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FACTORS CAUSING THE HIGH DEMAND OF LEPROSY PATIENTS IN A REFERENCE CENTRE IN NORTHEAST BRAZIL

The persistent leprosy's endemic stimulates a continuous demand to the reference centers in Brazil. To identify the factors that influence the patients' concentration with leprosy in a center of reference in the Brazilian northeast, four studies took place (quantitative and qualitative) in João Pessoa, the capital of the State of Paraíba.

The quantitative part consisted of: 1) application of a structured questionnaire and collection of in the medical records and patient's information of National Disease Surveillance Data System (SINAN) with leprosy assisted in the Compound Hospitalar Clementino Fraga (CHCF) - state reference; 2) self-applied questionnaires to the professionals of the Primary Health Care of João Pessoa. The qualitative part of the project consisted of: 1) self-applied questionnaires to the professionals of CHCF; 2) half-open interviews to the municipal and state managers of health. The collection of data occurred between September and December of 2005.

Two hundred and ninety and six patients were interviewed. Of these, 80 (27,0%) they were new cases of leprosy. At the moment of the diagnosis, 86% arrived to the service for referring and 10% for spontaneous demand. The most frequent reasons than made they to look for the Center of Reference were the fact of being a specialized hospital for service in leprosy (92%) and the referring from the last doctor which assisted them (82%); 10% of the patients mentioned that they wouldn't like other people find out about they had leprosy.

In those patient ones, 809 daily services were analyzed in CHCF with a total of 1161 consultations. The great majority (94,8%) of the cares that they were not new cases returned to CHCF to schedule for the professionals of the service. On the other hand, almost the half (46,3%) of the new cases it was

referred from the professionals of the Primary Health Care of João Pessoa. Two hundred and thirty and four questionnaires of professionals of the Primary Health Care were analyzed (67% returned). Of those, 70% affirmed to have done at least one training in the Actions of Control of Leprosy, being the benefits just observed in the suspicion of new cases and in the orientation to the communicants. Only 57,1 % of the professionals they felt capable to carry diagnosis and 33,8% felt safe to treat a patient with leprosy. A third of the professionals considered the Tertiary Health Care were responsible for the patients' leprosy diagnosis and treatment and 80% referred their patient with leprosy suspicion for confirmation diagnosis and treatment for the reference, even in the absence of complications. According to the professionals, only 33% of the units of Primary Health Care have blister of PQT/OMS.

Eight professionals of CHCF answered to the self-applied questionnaire and they judged higher the leprosy patients' demand to the Center of Reference. Regarding factors of the Primary Health Care that could be influencing in this demand, they identified: none resolution; the qualified and committed professionals' lack; the absence of medicines, of exams and of multiprofessional team. They also referred the good structure of CHCF, the specialists' presence, the patients' trust in the service and the quality of the care offered in CHCF as factors related to the patients' concentration.

The three managers interviewees were the two secretary-associates (state and municipal) and the state coordinator of the Program of the Actions of Control of Leprosy. They associated the patients' concentration in CHCF to the fact of being the reference in leprosy and, for that, the patients arrive spontaneously or for referring; for being considered a good service and having a qualified multiprofessional team; besides the absence

of the professionals' ability of the Primary Health Care to assist patient with leprosy. We concluded that the patients' concentration with leprosy in CHCF is caused by a high demand of patients with leprosy without bigger complications and that they could be assisted in the Primary Health Care. That demand has different

causes, as the patients' best trust in the specialized hospital and in the professionals of the Tertiary Health Care, the high rate of referring for other professionals and low rate of counter-reference of the patients from Center of Reference to the Primary Health Care.

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