



Original Article

Total knee and hip arthroplasty: the reality of assistance in Brazilian public health care[☆]

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ABSTRACT

Objective: To analyze the number of hospital permits for total knee arthroplasty (TKA) and total hip arthroplasty (THA) in Brazil between 2008 and 2015, and correlate them with regional, national, and international demographic and epidemiological aspects.

Methods: Data on demographics, economic level, and TKA and THA were obtained from the website of the Ministry of Health/DATASUS, Brazilian Institute of Geography and Statistics, and the National Health Agency to assess the assistance provided by the Public Health Care System in arthroplasties for elderly Brazilian population without private health care.

Results: The South and Southeast had the best care, with 8.07 and 6.07 TKAs/100,000 inhabitants, one TKA per 1811 and 2624 seniors, 17.3 and 10.99 THAs/100,000 inhabitants, and one THA per 923 and 1427 seniors, respectively. The worst rates were found in the North and Northeast, with 0.88 and 0.98 TKAs/100,000, one TKA per 6930 and 10,411 seniors, 0.96 and 3.25 THAs/100,000, and one THA per 6849 and 2634 seniors, respectively. The national average was 4.00 TKAs/100,000, one TKA per 3249 seniors, 8.01 THAs/100,000, and one THA per 1586 seniors. The international average was 142.8 TKAs/100,000 and 191.8 THAs/100,000.

Conclusion: The results expressed unsatisfactory results for TKA and THA in Brazil, with greater relevance in the North and Northeast.

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Artroplastia total de joelho e quadril: a preocupante realidade assistencial do Sistema Único de Saúde brasileiro

RESUMO

Objetivo: Analisar o número de autorizações de internação hospitalar para cirurgias de artroplastia total de joelho (ATJ) e quadril (ATQ) no Brasil entre 2008 e 2015 e correlacioná-lo com aspectos demográficos e epidemiológicos regionais, nacionais e internacionais.

Palavras-chave:

Artroplastia

[☆] Study conducted at the Hospital do Coração, Departamento de Ortopedia e Traumatologia, São Paulo, SP, Brazil.

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Joelho
 Quadril

Métodos: Os dados sobre informativos demográficos, econômicos e sobre ATJ e ATQ foram obtidos no *website* do Instituto Brasileiro de Geografia e Estatística (IBGE), Agência Nacional de Saúde (ANS) e Ministério da Saúde/Datasus para avaliar o assistencialismo do Sistema Único de Saúde (SUS) em artroplastias para a população idosa brasileira sem planos de saúde privados.

Resultados: As Regiões Sul e Sudeste apresentaram a melhor relação assistencial, com 8,07 e 6,07ATJ/100.000 habitantes e uma ATJ para 1.811 e 2.624 idosos e 17,3 e 10,99ATQ/100.000 habitantes e uma ATQ para 923 e 1.427 idosos, respectivamente. Os piores índices foram do Norte e Nordeste, com 0,88 e 0,98 ATJ/100.000 e uma ATJ para 6.930 e 10.411 idosos e 0,96 e 3,25 ATQ/100.000 e uma ATQ para 6.849 e 2.634 idosos, respectivamente. A média nacional foi de 4,00 ATJ/100.000 e uma ATJ para 3.249 idosos e 8,01 ATQ/100.000 e uma ATQ para 1.586 idosos. A média internacional foi de 142,8 ATJ/100.000 e 191,8 ATQ/100.000.

Conclusão: Os resultados indicaram resultados assistenciais insatisfatórios para ATJ e ATQ no Brasil, principalmente nas regiões Norte e Nordeste.

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Introduction

Osteoarthritis (OA) is the most prevalent musculoskeletal disease, affecting 4% of the Brazilian population; it is associated with morbidities such as falls, depression, and obesity.¹⁻³ The mortality risk is 50% higher in patients with gait limitation due to knee and hip OA when compared with the general population.⁴

By 2050, the mean life expectancy in Brazil will be 81 years, and 30% of the Brazilian population will be represented by the elderly.⁵⁻⁹ In Brazil, a concerning fact regarding individuals over the age of 60 is that only 12% of the population in this age group had private health insurance in 2015.¹⁰

The increase in the number of total knee (TKA) and hip (THA) arthroplasties has a relevant social and economic impact, and countries such as Australia, the United States, England, Canada, and South Korea are therefore conducting epidemiological and financial studies on these surgeries.¹¹⁻¹⁴ In Brazil, information on such procedures is scarce. National data on such surgeries performed under the Brazilian Unified Health System (Sistema Nacional de Saúde [SUS]) are available through the Brazilian Ministry of Health website. However, these indicators do not represent the entire Brazilian population.¹⁵

The objective of this study was to analyze the data of the primary TKA and THA provided by the Brazilian Ministry of Health/DATASUS between 2008 and 2015 and to observe the extent to which the SUS assists the Brazilian population for these surgeries at a state, regional, and national level, and to compare these results with international indicators.

Material and methods

The data for the study were obtained through PubMed and Google; as it did not involve any intervention or direct contact with patients, the study was not submitted to the ethics committee for approval.

The search terms used in both portals followed the PubMed Medical Subject Headings (MeSH) algorithm. The words used for the search were arthroplasty, replacement, knee, hip, cost, and epidemiology. The term AND was used between words as a Boolean operator.

A Google search was performed to obtain epidemiological, economic, and statistical data in Brazil through the search on the websites of the Brazilian Ministry of Health/DATASUS the Brazilian Institute of Geography and Statistics (Instituto Brasileiro de Geografia e Estatística [IBGE]), the National Agency of Supplementary Health (Agência Nacional de Saúde Suplementar [ANS]), and the World Health Organization (WHO). International statistical reports on arthroplasties were also obtained using the same MeSH terms.

Data on the authorization for hospital admission (AHA), mean length of hospitalization, and mortality rate in TKA and THA were collection from the website of the Brazilian Ministry of Health/DATASUS between 2008 and 2015.

The national and regional demographic indices in the study period were obtained from the IBGE website.¹⁶ Only the portion of the population that consisted of elderly individuals relying exclusively on the SUS for healthcare was used for the population calculations, excluding individuals over 60 years old who had private healthcare plans registered at ANS at the national, regional, and state levels.¹⁰ The classification of the elderly used in this study followed that presented in Art. 1 of Law 10,741, from October 1, 2003, known as the Statute of the Elderly, which establishes that this denomination applies for individuals over 60 years of age. The percentage of elderly individuals who underwent TKA and THA procedures at the national, regional, and state level was calculated by dividing the number of surgeries performed in that period by the relevant population in the study group.

The states were ranked according to the healthcare assistance they provided to their population regarding TKA and THA procedures, in which a higher proportion of surgeries in the elderly led to a better classification on the ranking.

Data on the number of TKA and THA procedures in European countries, the United States, and Australia were obtained

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