

Need of specialized treatment of FUSEX/SUS patients, cared for in the Military Hospital of Tabatinga/AM**Necessidade de tratamento especializado de pacientes FUSEX / SUS, atendidos no Hospital de Guarnição de Tabatinga/AM****Necesidad de tratamiento especializado de pacientes FUSEX / SUS, atendidos en el Hospital de Guarnição de Tabatinga/AM****Received: 04/04/2017****Approved: 22/12/2017****Published: 05/04/2018****Marco Antonio Lavorato de Almeida¹**
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The aim of this study was to verify, among patients from the Unified Health System (SUS) and of the Army Health Fund (FUSEX) who are being cared at the Army Hospital in the city of Tabatinga, the need for specialized treatment, to use this knowledge as tools for future planning. This is a quantitative and descriptive study, conducted in 2015. 382 patients from the Odontology Division were selected and examined. Many of the patients attended (61%) were civilians, showing the importance of this odontological service for the population in Tabatinga/AM. The need for treatment was greater for patients of SUS (56%) than for FUSEX ones (33%) — a statistically significant difference.

Descriptors: Health systems; Health planning; Oral health.

O objetivo deste estudo foi verificar as necessidades de tratamento especializado de pacientes do Sistema Único de Saúde (SUS) e do Fundo de Saúde do Exército (FUSEX), atendidos no Hospital de Guarnição de Tabatinga, como ferramenta de planejamento. Este é um estudo quantitativo e descritivo, realizado em 2015. Foram selecionados e examinados 382 pacientes da Divisão de Odontologia. A proporção de pacientes civis atendidos foi grande (61%), o que demonstra a importância deste serviço odontológico para a população de Tabatinga/AM. Houve uma maior necessidade de tratamento especializado dos pacientes no SUS (56%) que no FUSEX (33%), com diferenças estatisticamente significativas entre as necessidades.

Descritores: Sistemas de saúde; Planejamento em saúde; Saúde bucal.

El objetivo de este estudio fue verificar las necesidades de tratamiento especializado de pacientes del Sistema Único de Salud (SUS) y del Fondo de Salud del Ejército (FUSEX), atendidos en el Hospital de Guarnição de Tabatinga, como herramienta de planeamiento. Este es un estudio cuantitativo y descriptivo, realizado en 2015. Fueron seleccionados y examinados 382 pacientes de la División de Odontología. La proporción de pacientes civiles atendidos fue grande (61%), lo que demuestra la importancia de este servicio odontológico para la población de Tabatinga/AM. Hubo una mayor necesidad de tratamiento especializado de los pacientes en el SUS (56%) que en el FUSEX (33%), con diferencias estadísticamente significativas entre las necesidades.

Descriptores: Sistemas de salud; Planificación en salud; Salud bucal.

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INTRODUCTION

The evaluation of the current health care model, the diagnostic of an oral condition and of the treatment needs, are paramount as the first step in the planning of oral health, allowing for action priorities to be established and for resources to be allocated as to improve the populations health¹⁻³.

In countries such as Brazil, there is a lot of inequality in the access to odontological care, and the elaboration of policies to promote broader access to specialized recovery practices is necessary⁴⁻⁶.

The lack of due reference of users to secondary attention further diminishes treatment options, increasing the index of dental extractions and the consequent edentulism in the population^{7,8}. This is made clear in the age group from 65 to 74 years of age, where 63.1% of people use prosthesis in Brazil as a whole, and 64.5% in the North of the country⁹.

Public odontological assistance in Brazil was almost completely restricted to basic services, with specialized odontological services corresponding to at most 3.5% of the total number of odontological clinical procedures at SUS. The establishment of adequate reference and counter-reference systems in oral health was compromised by the low capability of offering services of secondary and tertiary care^{5,10-12}.

The role of the secondary care services in oral health corresponds both to the offer of treatment in odontological specialties as it does to the elaboration of plans by dentistry specialists for the treatment of referred users, after which there will be a counter-reference and the treatment will take place in the primary health care. Therefore, the Odontological Specialty Centers (CEOs) are secondary care services, integrated to the loco-regional planning process, which should be constituted of reference units for Primary Care^{5,12-16}.

Dental extraction is characteristic of the odontological care offered by public health, especially in cities with lower socioeconomic indexes. Only after the implantation of CEOs will endodontics and prosthesis be a part of the

possible treatments offered to the population by the public services. These Centers must also offer the possibility of partial dental prosthesis, because when total prostheses are the only possibility offered, this may stimulate dental extractions^{17,18}.

The implantation in the Family Health Program (PSF) in the cities in the state of Amazonas is classified as unsatisfactory in the entire state.

In the state of Amazonas, few specialized public oral health services are available. It is also worth highlighting that the peculiar characteristics of Amazonas make it difficult to expand the health assistance network to cities in the inner part of the state. The geographic isolation and the lack of financial resources, that are mostly centralized in the capital Manaus, contribute for the low performance and quality of the health services, making it difficult to establish adequate oral health reference and counter-reference systems^{7,11}.

The Army Hospital at Tabatinga started providing attention to the civilians in the city thanks to agreement 700.600/1982, between the Amazon Military Command (CMA) and the Unified Health System (SUS), becoming the reference Hospital unit for the vast Amazon region of Alto Solimões.

The Odontology Clinic at the Tabatinga Army Hospital is the only specialized odontological service in the micro-region of Alto Solimões, providing specialized odontological care to army members, their legal dependents (through the Army Health Fund - FUSEX) and the SUS users.

Therefore, the aim of this study was to verify, among patients from the Unified Health System (SUS) and of the Army Health Fund (FUSEX) who are being cared at the Army Hospital in the city of Tabatinga, the need for specialized treatment, to use this knowledge as tools for future planning.

METHOD

The research took place in the facilities of the Odontology Division of the Army Hospital in Tabatinga/AM.

This is a descriptive, cross-sectional and quantitative studies, using a simple

random sample of 382 patients, representative of the 59,684 inhabitants of the city²⁰, who are potential users of the services being analyzed. To calculate the sample, a confidence level of 95% was taken into account, with an error margin of 5%.

This research is registered in "Plataforma Brasil" and was submitted to the Research Ethics Committee (CEP) of the Federal University of the State of Amazonas (UEA), considering the ethical aspects mentioned by Decree 466/12, from the National Council of Health/Ministry of Health.

Data collection took place in 2015 and consisted in an intra-oral exam, to detect the needs of specialized treatment of all patients who participated in the study.

Data was registered in a specific form, calculated according to the presence or absence of the need of treatment in the many odontological specialties for each patient.

Global needs were summed up according to specialty, and then, distributed in numeric and percentile form to the group of users of the Army Health Fund (FUSEX) and for the group of SUS patients. The differences between the groups SUS and FUSEX were submitted to statistical analysis with the Chi-squared test.

For data collection, the clinical specialties considered were those prescribed at the HGuT, determined by Decree n^o726, in October 7, 2009, at the General Secretariat of the Brazilian Army, and therefore, specialties such as oral radiology and prosthodontics were not taken into account.

All procedures conducted in patients under 12 years of age were considered to be within pediatric odontology.

For the orthodontics specialty, only patients of up to 17 years of age were

Table 1. Necessity of patients cared for in the HGuT for specialized treatment. Tabatinga, AM, 2015.

Need for Specialized Treatment	Frequency of SUS patients	Percentage of SUS patients	Frequency of FUSEX patients	Percentage of FUSEX patients	Total frequency of patients	Total Percentage of patients
YES	214	56.0%	126	33.0%	340	89.0%
NO	19	5.0%	23	6.0%	42	11.0%
TOTAL	233	61.0%	149	39.0%	382	100.0%

considered, as prescribed by Decree n^o 048-DGP, from February 28, 2008, from the General Secretariat of the Brazilian Army²², which approved the instructions regulating Medical-Hospital Assistance for Beneficiaries of the Army Health Fund (IR 30-38).

The need for specialized treatment was considered for patients who presented both the need for clinical treatment and for simultaneous specialized treatments.

Inclusion criteria were: Brazilian people from Tabatinga/AM, of any age or sex, spontaneously seeking odontological treatment in the Army Hospital of Tabatinga or who were referred to it by the Basic Health Units of SUS.

The exclusion criteria were: emergency patients; patients over 12 years of age for the pediatric odontology specialty patients older than 17 years of age for the orthodontics specialty²²; patients of other nationalities and indigenous patients.

RESULTS

Table 1 shows the needs of specialized treatment distributed between SUS and FUSEX patients.

Most patients (61%) were from SUS, while 39% were from the FUSEX. 89% of patients needed specialized treatment, which was more common among SUS patients (56%) than among FUSEX ones (33%), a statistically significant difference ($p=0.026$), according to the chi-square test, presenting an odds ratio of 2.05 and a confidence index (95%) of 1.07-3.92.

Only 1% of patients did not need specialized procedures. Women represented 55.5% of patients (Table 2).

Table 2. Necessity of patients cared for in the HGUT for specialized treatment according to gender, Tabatinga, AM, 2015.

Need for Specialized Treatment/Gender	Frequency Male Gender	Percentage Male Gender	Frequency Female Gender	Percentage Female Gender	Total frequency of patients	Total percentage of patients
YES	152	39.8%	188	49.2%	340	89.0%
NO	18	4.7%	24	6.3%	42	11.0%
TOTAL	170	44.5%	212	55.5%	382	100.0%

According to Table 3, the group of FUSEX patients was divided in army members and their dependents. It was found that the legal dependents of army members represented 63.8% of patients, while the army members themselves were 36.2% of the total of this group.

Table 3. Necessity of patients cared for in the HGUT for specialized treatment according to Military Situation, Tabatinga, AM, 2015.

Need for Specialized Treatment/Military Situation	Frequency of Military patients	Percentage of Military patients	Frequency of Military Legal Dependent patients	Percentage of Military Legal Dependent patients	Total frequency of patients	Total percentage of patients
YES	45	30.2%	81	54.4%	126	84.6%
NO	9	6.0%	14	9.4%	23	15.4%
TOTAL	54	36.2%	95	63.8%	149	100.0%

Table for shows the need of specialty treatment in the specialties. It is worth highlighting that the same patient can have more than one specialized need.

The distribution of specialties between SUS and FUSEX was similar, and the order was as follows: dental prosthesis; cosmetic dentistry; oral and maxillofacial surgery; endodontics; pediatric dentistry; periodontics; and orthodontics.

Table 4. Need for Specialized Treatment according to odontological specialties. Tabatinga, AM, 2015.

Specialties	Frequency of SUS patients	Percentage of SUS patients	Frequency of FUSEX patients	Percentage of FUSEX patients	Total frequency of patients	Total percentage of patients
Dental Prosthesis	109	46.78%	61	40.94%	170	44.50%
Cosmetic Dentistry	81	34.76%	54	36.24%	135	35.34%
Oral and Maxillofacial Surgery	63	27.04%	31	20.81%	94	24.61%
Endodontics	63	27.04%	28	18.79%	91	23.82%
Pediatric Dentistry	56	24.03%	26	17.45%	82	21.47%
Periodontics	43	18.45%	21	14.09%	64	16.75%

Orthodontics	35	15.02%	12	8.05%	47	12.30%
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¹⁹² The needs of the patients were subdivided among the many different specialties. The frequencies and percentages are distributed within the patient groups SUS, FUSEX and sample Total.

The highest prevalence was that of simple restorations / 1 side (35.08%), followed by the posterior complexes of photopolymer, which represented 23.30% of the needs of the patients.

A high number of patients needed supra-gingival calculus removal (30.10%); removable partial prosthesis (27.75%); and

endodontic treatment (22.25%). Healthy patients or those with no need of treatment represented 2.88% of the total sample.

Table 5 shows statistically significant differences found among the needs of patients from SUS and FUSEX, using the chi-square test.

The most common needs for specialized treatment in SUS were for: partial removable prosthesis (p=0.015); gingivitis (p=0.028); endodontic treatment (p=0.020); dental extraction (p=0.014).

Table 5 - Statistically significant differences distributed according to the needs of specialized treatment among SUS and FUSEX patients. Tabatinga, AM, 2015.

<i>Treatment need</i>			<i>PATIENTS</i>		<i>OR (CI95%)</i>	<i>P- value</i>
			SUS	FUSEX		
Superior or inferior Prosthesis	Removable	Partial				
	YES		75(32.19%)	31(20.81%)	1.80	0.015*
	NO		158(67.81%)	118 (79.19%)	(1.11-2.92)	
Gingivitis	YES		26(11.16%)	7(4.70%)	2.54	0.028*
	NO		207(88.84%)	142 (95.30%)	(1.07-6.03)	
Need for endodontic treatment	YES		61(26.18%)	24(16.11%)	1.84	0.020*
	NO		172(73.82%)	125 (83.89%)	(1.09-3.12)	
Need for dental extraction	YES		26(11.16%)	6(4.03%)	2.99	0.014*
	NO		207(88.84%)	143 (95.97%)	(1.20-7.45)	

* Chi-square test

DISCUSSION

The diagnostic of the oral health conditions, of the treatment needs of the population, with their order of priority, accompanied by a survey of relevant information with specific ethnic groups, has been reported by many studies as the first necessary step in oral health planning, aiming to determine the needs of health actions and services of medium and high complexity¹⁻³.

This contributes to the optimization of costs and the increase of efficiency in the performance of the service, allowing for

operational objectives to converge towards the sanitary reality of the citizens who use these services^{1,2}.

Since the HGuT treats the civilian population of Tabatinga thanks to the Agreement between the 12th RM and the SUS, it is important to compare the specialties prescribed by the Decree n. 726, published in October 7th, 2009, by the General Secretariat of the Brazilian Army, to those that should be offered in the CEOs. In this context, the HGuT is found to have more capabilities than those required by Decree 599/GM, from March

23rd, 2006, as it offers oral and maxillofacial surgery, cosmetic dentistry, endodontics, periodontics, pediatric dentistry, orthodontics, dental periodontics and oral radiology^{21,23}.

The services of oral diagnostic, emergency treatment and Traumatology are in the scope of the oral and maxillofacial surgery, and the care for patients with special needs is covered in the pediatric odontology specialty. Therefore, the services offered are much more than the ones proposed for a CEO to work, since these facilities only need to have oral diagnostic, periodontics, minor oral surgeries, endodontics and care for patients with special needs. This service can be compared to that of CEO type II, since it can treat five odontological patients at once^{4,13,23}.

For the facility to work at its best, the many specialties need to be simultaneously present. Having enough professionals is something that is proving to be difficult. The north region has 3.68% of specialized dentists in the country and only 3.73% of the dental-surgeons in Brazil, a proportion of DSs/inhabitants below the recommended by the World Health Organization (1:1,500). Additionally, 94.51% of the specialists in the Amazonas state are gathered in the capital of the state, Manaus. One factor that influences in this result is that the dental surgeon (DS) seeks to establish himself near big urban centers, leaving some regions with no professionals to cover them^{24,25}.

As a result, when it is impossible to hire these specialized professionals, incentives must be given to the self-improvement of the ones that already exist.

In addition, due to the characteristics of the military careers, the offered specialties are often alternated, making it more difficult to summon these professionals to the 12th Military Region (12th MR).

Factors related to that are: the distance from the city of Tabatinga/AM to Manaus, which means that few specialized professionals are interested; the difficulty to access Post-graduation Odontology institutions; the end of the time of service of temporary military personnel; military professionals which are transferred to other

locations; and the small number of specialists in the North of the country.

Since, up to this moment, there is no CEO in the city of Tabatinga/AM26, the specialized service offered by the HGtU¹⁹⁴ is critical, as the results from the data collection of this research indicate.

Regarding the gender of the patients, there was a higher number of females, a trend already reported in other studies, regarding the use of health services by women^{12,27,28}.

It is important to highlight that this study considered some simpler procedures are doable by clinical dentists, to emphasize only those procedures that really require specializations.

Although the socioeconomic aspects of the population were not evaluated in the data collection stage of this research, it is closely related to its oral condition^{6,9,29,30}. From the population of the countryside of the North region, 29.1% has a family income of up to R\$ 500.00 per month, and 49.5% of the population from R\$ 501,00 up to R\$ 1,500.00 per month⁹, salary inferior to that earned by a Brazilian Army Corporal³¹.

This is corroborated by other researches that reported that low monthly income, of up to three minimum wages, and low educational levels, are frequent among people who seek the service, and are related to dental loss^{6,9,18,27,29,32}.

In this context, the need for dental extraction was found to be bigger among SUS patients, a statistically significant difference for FUSEX patients ($p=0.014$). The need for surgery to remove impacted or semi-impacted wisdom teeth did not show any significant difference, since it is also associated to the lack of space; oral and facial pain; prevention of dental cysts; among others^{33,34}.

In addition to the demand of patients in this study for oral and maxillofacial surgeries (24.61%), it is important to highlight the importance of the presence of this specialty in the HGtU, since it is responsible for the execution of intra-oral biopsies for oral diagnostic and for face traumatology care in Tabatinga/AM, since no CEOs are implanted and the specialty is not offered at the

UPA/Tabatinga^{26,35}.

Face traumas cause many morbidities, and in these cases, the mandible is the most commonly fractured bone^{36,37}. Therefore, when this specialist is not present in the HGuT, it is paramount to send these patients to the garrison in Manaus for treatment, increasing the number of morbidities, their cost and the time taken to deal with them.

The issue of low income associated to the needs for prosthesis rehabilitation treatment²⁹, especially of PPR, found among patients of SUS (32.19%), as well as the possibility of inserting procedures related to the clinical stage of elementary dental prosthesis implantation in primary care and making the confection of partial dental prosthesis available in the Odontological Specialty Centers^{10,18}, corroborate the importance of implanting a Regional Dental Prosthesis Lab in the city of Tabatinga/AM²³, which could give support to the treatment of these patients.

In this study, 27.75% of patients needed to replace dental losses through removable partial prosthesis, a percentage similar to that found in another research³⁸, according to which 29.4% of patients declared the need to have a removable partial prosthesis.

It stands out that almost all SUS patients cared for in the cosmetic dentistry and pediatric odontology specialties came due to spontaneous demand, indicating that the service also works as an outlet for the primary care services, since the cosmetic dentist executed concomitant basic procedures, such as simple restorations (1 side) with photopolymer^{39,40}. This makes clear that there are difficulties the organization of the demand, especially regarding the issue of referrals and counter-referrals^{12,16,39-41}.

When compared to the FUSEX patients, the specialized treatment needs of SUS patients were statistically significantly superior when it comes to procedures related to the aggravation of tooth decay and bad oral hygiene. The association between socioeconomic conditions, access to health and education, and low quality of life, are important factors recognized for the

modification of the risk of diseases, leading to effects that are devastating to oral health^{10,42,43}.

A greater ease in the access of health services and a higher availability of specialized treatment for FUSEX patients are factors that contribute for the maintenance of their dental elements when they are affected by periodontal problems and need the confection of more elaborated prostheses^{30,39,43}.

In addition, in the city of Tabatinga/AM, the access to fluorinated public tap water is insufficient. The relation between the access to fluorinated water and higher numbers of teenagers with no cavities is frequent⁴⁴⁻⁴⁶. This, associated to the difference in the access to health services, to the diffusion of oral health promotion measures and to the access to fluorinated dentifrices, contribute to explain the differences found between SUS and FUSEX, especially the greater need of SUS patients for endodontic treatments (26.18%), dental extraction (11.16%) and the consequent need of removable partial prosthesis (32.19%).

The need for endodontic treatments was greater among SUS patients (26.18%), a statistically significant result ($p=0.020$). This greater demand corroborates specialized literature results, which report that endodontic treatments are one of the most required specialties in the CEOs, meaning that these patients are the ones which manage to receive integral care more frequently^{8,39,40}.

The association between socioeconomic conditions and toothache has already been reported, and tooth decay stands out as the most common reason for endodontic problems^{32,42}.

CONCLUSION

A high number of patients attended were from SUS (61%), showing the importance of the HGuT odontological service for the population of Tabatinga/AM.

There are more specialties prescribed to be available at the HGuT than required by Decree n. 599/GM, from March 2006, and it is equivalent to a type II CEO, as it can attend up to five patients simultaneously.

Statistically significant differences were found between the needs of SUS and FUSEX patients.

To eliminate the referrals for patients to receive treatment at the Manaus Garrison, the constant presence of an oral and maxillofacial surgeon in the HGuT is essential, diminishing the morbidity and time of treatment.

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CONTRIBUTIONS

Marco Antonio Lavorato de Almeida took part in the bibliographic research, the sample calculation, the clinical examination, data collection, data tabulation, statistical analysis, and in the final writing. **Vanessa Fabiana dei Santi Almeida** took part in the bibliographic research, sample selection, clinical examination, data collection, and in the writing of the article.

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