Epidemiological profile of skin diseases at a Primary Care Health Center

Perfil epidemiológico das doenças dermatológicas em Centro de Saúde de Atençao Primária

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ABSTRACT

Objective: To analyze the prevalence of skin diseases at a Primary Care Health Center. **Methods:** Forty-six patients were studied during medical examinations at the Health Centre from August to November 2007. Patients were not classified by age, sex, or color. **Parameters evaluated:** Main reason for seeking medical attention, incidence of skin lesions, whether these were the main reason for consultation or if they were identified during clinical examination, laboratory exams eventually required to diagnose skin diseases, and if the dermatologic condition was resolved in subsequent consultations. Results were compared by Fisher's exact test and chi-square test. Values of $p<0.05$ were considered significant. **Results:** of the 46 patients assessed, 56.52% had some dermatosis diagnosed. Among these, 42.3% had a dermatological complaint as the reason for consultation. In other patients skin lesions were identified based on reported medical history (23.07%) or during physical examinations (34.61%) **Conclusion:** The incidence of skin diseases was high in the group under study. Most of them, however, were only diagnosed following detailed study of case history, and mainly thorough dermatological examination. These results show the importance of quality examination in Primary Care and the importance of the general practitioner's skill in diagnosing dermatoses.

Key words: Skin Diseases/diagnosis; Skin Diseases/epidemiology; Primary Health Care.

RESUMO

Objetivo: analisar a prevalência das doenças dermatológicas em Centro de Saúde de Atenção Primária. Método: avaliados 46 pacientes atendidos em Centro de Saúde, em consultas de clínica médica, durante os meses de agosto a novembro de 2007. Não houve seleção dessa população por faixa etária, sexo ou cor da pele. Parâmetros avaliados: motivo principal que levou o paciente a procurar atendimento médico, incidência de lesão dermatológica e se esta era o motivo principal da consulta ou se foi identificada durante o exame clínico, necessidade de exames laboratoriais para o diagnóstico das doenças dermatológicas e se houve a resolução do quadro dermatológico nas consultas subsequentes. Os resultados foram comparados pelo teste exato de Fisher e qui-quadrado. Valores de p < 0,05 foram considerados significativos. Resultados: dos 46 pacientes avaliados, 56,52% apresentaram alguma dermatose diagnosticada. Entre esses, 42,3% tiveram a queixa dermatológica como motivo da consulta médica. As demais lesões cutâneas foram identificadas a partir do relato do paciente durante a anamnese (23,07%) ou do exame físico (34,61%). Conclusão: as afecções dermatológicas apresentaram alta prevalência no grupo estudado. A maioria delas, no entanto, só foi diagnosticada após anamnese detalhada e, principalmente, exame dermatológico minucioso. Esses resulta-

dos indicam a necessidade de consultas de qualidade na atenção primária e a importância da capacidade diagnóstica de dermatoses pelo clínico geral.

Palavras-chave: Dermatopatias/diagnóstico; Dermatopatias/epidemiologia; Atenção Primária à Saúde.

INTRODUCTION

Epidemiological information is essential to properly guide State health policies and for this reason there is a growing interest in epidemiology for the management, programming, and planning of health actions in the public health network.[1,2] Epidemiological data from the Brazilian Society of Dermatology shows a high frequency of skin diseases in the general population.[1] Skin lesions are associated with emotional, professional, and social distress and may interfere with people's daily activities. The intensity of the impact of skin diseases is highly variable and depends on the natural history of the disease, demographic characteristics of patients, their personality, disposition, and social habits.[3]

Several studies show that skin diseases have an influence on the quality of life of patients.[1] According to Wolkenstein *et al.*[4], 86.8% of the patients studied reported having had at least one event of skin disease in their lives. 28.7% of the patients who had had skin lesions in the last 24 months said that they negatively impacted their daily lives, and 20.6% felt continuous discomfort. A high prevalence of skin disorders is observed and their consequences are underestimated.

There is a tendency of health care policies to undervalue skin disorders due to their low mortality and also to an underestimation of morbidity as a health issue. The public health system offers low resolution rates for skin disorders, some of which could easily be solved at outpatient clinics, but which due to improper handling end up requiring hospital care with a consequent increase in the cost of said care.[1] Federman *et al.*[5] mention that primary care physicians score poorly when diagnosing skin diseases. That could be attributed to their inadequate training in medicine schools.[6] It should therefore made be recommended that careful dermatological examination be associated with outpatient monitoring of all patients. This way the diagnostic capacity and the treatment of skin diseases at basic care level can be reinforced.[1,6,7]

The aim of the present work was to analyze the prevalence of skin diseases at a health care center in the metropolitan region of Belo Horizonte.

METHOD

Forty-six patients were evaluated at the São Tomás Health Center, in the northern region of Belo Horizonte, during internal medicine consultations in the months of August-November 2007. Age and sex were recorded. Patients' main reason for seeking medical attention was registered and the incidence of dermatological lesions investigated, as well as whether that had been the main motivation for the appointment or if the dermatological lesion had been identified during the clinical examination. Need for laboratory examination for the diagnosis was also assessed. Additionally, we recorded whether a solution was found in subsequent evaluations.

Statistical evaluation used the descriptive method of mean and standard deviation for patient age. Fisher's exact test and chi-square test were used to compare data. Odds ratio and confidence interval were used for comparison between sexes. $P<0.05$ values were considered significant.

RESULTS

Forty-six patients were evaluated in the study. 78.26% (36) of them were women and 21.74% (10) were men. There was a higher incidence of medical visits amon women ($p=0.0001$) (OR=3.6; IC95% 2.04–6.36). Mean age of the patients was 45.52 ± 15.69 years, with a minimum age of 14 and maximum of 73.

Out of the 46 patients seen at the São Tomás Health Center, 47.82% (22) reported that pain in some part of their bodies led them to seek medical assistance; 23.91% (11) mentioned some skin complaint as the reason for the medical visit, and 28.27% (13) of the patients reported other kinds of complaints, such as anxiety and weight gain. Out of the 46 patients, 34.78% (16) had more than one complaint during the medical visit (Figure 1).

76.08% (35) of patients did not have skin lesions as their main complaint. Among those, 42.85% (15) were identified as having some skin disorder during the medical visit; 17.14% (6) of them were reported spontaneously by the patients and 25.71% (9) were identified during the physical examination (Figure 2).

The following dermatologic manifestations were found: candidiasis, exanthem, autotoxic pruritus, nummular eczema, onychomycosis, chronic paronychia, xeroderma, seborrheic keratosis, exfoliative erythroderma, verruca vulgaris, plantar ulcers, dermatoheliosis, tinea pedis and tinea cruris.
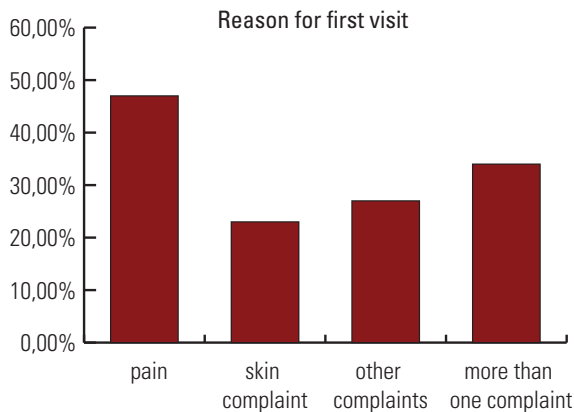
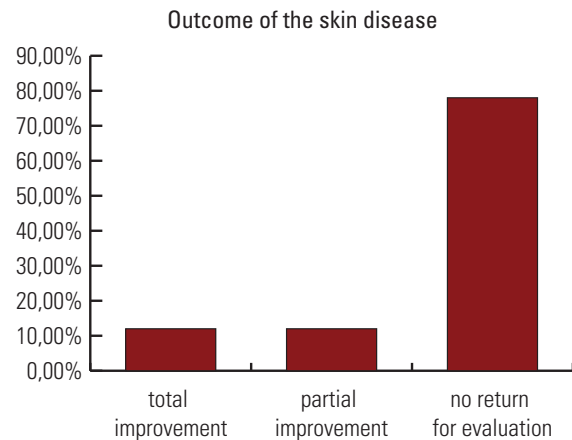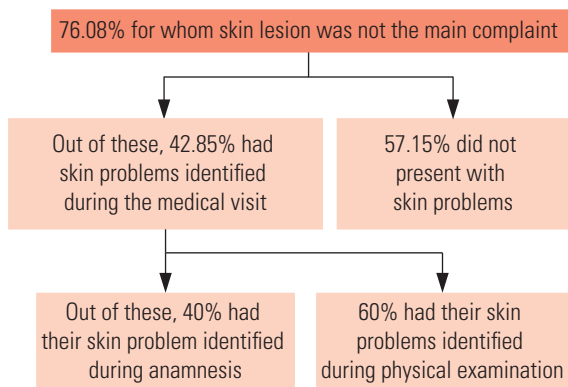**Figure 1** - Distribution of patients according to main complaint.

Figure 2 - Description of sample of patients whose main complaint was not a skin problem.

Out of all the patients cared for, 56.52% (26) had a skin lesion identified as the main complaint or identified during the clinical examination. Among these, 69.23% (18) had their definite skin lesion diagnosis through clinical examination, with laboratory exams being required for only one patient (smear for leprosy).

Out of the 18 patients with a dermatology diagnosis, 11.11% (2) had their skin problem solved by the return visit, 11.11% (2) had partial improvement and 77.77% (14) failed to return until the end of the research (Figure 3).

DISCUSSION

This study prospectively analyzed the prevalence of skin diseases at a Primary Health Care Unit in the metropolitan region of Belo Horizonte. The results must be interpreted bearing in mind the limitations present in the study.

Figure 3 - Evolution and clinical follow-up of patients who were diagnosed with skin problems.

Comparing this research with another conducted by the Brazilian Society of Dermatology, it was found that 78.26 and 66.5% of the patients see were women, respectively.[1] The predominance of medical appointments made by women may reflect that women care more about their health.

The number of patients who demand medical attention for skin-related complaints is significant. In a study carried out at Basic Health Units in Campinas-SP, 9.89% of the patients sought heath care attention due to a dermatological complaint[6]. In the present study, 23.91% said that the dermatological complaint was the reason for the medical visit. Skin lesions are commonly identified by the patients themselves or by their relatives, and that stimulates them to seek medical attention.

In a study performed by Santos Júnior et al.[6], 37.56% of the patients suffering from skin lesions had this dermatologic disease first identified during the medical history and physical examination.[6] In the present sample, 57.69% (15) of the patients with an identified skin lesion had their diagnosis confirmed during the medical visit. The diagnosis was only possible during the medical visit when patients failed to notice or give attention to the described skin changes.

Wolkenstein et al.[3] found a large variety of dermatologic diagnoses within the French population. During the period of this investigation, superficial mycosis, dermatitis, tineam and seborrheic keratosis were identified, among other dermatologic diseases of acknowledged epidemiologic relevance in the studied area.

It is known that 43.2% of the population studied by Wolkenstein et al.[3] had had dermatological issues in the last 24 months, while in this study 56.52% of the patients checked reported having had some derma-

tosis, which emphasizes the high prevalence of dermatologic disorders in the population cared for at the Primary Health Care Center.

69.23% of all patients with skin lesions received a definitive diagnostic after the clinical examination, with no need for laboratory exams except for one patient, for whom a smear for leprosy was required. The primary care service physician is expected to correctly screen patients with skin lesions and separate those who may be properly monitored and treated at the primary care level from those who need referral to specialized care. In this way it is possible to reduce the costs related to unnecessary referrals and exams.

CONCLUSION

Dermatologic diseases showed a high prevalence in the study group. Most of them, however, were only diagnosed when their medical history was carefully analyzed, and mainly after a thorough dermatologic examination. These results have revealed the need for diagnostic training for dermatoses among general practitioners.

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