



ISSN: 2230-9926

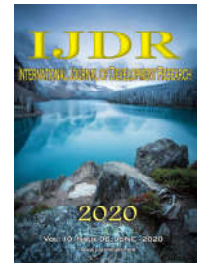
Available online at <http://www.journalijdr.com>

IJDR

International Journal of Development Research

Vol. 10, Issue, 06, pp. 36791-36795, June, 2020

<https://doi.org/10.37118/ijdr.19044.06.2020>



RESEARCH ARTICLE

OPEN ACCESS

EPIDEMIOLOGICAL PROFILE OF PEOPLE WITH MENTAL DISORDERS IN THE HEALTH CARE NETWORK

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ARTICLE INFO

Article History:

Received 14th March, 2020

Received in revised form

26th April, 2020

Accepted 09th May, 2020

Published online 29th June, 2020

Key Words:

Health profile; Mental health; Primary Health Care.

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ABSTRACT

Objective: to determine the epidemiological profile of the population with mental disorder treated at the Health Care Network in Ponta Grossa city, Paraná. **Method:** an epidemiological study, of ecological type, about the care provided by Primary Care professionals registered in the e-SUS AB system, from January to August 2018. **Results:** The results show that the average number of visits to the basic units was 5.577 people, with 3.869 being female, 2.802 adults, and 1.463 elderly people. Specifically in relation to mental health, the most frequent ICDs were F30-F39 with a mean of 56.27 and F40-F48 with 121.08 corresponding to mood disorders and neurotic disorders. **Conclusion:** Primary Care as the main gateway for welcoming people in psychological distress, is a mechanism capable of welcoming, diagnosing, caring for and referring these patients when necessary.

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Citation: Lara Simone Messias Floriano, Suellen Vienscoski Skupien, Pollyana Kassia de Oliveira Borges, Hevelyn Mayara Traleski Martins, Kamila Giulina Bail and Lídia Dalgallo. "Epidemiological profile of people with mental disorders in the health care network", *International Journal of Development Research*, 10, (06), 36791-36795.

INTRODUCTION

Primary Health Care (PHC) has been an international guideline to ensure care for individuals in relation to the most frequent health conditions, considering social and health determinants. It is an approach based on disease prevention, health promotion and rehabilitation, which acts as a gateway and supports the activities carried out at all other levels of health care, in order to organize the use of basic and specialized resources (STARFIELD, 2002). Brazil has a long history with the process of inserting primary health care, which began in the middle of the twentieth century, however it was only effected with the construction of the Unified Health System (SUS), and the subsequent creation of the Family Health Program (PSF) in March 1994, currently called the Family Health Strategy (ESF) (ARANTES; SHIMIZU; MERCHÁN-HAMANN, 2016). With the expansion of the ESF and the elaboration of the National Primary Care Policy (PNAB), there was a strengthening of Primary Care, a movement that took place in all territorial extension, including the southern region

and the state of Paraná. This phenomenon corroborated the increase in investments in this level of health care and advances, especially with regard to maternal and child health and care for chronic conditions such as hypertension and diabetes (MENDONÇA *et al.*, 2018). However, there are some challenges, and in this challenging context the individual's psychosocial attention and mental health stands out. Historically, mental health was delegated to the care of specialists, however, with the psychiatric reform, the process of deinstitutionalization and reorganization of the Psychosocial Care Network took place, establishing Primary Care as the main gateway for welcoming people in psychological distress, being a mechanism capable of welcoming, diagnosing, caring for and referring these patients when necessary (GRYSCHKE; PINTO, 2015). However, it is possible to perceive the difficulty on the part of Primary Care in mental health care, evidenced by the lack of preparation of the team in dealing with situations inherent to mental health and the difficulty of establishing co-responsibility between family and team (SILVA *et al.*, 2016). In this perspective, it is necessary to

investigate how the Primary Care teams work with the issue of mental health in their units, identifying the mental health conditions that have emerged in PHC and in order to verify the potential and weaknesses of care for this segment. Therefore, the objective of this research was to determine the epidemiological profile of the population with mental disorders attended at the Health Care Network (RAS) in Ponta Grossa city, Paraná.

MATERIALS AND METHOD

This is an epidemiological study, of ecological type, about the care provided by Primary Care professionals registered in the e-SUS AB system, according to gender, life cycle, number of referrals to Secondary Health Care, number of care according to ICDs most frequent in Basic Health Units in Ponta Grossa city, from January to August 2018. According to the estimates of the Brazilian Institute of Geography and Statistics (IBGE) predicted and released in 2018, the population of Ponta Grossa, this year, was 348,043 inhabitants. Because it is located in the central region of Campos Gerais and 117.7 km away from the state capital, the flow of people and consumer goods is intense in this region, thus emerging the need to develop health care services that address the demands of the population. Regarding to Mental Health, the Psychosocial Care Network (RAPS) in Ponta Grossa city, comprises Health Units with the ESF as the preferred entry points for the reception and monitoring of people in psychological distress, with the level of care responsible for assessing the need for referral to specialized sectors of the network, such as: CAPS ad, CAPS II, CAPSij, Mental Health Clinic. In an urgent and emergency nature, the city also has the Emergency Care Unit (UPA), Municipal Hospital and São Camilo Hospital (FUNDAÇÃO MUNICIPAL DE SAÚDE, 2019). Still referring to Ponta Grossa city, it has 44 Basic Health Units, however to facilitate the presentation and analysis, the data were organized in district regions, being: Workshops, Uvaranas I, Uvaranas II, Santa Paula, Esplanada, Nova Russia. The data were obtained by searching the public software, e-SUS, used in all Basic Health Units in the city. This strategy was conceived by the Ministry of Health as an integrated system for registering users' health information carried out by professionals who are part of Primary Care at the national level, with the aim of computerizing the units, integrating information from different sectors, in addition to avoiding duplicate information and possible rework in data collection (BRASIL, 2018). The collected data were transcribed and analyzed in absolute frequency and measures of central tendency, using the statistical software Statistical Package for the Social Sciences 20 (SPSS®). The attendance averages in the districts refer to the average attendance in all Basic Health Units from the territory. This study was approved by the Research Ethics Committee of the State University of Ponta Grossa, under Opinion No. 2,745,302.

RESULTS

The results show that the average number of visits to the basic units was 5.577 people, 3.869 of whom were female, 2.802 adults and 1.463 elderly people referred by the CAPS. The average monthly attendance in the period corresponded to 11% of the population of Ponta Grossa, with the months of April and May standing out for both sexes with 38% of attendances. A distribuição média dos atendimentos foi diferente entre os

distritos do município de Ponta Grossa, sendo mais frequente nos distritos de Uvaranas II com média de 1,447 atendimentos e Uvaranas I com média de 1,036. The average distribution of visits was different between the districts of Ponta Grossa city, being more frequent in the districts of Uvaranas II with an average of 1,447 visits and Uvaranas I with an average of 1,036. Regarding to the problems and conditions assessed in people, there is mental health with an average of 85.13 visits, smoking with an average of 3.34 visits, users of alcohol and other drugs with an average of 1.97 visits, in the period mentioned. Specifically in relation to mental health, the most frequent ICDs were F30-F39 with an average of 56.27 and F40-F48 with 121.08 corresponding to mood disorders and neurotic disorders.

DISCUSSION

The profile of patients seen at health units at Ponta Grossa city in the context of mental health is close to the profile described in other national studies regarding to the variables gender, life cycle and prevalent ICDs. Starting with the variable life cycle, studies corroborate the predominance of care provided to adults diagnosed with mental disorders. In the study proposed by Cruz *et al.* (2016) the predominant age group was 30 to 39 years old, representing 36.6% of the sample. Similar to this, a study conducted by Antoniassi Junior *et al.* (2019) showed that the most attended age group was 20 to 39 years (34.4%) and finally, among the patients seen in the study carried by Barbosa *et al.* (2020) the predominant age group was 40 to 49 years (37.8%). Different factors can be associated to the prevalent profile of the adult population regarding to mental health care. Worldwide, about 30% of adults have diagnostic criteria for some mental disorder (STEEL *et al.*, 2014). The age group is an important indicator for the appearance of mental disorders, and the average age for the appearance of disorders related to substance abuse, for example, is 24 years old and mood disorders around 36 years old (VIANA; ANDRADE, 2012). Schizophrenia, in turn, is marked by the abrupt onset of symptoms, usually around the second decade in men, and shortly afterwards, around 25 years in women (GIRALDI; CAMPOLIM, 2014). Escaping this logic, other possible causes for the involvement of disorders in adults are socioeconomic factors, which include unemployment, low education and marital status, as well as social factors involving housing conditions, precarious access to consumer goods, presence informal work and work routine (SANTOS; SIQUEIRA, 2010).

A recent study showed a relationship between the most precarious socioeconomic level throughout the subject's life, especially adult life, with the emergence of mental disorders (QUADROS *et al.*, 2016). In addition, experiencing bereavement or some underlying disease, such as neoplasms, or having an endocrine disorder, can be determining factors for the emergence of mood disorders such as depression in adults (GUIMARÃES *et al.* 2019). In the elderly, on the other hand, the appearance of mental disorders and attendance to mental health are less frequent when compared to adults. Cruz *et al.* (2016) showed that 20.9% of the patients seen were aged over 50 years. When over 60, this percentage drops to 14% in the study by Dorneles *et al.* (2017) and 8.5% in the study by Peixoto *et al.* (2017). Among the main mental disorders that affect the elderly are depression (HISSAMURA *et al.*, 2017; POSSATO *et al.*, 2015), anxiety (POSSATO *et al.*, 2015) and dementia (SANTOS; BESSA; XAVIER, 2020). However,

some of these disorders are underreported, since aging itself and situations experienced, including losses that the elderly have already suffered and living conditions in general can mask the diagnosis of these diseases (POSSATO *et al.*, 2015). Among the possible causes for depression and anxiety in the elderly are dependence to perform basic activities, given that this dependence generates discomfort in the individual, causing fear, tension and emotional instability (POSSATO *et al.*, 2015). In relation to dementia, factors such as age over 80 years, arterial hypertension and vitamin D deficiency were factors that were related to the prevalence of dementia in the elderly studied (SANTOS; BESSA; XAVIER, 2020). As for the gender variable, recent studies have shown a prevalence of mental disorders in women (HIANY *et al.*, 2018; ORELLANA *et al.*, 2020), consequently the attendances related to mental health performed in primary care show a predominance of females, corresponding to 60.3% of visits in the study by Antoniassi Junior *et al.* (2019). In a complementary way, the attendance at the CAPS also reflects the prevalence in the attendance to the female sex (CRUZ *et al.*, 2016; PEIXOTO *et al.* 2017; PINHEIRO; SEHNEM; ROSA, 2017; FRANSKOVIAK *et al.*, 2018; BARBOSA *et al.*, 2020). On the other hand, it is known that the prevalence of mental disorders in women is not a transversal condition to all disorders, considering that in situations of psychotic disorders and by alcohol and other drugs there may be a preponderance of males in these groups, while women follow dominating the group of mood disorders, such as anxiety and depression (MILIAUSKAS *et al.*, 2019). The causes associated to the greater number of mental disorders in women have multiple social, cultural and biological factors. Santos and Monteiro (2018) relate one of the causes to the suffering of violence on the part of the partner, be it physical, psychological and/or sexual, being linked to their intensity and frequency. The association made by the authors identified the presence of violence preceding the onset of mental disorders such as mood disorders, especially anxiety-depressed mood. In addition, living conditions and gender inequities are decisive in the appearance of mental disorders. Examples of this are the social roles played by women during adulthood of care related to family and home, which are no longer performed with the departure of children from home and limitations of aging. The absence of other life goals besides playing the role of caregiver for the family and the home can potentiate the appearance of disorders (MEDEIROS, 2019). Recent studies have also evaluated the hormonal issues involved in the onset of mental disorders more prevalent in women, especially mood disorders. The authors emphasize theories of the influence of female hormones on this issue. Although still incipient, studies on the theme aim to break new ground based on biological factors for understanding these mental disorders in the future (MA *et al.*, 2018; RUBINOW; SCHIMIDT, 2019).

Regarding to diagnoses, the main ones highlighted in this study were those between F30 and F39, which refer to affective mood disorders, related to depressive episodes, maniacs, bipolar disorders and their other derivations, which can be classified as mild, moderate or severe, with or without psychotic symptoms (DORNELES *et al.*, 2017). Next, the disorders presented between F40 and F48 stand out, characterized by neurotic disorders, related to "stress" and somatoform disorders. In the national literature, the presence of these disorders as more prevalent was found in the study by Oliveira, Baldaçara and Maia (2015) as the main diagnoses of mental disorders that caused the removal of public servants in

the Tocantins state, in which the diagnoses between F40 – F48 were found in 45.5% of the sample, followed by F30 – F39, which represented 36.9% of the reasons for absence. In two other studies, disorders between F30 – F39 and F40 – F48 were also among the main diagnoses (DORNELES *et al.*, 2017; CRUZ *et al.*, 2016). On the other hand, when considering the associated gender and ICD variables, given the prevalence of men diagnosed with mental disorders, the most frequent diagnoses are among the ICDs F20 - F29, which deal with schizophrenia, schizotypic and delusional disorders (CRUZ *et al.*, 2016; BARBOSA *et al.*, 2020). While in the group of women, the most frequent ones are related to mood disorders, neurotic disorders related to stress and somatoforms (BARBOSA *et al.*, 2020). As for the variable of distribution of cases in Ponta Grossa city, it is noticed that certain locations have a higher value of cases attended related to mental disorders. One of the causes for this factor may be related to different socioeconomic factors between neighborhoods, influencing the uneven distribution of services (SANTOS; SIQUEIRA, 2010). Therefore, in places where the population is in the most vulnerable situation, there may be a higher prevalence of care related to mental health. The causes of mental health care highlighted the need for mental disorder, followed by smoking and lastly alcohol and other drugs. Likewise, in the study by Antoniassi Junior *et al.* (2019), there was a prevalence of care related to mental disorders, however, alcohol and other drugs exceeded care related to tobacco (ANTONIASSI JUNIOR *et al.*, 2019). The national literature differs in terms of the prevalence of alcohol usage and other drugs and tobacco in patients seeking care related to mental health, however, in the vast majority of cases, patients use associated substances (GOVONI *et al.*, 2017; SILVA *et al.*, 2017). A study estimated that 68% of users seen at CAPS AD use more than one substance, with alcohol associated to other drugs in approximately 77% of cases and tobacco in 43.3% (GOVONI *et al.*, 2017). Mental disorders, in turn, have an intimate relationship with the use of licit and illicit substances, as they can both potentiate the appearance of disorders and their related comorbidities, as well as being the refuge for patients who have certain pathologies (ROCHA *et al.*, 2015). In specific cases such as schizophrenia, the association of drugs worsens the mental state, also influencing the treatment of the disease and the individual's behavioral factors (ALMEIDA, 2019). Considering this relationship, the situation reported by the Ministry of Health in a study carried out in Brazil on the use of substances by the population becomes alarming. The report states that more than half of the Brazilian population between 12 and 65 years old has already consumed alcoholic beverages in their lifetime, while 30.1% have consumed within 30 days. Therefore, alcohol is the most consumed drug by Brazilians. On the other hand, tobacco consumption has shown a reduction, although the numbers are still alarming and disregard the use of electronic cigarettes and hookahs, which has grown in the country (BASTOS *et al.*, 2017).

Conclusion

With the implantation of the Unified Health System concurrently with the Psychiatric Reform, several changes occurred, mainly in the mental health care model. It should be noted that Primary Care is the main gateway for welcoming people in psychological distress, being a mechanism capable of welcoming, diagnosing, caring for and referring these patients when necessary. It is observed that the best strategy to

be able to provide quality care to people with mental disorders is to invest in the qualification of professionals through education and permanent training in this area.

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