

AMBULATORY CARE SENSITIVE HOSPITALIZATIONS

INTERNAÇÕES POR CONDIÇÕES SENSÍVEIS À ATENÇÃO PRIMÁRIA

HOSPITALIZACIONES POR CONDICIONES SENSIBLES DE ATENCIÓN
PRIMARIA

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ABSTRACT

Objective: To identify the main causes of hospitalizations due to conditions sensitive to primary care in the municipality of Pato Branco - PR, in the period from 2015 to 2020. **Methodology:** The research is characterized in a cross-sectional, descriptive study of quantitative approach. Data collection occurred in the portal of the Department of Informatics of the Unified Health System, from January 2015 to December 2020. **Results:** It was evidenced that in the period from 2015 to 2020 there were 7,182 hospitalizations for sensitive conditions and that bacterial pneumonia was responsible for 36.32% of all hospitalizations and that diseases preventable by immunization had the lowest rate with 0.23% of the total cases. **Conclusion:** It points out the need and importance of policies that qualify PHC, as well as programs aimed at improving social determinants.

Descriptors: Primary health care; Hospitalization; Quality of health care.

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RESUMO

Objetivo: Identificar as principais causas de internações por condições sensíveis à atenção primária no município de Pato Branco – PR, no período de 2015 a 2020. **Metodologia:** A pesquisa caracteriza-se em um estudo transversal, descritivo de abordagem quantitativa. A coleta dos dados ocorreu no portal do Departamento de Informática do Sistema Único de Saúde, no período de janeiro de 2015 a dezembro de 2020. **Resultados:** Evidenciou-se que no período de 2015 a 2020 houve 7.182 internações por condições sensíveis e que pneumonia bacteriana foi responsável por 36,32% do total das internações e que doenças preveníveis por imunização obteve o menor índice com 0,23% do total de casos. **Conclusão:** Aponta-se a necessidade e a importância das políticas que qualifiquem a APS, bem como programas voltados à melhoria dos determinantes sociais.

Descritores: Atenção Primária à Saúde; Hospitalização; Qualidade da Assistência à Saúde.

RESUMEN

Objetivo: Identificar las principales causas de hospitalizaciones por condiciones sensibles a la atención primaria en el municipio de Pato Branco - PR, en el período de 2015 a 2020. **Metodología:** La investigación se caracteriza en un estudio transversal, descriptivo de abordaje cuantitativo. La recolección de datos ocurrió en el portal del Departamento de Informática del Sistema Único de Salud, desde enero de 2015 hasta diciembre de 2020. **Resultados:** Se evidenció que en el periodo de 2015 a 2020 hubo 7,182 hospitalizaciones por condiciones sensibles y que la neumonía bacteriana fue responsable del 36.32% de todas las hospitalizaciones y que las enfermedades prevenibles por inmunización tuvieron la tasa más baja con 0.23% del total de casos. **Conclusión:** Señala la necesidad e importancia de políticas que califiquen la APS, así como de programas dirigidos a mejorar los determinantes sociales.

Descriptorios: Atención primaria de salud; Hospitalización; Calidad de la atención sanitaria.

INTRODUCTION

Primary Health Care (PHC) is the gateway for users to most needs and problems, providing attention to health conditions with actions of promotion, prevention, treatment, rehabilitation, harm reduction and health maintenance, with the purpose of developing comprehensive care that positively impacts the health of the population, enabling healthy living.¹

In Brazil, PHC is based on the Family Health Strategy (FHS), which is a care model focused on the individual and the

community, and involves the work of a multidisciplinary team. It uses mechanisms to evaluate primary care in terms of its organization, performance and results achieved, and is extremely important for improving the quality and consolidation of this level of care.²

These models are constantly evolving to meet current needs, especially in relation to preventable diseases, when actions are taken to guide and educate users. The National Primary Care Policy (PNAB) highlights the importance of offering and organizing these PHC actions and services

to better and more widely guarantee comprehensive access to health care.³ Systems organized based on PHC, with coverage above 70%, adopted by the ESF model, demonstrate low hospitalization rates and reduced health care costs.⁴

Several indicators have been developed to assess the effectiveness of primary care. In the 1980s, in the United States, Billings and Teicholz established an indicator to identify the impact of the lack of access to outpatient care, Ambulatory Care Sensitive Conditions, which measures potentially avoidable hospitalizations and relates them to problems of effectiveness in primary care. In 2008, through Ordinance GM/MS 221 of April 17, the MS published the Brazilian list of primary care-sensitive conditions (CSAP) and defined it as an instrument to assess primary care, consisting of 19 diagnostic groups. The objectives of primary care are focused on actions to avoid hospitalizations due to primary care-sensitive conditions, and are used as indicators of access to and quality of health services to this day.^{4,5}

Hospitalizations due to sensitive conditions are illnesses and diseases that are preventable hospitalizations. They affect all age groups, from children to the elderly, and can be prevented through accessible and effective primary care, involving prevention and continuity of care.⁴ The use of this indicator helps to evaluate PHC and can be

highly useful in the decision-making process, providing the management team with a comprehensive and strategic view of the quality of care. It makes it possible to identify possible failures, assess the performance of health services and verify the effectiveness of public policies.²

When PHC does not ensure sufficient and adequate access, it can generate excessive demand, resulting in a higher number of hospital admissions, drug treatments and patient rehabilitation, which leads to increased spending on secondary and tertiary care in the Unified Health System (SUS). High rates of hospitalizations for conditions sensitive to primary care reflect a lack of access or unsatisfactory performance of basic services.⁶

Knowledge of this reality is of great relevance, therefore it is understood that the evaluation of health indicators is important to present the current scenario and health actions, enabling more qualified actions to meet the specific needs of each region.³ The role of the nurse in planning and implementing actions in view of the most frequent health conditions among the population, which are understood as preventable and can be resolved and treated in PHC, is evident at all times. The nurse is the element capable of addressing and identifying the needs of each person, developing work with equity and collective,

in order to reduce the number of hospitalizations.⁷

Given this context and considering the importance of PHC for the SUS, the present study aimed to identify the main causes of hospitalizations due to primary care-sensitive conditions in the municipality of Pato Branco - PR in the period from 2015 to 2020.

METHOD

Cross-sectional, retrospective, descriptive study with a quantitative approach. Developed in the city of Pato Branco, Paraná, the study sample consists of the universe of hospitalizations that occurred through the SUS, in the analyzed period. The inclusion criteria adopted were: female and male individuals, covering all age groups, from children under 1 year old to 80 years old or older.

The data were constructed using public domain data from the Department of Information Technology of the Unified Health System (Datasus), available at <http://www2.datasus.gov.br/DATASUS/>. Data collection took place in January 2021, researching data from the period from January 2015 to December 2020. After collection, the data were presented and analyzed descriptively, using simple data frequency.

The study complied with the ethical precepts of research involving human beings, and did not use any type of identification of the population. It was based on resolution No. 510/16 of the National Health Council, which regulates studies with publicly accessible and publicly available data, and therefore did not require registration and evaluation by the CEP/CONEP system.

RESULTS

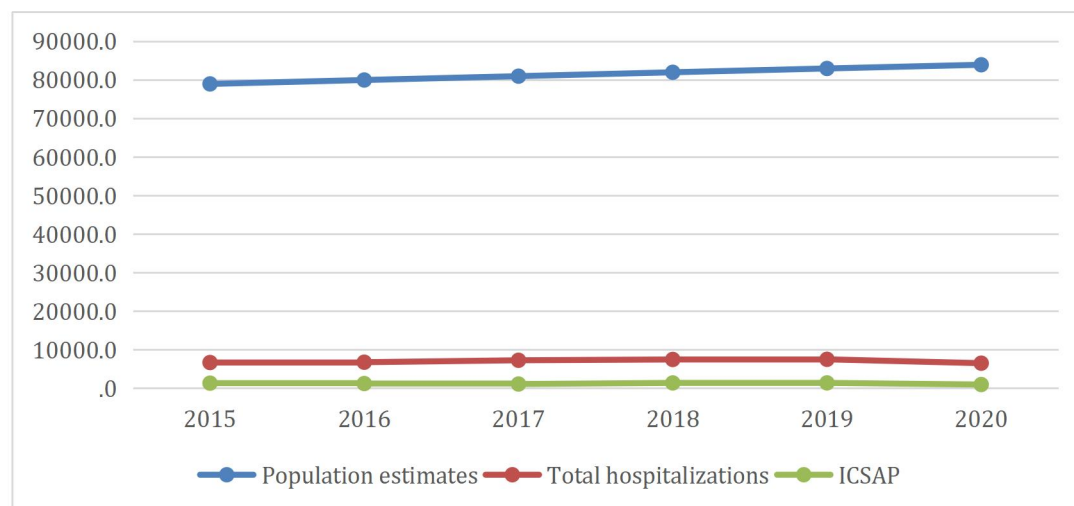
The data collected were through public domain data, by the Department of Information Technology of the Unified Health System (Datasus), in the municipality of Pato Branco - PR, from January 2015 to December 2020.

Graph 01 shows that in 2015, the municipality of Pato Branco had an estimated population of 78,876 with a total of 6,638 hospitalizations for both females and males, covering all age groups and a total of 1,289 ICSAP. In the following year, 2016, the estimated population was 79,888, with a total of 6,722 hospitalizations and 1,188 ICSAP. In 2017, the estimated population was 80,883, with 7,221 hospitalizations and 1,063 ICSAP.

In 2018, the estimated population was 81,893, with 7,431 hospitalizations and 1,352 ICSAP. In 2019, the estimated population was 82,881, with the highest number of hospitalizations 7,467 and ICSAP

1,359. And in 2020, the estimated 6,466, with a decrease in hospitalizations for population was 83,843, hospitalizations sensitive conditions to 930.

Chart 01: Number of hospitalizations from 2015 to 2020, Pato Branco, PR.



In table 1, we find the groups of diseases classified as sensitive conditions, listed by year.

Table 1: Hospitalizations due to sensitive conditions from 2015 to 2020, Pato Branco, Pr.

GROUP	2015	2016	2017	2018	2019	2020	TOTAL
Bacterial pneumonia	410	473	453	499	471	303	2.609
Heart failure	199	192	143	141	142	125	942
Lung diseases	223	146	27	210	182	76	864
Epilepsies	79	56	77	61	135	187	595
Infectious gastroenteritis and complications	128	79	79	112	113	64	575
Diabetes mellitus	78	50	71	92	57	52	400
Hypertension	30	51	79	78	75	23	336
Kidney and urinary tract infections	46	48	48	46	70	37	295
Asthma	31	30	17	23	23	11	135

Skin and subcutaneous tissue infections	12	19	18	30	22	22	123
Inflammatory diseases and female pelvic organs	07	10	18	14	15	09	73
Ear, nose and throat infections	11	10	11	17	11	10	70
Gastrointestinal ulcers	07	15	08	08	13	03	54
Cerebrovascular diseases	07	06	09	08	11	1	42
Diseases related to prenatal care and childbirth	01	0	0	12	10	03	26
Immunization-preventable diseases and susceptible conditions	05	02	04	01	03	02	17
Nutritional deficiencies	15	0	0	0	0	0	15
Anemia	0	01	02	0	06	02	11
Angina	-	-	-	-	-	-	-
TOTAL	1,289	1,188	1,064	1,352	1,359	930	7,182

DISCUSSION

Primary Health Care is the first point of care and the preferred entry point into the system, which must organize the flow and counterflow of people at all levels of health care. It follows the principles of universality, enabling universal access with equity, recognizing the differences and needs of each person. Contemplating comprehensiveness with services that meet the needs of the enrolled population, care to the promotion and health maintenance, prevention of diseases and injuries, cure,

rehabilitation, harm reduction and care palliatives.⁸

PHC stands out as a model for implementation in different countries since 1960, with the aim of providing greater and more effective access to the health system, as well as directing the focus, instead of curative, individual and hospital, commonly applied in national health systems, to a preventive, collective, territorialized and democratic model.¹

The attributes that underpin the APS are divided into essential and derivative, with the essential ones being access to first

contact, longitudinality, comprehensiveness and coordination of care and the derivatives of family-centered guidance, community guidance and cultural competence. With the aim of increasing the quality of PHC and accepting its limits and possibilities of action, much has been done on health assessment in this field.¹

The Ministry of Health has been encouraging the recognition of the vulnerability of services and the generation of subsidies for action planning, using an international tool known as the Primary Care Assessment Tool. An evaluation alternative that has been frequently used is the investigation of ACSCs, as a way of systematically monitoring PHC and the Care Network.¹

During the pandemic, a decrease in healthcare-associated infections (HAIs) was expected, due to the fact that the disease caused by the COVID-19 virus requires measures such as social isolation and more frequent hand hygiene. In an analysis of 2020, compared to previous years, there was a 25.6% decrease in the total number of hospitalizations studied in this article.⁹

Washing your hands more frequently is a simple but effective individual measure in preventing and spreading diseases. Washing your hands with soap and water removes dirt, viruses, bacteria, microorganisms and other harmful substances that remain on your skin. This

prevents contamination and stops transmission through contact.

A study on the microbiological characterization of bacterial pneumonia in patients hospitalized for COVID-19 observed that the increase in cases of bacterial pneumonia is strongly established due to the long period of hospitalization in intensive care units of patients, use of broad-spectrum medications, such as antibiotics, antivirals, antifungals, among others, together with the fact of exposure to multiresistant microorganisms.¹⁰

The respiratory system is one of the main entry and transmission points for pathogenic organisms in the human body. This justifies the fact that bacterial pneumonias occupy the first place in hospitalizations, representing 36.32% of the total number of ICSAP from 2015 to 2020. However, in the years 2017 to 2019 there was a high number of cases compared to 2020, which may be justified by the fact that bacterial pneumonia was treated as COVID-19. The same fact occurs with lung diseases, which represent 12.03% of all ICSAP compiled, and which had their number reduced drastically in 2020, totaling 8.44% of all cases of lung diseases studied per year.

Cardiovascular diseases, lung diseases, infectious gastroenteritis and complications, kidney and urinary tract infections, are considered the main causes of hospitalization due to sensitive conditions.

Heart failure predominantly affects patients aged 60 years or older. A similar result was observed in the compilation of data, as all the categories mentioned with the exception of kidney and urinary tract infections are the main causes of hospitalizations.³

Heart failure accounted for 13.11% of hospitalizations in the municipality of Pato Branco, reflecting the resolution of conditions sensitive to primary care. Authors state that hospitalizations arose from underlying causes that are treated in primary care, such as underlying conditions, heart failure, acute myocardial infarction and valvular heart disease.¹¹

Epilepsy remained in fourth place in the number of hospitalizations due to sensitive conditions, representing 8.28% of them. In 2020, there was an increase in hospitalizations, which may be explained by the decrease in demand for UBS due to social isolation. The Ministry of Health indicates that after the crises have stabilized, monitoring should be carried out in primary health care.¹²

Researching hospitalizations of adolescents aged 10 to 19 years caused by conditions sensitive to primary care in a health region, it was concluded that 14.91% of all of them were caused by epileptic seizures that had not been treated in primary care, with a result similar to the findings of this study.¹³

In this context, it is considered that nursing plays a prominent role in the care of patients with epilepsy, from their identification and monitoring, which consists of adherence to treatment and attendance at consultations, informing and advising, as well as providing support and coordination of care, between primary and secondary levels, culminating in an improvement in the quality of life of these users.¹⁴

Gastroenteritis of infectious origin and its complications appear as the fifth most recurrent cause of hospitalizations, with a total of 575 cases, representing 8% of total ICSAPs, there was a decline of almost 50% in the number of hospitalizations in 2020 compared to 2019, and may have been treated empirically to COVID-19, or the disease has actually decreased its perpetuation due to increased care with hand hygiene and the application of social isolation. It is mentioned that hospital infection control services expected a decrease in ARIs, due to greater adherence to hygiene of hands and different care.⁹

Corroborating these results, a study that investigated hospitalizations of the elderly due to conditions sensitive to primary health care in Pernambuco between 2012 and 2016 obtained a similar result in its analysis, with a percentage of 7.95% of the total cases of gastroenteritis, ranking

fifth in the table of diseases used in the ICSAP classification.¹⁵

With regard to Diabetes Mellitus, also considered a disease that causes hospitalizations that could have been resolved in primary care. The results show an annual stationary trend in its cases in all the years studied, representing 5.57% of total cases. Similar results were obtained with a percentage of 7.9% of hospitalizations from 2006-2008 and 5.7% in the years 2008-2011, a result that is similar to that obtained in the analysis in this article.¹⁶

In an analysis of the epidemiological situation of hospitalizations of the elderly due to conditions sensitive to Primary Health Care in another setting, it was concluded that hypertension in the elderly accounted for 5.09% of total hospitalizations.¹⁵ Systemic arterial hypertension (SAH) accounted for 336 hospitalizations, or 4.67% of total cases. This is similar to another scenario, where in 2012-2013 SAH accounted for 5.2% of total hospitalizations. Hospitalizations in 2016 and 2017 accounted for a total of 1.9% of HACSCs due to systemic arterial hypertension.¹⁷

It is worth noting that inadequate diet is considered one of the main reasons for the changeable risks of chronic diseases, in particular SAH and DM. Over the years, eating habits have changed and the

consumption of ultra-processed foods has increased. These foods are high in energy and low in nutritional quality, which is detrimental to health.¹⁸ Therefore, monitoring at the UBS with a multidisciplinary team represents many benefits for the user, promoting, preventing and recovering their quality of life.

On the other hand, at the bottom of the table, there are diseases and illnesses related to prenatal care and childbirth, as well as diseases preventable by immunization and sensitive conditions, which successively correspond to 0.36 and 0.23% of the causes of hospitalizations.

The important role of nurses in primary care stands out, as they provide an effective and comprehensive welcome, health education, total care for pregnant women, including nursing consultations, groups to share experiences and guidance and, above all, humanized work.¹⁹

Immunization should be seen as a differential in the course of diseases, with a reduction in mortality caused by illnesses that can be prevented by vaccination. It is less expensive and more effective, producing immunological memory and guaranteeing long-term protection for individuals as well as collective immunity.²⁰

FINAL CONSIDERATIONS

ICSAPs are an indicator of great importance not only for evaluating primary care, but also for providing benefits for the system as a whole, as they provide parameters that make it possible to identify problems in the quality of the health service or difficulties in accessing it.

Bacterial pneumonia was the cause responsible for the highest number of ACSCs in this study, and can be explained by inefficiency in PHC, reduced demand for care services or the reduced number of health professionals to solve this problem.

In contrast, according to hospitalizations, diseases preventable by immunization and diseases related to childbirth and the puerperium were the least frequent. The reduction in the number of hospitalizations may be the result of changes and new prevention strategies that avoid illness and its complications and consequences.

In this regard, the importance of nurses and the multidisciplinary team in preventing diseases related to prenatal care and diseases that can be prevented by immunization stands out, because their work, humanized and individualized care can achieve negligible levels of hospitalizations compared to the other diseases addressed, and is essential for effective public policies.

In view of the results found in the study, the need and importance of policies to improve PHC is highlighted, as well as programs aimed at improving social determinants. When primary care is efficient, the results are proportional in terms of reductions in the number of hospitalizations.

In this sense, the results of the study are a sign for managers involved in primary care, as a marker of its quality, thus contributing to the evaluation of the implementation of health policies in the municipality.

Although the study presents significant results on hospitalizations for primary health care-sensitive conditions, its limitations include the use of secondary data in a database with established variables.

It is hoped that the results of this study will contribute to improving the quality of and access to primary care in the municipality, considering the adaptation of the use of this indicator, which has great potential for building health systems based on primary care. This process is driven by the challenges that health workers face every day, mobilizing their actions to build health for the entire population.

REFERENCES

1. Souza LA, Rafael RMR, Moura ATMS, Neto M. Relações entre a atenção primária e as internações por condições sensíveis em um hospital universitário. *Rev Gaúcha Enferm.* [Internet]. 2018 [citado em 19 set

- 2021]; 39:e2017-0067. Disponível em: <https://www.scielo.br/j/rngenf/a/WjpTN3zPMtszW69cQLpTsWs/?format=pdf&lang=pt>
2. Andrade SSS. Estratégia saúde da família e sua relação com as internações por condições sensíveis à atenção primária em Pernambuco, no período de 2000-2014. [Internet]. [Dissertação]. Recife: Fundação Oswaldo Cruz; Instituto Aggeu Magalhães; 2016 [citado em 18 dez 2024]. 91 f. Disponível em: <https://www.arca.fiocruz.br/handle/icict/18461#collapseExample>
3. Sales KGS, Abreu LC, Ramos JLS, Bezerra IMP. HOSPITAL ADMISSIONS FOR SENSITIVE CONDITIONS TO PRIMARY HEALTH CARE. *Rev Bras Promoç Saúde* [Internet]. 2019 [citado em 19 set 2021]; 32:9664. Disponível em: https://periodicos.unifor.br/RBPS/article/view/9664/pdf_1
4. Maia LG, Silva LA, Guimarães RA, Pelazza BB, Pereira ACS, Rezende WL, et al. Hospitalizations due to primary care sensitive conditions: an ecological study. *Rev Saude Pública* [Internet]. 2019 [citado em 19 set 2021]; 53:2. Disponível em: <https://www.revistas.usp.br/rsp/article/view/154068/150310>
5. Ministério da Saúde (Brasil). Portaria nº 221, 17 de abril de 2008. Publicar, na forma do Anexo desta Portaria, a Lista Brasileira de Internações por Condições Sensíveis à Atenção Primária [Internet]. Brasília, DF: Ministério da Saúde; 2008 [citado em 20 nov 2020]. Disponível em: https://bvsms.saude.gov.br/bvs/saudelegis/sas/2008/prt0221_17_04_2008.html
6. Santos KMR, Oliveira LPBA, Fernandes FCGM, Santos EGO, BARBOSA IR. Internações por condições sensíveis à atenção primária em uma população de idosos no estado do Rio Grande do Norte no período de 2008 a 2016. *Rev Bras Geriatr Gerontol.* [Internet]. 2019 [citado em 19 set 2021]; 22(4):e180204. Disponível em: <https://www.scielo.br/j/rbgg/a/9Gn4DVwbWVJPVpRyDKwRt8y/?format=pdf&lang=pt>
7. Prezotto KH, Lentsck MH, Aidar T, Fertoni HP. Hospitalizations of children for preventable conditions in the state of Parana: causes and trends. *Acta Paul Enferm.* [Internet]. 2017 [citado em 19 set 2021]; 30(3):254-61. Disponível em: <https://www.scielo.br/j/ape/a/CvYwFDgFTMWFj6gCBLyGshj/?format=pdf&lang=pt>
8. Ministério da Saúde (Brasil). Portaria nº 2.436, de 21 de setembro de 2017. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS) [Internet]. Brasília, DF: Ministério da Saúde; 2017 [citado em 20 nov 2020]. Disponível em: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt2436_22_09_2017.html
9. Rodrigues RC. Infecção primária da corrente sanguínea: um olhar diferente na assistência. *Braz J Infect Dis.* [Internet]. 2021 [citado em 19 set 2021]; 25(Supl 1):101045.1. Disponível em: <https://www.bjid.org.br/en-pdf-S1413867020302063>
10. Tejo AM, Alexandre M, Rechenchski DZ, Danielli T, Simão ANC, Weichmann SL, et al. Caracterização microbiológica das pneumonias bacterianas em pacientes internados por COVID-19. *Braz J Infect Dis.* [Internet]. 2021 [citado em 19 set 2021]; 25(Supl 1):101078. Disponível em: <https://www.bjid.org.br/en-pdf-S1413867020302075>
11. Rosa ACM, Lamari NM. Caracterização de pacientes reinternados no setor de cardiologia. *Arq Ciênc Saúde* [Internet]. 2017 [citado em 19 set 2021]; 24(3):79-83. Disponível em: https://www.researchgate.net/publication/320219229_CHARACTERIZACAO_DE_PACIENTES_REINTERNADOS_NO_SETOR_DE_CARDIOLOGIA/fulltext/6384528b48124c2bc67a4f92/CARACTERIZACAO-DE-PACIENTES-REINTERNADOS-NO-SETOR-DE-CARDIOLOGIA.pdf
12. Nolasco MN, Ferreira WM, Rivero JRL. Epidemiologia dos casos de internações hospitalar por epilepsia no estado do Tocantins em 2018. *Brazilian Journal of*

- Health Review [Internet]. 2020 [citado em 19 set 2021]; 3(6):17268-80. Disponível em: <https://ojs.brazilianjournals.com.br/ojs/index.php/BJHR/article/view/20729/16558>
13. Freitas JS, Chaves MMN, Raksa VP, Larocca LN. Internações de adolescentes por condições sensíveis à atenção primária em uma regional de saúde. *Cogitare Enferm*. [Internet]. 2018 [citado em 19 set 2021]; 23(4):e56188. Disponível em: <https://revistas.ufpr.br/cogitare/article/view/56188/36886>
14. Serigatti EG, Padula MPC, Waters C. Assistência de enfermagem ao paciente com diagnóstico de epilepsia: pesquisa bibliográfica. *Brazilian Journal of Health Review* [Internet]. 2020 [citado em 19 set 2021]; 4(2):4858-79. Disponível em: <https://ojs.brazilianjournals.com.br/ojs/index.php/BJHR/article/view/25977/20602>
15. Nascimento VF. Análise do comportamento epidemiológico das internações de idosos por condições sensíveis à atenção primária à saúde em Pernambuco no período de 2012 a 2016 [Internet]. [Trabalho de Conclusão de Curso]. Vitória de Santo Antão, PE: Universidade Federal de Pernambuco; 2018 [citado em 18 dez 2024]. Disponível em: <https://repositorio.ufpe.br/bitstream/123456789/26004/1/NASCIMENTO%2c%20Vict%2c%20Farias%20do%20TCC.pdf>
16. Botelho JF, Portela MC. Risco de interpretação falaciosa das internações por condições sensíveis à atenção primária em contextos locais, Itaboraí, Rio de Janeiro, Brasil, 2006-2011. *Cad Saúde Pública* [Internet]. 2017 [citado em 19 set 2021]; 33(3):e00050915. Disponível em: <https://www.scielo.br/j/csp/a/7R6cnfNXyMYxFLy7J7XvYBL/?format=pdf&lang=pt>
17. Aldrigue RHS, Kluthcovsky ACGC. Internações por condições cardiovasculares sensíveis à atenção primária em municípios do Paraná. *ACM Arq Catarin Med*. [Internet]. 2021 [citado em 19 set 2021]; 50(1):58-67. Disponível em: <https://revista.acm.org.br/arquivos/article/view/917/485>
18. Barbosa MAG, Souza NP, Rodrigues HM, Fontbonne A, Cesse EAP. Consumo alimentar de hipertensos e diabéticos na perspectiva do processamento industrial dos alimentos. *Revista de Atenção à Saúde* [Internet]. 2020 [citado em 19 set 2021]; 18(65):76-89. Disponível em: https://seer.uscs.edu.br/index.php/revista_ciencias_saude/article/download/6566/3165/23139
19. Ferreira GE, Fernandes ITGP, Flores PCB, Conceição KM, Caetano SA, Souza LN, et al. Atenção do enfermeiro na assistência ao pré-natal de baixo risco. *Brazilian Journal of Health Review* [Internet]. 2020 [citado em 19 set 2021]; 4(1):2114-27. Disponível em: <https://ojs.brazilianjournals.com.br/ojs/index.php/BJHR/article/view/23866/19152>
- Martins KM, Santos WI, Alvares ACM. A importância da imunização: revisão integrativa. *Rev Inic Cient Ext* [Internet]. 2019 [citado em 06 jan 2025]; 2(2):96-101. Disponível em: <https://web.archive.org/web/2022011710222/https://revistasfacesa.senaaires.com.br/index.php/iniciacao-cientifica/article/download/153/108>

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