Characterization of Polyclinic Psychiatry Patients in the Municipality of Gurupi-TO

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Authors' contributions

"This work was carried out in collaboration among all authors. Author TSR designed the study, date collect and wrote of the manuscript. Authors RCM, WDM and BGC date collect managed the analyses of the study and reviewed the manuscript. Authors LT and EFM, reviewed and suggested revisions to the study design, performed statistical analysis and revisions on the all manuscript. All authors read and approved the final manuscript.

Article Information

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ABSTRACT

Introduction: Mental disorders are changes in psychological, mental or cognitive functioning, in which there is impairment, or suffering that impairs life habits, family, social interaction, among others.
Objective: To trace the epidemiological profile of psychiatry patients of Gurupi polyclinic -TO.
Materials and Methods: Descriptive cross-sectional study with a quantitative approach, performed from the analysis of 104 medical records of patients in the psychiatric specialty attended at Gurupi-TO polyclinic. Data were collected on gender, age, the city of origin, the profession, marital status and medical diagnosis. The data were analyzed from descriptive statistics, in absolute and relative values.
Results: It was observed that people aged 6 to 84 years were observed, most of them female (63.5%). In addition, it is noticed that polyclinic users are mostly single (70%), residents of Gurupi city (84%). Regarding the profession, a high percentage of medical records do not contain these responses (58%), of the others are mostly from home (15%). The most prevalent disorders are bipolar affective disorder (34.2%) and depression (27.9%).

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Conclusion: It is possible to realize that psychiatric disorders are predominantly affecting female patients, aged between 30 and 49 years, single, as a profession of "home", with fixed residence in the city of Gurupi and diagnosed predominantly with mental pathologies related to bipolar affective disorder and depression.

1. INTRODUCTION

Mental disorders are changes in psychological, intellectual or cognitive functioning, in which there is a compromise or suffering, impairing life habits, family and social life [1]. According to the World Health Organization [1], four of the top ten causes of disability worldwide are due to mental disorders and 25% of the population is affected by one of these disorders at some stage of life. In Brazil, 5.8% of the population suffers from some type of mental illness, already in the state of Tocantins, it is verified that approximately 60,000 people have one of these diseases [2].

In Gurupi, the sites that offer care to the population that seeks treatment for mental illness and abuse of chemicals by the Unified Health System (SUS) are the Psychosocial Care Center (CAPS) I, caps alcohol and drugs (CAPS-AD) III, the Hospital Gurupi Regional, and the Polyclinic. These locations receive patients referred to the Basic Health Units of the neighborhoods where they live. Psychiatric care at polyclinic occurs only twice a week by a single doctor, and more severe cases are referred directly to the hospital or one of the CAPS.

Due to the number of people suffering from mental disorders worldwide, it is important to motivate epidemiological studies, in a perspective to assist with palpable subsidies in the field of mental health, in addition, to open the eyes of others professionals by interest in the production of information that may characterize the population being served [3-9].

In this conception, some studies can be achieved from the research of the epidemiological partner profile of psychiatric patients, however, that present some changes. In this perspective, Martins et al. [10], observed that the sick patients seen in the CAPs, present a range of ages between 49 and 79 years and 62% (n = 124), female gender, of which 61% (n = 122) have children and the most cited schooling was elementary school incomplete (59%) (n = 118). The family income presented was a minimum wage 66% (n=132), followed by social benefit 72% (n = 144) and the most cited religion was catholic with 66.5% (n = 133). Among the CAPPS II regulars, 45% (N = 90) were diagnosed with schizophrenia (F-20).

The investigation of Padilha et al. [11], presented the mean age of those evaluated in 37 years, most women (53.7%), lived with their parents (41.3%) and with depressive symptoms (28.1%). The survey by Freitas et al. [12], presented patients with a mean age of 43 years, 52% male, 16% retired, with 2% declared themselves without religion and with predominant diagnosis in schizophrenia.

Based on the arguments above, it is important to highlight that research that aims to investigate the characteristics of people assisted by the public health service, especially in the northern Brazilian region and in the municipality of Gurupi. Thus, the present study aimed to identify the epidemiological profile of patients with psychiatry specialty of Gurupi-TO polyclinic, with the possibility of contributing to the sociodemographic and clinical characterization of the user population of this service, as well as for a possible process of improving the development of public mental health policy in the municipality and in the southern region of the state of Tocantins.

2. MATERIALS AND METHODS

Descriptive, cross-sectional and quantitatively approached, conducted from the analysis of 104 medical records of patients registered in the psychiatric specialty of Gurupi-TO polyclinic. Access to these documents occurred in the physical file according to date of birth (month and year). The variables addressed were: gender, age, city of origin, profession, marital status and medical diagnosis. In the medical records with more than one diagnostic hypothesis, the main and secondary hypothesis was computed.

Gurupi is the third-largest in the State of Tocantins - Brazil, located in the estimated population in 2017 of 85,523 inhabitants [13]. The municipal Human Development Index is

0.759 and the city is 223 km from the capital Palmas. It is located in the Health Region of Bananal Island, composed of 18 municipalities, with an estimated population of 131,576 [13].

The data obtained were tabulated in an Excel® 2013 spreadsheet, are presented in medium and standard deviation, in addition to absolute and frequency values. The project was approved by the Research Ethics Committee of the UnirG University Center, under CAAE number 66977517.0.0000.5518, respecting the ethical precepts of Resolution No. 466/2012 of the National Health Council (CNS).

3. RESULTS AND DISCUSSION

After analysis of the medical records, 38 men and 66 women (Table 1) were observed, who varied the age between 6 and 84 years, with a mean= 37.3±17.8. For women, age was between 10 and 79 years (mean= 40.3±16.5) and for men between 6 and 84 years (mean - 32.1±18.8).

Most psychiatric users of polyclinic are single (67.3%, n=70), most of them female (n=40). The predominant city was Gurupi (82.7%, n=86), and this is a reference for the other neighboring municipalities. The profession did not consist of 55.8% (n=58) volunteers, however for the most prevalent female gender was "from home" (22.7%, n=15), followed by student (6%, n=4) and for males, the predominant profession was student (13.1%, n=5) and mason (5.2%, n=2). The degree of instruction was not included in the medical records.

Table 2 brings absolute frequencies and percentages related to diseases that affect polyclinic users. Considering the diagnoses found in the medical records evaluated, the total number was 111, since some medical records had more than one disorder listed, it was found that bipolar affective disorder (n=38) and depression (n =31) were more in both sexes.

The present study was the first study conducted in Gurupi, which sought to identify the profile of patients with mental disorders who are treated in the outpatient system of the Polyclinic, which is the only place offered by the SUS of the southern region of the state, at that time the data was being collected.

The findings of the study show that the age group (30 to 59 years) has been most affected by mental disorders (58.9%), when separated by sex, women (72.5%) have suffered more than men (60.3%), however, children and adolescents, males (34.1%) have presented values more than double in relation to females (12.1%). This situation demonstrates a fragility for the region's economy because in other studies it was possible to observe that this age group is termed economically active [14,15]. It can be considered that the wealth of a people is also in the work capacity of these people, who are currently in a condition, momentary or not, unproductive. Therefore, it is important to follow up by professionals who work in the care of this patient to contribute to the maintenance and/insertion of this patient in the labor market, as well as for the personal and professional development of these people [16].

Regarding marital status, 67.3% of users reported that they are single. When analyzed separately by sex, these values are even higher, 78.9% of men versus 60.6% of women. Peixoto et al. [16], suggests that such a condition may be a consequence of the mental health status of individuals, who end up being together with parents to receive the necessary care.

Gurupi health units receive patients from neighboring municipalities for care in various specialties. Regarding the care collected in this study, in the area of psychiatry, it was possible to observe that 80.8% of the subjects attended by the Polyclinic are Gurupi, this is justified because it is the municipality with the largest number of inhabitants in the southern region of the State of Tocantins. However, the 15.6% came mainly from the surrounding cities, because in the period of collection of information from this research, the Gurupi Polyclinic, was being the only site of the Bananal Island Region, composed of 18 municipalities, to have a psychiatrist doctor outpatient by the SUS. Prevention and treatment are of paramount importance, mainly due to public spending associated with disease aid, In 2011 mental disorders, already occupied the third leading cause of sickness aid concessions for work disability [17].

The professions identified among the study participants, 55.8% did not respond, this situation can also be perceived in other studies, 74.7% [14] and 59.8% [18]. If this information were recorded, it could analyze any relationship with patients' type of profession. However, 44.2% reported having a job, among which only 1.9% is retired, thus reinforcing that 42.3% of these patients are in the labor market, which should be with compromised productivity.

Table 1. Sociodemographic data of psychiatric patients treated at Gurupi-TO polyclinic

Data	General		Men		Women	
	N(104)	%	N (38)	%	N (66)	%
Sex	**104**	**100**	**38**	**36,5**	**66**	**63,5**
Age						
0-10 Years	5	4,8	5	13,1	-	-
10-19 Years	16	15,3	8	21,0	8	12,1
20-29 Years	11	10,5	2	5,2	9	13,6
30-39 Years	23	22,1	8	21,0	15	22,7
40-49 Years	20	19,2	7	18,4	13	19,6
50-59 Years	17	16,3	6	15,7	11	16,6
60 years above	12	11,5	2	5,2	10	15,1
Civil Status						
Single	70	67,3	30	78,9	40	60,6
Married	26	25,0	7	18,4	19	28,8
Stable union	3	2,9	1	2,6	2	3,0
Divorced	3	2,9	-	-	3	4,5
Widower	2	1,9	-	-	2	3,0
City of origin						
Alvorada - TO	2	1,9	-	-	2	3,0
Brasília - DF	1	0,9	-	-	1	1,5
Cariri do Tocantins – TO	1	0,9	-	-	1	1,5
Crixás do Tocantins – TO	1	0,9	-	-	1	1,5
Figueirópolis – TO	1	0,9	-	-	1	1,5
Gurupi – TO	84	80,8	35	92,1	49	74,2
Lagoa da confusão – TO	1	0,9	-	-	1	1,5
Palmas – TO	1	0,9	-	-	1	1,5
Palmeirópolis – TO	2	1,9	1	2,6	1	1,5
Paranã – TO	1	0,9	-	-	1	1,5
Peixe – TO	1	0,9	-	-	1	1,5
São Paulo – SP	2	1,9	-	-	2	3,0
São Salvador do Tocantins – TO	2	1,9	1	2,6	1	1,5
Sucupira – TO	1	0,9	-	-	1	1,5
Talismã – TO	3	2,9	1	2,6	2	3,0
Profession						
Retired	2	1,9	1	2,6	1	1,5
Concrete structure shipowner	1	1,9	1	2,6	-	-
Autonomous	1	1,0	-	-	1	1,5
General service assistant	1	1,0	-	-	1	1,5
Administrative assistant	1	1,9	1	2,6	-	-
Trader	1	1,0	-	-	1	1,5
Seamstress	1	1,0	-	-	1	1,5
From home	15	14,4	-	-	15	22,7
Domestic	1	1,0	-	-	1	1,5
Student	9	8,7	5	13,1	4	6,0
Waiter	1	1,0	-	-	1	1,5
Commercial Manager	1	1,0	1	2,6	-	-
Farmer	4	3,8	1	2,6	3	4,5
Microentrepreneur	1	1,0	1	2,6	-	-
Magarefe, New	1	1,0	1	2,6	-	-
Mason	2	1,9	2	5,2	-	-
Professor	1	1,0	-	-	1	1,5
Welder	1	1,0	1	2,6	-	-
Nursing technician	1	1,0	-	-	1	1,5
NC	58	55,8	23	60,5	35	53,0
Total	**104**	**100**	**38**	**100**	**66**	**100**

NC = No data is contained in the medical records. Source: Polyclinical Medical Records - Gurupi – TO

Table 2. Absolute frequency and percentage related to syndromes affecting polyclinic users in Gurupi – TO

Diagnosis	General		Men		Women	
	n (111)	%	n (41)	%	n (70)	%
Autism	3	2,7	2	4,8	1	1,4
Dementia by multiple infarctions	1	0,9	-	4,8	1	1,4
Depression	31	27,9	7	17,0	24	34,2
Epilepsy	1	0,9	-	-	1	1,4
Schizophrenia	4	3,6	3	7,3	1	1,4
Post-traumatic stress	1	0,9	-	-	1	1,4
Mental delay	5	4,5	3	7,3	2	2,8
Addiction syndrome	1	0,9	1	2,4	-	-
Gifted	1	0,9	1	2,4	-	-
Bipolar affective disorder	38	34,2	15	36,5	23	32,8
Generalized anxiety disorder	8	7,2	1	2,4	7	10,0
Organic mood disorder	1	0,9	-	-	1	1,4
Personality disorder	1	0,9	-	-	1	1,4
Attention deficit hyperactivity disorder	6	5,4	4	9,7	2	2,8
Panic disorder	3	2,7	-	-	3	4,3
Psychotic disorder	6	5,4	4	9,7	2	1,4

Source: Polyclinical Medical Records - Gurupi – TO

The prevalent mental disorder among patients treated at Gurupi Polyclinic were bipolar affective disorder (34.2%) and depression (27.9%), a different result from other studies, which have schizophrenia with 11.9% [16], schizophrenia with 34.8% in men and 18.8% in women [8], psychotic disorder with 28.8% [18], 25% in men with mental disorders and due to the use of psychoactive substance and women, 23% with mood disorders as prevalent [19].

The present study corroborates the estimates of increased depression around the world, such as in the Study of the World Health Organization, which identified an 18% increase in depression diagnoses between 2005 and 2015 [20], in addition, our study also pointed out that women (34.2%) suffer more than men (17%), is in line with the research published by Who [20].

Depression has proven a huge impact on global society and causes loss to people's health and consequently on economic production capacity [21], in addition, it has occupied the fourth place among the main causes of social cost, which corresponds to 4.4% of years lost due to inability to produce [22]. The outlook shows that depression rates will be responsible for increasing years of unproductivity and by 2030 will be primarily responsible for global disease burden [22].

In this sense, further studies are needed to survey data regarding care in the public and private sector continuously, and preventive actions are carried out directed to this population that is suffering from diseases mental health, since the treatment conditions are still precarious and the process very slow, generating public spending in various sectors of the economy.

4. CONCLUSION

In view of the findings presented, it is concluded that the population attended in the Polyclinic of Gurupi - TO, is constituted at the age between 6 and 84 years, predominantly of female patients, singles, as a profession "of the home" and "students", with fixed residence in Gurupi city and diagnosed predominantly with mental pathologies related to bipolar affective disorders and depression.

Thus, these data can help a better action plan that ensures improvement in the treatment of mental disorders, especially in relation to patients with bipolar affective disorder and depression, in the area of public mental health in the municipality of Gurupi and region.

ETHICAL APPROVAL

The project was approved by the Research Ethics Committee of the UnirG University Center, under CAAE number 66977517.0.0000.5518, respecting the ethical precepts of Resolution No. 466/2012 of the National Health Council (CNS).

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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