



ORIGINAL ARTICLE

Clinical epidemiological characterization of disabled patients. Office 2. Levisa Health Area. Period 2019 – 2020

Caracterización clínico epidemiológica de pacientes discapacitados. Consultorio 2, área de salud Levisa, período 2019 – 2020

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ABSTRACT

Introduction: disability is considered as a universal phenomenon, which manifests itself in people at some point in their lives, it is a subject of complex approach and enormous economic and social repercussions.

Objective: to clinically and epidemiologically characterize the disabled people in clinic 2 of the Levisa Area during the period 2019 - 2020.

Methods: a descriptive observational study of case series was carried out. The universe consisted of 65 disabled patients and the sample consisted of 41 of them who were chosen intentionally. The information was obtained from the review of family health records and individual medical records, bearing in mind the principles of the Helsinki declaration. The variables studied were age group, gender, employment relationship, degree of disability, risk factors associated with disability, types of disability according to the affected system and types of treatment.

Results: the predominant age group was 60 years of age and over with 58,52; 36,58 % were female. The predominant type of disability according to the affected system was physical-motor with 31,71 %. The most effective treatment was the combined treatment with 78,05 %.

Conclusions: it is necessary to outline strategies that allow a better treatment and medical follow-up for people with some type of disability, as well as an intersectoral approach that allows them to integrate into the educational, labor and social spheres and improve their quality of life.

Keywords: Disability; Grade Of Discapacity; Types Of Disability; Incorporation.

RESUMEN

Introducción: la discapacidad se considera como un fenómeno universal, que se manifiesta en las personas en algún momento de su vida, es un tema de complejo abordaje y enorme repercusión económico y social.

Objetivo: caracterizar clínico y epidemiológicamente a los discapacitados del consultorio 2 del Área de Levisa durante el período 2019 – 2020.

Métodos: se realizó un estudio observacional descriptivo de serie de casos. El universo estuvo constituido 65 pacientes discapacitados y la muestra por 41 de ellos que fueron escogidos de forma intencional. La información se obtuvo de la revisión de las historias de salud familiar y las historias clínicas individuales teniendo presente los principios de la declaración de Helsinki. Se estudiaron las variables grupo de edades, género, vínculo laboral, grado de discapacidad, factores de riesgo asociados a la discapacidad, tipos de discapacidad según sistema afectado y tipos de tratamientos.

Resultados: el grupo de edad que predominó fue el de 60 y más años con el 58,52 %; el 36,58% fue del género femenino. El 26,83 % de los pacientes tenía una discapacidad de grado 3. El Tipos de discapacidad según sistema afectado que predominó fue la físico-motora con un 31,71 %. El tratamiento más efectivo fue el combinado con el 78,05 %.

Conclusiones: se hace necesario trazar estrategias que permitan un mejor tratamiento y seguimiento médico para las personas con algún tipo de discapacidad; así como un enfoque intersectorial que les permita integrarse en los ámbitos educativos, laborales y sociales y mejorar su calidad de vida.

Palabras Clave: Discapacidad; Grado de Discapacidad; Tipos de Discapacidad; Incorporación.

INTRODUCTION

Disability is considered a universal phenomenon, which manifests itself in people at some point in their lives. It is a subject of complex approach and enormous social and economic repercussions of which there are uncertain estimates. From a semantic point of view, the term disability is formed by the prefix dis which means separation and the word capacity which means intelligence, talent and optimal state.^(1,2)

Within the health experience, a disability is any restriction or absence, due to an impairment of the ability to perform an activity in the manner or range considered normal for a human being. It transcends the static to dynamic conception since it not only takes into account the health condition of the person, in which environmental, personal and family factors also play an important role.⁽³⁾

Disability is characterized by excess or insufficiency in the performance or behavior of a normal routine activity, which may be temporary or permanent, reversible or irreversible, progressive or regressive.^(4,5,6)

The Disability Convention is a rights treaty that has improved and revolutionized since 1980 the ways of approaching this problem, instead of considering disability as a medical, charitable or dependency problem. The Convention is intended to be understood worldwide as a human rights issue.^(7, 8)

There are different ways of approaching disability and it is often not accepted by those who suffer from it and those close to them. It is often hidden by larger problems, such as poverty, which prevent or delay the design and implementation of strategies that will enable this large mass of people to develop their capabilities and achieve the true social inclusion to which all human beings are entitled.⁽⁵⁾

Among the causes of disability are the aging of the population, external causes (accidents of all kinds, armed conflicts, inhalation and misuse of pesticides, use and abuse of alcohol and drugs, and social violence), malnutrition, child abandonment and marginalization of social groups such as indigenous peoples, extreme poverty, population displacement, disasters caused by natural phenomena, among others. All of which, in one way or another, are part of or related to the social determinants of health.⁽⁵⁾

The analysis of the situation of the world's population with disabilities continues to be complex, the lack of standardization of a technical language that encompasses the diversity of the problem and the lack of an intersectoral approach to address the situation reflect that one billion people, or 15 % of the world's population, suffer from some form of disability. Between 110 million (2,2 %) and 190 million (3,8 %) adults have significant difficulty functioning. Disability rates are increasing due to population aging and the rise of chronic diseases, among other causes.⁽⁹⁾

In the Americas region, approximately 60 million people with disabilities have been registered.⁽⁹⁾ Specifically in Honduras, the diagnosis of the disability situation identified limitations in the information, registration, monitoring and evaluation systems.⁽¹⁰⁾ Followed by Paraguay where disability is higher in the poor class, specifically women are the most affected.⁽¹¹⁾

In Cuba, several strategies have been developed from the educational level that includes health programs in an integral way and constitutes a priority in health services.⁽¹²⁾ Since the triumph of the Revolution, it has also been part of these approaches and has been added to achieve that the disabled, taking into account their disability, become an active part of society having the same rights as the rest, eliminating millenary stigmas, besides facilitating their way of life in many aspects; although it is recognized that efforts are still being made to try to achieve an optimal care.^(13,14)

Studies reviewed in Cuba report a prevalence rate of 3,26 per 100 inhabitants, with an approximate number of about 366,864 people. Guantanamo with 4,13 is the province with the highest rate and Havana City with 2,13, the lowest rate. Holguín is below the national average, with a rate of 3,02 per 100 inhabitants.⁽¹⁵⁾

In the municipality of Mayarí there are a total of 3787 registered disabled people, 54,6 % men and 45,4 % women, with intellectual disability predominating.⁽¹⁶⁾ In the health area of Levisa there are a total of 758 registered disabled people, 55,1 % men and 44,9 % women, with intellectual disability also predominating.⁽¹⁷⁾

Bearing in mind the above, we decided to carry out the present research taking as an objective: to characterize clinically and epidemiologically the disabled patients of the clinic 2 of the Levisa Health Area, during the period 2019 - 2020.

METHODS

General aspects of the study: a retrospective descriptive case series type study was conducted with the objective of clinically and epidemiologically characterizing the disabled patients of the Levisa Area 2 clinic during the period 2019 - 2020.

The universe consisted of 65 disabled patients in the clinic at the time of the study and the sample consisted of 41, selected according to the following inclusion criteria: patients with some type of disability, regardless of the type and cause; all patients belonged to the health area investigated.

Exclusion and exit criteria: change of address, deceased, those wishing to leave the study.

The information was obtained from the review of the family and individual health histories of each patient, with prior informed consent.

The variables studied were: age group, gender, employment relationship, degree of disability, risk factors associated with disability and types of disability.

Method of processing, analysis of the information and techniques to be used:

The data obtained were subjected to a review process, to avoid errors, omissions and or duplication of information, the computation was performed with a Casio brand calculator and the results obtained were emptied into tables designed for this purpose.

Comparisons were made with the national and international literature reviewed, which helped to reach conclusions.

Ethical aspects: The principles of the Helsinki declaration were taken into account. The research was also endorsed by the Municipal Scientific Council and the Municipal Research Ethics Committee.

RESULTS

The predominant age group was 60 years of age and older (58,52 %) and female gender (56,10 %) (Table 1).

Table 1. Distribution of disabled patients according to age group and gender. Clinic 2. Levisa Health Area. Period 2019 – 2020

Ages	Gender				Total	
	Male		Female		No.	%
	No.	%	No.	%		
0 – 9 years	1	2,44	3	7,32	4	9,76
10 – 19 years	3	7,32	3	7,32	6	14,63
20 – 29 years	0	0	0	0	0	0
30 – 39 years	1	2,44	0	0	1	2,44
40 – 49 years	2	4,88	1	2,44	3	7,32
50 – 59 years	2	4,88	1	2,44	3	7,32
60 and over	9	21,94	15	36,58	24	58,52
Total	18	43,90	23	56,10	41	100

Source: Individual medical records

There was a predominance of disabled patients with no employment relationship (87,80 %) (Table 2).

Table 2. Distribution of disabled patients according to employment relationship.

Employment relationship	No.	%
yes	5	12,00
No	36	87,80
total	41	100

Source: Family Health Records

The predominant degree of disability was grade 3 (26,83 %). (Table 3).

Table 3. Distribution of disabled patients according to degree of disability.

Degree of disability	No.	%
Grade 1	8	19,51
Grade 2	9	21,95
Grade 3	11	26,83
Grade 4	7	17,07
Grade 5	6	14,64
Total	41	100

Source: Individual medical history

There was a significant predominance of Arterial Hypertension with 19 patients (46,34 %). (Table 4).

Table 4. Distribution of disabled patients according to risk factors associated with disability.

Risk factors	No.	%
Arterial hypertension	19	46,34
Dyslipidemia	3	7,32
Smoking	6	14,63
Genetic factors	6	14,63
Other	7	17,07

Source: Individual medical records.

There was a slight predominance of physical-motor capacity, with a number of 13 patients (31,71 %). (Table 5).

Table 5. Distribution of disabled patients according to type of disability.

Types of disability according to affected system	No.	%
Physical - Motor	13	31,71
Hearing	3	7,32
Visual	5	12,20
Intellectual	10	24,37
Psychic	4	9,76
Trastornos del lenguaje Language disorders	2	4,88
Mixed	4	9,76
Total	41	100

Source: Family health records

DISCUSSION

Population-based studies related to disability are infrequent. Most reports on the magnitude of disability are based on census studies, population surveys or on population samples with a greater or lesser degree of representativeness.

The results obtained in Table 1 are closely related to the population aging that is taking place at an accelerated pace, defined by the increase in the proportion of elderly people in relation to the rest of the population, statistically proven recently through population censuses.

Age with the passing of the years of the biological process that the organism undergoes, changes that bring with them the appearance of limitations and diseases; these in turn constitute risk factors that bring with them that people of this age are more prone to develop some disability.⁽¹⁸⁾ In addition, the decrease in mortality and birth rates; with the consequent increase in life expectancy, which explains the results found. The female sex is exposed mainly due to the abrupt decline or almost null hormonal function (estrogen, progesterone, follicle stimulating, luteinizing) that they experience. Besides the fact that statistically there is a greater number of dispensed females in the studied area.

Mejía Melissa A,⁽¹⁰⁾ agrees with these results in a study carried out in Honduras with the title: High prevalence of disability in older adults in 15 departments of Honduras, for the year 2000. in 15 departments of Honduras, year 2015, where the age groups of 60 years and older and the female gender prevail.

They do not coincide Colombo Lorena M. in a study in Argentina On disability where it is shown that the age groups with the highest prevalence were those aged 15 to 39 years and the male gender.⁽¹⁹⁾

The results in Table 2 is a clear dependence on the fact that the highest number of disabilities were manifested in age groups such as over 60 years, in which most of them reach retirement age. In addition, patients of working age, but due to their degree of impairment could not perform any work activity, mainly outside their homes due to difficulties of locomotion or transportation, which considerably limited their ability to exercise any profession.

Although the state exercises policies that stimulate labor inclusion as part of integrating edges, these did not have a direct relationship for them to have a labor link, since there was no direct dependence on social actions, family or inclusion policies, in addition to the affected ages of the patients under study.

According to studies carried out by the Institute of Statistics of Madrid on persons with degree of disability, the labor link was studied compared with the degrees of disability and other aspects which coincide with this study.^(19,20)

No bibliography was found that did not coincide with this study. The prevalence of grade 3 disability depended on the fact that most of the patients presented damage and sequelae that caused significant impairment and made it impossible for the person to carry out daily activities, sometimes needing help from other people, but without becoming dependent, even managing to carry out self-care activities.

They coincide with the study Guralnik JM and Kasper JD ⁽²¹⁾ in a study of Women's Health and Aging published in 1995, University of Montral, Canada.

It does not coincide with this study Colombo Lorena M in a study carried out in Argentina on disability where it was demonstrated that the degree of disability that prevailed in this study was degree 5.⁽¹⁹⁾

CONCLUSIONS

In this research, older adults with disability, patients with no work link and physical-motor disability predominated. Arterial hypertension was the most associated risk factor. It is necessary to outline strategies that allow better treatment and medical follow-up for people with some type of disability; as well as an intersectoral approach that allows them to integrate into the educational, labor and social spheres and improve their quality of life.

Conflicts of Interest

The authors declare that there are no conflicts of interest.

Authors' Contribution

LFG: conceptualization, formal analysis, research, project management, supervision, resources, critical review, approval of final version.

GSR: conceptualization, data curation, formal analysis, research, methodology, data presentation, approval of final version.

YDR, YEM, YGO: formal analysis, research, approval of final version.

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