

OP49.03

Z ICPC2 trend in GP health centers in central Portugal between 2009-2013

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Several sources feed discussion concerning whether or not Portugal qualitative/quantitative differences in health related to the recent economic crisis (RPOPSS2012-2014). Diagnostic needs have been identified. Psychosocial problems can affect health. Studies indicate increased unemployment in the context of economic/financial crisis related with premature death. A 2012 study on the welfare Portuguese families (n=980) indicated 22.2% reported reduction in health spending. In families with > 1 unemployed (20% of total), it occurred in 39.9 % (SEATS, 2012). Increased anxiety/depression identified in Portugal by several sources, including GPs clinical records. A northern region preliminary data, indicated 30% increase in depression diagnosis between 2011-2012.

Weight of ICPC2 Zcoding in the GP records before and after 2011 in Central Portugal? What is the evolution in coding for consultation of Reason(S), diagnostics (A), therapeutic Plan (P)?

Observational study of GP records (ICPC2) in electronic form provided by Central ARS, SIARS, between 2009-2013 and relating to (S)(A)(P) of the various ACES. Obtained and analyzed using statistical programs Mim@UF and SPSS17.0.

While n° users (1,965,393 to 1,840,916) and clinical appointments (7,048,805 to 5,825,092) decreased between 2009-2013, the number of codes increased by Z(S)(1498 to 2276) and (A)(17,850 to 27,553). The number of consultations ICPC2 coded increased (to 77%) but it does not explain by itself the quantitative increase of Zcodes: increased up to 0.42% in (A) and 0.28% in (P) compared to total all ICPC2 codes. In 2013, 67 users were required to produce a single Zcode. In 2011 were 90 and 110 in 2009. Qualitatively, Z01, Z05, Z06 were the most often brought to the appointment(S) and perceived as important by GP(A) mostly after 2011.

Zcodes(P) decreased in 2011 and crescendo in 2012-13, most being Z62, Z50, Z45. The code Z58 - therapeutic listening/counseling is residual.

Chapter Z has little expression in GP records vs sociological studies, however there were significant fluctuations in the period considered. Decision for coding and time-consuming issues during appointments could have influenced results.