



Simposium satélite
GARD-CPLP: grupo de trabalho da CPLP

Abordagem PAL – Practical approach to lung health: asma, doença pulmonar obstrutiva crónica, infecções respiratórias e tuberculose

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Representante da GARD/OMS no Brasil



ORIGINAL ARTICLE

Wheezy Child Program The Experience of the Belo Horizonte Pediatric Asthma Management Program

Laura Lasmar, MD, PhD, Maria Jussara Fontes, MD, PhD, Maria Teresa Mohallen, MD, PhD,
Ana Cristina Fonseca, MD, and Paulo Camargos, MD, PhD

WAO Journal • December 2009

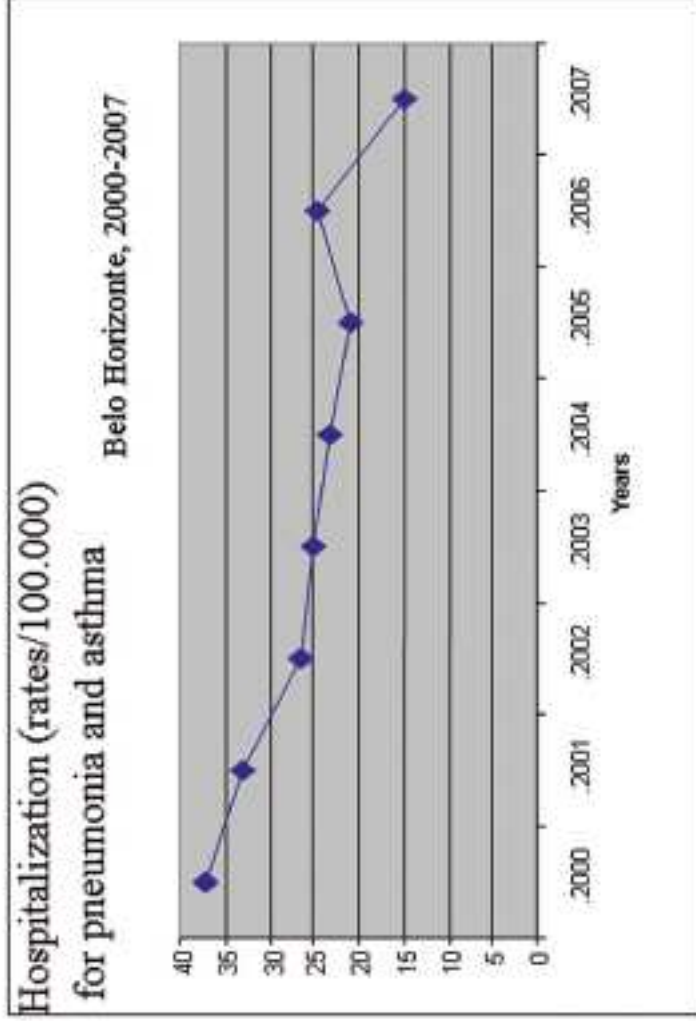


FIGURE 1. Hospitalization rates for asthma/pneumonia: 2000–2007.

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A pediatric asthma management program in a low-income setting resulting in reduced use of health service for acute asthma

W. C. C. Andrade¹, P. Camargos², L. Lasmar² & J. Bousquet³

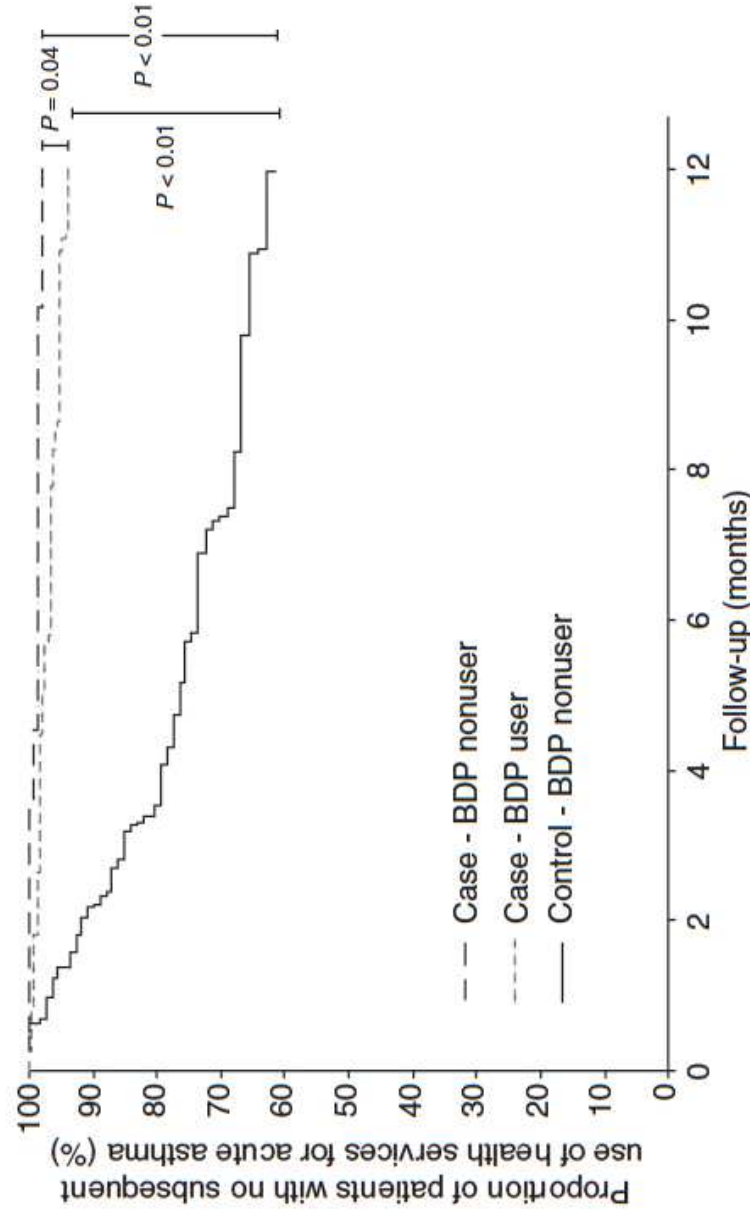


Figure 1 Health services utilization by acute asthma during the follow-up.

MINISTÉRIO DA SAÚDE

■ CADERNOS DE ■ ■ ATENÇÃO BÁSICA ■

DOENÇAS RESPIRATÓRIAS
CRÔNICAS

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CRÔNICAS

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CRÔNICAS

Brasília - DF
2010

25

Diagnostic accuracy of respiratory diseases in primary health units

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neral practitioners (GPs) in relation to respiratory diseases in PHC. This review aims to evaluate the diagnostic ability of GPs working in PHC in relation to more prevalent respiratory diseases, such as acute respiratory infections (ARI), tuberculosis, asthma and chronic obstructive pulmonary disease (COPD). 3,913 articles were selected, totaling 30 after application of the inclusion and exclusion criteria. They demonstrated the lack of consistent evidence on the accuracy of diagnoses of respiratory diseases by general practitioners. In relation to asthma and COPD, studies have shown diagnostic errors leading to overdiagnosis or underdiagnosis depending on the methodology used. The lack of precision for the diagnosis of asthma varied from 54% underdiagnosis to 34% overdiagnosis, whereas for COPD this ranged from 81% for underdiagnosis to 86.1% for overdiagnosis. For ARI, it was found that the inclusion of a complementary test

Primary care physicians' ability to diagnose the most prevalent respiratory diseases

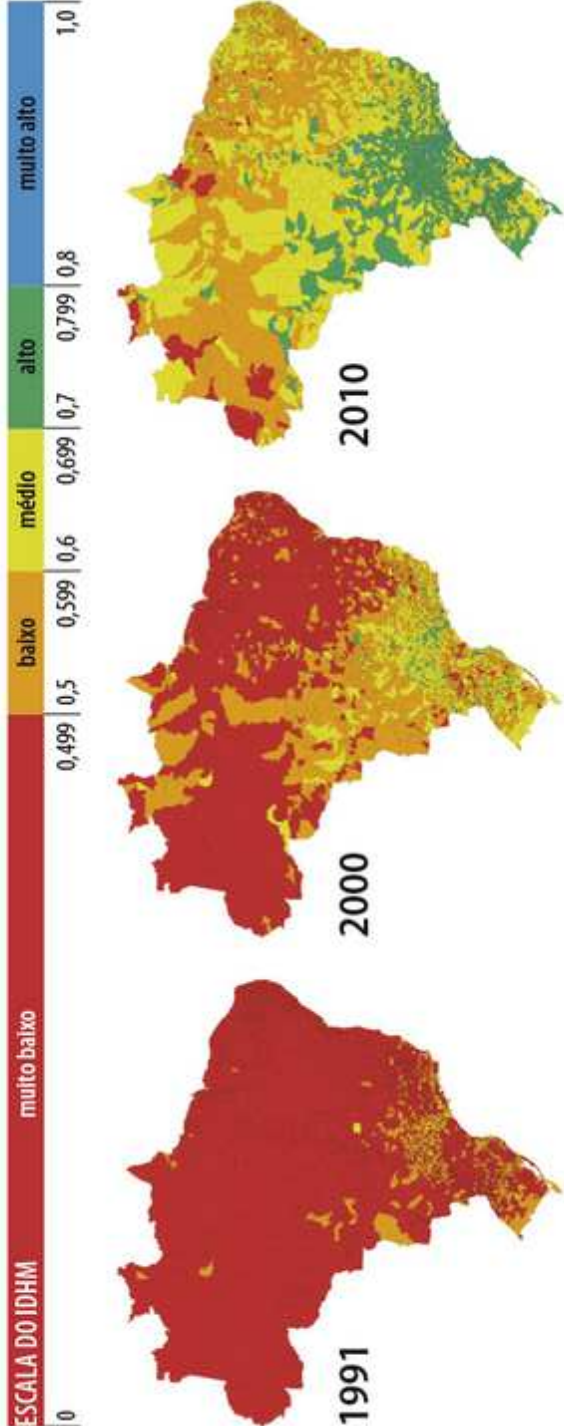
B. P. de São José,* P. A. M. Camargos,[†] E. D. Bateman,[‡] C. M. A. Botelho,[§] J. G. F. de Seixas Maciel,[¶]
E. V. Mancuzo,[#] R. de Amorim Corrêa[#]

RESULTS: Among a total of 554 patients, 60 PCPs correctly diagnosed 42.4% as having ARI, 17.3% asthma, 15.7% COPD and 12.4% suspected TB. Agreement between the PCPs and the pulmonologists was as follows: 0.53 for asthma (95%CI 0.45–0.60), 0.53 (95%CI 0.46–0.60) for ARI, 0.45 (95%CI 0.34–0.57) for TB and 0.40 (95%CI 0.29–0.50) for COPD.

CONCLUSION: Only reasonable to moderate agreement was found between PCPs and pulmonologists in diagnosing the most prevalent respiratory conditions. This result emphasises the need to adopt measures and provide tools to improve the diagnostic skills of PCPs for patients presenting with respiratory symptoms.

Mapas mostram maior evolução do IDHM no Sul-Sudeste

Há contrastes como municípios onde a renda per capita mensal é de R\$ 1,7 mil e outros em que é de apenas R\$ 210

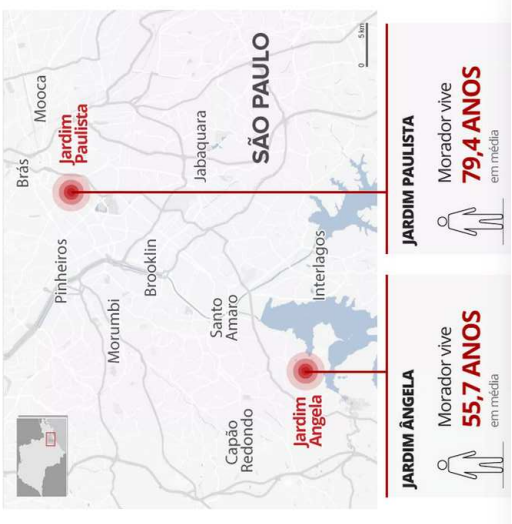


Fonte: Pnud



Mapa da desigualdade em São Paulo

Morador do Jardim Paulista vive 23,7 anos a mais que o do Jardim Ângela





PAL-GARD no município de Ribeirão das Neves, Estado de Minas Gerais: resultados preliminares

- ✓ incremento no diagnóstico de Tb: 70%
- ✓ incremento na suspeição clínica de DPOC na atenção primária (30%) e aumento das solicitações de espirometria (50%)
- ✓ incremento da prescrição de corticóides inalatórios: 70%
- ✓ incremento dos encaminhamentos de pacientes do pneumologista para a atenção primária: 40%
- ✓ redução dos atendimentos por doenças respiratórias em serviços de urgência: 20%

"Sejamos realistas, exijamos o impossível"

Obrigado pela sua atenção!