadístico descriptivo de datos disponibles en el sistema de informaciones hospitalarias. Resultados: de los 87.321 ingresos de adolescentes de 10 a 19 años, 9.858 (11,29%) ocurrieron por condiciones sensibles a la atención básica. Entre las principales causas, están: infección de los riñones y aparato urinario (23,28%); gastroenteritis infecciosas y complicaciones (18,96%); epilepsias (14,91%); enfermedades asociadas al prenatal y parto (9,79%); y asma (10,51%). Los ingresos en la franja etaria de 15 a 19 años representaron 57,52% con prevalencia para el sexo femenino (66,64%). Conclusión: investigar la determinación de los ingresos y de los procesos que influyen en la atención básica a la salud para adolescentes puede reducir hospitalizaciones evitables y aumentar la calidad de la atención prestada al adolescente.
DESCRIPTORES: Atención básica a la salud; Hospitalización; Salud pública; Salud del adolescente; Enfermería.

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INTRODUCTION

Adolescence, the period of life between 10 and 19 years of age, deserves special attention in debates about its views [1], essentially those that stimulate rights, duties and favor actions, organization of care and public policies aimed at the protection of individuals at this stage of life [2].

Thus, the present study faces the challenge of ensuring the effectiveness of the doctrinal principle of integral care, which is one of the guiding principles of the Unified Health System (SUS), defined as a coordinated and continuous set of preventive and curative, individual and collective actions and services required at all levels of system complexity [3].

Although young people are considered partners in the construction of public policies in the health sector, the current programs have little capacity to propose changes and programmatic activities targeted to adolescents, since these policies are still focused on risks and vulnerabilities [4].

The current fragility of the health care system regarding the delivery of care to adolescents is worrying, due to the no prioritization of the implementation of health policies by the administrations, and it is known that the health care system can be a key element in the network of support to the demands of this group [5-6]. Therefore, there is an evident gap in primary care between the needs reported by these individuals and the implementation of actions that ensure they are perceived as subjects requiring specific care [7].

In primary care we also perceive the absence of the organizational elements that involve health workers in integral care to the adolescents, which makes it difficult to solve the problems [7]. In order to guide public policies and improve the quality of the services delivered, the development of health indicators is essential, as it contributes to the analysis and organization of the healthcare system [8].

Indicators for measuring the effectiveness of primary care called Hospital Admissions due to Primary Care Sensitive Conditions (HPCSC) concern health problems that must be addressed by first-level care actions, and if not adequately treated can progress to hospitalization. Indicators are also tools for the monitoring and assessment of primary health care [9].

In Brazil, after national and international studies, meetings with researchers, managers, experts and public consultation, the Brazilian list of HPCSC was published by the Department of Health Care of the Ministry of Health (SAS/MS), through Ordinance no 221 of April 17, 2008[10]. The referred Ordinance includes 19 diagnostic groups according to the 10th Revision of the International Classification of Diseases (ICD-10) (Chart 1). Disease prevention, early diagnosis, timely treatment of acute pathologies, control and follow-up of chronic pathologies are examples of effective PHC actions that can reduce the number of HPCSC [8,10-11].

Chart 1 – Brazilian List of Primary Care Sensitive Conditions. Brazil, 2008. (continues)

Group	Diagnosis	ICD 10
1	Diseases preventable by immunization and sensitive conditions	A33-A37, A95, B05-B06, B16, B26, G00.0, A17.0, A19, A15-A16, A18, A17.1-A17.9, I00-I02, A51-A53, B50-B54, B77
2	Infectious Gastroenteritis and complications	E86, A00-A09
3	Anemia	D50
4	Nutritional deficiencies	E40-E46, E50-E64
5	Ear, nose, and throat infections	H66, J00- J03, J06, J31
6	Bacterial pneumonias	J13-J14, J15.3-J15.4, J15.8-J15.9, J18.1
7	Asthma	J45-J46
8	Pulmonary diseases	J20, J21, J40-J44, J47
9	Hypertension	I10-I11
10	Angina	I20
11	Heart failure	I50, J81

12	Cerebrovascular diseases	I63-I67, I69, G45-G46
13	Diabetes mellitus	E10-E14
14	Epilepsies	G40-G41
15	Kidney and urinary tract infection	N10-N12, N30, N34, N39.0
16	Infection of skin and subcutaneous tissue	A46, L01-L04, L08
17	Inflammatory Disease in Female Pelvic Organs	N70-N73, N75-N76
18	Gastrointestinal ulcer	K25-K28, K92.0, K92.1, K92.2
19	Diseases related to the prenatal and delivery period	O23, A50, P35.0

Source: Ordinance no. 221, of April 17, 2008[10].

The Brazilian list of HPCSC can be used to compare the performance of different health services, assess the effects of health policies and, as part of the assessment of care resoluteness, the quality of actions and accessibility to primary health care, as well as integrate investigations on inequalities of access between regions, communities and population groups [12].

Therefore, considering the indicator for quality and access of the population to Primary Health Care, and also the importance of ensuring comprehensive and inter-sector care to adolescents, the present study aimed to analyze the HPCSC of adolescents in the 2nd Health Region of the state of Paraná from 2010 to 2014, in order to contribute to the implementation of effective health care to this population group.

METHOD

Retrospective ecological study that combines different databases with a large number of people[13], contributing to the characterization of health in different health regions, allowing to formulate hypotheses to be investigated in future studies [14] The study used secondary data to describe hospitalizations due to Primary Care Sensitive Conditions of adolescents aged 10-19 years, in the 2nd Health Region of Paraná, from 2010 to 2014.

To collect and interpret the data, the study was anchored in the Theory of Praxis Intervention in Collective Health Nursing (TIPESC). The referred theory represents a theoretical and methodological framework in nursing intervention in the community. TIPESC proposes a systematized form of capturing, interpreting and intervening in the health-disease process, through objective reality (OR) in the dimensions that conform it: singular, particular and structural. The contradictions between and within these dimensions are demonstrated. Thus, the purpose here is to understand the processes that determine objective reality (OR), either protective or destructive [15-16]. This study addressed the first two steps of TIPESC, which consist in the knowledge and interpretation of the objective reality of a given phenomenon.

According to the demographic census of 2010, the state of Paraná had 10,444,526 inhabitants, distributed in four macro health regions, 22 health regions and 399 municipalities [17]. The Health Region of this study had a population of 3,223,836 million inhabitants, concentrating, therefore, 30.9% of the population of Paraná [18]. The total number of adolescents aged 10-19 years, 549,136, corresponded to 17% of the total population of the referred Health region.

Data from a Health Region of Paraná recorded in the Hospital Information System of SUS (SIH-SUS), available on the electronic page that compiles the DATASUS - Department of Information Technology of SUS was collected. The SIH-SUS allows the assessment and auditing of public health institutions that provide care under the SUS, and supports the construction of hospital morbidity and mortality profiles with the purpose of assessing the quality of care delivered to the population [19]. The official online tabulation tool of the Ministry of Health (TABWIN/Datasus), version Tabwin 3.2, was used for the selection and decompression of the records selected in the SIH/SUS.

The sensitive conditions were selected from the HPCSC list composed of 19 groups of causes, which includes the categories of the International Classification of Diseases (ICD-10) [10]. All hospitalizations due to Primary Care Sensitive Conditions of adolescents that occurred in municipalities comprised by the selected Health Region the 2010-2014 period were included. There were no exclusion criteria. The information on gender and age collected was subdivided into the age groups 10-14 years and 15-19 years for a better understanding of the adolescents' hospitalizations.

The results were presented through tables and charts, and analysis was made by means of descriptive statistics. Regarding compliance with ethical aspects, there was no need for authorization of the Research Ethics Committee, as it did not involve any type of intervention with human beings and because the information was freely available in the public domain.

RESULTS

From 2010 to 2014, 87,321 hospitalizations, except births, of adolescents aged 10 to 19 years, of whom 9,858 (11.29%) were due to Primary Care Sensitive Conditions (PCSC) were recorded in the 2nd Health Region of Paraná.

Regarding the hospitalizations by PCSC groups, the five main causes were Group 15 (kidney and urinary tract infections) with 2,295 (23,28%) of hospitalizations; Group 2 (Infectious Gastroenteritis and complications) with 1,869 (18.96%); Group 14 (Epilepsies) with 1,470 (14.91%); Group 19 (Diseases related to prenatal and childbirth) with 965 (9.79%); and, Group 7 (Asthma) with 788 (7.99%) hospitalizations due to primary care sensitive conditions (Table 1).

Table 1 – Number and percentage of hospitalizations due to sensitive conditions, according to groups of conditions and gender. Curitiba, PR, Brazil, 2010-2014

Groups of Primary Care Sensitive Causes (PCSC)	Female		Male		Total	
	N	%	N	%	N	%
1. Diseases preventable by immunization and sensitive conditions	50	0.76	33	1	83	0.84
2. Infectious gastroenteritis and complications	1.036	15.77	833	25.56	1869	18.96
3. Anemia	21	0.32	8	0.24	29	0.29
4. Nutritional deficiencies	57	0.87	51	1.56	108	1.09
5. Ear, nose and throat infections	55	0.84	66	2.01	121	1.22
6. Bacterial pneumonias	75	1.14	92	2.80	167	1.69
7. Asthma	411	6.26	377	11.46	788	7.99
8. Pulmonary diseases	121	1.84	113	3.44	234	2.37
9. Hypertension	36	0.55	28	0,85	64	0.65
10. Angina	8	0.12	20	0,61	28	0.28
11. Heart failure	221	3.36	233	7.08	454	4.60
12. Cerebrovascular diseases	36	0.55	59	1.79	95	0.96
13. Diabetes mellitus	298	4.54	245	7.45	543	5.50
14. Epilepsies	756	11.51	714	21.71	1470	14.91
15. Kidney and urinary tract infection	2.111	32.14	184	5.59	2.295	23.28
16. Infection of skin and subcutaneous tissue	132	2.01	186	5.65	318	3.22
17. Inflammatory disease in female pelvic organs	153	2.33	0	0	153	1.55
18. Gastrointestinal ulcer	27	0.41	47	1.43	74	0.75
19. Diseases related to the prenatal and delivery period	965	14.69	0	0	965	9.79
Total PCSC	6569	66,64	3289	33.36	9858	100

Source: Brazil. Ministry of Health. DATASUS. SUS Hospital Information System.

According to Table 1, regarding gender, analysis of HPCSC revealed that the girls were admitted twice as much as the boys, representing 6,569 (66.64%) of the hospitalizations compared to the boys who accounted for 3,289 (33,36 %) of HPCSC.

Analysis of HPCSC regarding age range showed that sensitive conditions had greater impact on adolescents aged 15-19 years, since of a total of 9,858 hospitalizations, 5,671 (57.52%) occurred in this age group, while for adolescents aged 10-14, this percentage was lower, with 4,187 (42.48%) of HPCSC (Table 2).

Table 2 – Number and percentage of hospitalizations due to sensitive conditions, according to groups of conditions and age range. Curitiba, PR, Brazil, 2010-2014

Groups of Primary Care Sensitive Causes (PCSC)	10-14 years		15-19 years		Total	
	N	%	N	%	N	%
1. Diseases preventable by immunization and sensitive conditions	20	0.48	63	1.11	83	0.84
2. Infectious gastroenteritis and complications	1.126	26.90	743	13.10	1869	18.96
3. Anemia	9	0.21	20	0.35	29	0.29
4. Nutritional deficiencies	65	1.55	43	0.76	108	1.09
5. Ear, nose and throat infections	68	1.62	53	0.93	121	1.22
6. Bacterial pneumonias	72	1.72	95	1.67	167	1.69
7. Asthma	557	13.30	231	4.07	788	7.99
8. Pulmonary diseases	112	2.67	122	2.15	234	2.37
9. Hypertension	39	0.93	25	0.44	64	0.65
10. Angina	0	0	28	0.49	28	0.28
11. Heart failure	269	6.42	185	3.26	454	4.60
12. Cerebrovascular diseases	20	0.48	75	1.32	95	0.96
13. Diabetes mellitus	307	7.33	236	4.16	543	5.50
14. Epilepsies	933	22.28	537	9.47	1470	14.91
15 Kidney and urinary tract infection	351	8.38	1.944	34.28	2295	23.28
16. Infection of skin and subcutaneous tissue	158	3.77	160	2.82	318	3.22
17. Inflammatory disease in female pelvic organs	17	0.41	136	2.40	153	1.55
18. Gastrointestinal ulcer	17	0.41	57	1	74	0.75
19. Diseases related to the prenatal and delivery period	47	1.12	913	16.10	965	9.79
Total PCSC	4187	57.52	5671	42.48	9858	100

Source: Brazil. Ministry of Health. DATASUS. SUS Hospital Information System

According to data shown in Table 2, comparison between the five predominant HPCSC groups in each subgroup of adolescents showed a significant similarity between the causes, and the groups Infectious Gastroenteritis and complications, Epilepsy, kidney and urinary tract infection and Diabetes Mellitus occurred in both subgroups of age groups.

DISCUSSION

In the 2nd Health Region of Paraná, an analysis of HPCSC in adolescents over a 5-year period found that the five most frequent diagnoses of HPCSC in the setting and population of this study is consistent with the findings of other studies conducted in Brazil with similar age groups and temporal cut-offs [20-21].

Given that the population sickening process is determined by the way individuals are inserted in production and, consequently, in a society that is structured, in social reproduction, by social classes [13, 22], the groups of HPCSC in this Health Region revealed, in addition to the differences in cultural, economic and political production in which adolescents are inserted, that the diseases that affected the adolescents varied depending on gender and age group.

These differences demonstrate that, in addition to the biological characteristics of these individuals, factors such as schooling, work, family income, economic development of the region, that is, the economic and social conditions in which they live should be considered in the implementation of care to adolescents, either in health promotion or in disease prevention.

The present study identified, thus, the fragility of healthcare sector actions targeted to adolescents, as they attribute to friends, family and school the responsibility to provide guidance to these individuals, and do not mention the responsibility of the health service in promoting the dissemination of health information[23]. This study allowed to conclude that research on hospitalizations of adolescents for primary care sensitive conditions will lead to critical thinking about the adoption of actions at the primary health care level aimed to avoid such hospitalizations.

Analysis of HPCSC in adolescents by gender showed a higher frequency of hospitalizations in girls, which corroborates the results of other studies [24-26]. It is believed that gender should be considered in the elaboration of health policies and actions for adolescents as a possibility to recognize and to face the inequalities in the established gender relations in the society, that end up determining the health/illness process of youngsters[27]. This recommendation has been adopted by epidemiological in-depth studies on this issue, given the complexity of gender differences in the incidence of diseases [16].

Thus, reflecting on the results of this study, our concern goes beyond the anatomical differences between males and females, because these adolescents should be guided on their hygiene care in order to experience their sexuality and, consequently, be capable to live their lives as adults without recurrent hospitalizations for a predictable cause and with the possibility of early treatment. However, these individuals must be able to recognize and understand their bodies' characteristics and functions in order to adopt preventive care and seek professional help to deal with their health needs.

As for the age group of the adolescents, it was found that HPCSC were more frequent in the population aged 15-19 years old. In this regard, the actions of primary care professionals responsible for the assistance to this population segment deserve special attention. Health education, among other actions aimed at health promotion, coordinated with other sectors in the country, should attempt to understand the adolescents according to an integral approach and encourage them to take the necessary actions to promote their health.

The specificities of adolescents in the organization of health services and in the operationalization of multi-sector public policies should be considered, due to the different behaviors regarding psychosocial, sexual and reproductive aspects. It is essential to expand their accessibility to preventive actions and to enable their participation in health institutions, as well as to guarantee high quality care in the dimensions advocated by the SUS [28].

Regarding age group, there is a large percentage of adolescents hospitalized for Epilepsy, Asthma and Diabetes Mellitus. These conditions accounted for 42.91% of the percentage of hospitalizations due to primary care sensitive conditions in the age range of 10-14 years. Some aspects are essential in the challenge of implementing actions targeted to adolescents, such as stimulating the effective participation of these individuals in their health needs. Also, a network organization should be available through inter-sector strategies and permanent education to improve the performance of health professionals, in order to ensure a coordinated work process and interdisciplinary team work[29].

In view of the aforementioned, it can be seen that HPCSC are an important indicator not only for the assessment of primary care, but also to reflect on the entire health system, since it contributes to the discussion of the implementation of SUS guidelines and principles, based on integral care, accessibility, universality, as well as inter-sector strategies [30].

As for the limitations of this study, it should be mentioned that the use of the Brazilian HPCSC list, which is based on the International Classification of Diseases (ICD-10) and is restricted to medical

professionals, restrains the practice of care and investigation, according to the specificities of the health and disease process of adolescents.

CONCLUSION

The present study summarized the scenario of hospitalizations of adolescents for primary care sensitive conditions in a Health Region of Paraná, from 2010 to 2014, emphasizing the relationships by age group, gender and groups of more frequent causes.

It should be mentioned that although adolescents are being hospitalized due to PCSC, this number of such hospitalizations is small compared to the other age groups admitted for PCSC. However, these hospitalizations deserve further investigation, given the difficulty of implementing health promotion and disease prevention actions, which should be anchored in the principles of integrality and resoluteness of care for adolescents living in the areas covered by local health services.

Therefore, in order to standardize records of diagnoses and interventions, it is suggested that the actions of nurses in Primary Health Care (PHC) are recorded based on the International Classification of Nursing Practices in Collective Health (CIPESC®), as this classification provides the health services with the tools necessary for professional practice, based on records that identify the health-disease process through the nursing diagnoses of adolescents who use these local health services, as well as through the interventions with these individuals.

A database on nurses' care to adolescents in PHC would contribute to the development of studies aimed to assess such information and demonstrate the access of the referred population to the actions provided by health services. It would also allow reflecting on the resoluteness of the actions of a multidisciplinary team.

Subsequently, HPCSC of adolescents could be discussed in greater depth. Moreover, in the processes of territorialization of local health services, aspects related to the living conditions of the adolescents should be included in the description of this population group to ensure inter-sector interventions that promote more effective actions targeted to the specific needs of the adolescents.

The HPCSC can provide knowledge about the health status of adolescents in PHC, as previously demonstrated. However, the processes that determine that individuals seek health services are related to social, economic and cultural processes. Therefore, gaining insight on the determination of the health-disease process of adolescents in the private and structural dimensions, which conform the reality observed - singular dimension -, may be the basis for the elaboration of interventions aimed to modify the health conditions of this population, and thus, would allow reflecting on inter-sector interventions that meet the needs of adolescents.

It is concluded that the importance of planning individual and collective primary care actions for adolescents according to their specificities, in order to promote the health of these individuals and prevent the diseases that led to the hospitalizations identified in this study was emphasized here. We intend to initiate discussions aimed to reduce the rates of HPCSC and improve the quality of the health care delivered to adolescents.

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