

Analysis of the oral and mental conditions of homeless people in Maringá-PR

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Análisis de las condiciones orales y mentales de las personas sin hogar en Maringá-PR.

RESUMO

Objetivo: Analisar os dados de saúde bucal e hábitos que colaboram para o agravamento da saúde bucal e mental dos moradores em situação de rua do município de Maringá-PR. **Métodos:** Pesquisa de caráter quantitativo/exploratório, realizada por meio da análise de prontuários eletrônicos da população em situação de rua (PSR). Os dados foram computados em uma planilha em Excel para análise estatística. **Resultados:** Foram quantificados e analisados 761 prontuários eletrônicos. A faixa etária predominante foi a de 41,2 anos, e a predominância foi do sexo masculino. Os problemas bucais mais prevalentes foram relacionados à periodontia e cirurgia e com necessidades de próteses. Os dados também evidenciaram alto consumo de drogas ilícitas, álcool e tabaco, resultando numa alta prevalência de comorbidades e agravamento do quadro da saúde mental desta população. **Conclusão:** Espera-se que os resultados obtidos possam servir para embasar a política pública do município em relação a esta população especificamente, assim como avaliar a efetividade, ampliação e aprimoramento dos serviços do município de Maringá.

DESCRITORES: Pessoas em situação de rua; Políticas públicas de saúde; Promoção da saúde.

ABSTRACT

Goal: To analyze the oral health data and habits that contribute to the worsening of the oral and mental health of homeless residents in the city of Maringá-PR. **Methods:** Quantitative/exploratory research, carried out through the analysis of electronic medical records of the homeless population (PSR). Data were computed in an Excel spreadsheet for statistical analysis. **Results:** It was quantified and analyzed 761 electronic medical records. The predominant age group was 41.2 years, and the predominance was male. The most prevalent oral problems were related to periodontics and surgery and the need for prostheses. The data also showed a high consumption of illicit drugs, alcohol and tobacco, resulting in a high prevalence of comorbidities and a worsening of the mental health status of this population. **Conclusion:** It is hoped that the results obtained may serve to support the municipality's public policy in relation to this population specifically, as well as to assess the effectiveness, expansion and improvement of services in the municipality of Maringá.

DESCRIPTORS: Homeless people; Public health policies; Health promotion.

RESUMEN

Objetivo: Analizar los datos y hábitos de salud bucal que contribuyen al empeoramiento de la salud bucal y mental de los residentes en situación de calle en la ciudad de Maringá-PR. **Métodos:** Investigación cuantitativa / exploratoria, realizada a través del análisis de historias clínicas electrónicas de la población sin hogar (PSR). Los datos se calcularon en una hoja de cálculo de Excel para el análisis estadístico. **Resultados:** Cuantificamos y analizamos 761 historias clínicas electrónicas. El grupo de edad predominante fue de 41,2 años y el sexo masculino. Los problemas bucales más prevalentes se relacionaron con la periodoncia y la cirugía y la necesidad de prótesis. Los datos también mostraron un alto consumo de drogas ilícitas, alcohol y tabaco, lo que resultó en una alta prevalencia de comorbilidades y un empeoramiento del estado de salud mental de esta población. **Conclusión:** Se espera que los resultados obtenidos sirvan para apoyar la política pública del municipio en relación a esta población específicamente, así como para evaluar la efectividad, ampliación y mejora de los servicios en el municipio de Maringá.

DESCRIPTORES: Personas sin hogar. Políticas de salud pública. Promoción de la salud.

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Maria Paula Jacobucci Botelho

PhD Professor at the Department of Dentistry at the University of Maringá – PR. UniCesumar. Dentist at SAE / CTA IST Aids in Maringá-PR.

ORCID: 0000-0003-0485-1307.

Raul Sturion

Student of the Dentistry Course, Department of Dentistry – University of Maringá-PR. UniCesumar.

ORCID: 0000-0002-2999-6070

Janus Micael Targa Ferreira

Student of the Dentistry Course at UniCesumar, PIBIC/UniCesumar scholarship holder.
ORCID: 0000-0003-3138-2200

Michel Rangel

Dentist of the Family Health Strategy. Coordinator of Oral Health of the Municipal Health Department of Maringá-PR.
ORCID: 0000-0002-7370-4020

Isabela Miguel Pissoli

Physician of the "Consultório na Rua" team.
ORCID: 0000-0002-6305-7224

Maria Heloísa Cella

Psychologist. Mental Health Manager, Municipal Secretary of Maringá-PR.

INTRODUCTION

The social inequalities established by the capitalist system have led modern societies to marginalize certain social groups. Over time, a growing increase in the Homeless Population (HP) could be noticed, which is defined by the National Policy for the Homeless Population and, according to the Ministry of Social Development and Fight against Hunger, as a heterogeneous population group, composed of people with different realities, but who have in common the condition of absolute poverty, interrupted or fragile ties and lack of regular conventional housing, being compelled to use the street as a space for housing and livelihood, due to temporary contingency or permanently. 1

There are several situations that can lead individuals to the streets. In addition to socioeconomic factors, such as poverty, we can also highlight factors related to interpersonal interactions, such as family problems linked to the rejection of the individual by the family, violent attitudes and hostilities. The HP is largely made up of people ignored from social life and, due to their condition of social uselessness, they become invisible and go unnoticed by society. Therefore, it is necessary to recognize this group in society as holders of rights and with free access to health 2, but this does not happen.

Among the public health policies offered to the PSR, the Consultório na Rua

(CnaR) stands out, which was established through the National Primary Care Policy (PNAB) and consists of a mobile medical office, offering a differential from the traditional physical structure of clinic. The CnaR is composed of a multidisciplinary team, which actively searches the places where the PSR is located, thus making the reception and the formation of bonds between health professionals, social workers and the PSR, improving access and the right to health, to address their needs. 3

The main activities and actions are developed on the street and articulated with other health services and centers, such as the Basic Health Unit (UBS), Urgent and Emergency hospital services, Psychosocial Care Centers (CAPS), Shelter Units, Health Centers, Popular Centers, among others. 4

It is also important to understand and reflect on the care of homeless people, especially those with mental disorders. When they are homeless, their symptoms are exacerbated, in addition to the accumulation of several other disorders, resulting in a high prevalence of comorbidities and worsening of their mental health condition. In this population, the most common mental disorder is associated with alcohol and other drug dependence, ranging from 8% to 58% for alcohol dependence and 5% to 54% for other drugs. 5

In Maringá the team is currently modality III, with a doctor, nurse, nursing technician, psychologist, social worker and a driver. The team has an adapted car for

on-site assistance to the HP and there is a cell phone number for contacting the team, which performs all SUS service portfolio procedures and shares care with the municipality's care network.

Enabling health care for HP is to provide equity to all citizens, a right that guarantees equality and justice, recognizes the specific needs of each social group and reduces the impact of the social determinants of health to which this group is subjected. 6 Therefore, the general objective of the research was to analyze the oral health of HP, the habits that contribute to the worsening of oral problems and mental disorders of homeless people in the city of Maringá.

METHODS

The project is linked to the Dentistry course at UniCesumar (Maringá-PR) and was approved by its Ethics Committee (Opinion TCLE/CAAE nº 3.702.180). It was developed in accordance with the assumptions, guidelines and regulatory norms of research involving human beings. It was also submitted to the Research Ethics Committee of the Municipal Health Department of Maringá and to the Center for Training and Research in Social Projects, being authorized by the Permanent Commission for Project Evaluation - Ordinance No. 029/2019 - SAÚDE, to be held at the Health Department of Maringá (Secretaria de Saúde de Maringá): Consultório na Rua from 2019 to 2021.

The study consisted of a quantitative and exploratory research for the analysis of the health conditions of the PSR. The study included the analysis of electronic medical records of the PSR in the municipality of Maringá, which underwent consultations in the years 2019 and 2020. This data collection was carried out with the Health Department of Maringá. The second stage characterized the homeless population in Maringá, through data collected and interviews with people who live on the streets and who agreed to participate in the study after being informed about the objectives and purposes of the research. After being informed, they were asked to sign the Free and Informed Consent Form – FICF.

However, the second part of the research was not developed in its entirety in this way due to the public calamity caused by the COVID-19 pandemic⁷ and the restrictions arising from it. Data was collected in the period prior to these decrees.

The data obtained were entered into a Microsoft Excel 2010 spreadsheet and statistically analyzed with the help of the Statistica Single User Software version 13.2 in the year 2021. Descriptive measures were calculated: mean, standard deviation, minimum and maximum for quantitative variables and simple and double-entry tables for qualitative variables also in 2021. To verify possible associations between qualitative variables, the chi-square test was performed, with a significance level of 5%, that is, comparisons with $p < 0.05$ were considered significant.

RESULTS

Of the 761 medical records analyzed, 87% were men, aged between 30 and 49 years (59.7%). Only 10% underwent dental care ($n=77$) and most had surgical procedures. 28.8% ($n=219$) used some type of drug, 25.8% were smokers ($n=196$) and 29.9% ($n=205$) consumed alcohol (Table 1).

In relation to other clinical conditions recorded in the electronic medical records of patients, 21% ($n=160$) have diseases

Table 1. Distribution of variables evaluated in respondents

	Variables	N	M	F	%	p
Smoking	Yes	196	169	27	25,8	0,7366
	Did not inform	492	430	62	64,7	
	Non-smoker	17	16	1	2,2	
Alcohol consumption	Yes	205	174	26	26,9	0,1897
	No information	465	407	16	61,1	
	Does not consume	20	19	1	2,6	
Cocaine	Yes	41	35	6	5,4	0,1422
	No	212	178	34	27,9	
	Did not inform	508	453	55	66,8	
Crack	Yes	81	63	18	10,6	0,0156*
	No	172	150	22	22,6	
	Did not inform	508	453	55	66,8	
Marihuana	Yes	53	42	11	7,0	0,0693
	No	200	171	29	26,3	
	Did not inform	508	453	55	66,8	
Others	No	189	159	30	24,8	0,1465
	Yes	64	10	54	8,4	
	Did not inform	508	453	55	66,8	
Illicit drugs	Yes	219	180	39	28,8	0,0075*
	No	1	0,1	33	4,3	
	Did not inform	55	7,2	453	59,5	

* Significant chi-square test considering a 5% significance level.

Table 2. Distribution of variables evaluated in respondents

		N	M	F	%	p*
CNCD	Yes	160	134	26	21,0	0,2681
	No	18	16	2	2,4	
	No information	583	516	67	76,6	
DI	Yes	67	53	14	8,8	0,0789
	No	25	26	2	3,3	
	No information	669	590	79	87,9	
Fainting/seizures	Yes	6	6	0	0,8	0,5293
	No	24	22	2	3,2	
	No information	731	638	93	96,1	
Use of medicines	Yes	148	121	27	19,4	0,0617
	No	35	30	5	4,6	
	No information	578	515	63	76,0	
Carie	Yes	69	58	11	9,1	0,3621
	No	692	608	84	90,9	

* Significant chi-square test considering a 5% significance level.

other than Chronic Non-Communicable Diseases (NCDs) and allergies; 8.8% (n=67) had infectious diseases (DI), 3.2% (n=24) had fainting spells and seizures, 11.8% (n=90), 19.4% were taking medication (n=90). =148) 1.1%. In relation to the presence of diseases and use of medications, there were no statistically significant differences between the groups. We can consider the proportion of discrepant data due to the difficulty in obtaining data in relation to this parameter (Table 2).

In relation to the presence of diseases and use of medications, there were no statistically significant differences between the groups.

DISCUSSION

The absence of much data in the electronic medical records of the Health Department of Maringá-PR reinforces the invisibility of PSR, in addition to the difficulty they find in accessing the most diverse treatments in Maringá, as other studies had already pointed out. 8 Failure to provide care to this population also means that information is not collected properly and this can aggravate the feeling of not belonging to this population, accentuating mental health problems, as observed in this study. In the area of health, the objective is the production of care and, thus, it will be possible to achieve healing and health. There are multiple ways, models and actions to provide care. The biomedical model has already shown that it is not the best way to provide care. It is necessary to work under

the psychosocial paradigm, with an inter-professional team, with different therapeutic resources, emphasizing the social reintegration of individuals. 9 The HP needs more visibility, attention and new policies must be instituted to be able to offer more adequate care.

There is a need to implement dental care through the network to change this reality, in addition to incorporating an oral health professional in the CnaR working together on HP approaches to identify their needs and address them early. 10 Although HP has low oral, systemic and mental health conditions, it has received little attention from the scientific community, with few published studies on the subject. 11 The high consumption of drugs, alcohol and tobacco by HP contributes to these poor oral health conditions. This consumption can be explained by the need of this population to minimize hunger and cold, as well as for socialization among the members of the street groups. 12

When using drugs, particularly crack, teeth staining occurs, further compromising people's self-esteem. Thus, the performance of restorative procedures with aesthetic purpose is also important in the recovery of self-esteem and allows better reintegration into society. Oral health is related to systemic and mental health and should be considered fundamental in the care of HP. Likewise, mental health problems represent the predominant reason for these people being homeless and should always be considered. The expansion of health care for the HP is necessary, but it will

only occur when there is greater visibility and concern for this population.

Among the limiting factors for carrying out this research, it is worth noting the lack of accurate information from a portion of patients and the pandemic. The lack of information highlights the invisibility of this population. These results reinforce the importance of improving the health care of the HP and providing solutions to the oral health needs perceived by this group that is invisible to society, contributing to a better quality of life and the restoration of their dignity.

CONCLUSION

This study proved that there is a lack of reception, expanded listening, empathy in the care of this population and, with that, mental problems are getting worse. Greater commitment is needed on the part of the government and health professionals in the care of these patients. It is evident that the HP has poor health conditions, as a result of the precarious conditions in which they live. This is nothing new. What is needed after this realization is to act more effectively to change this reality.

The achieved results reinforce the importance of improving the health care of the HP and providing solutions to the perceived health needs, contributing to a better quality of life and the restoration of their dignity, with their reintegration into society.

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