

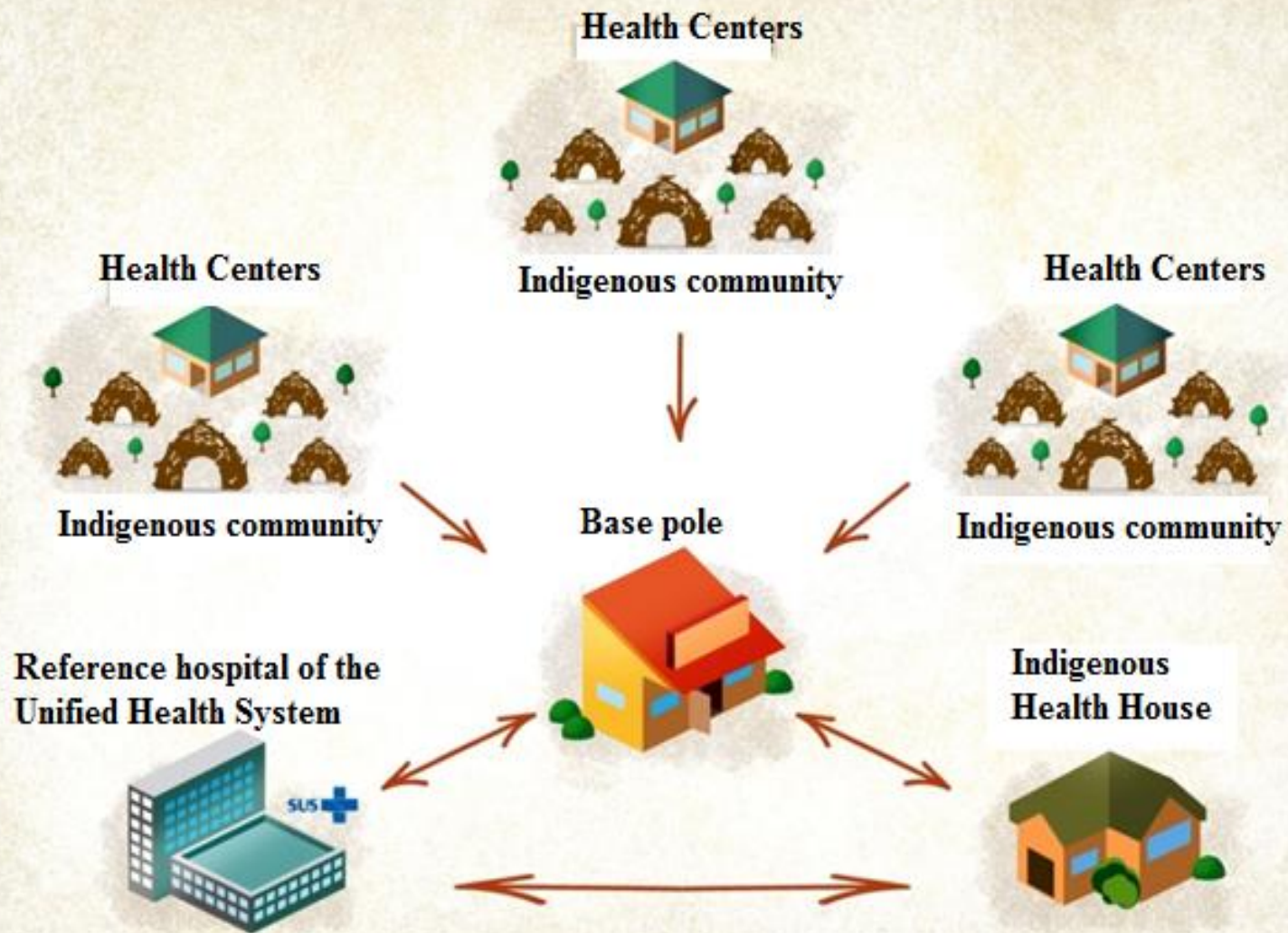
**Epidemiological profile of  
indigenous referred to the  
Indigenous Health House of the  
Distrito Federal, Brazil.**

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## Organization of the healthcare system for indigenous people in Brazil



# Objective

- Characterize the epidemiological profile of the indigenous patients referenced in **Indigenous Health House of the Distrito Federal (CASAI-DF), Brazil**.
- Identify morbidities, socio-demographic data and resolution of the problems that generated referrals.

# Methodology

- This article was an institutional, retrospective cross-sectional epidemiological study was carried out on the epidemiological profile of the indigenous patients referred to CASAI-DF through the adaptation of two data collection instruments and proposals by Dantas (2010) and another person who divined the health report Of the University Hospital of Brasília (ASI-HUB).
- The sample consisted of 109 records of natives aged over 18 years and analysis performed through the SPSS Statistics program 20.

# Results and discussion

Table 1. Sociodemographic description of patients admitted to the CASAI-DF for health treatment. Brasília-DF, 2011-2014.

Demographic description	N	%
<b>Sex (n = 109)</b>		
Male	56	51,4
Female	53	48,6
<b>Age, - both sexes (n = 109)</b>		
18-29 years old	28	25,7
30-39 years old	20	18,3
40-49 years old	29	26,6
50-59 years old	8	7,3
Above 60 years old	24	22,1
<b>Indigenous special health district (n = 105)</b>		
Xingu	61	58,1
Xavante	27	25,7
Outros <sup>1</sup>	17	16,2
<b>Base Pole (n = 104)</b>		
Leonardo	44	42,3
Campinópolis	18	17,3
Wawi	10	9,6
Outros <sup>2</sup>	31	29,8
<b>Ethnicities (n = 88)</b>		
Kuikuro	16	18,2
Xavante	14	15,9
Kisadja	8	9,1
Kamayurá	7	7,9
Kalapalo	7	7,9
Outros <sup>3</sup>	36	41,0

1. Araguaia, Bahia, Mato Grosso do Sul, Médio Rio Purus, Palmas, Tocantins, Vilhena. Values less than 6.5% each.

2. Agua Boa, Barro Queimado, Cacoal, Casa Nova, Diananum, Gurupi, Javac, Marreção, Pau Brasil, Pavuru, Ribeirão de Cascalho, Sangradouro, Santa Tereza, São Felix, São Marcos, Sidrolândia, Tocantinia. Values less than 6.5% each.

3. Aweti, Ikapeng, Juruna, Karamuru, Kayabi, Matipu, Mehinako, Nahukwa, Suruwaha, Tanayuna, Tapirape, Terena, Trumai, Tseredi'a, Tsinhotse, Waurá, Xerente, Yawalapiti. Values less than 6.5% each.

- 23 ethnic groups, 9 DSEI. Median age 43 ( $\pm 17.3$ ), the oldest being aged 82 years.
- The mean length of stay at CASAI-DF was 18.8 days ( $\pm 29.5$ ) and the mean length of hospital stay was 12 days ( $\pm 7.1$ )

# Results and discussion

Table 2. Distribution of the referred to CASAI/ DF according to grouping in three major groups of morbidity by sex, age group, treatment outcome and reason for consultation in Brasília-DF, 2011 to 2014

<b>Variables</b> N(%)	<b>Group I</b> 8 (9,5%)	<b>Group II</b> 76 (90,5%)	<b>Values of p</b> -
<b>Sex</b>			<b>0,600</b>
Male	5 (11,1%)	40 (88,9%)	
Female	3 (7,7%)	36 (92,3%)	
<b>Indigenous special health district</b>			<b>0,919</b>
Xavante	4 (21,1%)	15 (78,9%)	
Xingu	0 (0,0%)	44 (100,0%)	
Outros <sup>1</sup>	4 (19,0%)	17 (81,0%)	
<b>Age of admission</b>			<b>0,991</b>
18-29 years old	2 (8,7%)	21 (91,3%)	
30-39 years old	2 (15,4%)	11 (84,6%)	
40-49 years old	1 (4,8%)	20 (95,2%)	
50-59 years old	1 (20,0%)	4 (80,0%)	
Above 60 years old	2 (9,1%)	20 (90,9%)	
<b>Reason for consultation</b>			<b>0,868</b>
Diagnostic research	0 (0,0%)	8 (100,0%)	
Emergency	2 (25,0%)	6 (75,0%)	
Ambulatory consultation	6 (8,8%)	62 (91,2%)	
<b>Outcome</b>			<b>0,087</b>
In treatment	2 (6,2%)	30 (93,8%)	
Did not return	1 (3,6%)	27 (96,4%)	
Medical release	5 (20,8%)	21 (79,2%)	

1. Araguaia, Bahia, Mato Grosso do Sul, Médio Rio Purus, Palmas, Tocantins, Vilhena. Values less than 6,5% each.

- Group I - Communicable diseases, malnutrition, maternal conditions and perinatal causes;
- Group II - Non-communicable diseases.
- The Noncommunicable diseases accounted for 90.5% of the sample cut, and the morbidities of group I, 9.5%,

# Results and discussion

- Among the patients referred to the CASAI-DF, 33 (30.0%) presented associated pathologies. The four main types of chronic noncommunicable diseases, the majority of which were females ( $p = 0.600$ ), from the Xingu Special Indigenous Sanitary District (DSEI), who did not return to treatment in Brasilia ( $p = 0.087$ ) and came because of outpatient visits ( $p = 0.868$ ), with no statistically significant difference in these variables.

# Considerations

- The findings of this research demonstrate that as chronic noncommunicable diseases (NCDs) are found among other pathologies in indigenous peoples referred to the health treatment in Brasilia.
- Although it is not possible to extrapolate this result to the DSEIs and not to be representative of the profile of the indigenous people of Brazil, they justify the attention given to this area, providing comprehensive care, multidisciplines and including an indigenous culture valuing the two knowledge and health policies that Aimed at the prevention, promotion and treatment and rehabilitation of indigenous peoples, in all points of attention of the Subsystem of Attention to Indigenous Health (SASI) aiming a defense of life.



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