

Clinical and Epidemiological Profile of Patients Treated at a Secondary Care Emergency Unit in Várzea Grande, Mato Grosso

Perfil Clínico-epidemiológico de Pacientes Atendidos em uma Unidade de Pronto Atendimento da Atenção Secundária em Várzea Grande, Mato Grosso

Perfil Clínico-epidemiológico de Pacientes Atendidos en una Unidad de Urgencias de Atención Secundaria en Várzea Grande, Mato Grosso

RESUMO

Introdução: As Unidades de Pronto Atendimento (UPA) têm cada dia mais importância como integrantes da rede de atenção secundária do Sistema Único de Saúde. Devido ao insuficiente quantitativo de Unidades Básicas de Saúde elas têm sido o principal meio de assistência à saúde para a maioria da população. Saber o perfil clínico e epidemiológico dos pacientes atendidos nessas unidades é de suma importância para conhecer as necessidades dos pacientes e elaborar medidas para otimizar os atendimentos tanto em qualidade quanto em agilidade. **Métodos:** Trata-se de um estudo do tipo corte transversal prospectivo (observacional) para avaliação do perfil clínico e epidemiológico dos atendimentos em uma unidade secundária. A pesquisa foi realizada em uma UPA de grande porte do município de Várzea Grande (MT) de abril a junho de 2024. Foram incluídos na pesquisa todos os pacientes adultos e maiores de 18 anos classificados como azul, verde ou amarelo pela classificação de risco (triagem), ou seja, pacientes que foram atendidos no consultório médico pela equipe de pesquisa. **Resultados:** Foram incluídos neste estudo 161 pacientes da demanda espontânea, desses 63,4% eram mulheres, 34,2% trabalhavam no comércio, 78,3% tinham entre 18 e 49 anos, 84,5% não praticavam exercício físico e 60,9% tinham uma renda familiar de até dois salários-mínimos. Cefaleia foi vista em 30,4% dos pacientes e mialgia em 25,5%. Foi visto que 72 (44,7%) pacientes procuraram a UPA com 1 dia de sintoma e tiveram como desfecho da consulta alta após medicação (47,2%). HAS (18,6%) e obesidade (10,6%) foram as comorbidades mais frequentes. A principal hipótese diagnóstica aventada foi IVAS, com 16,8% dos casos. Analgésico foi administrado em 54% dos pacientes na UPA e 33 (20,5%) realizaram radiografia como exame complementar, sendo o mais frequente. **Discussão:** A maior prevalência de mulheres atendidas se assemelha a outros trabalhos e indica possível resistência do público masculino em procurar cuidado em saúde. Em relação ao diagnóstico de doença estabelecido, assim como em outros estudos, IVAS, dor musculoesquelética, GECA e arboviroses foram os mais frequentes, assim como em outros estudos. **Conclusão:** A maioria dos pacientes atendidos nesta UPA são mulheres, na faixa etária de 18 a 49 anos, que trabalham com comércio ou com atividades domésticas, solteiras e com ensino médio completo. Possuem na maior parte das vezes uma renda familiar de até dois salários-mínimos, moram em casas com rede de água e esgoto, sendo que a grande maioria não pratica atividades físicas. Os principais sintomas relatados foram cefaleia, mialgia, febre, náuseas e vômitos. A maioria dos pacientes procurou a UPA com 1 dia de sintomas e tiveram alta médica após serem medicados dentro da unidade. As principais hipóteses diagnósticas foram: infecção de vias aéreas superiores, dor musculoesquelética, gastroenterocolite aguda e arboviroses. Dentre as comorbidades, as mais prevalentes foram HAS, obesidade e DM. As classes de medicações mais prescritas foram analgésicos, anti-inflamatórios e antieméticos. Assim como os exames complementares mais solicitados foram: radiografias, laboratoriais e ultrassonografia, nesta ordem.

DESCRIPTORES: Sistema Único de Saúde. Unidade de Pronto Atendimento. Várzea Grande.

ABSTRACT

Introduction: Emergency Care Units are increasingly important as members of the secondary care network of our Unified Health System. Due to the insufficient number of Basic Health Units, they have been the main means of health care for the majority of the population. Knowing the clinical and

epidemiological profile of patients treated in these units is of utmost importance to understand the needs of patients and develop measures to optimize care both in quality and agility. **Method:** This is a prospective cross-sectional (observational) study. The research was carried out in a large UPA in the municipality of Várzea Grande from April to June 2024. All adult patients over 18 years of age classified as blue, green or yellow by the risk classification (triage) were included in the research, that is, patients who were seen in the doctor's office by the research team. **Results:** This study included 161 patients who spontaneously sought care at a UPA in the municipality of Várzea Grande. Of these, 63.4% were women, 34.2% worked in commerce, 78.3% were between 18 and 49 years old, 84.5% did not exercise, and 60.9% had a family income of up to two minimum wages. Headache was seen in 30.4% of patients and myalgia in 25.5%. It was observed that 72 (44.7%) patients sought the UPA with 1 day of symptoms and were discharged after medication (47.2%). Hypertension (18.6%) and obesity (10.6%) were the most frequent comorbidities. The main diagnostic hypothesis raised was URTI, with 16.8% of cases. Analgesics were administered to 54% of patients at the UPA and 33 (20.5%) underwent radiography as a complementary exam, which was the most frequent. **Discussion:** The higher prevalence of women seen is similar to other studies and shows the resistance of the male population to seek health care. Regarding the diagnosis of disease established, as in other studies, URTI, musculoskeletal pain, GECA and arboviruses were the most frequent, as in other studies. **Conclusion:** Most patients seen at this UPA are women, aged 18 to 49 years, who work in commerce or with domestic activities, are single and have completed high school. In most cases, they have a family income of up to two minimum wages, live in houses with water and sewage systems, and the vast majority do not practice physical activities. The main symptoms reported were headache, myalgia, fever, nausea and vomiting. Most patients sought the UPA with 1 day of symptoms and were discharged after being medicated within the unit. The main diagnostic hypotheses were: upper respiratory tract infection, musculoskeletal pain, acute gastroenterocolitis and arboviruses. Among the comorbidities, the most prevalent were hypertension, obesity and DM. The most prescribed classes of medications were analgesics, anti-inflammatories and antiemetics. The most requested complementary exams were: radiographs, laboratory tests and ultrasound, in that order.

DESCRIPTORS: Unified Health System; Emergency Care Unit; Várzea Grande

RESUMEN

Introducción: Las Unidades de Pronto Atención (UPA) tienen cada vez más importancia como parte de la red de atención secundaria del Sistema Único de Salud. Debido al número insuficiente de Unidades Básicas de Salud, se han convertido en el principal medio de atención sanitaria para la mayoría de la población. Conocer el perfil clínico y epidemiológico de los pacientes atendidos en estas unidades es de suma importancia para comprender sus necesidades y elaborar medidas que optimicen la atención tanto en calidad como en agilidad. **Métodos:** Se trata de un estudio de corte transversal prospectivo (observacional) para evaluar el perfil clínico y epidemiológico de las atenciones en una unidad secundaria. La investigación se realizó en una UPA de gran tamaño del municipio de Várzea Grande (MT) entre abril y junio de 2024. Se incluyeron en el estudio todos los pacientes adultos mayores de 18 años clasificados como azul, verde o amarillo según la clasificación de riesgo (triage), es decir, pacientes atendidos en el consultorio médico por el equipo de investigación. **Resultados:** Se incluyeron 161 pacientes de demanda espontánea, de los cuales el 63,4% eran mujeres, el 34,2% trabajaban en el comercio, el 78,3% tenían entre 18 y 49 años, el 84,5% no realizaban actividad física y el 60,9% tenían un ingreso familiar de hasta dos salarios mínimos. La cefalea se observó en el 30,4% de los pacientes y la mialgia en el 25,5%. Se constató que 72 (44,7%) pacientes acudieron a la UPA con un día de síntomas y recibieron el alta tras la medicación (47,2%). Las comorbilidades más frecuentes fueron hipertensión arterial sistémica (18,6%) y obesidad (10,6%). La principal hipótesis diagnóstica fue infección de vías respiratorias superiores (IVAS), con el 16,8% de los casos. Se administraron analgésicos al 54% de los pacientes en la UPA y 33 (20,5%) se sometieron a radiografía como examen complementario, siendo el más frecuente. **Discusión:** La mayor prevalencia de mujeres atendidas concuerda con otros estu-

dios y sugiere una posible resistencia del público masculino a buscar atención médica. En cuanto a los diagnósticos establecidos, al igual que en otras investigaciones, las infecciones de vías respiratorias superiores, el dolor musculoesquelético, la gastroenterocolitis aguda y las arbovirosis fueron las más frecuentes. **Conclusión:** La mayoría de los pacientes atendidos en esta UPA son mujeres, de entre 18 y 49 años, que trabajan en el comercio o en labores domésticas, solteras y con educación secundaria completa. En su mayoría tienen ingresos familiares de hasta dos salarios mínimos, viven en viviendas con red de agua y alcantarillado, y la gran mayoría no practica actividad física. Los principales síntomas referidos fueron cefalea, mialgia, fiebre, náuseas y vómitos. La mayoría buscó atención con un día de síntomas y fue dada de alta tras recibir medicación en la unidad. Las principales hipótesis diagnósticas fueron: infección de vías respiratorias superiores, dolor musculoesquelético, gastroenterocolitis aguda y arbovirosis. Entre las comorbilidades más prevalentes se encontraron hipertensión arterial sistémica, obesidad y diabetes mellitus. Las clases de medicamentos más prescritas fueron analgésicos, antiinflamatorios y antieméticos, y los exámenes complementarios más solicitados fueron radiografías, análisis de laboratorio y ultrasonidos, en ese orden.

DESCRIPTORES: Sistema Único de Salud; Unidad de Pronto Atención; Várzea Grande.

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INTRODUCTION

The Unified Health System (SUS) was created in Brazil by the 1988 Federal Constitution and regulated by the well-known laws 8.080/90 (Organic Health Law) and 8.142/90, aiming to guarantee access to health care for every citizen in our country. The aforementioned laws establish the conditions for the promotion, protection, and recovery of health, making public health care mandatory for everyone in Brazilian territory¹.

In Brazil, the SUS (Unified Health

System) needed to be divided and organized into levels of care, ensuring a streamlined flow of care according to its complexity. It's an operational structure that coordinates healthcare and must be based on horizontal communication between all healthcare services. There are three levels: primary, secondary, and tertiary care².

Patients who require testing or urgent and emergency care are generally referred to secondary care. These patients are then referred to the tertiary sector in cases of greater complexity and/or hospitalization³.

In the context of secondary care,

with regard to urgent and emergency care, the Federal Government created the Emergency Care Unit (UPA), which operates 24 hours a day, 7 days a week and aims to serve patients with intermediate complexity, being an organized network interconnected with primary care, home care, hospital care and SAMU 192⁴.

UPAs play a crucial role in the SUS (Unified Health System) and provide medium-complexity urgent and emergency care. Implemented as part of the National Emergency Care Policy (PNAU), UPAs aim to expand access to health services and reduce

inequalities in emergency care⁵. Additionally, an investigation conducted at a UPA in northern Brazil found that many users seek these services due to the speed of care and the perception of quality, even for non-urgent cases, which may reflect failures in primary care⁶.

A study conducted in Emergency Care Units in Rio de Janeiro by Costa et al. (2020) between 2013 and 2015 investigated the profile of elderly patients seeking emergency care. It showed, for example, that trauma, cardiovascular disease, and respiratory disease were the main reasons for emergency care visits. Of these causes, falls, systemic arterial hypertension (SAH), and cough were the most frequently reported, respectively.

The implementation of Emergency Care Units (ECUs) brought significant changes to the organization of the Brazilian healthcare system. A study conducted in the state of Paraná found that these units are classified according to their installed physical capacity, number of available beds, staff management, and daily medical care capacity. However, organizational and management inequalities were observed between services in different regions, indicating challenges in integrating ECUs into healthcare networks⁷.

Overcrowding is a recurring problem in emergency care units (UPAs - Unidade de Pronto Atendimento), compromising patient safety due to long wait times. A survey at the Itapeva UPA revealed that nearly 80% of appointments were for non-urgent cases, suggesting inadequate patient demand and potential failures in primary care. 8 Além disso, a falta de capacitação dos profissionais para a classificação de risco foi apontada como uma limitação no atendimento.

Another study conducted by Souza et al. (2022) at a UPA in the central-western region of the state of São Paulo outlined the epidemiological

profile of patients treated between 2018 and 2019 through medical record analysis. A total of 383 medical records were analyzed, with more than half of these classified as non-urgent (green). In this same study, musculoskeletal system diseases, injuries from external causes (trauma), and nervous system injuries were the main reasons for seeking care at the unit. Females predominated, and the 31-59 age group was the most common among patients treated.

Finally, a study conducted in Maranhão 9 characterized the clinical and epidemiological profile of patients at a 24-hour emergency care unit in the city of Imperatriz, Maranhão. Females predominated, as did the 16-30 age group, with 70% of patients classified as having a green classification. Finally, regarding chief complaints, headache was the most common, followed by pharyngitis, epigastric pain, and abdominal pain.

METHODS

This is an epidemiological, observational, descriptive, and prospective cross-sectional study. The research was conducted at a large emergency care unit (ECU) in the municipality of Várzea Grande and the state of Mato Grosso do Sul, which receives a large number of visits to a wide variety of patients and diagnoses. All adult patients over the age of 18 classified as blue, green, or yellow by risk classification (triage) were included in the study. Patients under the age of 18 or patients admitted to the emergency and observation unit (inpatients) were not included.

To ensure consistent data collection, a single team selected and collected data from the included patients. Patients were treated in order of priority according to the risk classification defined by the nursing team during triage. Data collection was conducted twice a week by a team

of physicians trained to administer the questionnaire and informed consent form during their shifts at the emergency care unit selected for the study from April to June 2024. Data collection was performed through the administration of a pre-established questionnaire (Appendix A) during or after the medical consultation with the eligible patient. Clinical and epidemiological information was collected according to this questionnaire. The collected data were recorded on a standard form previously developed by the research team in Epidata 3.1 software (Epidata Association, Denmark, 2014).

The analysis of some study variables required the understanding of pre-existing concepts listed below:

- Education level: The options for this variable were considered as follows: none (illiterate), elementary (complete or incomplete), high school (complete or incomplete), and higher education (complete or incomplete).
- Physical activity: A "Yes" answer for this variable was considered only if the patient engaged in some type of physical activity (sports, weight training, walking, etc.), without necessarily having any regularity in the frequency of these activities.
- Family income: According to the latest IBGE census, a family earning 1 to 2 minimum wages belongs to class E. A family earning 3 to 4 minimum wages belongs to class D. 5 to 10 minimum wages belongs to class C. 10 to 20 minimum wages belongs to class B, and finally, above 20 minimum wages belongs to class A. (IBGE, 2024). Therefore, the questionnaire for this study classified patients into classes: E, D, and C or above. Smoking: Smoking is recognized as a chronic disease caused by dependence on the nicotine present in tobacco products. It is defined as the habit of frequently consuming tobacco products con-

taining nicotine. According to the Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11), it is included in the group of "mental, behavioral, or neurodevelopmental disorders" due to the use of psychoactive substances (WHO, 2022).

- **Alcoholism:** The World Health Organization (WHO) defines alcoholism, or alcoholism, as a chronic disease characterized by a set of behavioral, cognitive, and physiological phenomena that develop after repeated alcohol use. These phenomena include a strong desire to consume alcohol, difficulty controlling consumption, persistence in use despite harmful consequences, prioritizing alcohol use over other activities and obligations, increased tolerance, and sometimes physical withdrawal symptoms when consumption is stopped (WHO, 2022).

The criteria required for patient participation in the study are listed below. In general, the study focused on adult, non-hospitalized patients who were cooperative with the study and did not have a life-threatening condition at the time of the questionnaire. The inclusion criteria were: being at least 18 years of age or older, being classified as blue, green, or yellow in the unit's triage system, agreeing to participate in the study, and signing the informed consent form.

There were no significant risks to the participants, as they did not undergo any clinical intervention, medication, or invasive procedures. However, the only inconvenience was a short amount of additional time required to answer the questions inherent to the research and the informed consent form. Data confidentiality was ensured in accordance with the General Personal Data Protection Law (LGPD - Law No. 13,709), created on August 14, 2018.

Indirectly, patients, as users of the public health service (SUS), will benefit from the research results, as the knowledge produced can improve care at the units and better allocate resources to supplies and services.

All patients included in the study signed the informed consent form and their identities were protected in accordance with the confidentiality principles contained in the LGPD. Patient names were not disclosed, thus allowing them to remain anonymous and maintaining their anonymity. No further information was required from participants other than the relevant information. This research followed all ethical principles and was approved by the HUJM/EBSERH CEP under number CAAE 75687023.0.0000.5541.

Continuous variables were expressed as mean or median and standard deviation (SD) or interquartile range, and categorical variables were expressed as percentage frequency. The Shapiro-Wilk test was performed to verify the normality of the distribution of parameters and their ratios.

To test the hypothesis of equality of the continuous variables studied, parametric and nonparametric tests were used. For all analyses, a p-value <0.05 was considered a statistically significant difference. Statistical analyses were performed using Stata software version 12.0 (Stata Corporation, College Station, TX, USA).

RESULTS

This study included 161 patients who spontaneously sought care at a UPA in the municipality of Várzea Grande, Mato Grosso, between April and June 2024. The demographic data of the patients included in the study are presented in Table 1.

Table 1 - Demographic characteristics of 161 patients treated at a ECU in Várzea Grande (MT) from April to June 2024.

Characteristic		n	%	IC 95%
Sex	Male	59	36,6	29,49 – 44,4
	Female	102	63,4	55,56 – 70,5
Occupation	Merchant	55	34,2	27,2 – 41,9
	Domestic worker	39	24,2	18,2 – 31,5
	Construction	14	8,7	5,2 – 14,2
	Retired	11	6,8	3,8 – 12,0
	Doesn't work	10	6,2	3,4 – 11,2
	Student	8	5,0	2,5 – 9,7
	Security guards	6	3,7	1,7 – 8,1
	Education	5	3,1	1,3 – 7,3
	Others	13	8,1	4,7 – 13,5
City of residence	Várzea Grande	150	95,6	91,1 – 97,9
	Cuiabá	4	1,9	0,5 – 5,6
	Outras	7	2,5	0,9 – 6,5

Marital status	Single	87	54,0	46,2 – 61,7
	Married/ StableUnion	58	36,0	28,9 – 43,8
	Divorced/ Separated	11	6,9	3,8 – 12,0
	Widow(er)	5	3,1	1,3 – 7,3
Complete or incomplete level of education	None	4	2,5	0,9 – 6,5
	Elementary school	33	20,5	14,9 – 27,5
	High School	89	55,3	47,4 – 62,8
	Higher education	35	21,7	15,9 – 28,8
Family Income (in minimum wages)	Up to 2 wages	98	60,9	53,0 – 68,1
	3 to 4 wages	48	29,8	23,1 – 37,4
	5 or more	15	9,3	5,7 – 14,9
Water Network	Sim	130	80,7	73,8 – 86,2
	Não	31	19,3	13,8 – 26,2
Sewer Network	Sim	99	61,5	53,7 – 68,7
	Não	62	38,5	31,2 – 46,3
Physical Activity	Sim	25	15,5	10,7 – 22,0
	Não	136	84,5	78,0 – 89,3
Age (years) Mean = 38,4 years SD = 14,4 years	18 – 49	126	78,3	71,1 – 84,0
	50 – 59	20	12,4	8,1 – 18,5
	60 – 79	14	8,7	5,1 – 14,2
	≥ 80	1	0,6	0,08 – 4,3

CI 95%: 95% confidence interval; SD: Standard deviation

Of the 161 patients treated at the Emergency Care Unit (UPA) studied, 102 (63.4%) were female, while only 59 (36.6%) were male.

Regarding the participants' occupations, 34.2% (55) reported working in commercial areas, 24.2% (39) in domestic activities, and 8.7% (14) in construction. Other less frequent but reported occupations were security guards and education workers. Approximately 6.8% (11) were retired, 6.2% (10) were not currently working, and 5% (8) were students.

An analysis of the city of residence of these patients revealed that 95.6% (150) lived in Várzea Grande itself, that is, in the same city as the Emergency Care Unit in question. Only 2.48% (4) patients lived in Cuiabá and 4.34% (7) in other locations.

Regarding marital status, 54% (87) were single, 36% (58) were married/common-law marriage, 6.9% (11)

were divorced/separated, and 3.1% (5) were widowed. Regarding education level, 55.3% (89) had completed or incomplete high school, 21.7% (35) had completed or incomplete higher education, and 20.5% (33) had completed or incomplete elementary school.

Regarding family income, 60.9% (98) reported earning up to 2 minimum wages (Class E - IBGE), 29.8% (48) 3 to 4 minimum wages (Class D - IBGE), and 9.3% (15) 5 or more minimum wages (Classes C, B, or A - IBGE). During this study period, the current minimum wage was R\$1,412.00.

Regarding some of the essential public services offered to the population, 80.7% (130) reported having access to a water supply system in their homes, and 61.5% (99) reported having access to a sewage system.

Physical activity was also assessed, and only 15.5% (25) of the 161 respondents reported engaging in some

type of physical activity (regardless of regularity), while 84.5% (136) reported not engaging in any type of physical exercise.

Finally, regarding patient age, 78.3% (126) were between 18 and 49 years old, 12.4% (20) between 50 and 59 years old, and only 9.32% (15) were 60 years old or older. It should be noted that the study only included patients over 18 years of age. The average age was 38.4 years, demonstrating a predominance of younger patients in medical appointments.

The questionnaire also asked how often they visited the Basic Health Unit (UBS), given that many of the complaints reported at the UPA could be resolved in primary care. 70.8% (114) of patients said they had not been to any UBS in 2024 and 50.3% (81) said they had not been in 2023. 45 patients (28%) had been to a UBS once or twice in 2023 and 31 (19.3%) had been at least once in 2024. Of the total, 35 (20.7%) had been there

three or more times in 2023 and 16 (9.9%) had also been there three or more times in 2024. However, almost half of the patients studied, that is, 75 (46.6%), do not know the difference

between a UPA and a Basic Health Unit.

Several clinical parameters were evaluated in the 161 patients included in the study, including vital signs,

symptoms present during the consultation, days of symptoms until seeking care at the UPA and also clinical outcomes at the end of the consultations (Table 2).

Tabela 2 - Sinais vitais e sintomas de 161 pacientes atendidos em uma UPA de Várzea Grande (MT) de abril a junho de 2024.

Vital Signs	Mean	SD	
Heart rate	90,8 bpm	1,23	
Respiratory rate	17,1 irpm	0,23	
Axillary temperature	36,6 graus celsius	0,06	
Systolic blood pressure	145,0 mmHg	1,72	
Diastolic blood pressure	86,0 mmHg	1,14	
Signs and symptoms		n (%)	95% CI
Headache	Yes	49 (30,4)	23,8 – 38,0
	No	112 (69,6)	61,9 – 76,2
Myalgia	Yes	41 (25,5)	19,2 – 32,8
	No	120 (74,5)	67,2 – 80,7
Arthralgia	Yes	19 (11,8)	7,6 – 17,8
	No	142 (88,2)	82,1 – 92,3
Fever	Yes	40 (24,8)	18,7 – 32,2
	No	121 (75,2)	67,8 – 81,3
Abdominal pain	Yes	25 (15,5)	10,7 – 22,1
	No	136 (84,5)	77,9 – 89,3
Chest pain	Yes	7 (4,4)	2,1 – 8,9
	No	154 (95,6)	91,1 – 97,9
Vomiting	Yes	36 (22,4)	16,5 – 29,5
	No	125 (77,6)	70,5 – 83,5
Diarrhea	Yes	22 (13,7)	9,1 – 20,0
	No	139 (86,3)	80,0 – 90,8
Cough	Yes	26 (16,1)	11,2 – 22,7
	No	135 (83,9)	77,2 – 88,8
Days of symptoms	1	72 (44,7)	37,1 – 52,5
	2	28 (17,4)	12,2 – 24,1
	3	25 (15,5)	10,7 – 22,0
	4	8 (5,0)	2,4 – 9,7
	5	28 (17,4)	12,2 – 24,1
Outcome	Discharge	31 (19,3)	13,8 – 26,2
	Medication and discharge	76 (47,2)	39,5 – 55,0
	Tests and discharge	16 (9,9)	6,1 – 15,7
	Tests, Medication, and Discharge	36 (22,4)	16,5 – 29,5
	Hospitalization	2 (1,2)	0,2 – 4,3

95% CI: 95% confidence interval; SD: Standard deviation; bpm: beats per minute; irpm: respiratory incursions per minute.

Regarding vital signs measured during triage and in the office, the averages were: heart rate (91 bpm), respiratory rate (17 bpm), axillary temperature (97.88), systolic blood pressure (145 mmHg), and diastolic blood pressure (86 mmHg).

Regarding the signs and symptoms reported by patients, the most common were: headache (30.4%), myalgia (25.5%), fever (24.8%), nausea and vomiting (22.4%), cough (16.1%), and abdominal pain (15.5%). These symptoms can be found in various viral or bacterial infections commonly seen in

emergency departments, such as flu-like illness, the common cold, arboviruses, acute gastroenterocolitis, and other acute febrile syndromes.

Another interesting finding was how many days after symptom onset these patients sought emergency care. Most of the 161 patients sought the UPA after 1 day of symptoms (44.7%). Subsequently, 33% sought the UPA after 2 to 3 days of symptoms and 22.4% after 4 or more days of symptoms.

Regarding outcomes after medical consultation, 70% of patients received some type of intramuscular or intrave-

nous medication at the health unit before discharge, 32% underwent some type of examination before discharge, and only 1.2% of these patients were hospitalized. In other words, 98.8% of patients did not require hospitalization for treatment or investigation of their clinical condition.

When asked about their medical conditions, 18.6% (30) reported systemic arterial hypertension (SAH), 10.6% (17) were obese, and 7.45% (12) had diabetes mellitus. Other common conditions were asthma, dyslipidemia, gastritis, and depression.

Table 3 - Comorbidities of 161 patients treated at a UPA in Várzea Grande (MT) from April to June 2024.			
Comorbidity		n (%)	95% CI
Systemic arterial hypertension	Yes	30 (18,6)	13,2 – 25,5
	No	131 (81,4)	74,5 – 86,7
Diabetes Mellitus	Yes	12 (7,45)	4,2 – 12,7
	No	149 (92,55)	87,2 – 95,7
Asthma	Yes	3 (1,9)	0,6 – 5,6
	No	158 (98,1)	94,3 – 99,4
Dyslipidemia	Yes	3 (1,9)	0,6 – 5,6
	No	158 (98,1)	94,3 – 99,4
Gastritis	Yes	5 (3,1)	1,2 – 7,3
	No	156 (96,9)	92,7 – 98,7
Depression	Yes	2 (1,2)	0,3 – 4,8
	No	159 (92,8)	95,1 – 99,6
Obesity	Yes	17 (10,6)	6,6 – 16,4
	No	144 (89,4)	83,6 – 93,4
Smoking	Yes	35 (21,7)	16,0 – 28,9
	No	126 (78,3)	71,1 – 84,0
Alcoholism	Yes	57 (35,4)	28,3 – 43,2
	No	104 (64,6)	56,8 – 71,7

95% CI: 95% confidence interval;

Smoking and alcohol consumption were also questioned, and the results showed that 78.3% (126) were non-smokers, meaning they did not frequently consume nicotine-based products, and 21.7% (35) reported frequent use of some type of nicotine-based cigarette. Regarding alcohol consumption, 64.6% (104)

reported not consuming alcoholic beverages, and 35.4% (57) consumed some type of alcoholic beverage with some frequency.

Regarding the risk classification of patients upon admission to the unit, 39 (24.2%) patients were classified as yellow risk, 114 (70.8%) were classified as green risk, and 8 (5.0%) were classified as blue risk.

After the medical consultation, history, and physical examination of the patients, a diagnostic hypothesis was developed for each case. Of all the hypotheses, the most prevalent were: URTI (16.77%), musculoskeletal pain (9.94%), acute gastroenterocolitis (9.32%), arboviruses (8.70%) and trauma (8.07%). The other hypotheses are described in the table.

Table 4 - Main diagnostic hypotheses of 161 patients treated at a UPA in Várzea Grande (MT) from April to June 2024.

Diagnostic Hypothesis	N	(%)
URTI	27	16,77
Musculoskeletal pain	16	9,94
Acute gastroenterocolitis	15	9,32
Arboviruses	14	8,70
Trauma	13	8,07
Abdominal pain	11	6,83
Headache	9	5,59
Acute Febrile Syndrome	9	5,59
Hypertensive Urgency	7	4,34
Furunculosis	4	2,48
Allergy	3	1,86
Anxiety	3	1,86
Others	30	18,65

URTI: Upper respiratory tract infection

Medications were prescribed for administration within the health unit and also for home use. Of the medications administered within the UPA,

54% of patients used analgesics, 44.1% nonsteroidal anti-inflammatory drugs (NSAIDs), 22.4% antiemetics, 2.5% antibiotics, and 2.5% antihistamines. Of the home use prescriptions, anal-

gesics were prescribed in 85.7% of patients, NSAIDs in 48.5%, antiemetics in 22.4%, antihistamines in 26.1%, and antibiotics in 12.4%.

Table 5 - Medications prescribed to 161 patients treated at a UPA in Várzea Grande (MT) from April to June 2024.

Medication at the UPA		n (%)	95% CI
Analgesic	Yes	87 (54,0)	46,2 – 61,7
	No	74 (46,0)	38,3 – 53,8
Anti-inflammatory	Yes	71 (44,1)	36,5 – 51,9
	No	90 (55,9)	48,1 – 63,5
Antiemetic	Yes	36 (22,4)	16,5 – 29,5
	No	125 (77,6)	70,5 – 83,5
Antibiotic	Yes	4 (2,5)	0,9 – 6,5
	No	157 (97,5)	93,5 – 99,1
Antihistamine	Yes	4 (2,5)	0,9 – 6,5
	No	157 (97,5)	93,5 – 99,1
Prescribed medication		n (%)	IC 95%
Analgesic	Yes	138 (85,7)	79,3 – 90,3
	No	23 (14,3)	9,6 – 20,6
Anti-inflammatory	Yes	78 (48,5)	40,7 – 56,2
	No	83 (51,5)	43,8 – 59,3
Antiemetic	Yes	36 (22,4)	16,5 – 29,5
	No	125 (77,6)	70,5 – 83,5

Antibiótico	Yes	20 (12,4)	8,1 – 18,5
	No	141 (87,6)	81,5 – 91,9
Anti-histamínico	Yes	42 (26,1)	19,8 – 33,5
	No	119 (73,9)	66,5 – 80,2

95% CI: 95% confidence interval;

Regarding additional tests, of the 161 patients, 33 (20.5%) underwent X-rays, 25 (15.5%) underwent laboratory tests, 9 (5.6%) underwent electrocardiograms (ECG), 8 (5.0%) had ultrasounds (USG), and 2 (1.24%) underwent computed tomography (CT). The USG and CT scans are performed at a tertiary hospital in the municipality. Patients are transported by ambulance and returned after the exam. X-rays, laboratory tests, and ECGs are performed at the hospital itself.

It was observed that 84 patients (52%) did not require any additional tests for diagnostic investigation, with the clinical examination alone allowing for a probable diagnostic hypothesis and subsequent management.

Regarding X-ray examinations, most were of the chest, especially for patients with dyspnea, changes in lung auscultation, or persistent cough. Laboratory tests are generally requested, primarily to assess blood counts and aid in various types of infections. ECGs were requested for complaints of palpitations or chest pain, and ultrasound and/or CT scans were performed in cases of acute abdomen, suspected ureterolithiasis, or other abdominal complaints.

DISCUSSION

Regarding the predominance of women found in this study (63.35%), it may indicate that there is still resistance among men to seeking health care, since in many cases when men went for a consultation, they had a female companion with them, encouraging them to go to the emergency room. This result is similar to other studies¹⁻⁵, in which women also represented the majority of patients seen in various emergency rooms in Bra-

zil.

When analyzing the most prevalent occupations or professions in this study (sales, domestic workers, and construction workers), it is noted that most of them do not require a college degree. Most of these jobs involve some type of repetitive muscular physical effort, which can often lead workers to seek help at emergency care centers, mainly due to musculoskeletal pain. A study of 139 patients treated at a hospital in Santa Cruz do Sul (RS) found a different result: 37% of the patients were retired, 7% were farmers, 7% were students, and 47% had other professions¹⁰.

The results for the patients' hometowns (95.6% lived in Várzea Grande) help debunk the myth that many patients from Cuiabá seek out Várzea Grande health units. This was not true in this study, as almost all patients lived in the same city as the emergency unit where they were treated.

A family income of up to two minimum wages (up to R\$2,824) was the most prevalent, accounting for almost 61% of respondents. This indicates that the majority of those attending the unit belong to economic class E, according to the IBGE (Brazilian Institute of Geography and Statistics). This class, by definition, has earnings ranging from R\$0 to R\$2,824.¹¹ At the time of the study, the Brazilian minimum wage was R\$1,412.

Regarding the municipality's basic sanitation and water supply, the lack of a sewage and water network can be a risk factor for several diseases that use these means to spread, such as parasitic infections caused by helminths and protozoa, among others. According to Teixeira JC (2014), from 2001 to 2009 in Brazil, diseases caused by inadequate basic sanitation were responsible for 13,449

deaths, corresponding to 1.31% of the total deaths in the same period.

Another finding was that 84.5% (136) of patients do not engage in physical activity. This directly impacts patients' cardiovascular risk and lifestyle quality, often contributing to high rates of overweight and obesity. The benefits of physical activity go far beyond aesthetics and contribute significantly to the control and prevention of major chronic non-communicable diseases such as systemic arterial hypertension and diabetes mellitus, for example. According to the practice of physical activity, it can prevent the early onset of metabolic diseases¹² and act in their treatment and prevention, positively impacting the functional capacity of adults and the elderly. A sedentary lifestyle is defined as a lack of regular physical activity. By this logic, anyone who doesn't dedicate 150 minutes a week to their body, or 30 minutes a day five days a week, is considered sedentary. Therefore, our patients are mostly sedentary¹³.

Brasil et al. (2019) and Garcia et al. (2014) found the 20-29 age group to be the most common in their population at the Iguatu Emergency Care Unit (UPA) in Ceará. This study also found the highest prevalence in the younger age group, 18-49 years old (78.3%).

The fact that almost half of the participants did not know the difference between an UPA and a UBS may contribute to explaining the high number of non-urgent visits to emergency care units. Combined with the lack of an UBS, for many people in several neighborhoods, the UPA ends up being the only alternative for medical and dental care.

Among all the vital sign averages recorded in the study, SBP was considered slightly higher (above 140 mmHg),

which may reflect the importance of diagnosing and treating hypertension in this population. In a study by Oliveira et al. (2011) with patients in an emergency unit found similar results to this study, where the average SBP was 140 mmHg and DBP was 80 mmHg. Vital signs are an important predictor of a patient's clinical condition, as we can identify signs of serious illness simply by observing these measurements, thus being able to direct the patient to the emergency room or offices in the corridor depending on the observed change. The other averages were considered normal.

Em relação aos sinais e sintomas referidos pelos pacientes, Garcia et al. (2014) encontraram como sintomas mais frequentes dor aguda, doenças respiratórias, trauma e mal-estar. Souza (2022) encontrou em estudo no pronto atendimento a lombalgia como queixa de 54,4% das pessoas, seguido de dispneia ou alterações respiratórias logo em seguida com 20,1% dos casos. Em 2011, Oliveira et al. encontraram a cefaleia como principal causa de busca ao pronto atendimento com 9,22% dos casos, seguido de lombalgia (6,57%), dor abdominal (5%) e dor torácica (4,7%).

In a study by Oliveira (2011), 74.1% of patients were discharged, 24.4% were referred to tertiary units, and only 0.2% were hospitalized. Another author¹⁴ who outlined the epidemiological profile in a teaching hospital found that 81% of patients were discharged shortly after the consultation.

Regarding the most prevalent comorbidities in this study, 18.6% of patients reported having hypertension, 10.6% obesity, and 7.45% DM. In another study by Oliveira GN (2011) conducted at a teaching hospital in the interior of São Paulo, similar results were found, with almost 21% having hypertension, 7.3% diabetic, and 5.1% having other heart diseases. Another study conducted in 2016 at a UPA in Cruz das Almas, Bahia, showed that hypertension and DM were also the two main comorbidities

reported by patients¹⁵.

Regarding smoking, it is understood that this habit is directly linked to several lung and cardiovascular diseases such as COPD, AMI, stroke, and neoplasms. Knowing that almost 80% of the patients in this study are not using this substance is a sign that the population is gradually giving up this habit in search of a healthier life. According to Oliveira AF (2008), tobacco use represents a risk factor for six of the eight leading causes of death worldwide, including ischemic heart disease, stroke, lower respiratory infections, Chronic Obstructive Pulmonary Disease (COPD), tuberculosis, and malignant neoplasms affecting the lungs, trachea, and bronchi.

Regarding the alcoholism detected (35.4%), it was, in most cases, what we call "social alcoholism," which refers to individuals who drink alcohol only at parties, events, or on weekends. Alcohol consumption is also directly linked to motorcycle and/or car accidents, common reasons for emergency room visits. According to a national survey on alcohol consumption patterns in the Brazilian population, 16 Alcohol use has become a serious public health issue, as it not only contributes to the development of chronic non-communicable diseases but is also associated with various difficulties, such as workplace and family relationship problems, involvement in accidents and episodes of violence, and potential legal consequences.

Another issue addressed related to patient triage is that most patients receive a green classification because they have non-serious or urgent complaints. Patients classified as blue generally have chronic complaints or who came to the unit to show test results. Yellow patients deserve more attention and generally have changes in vital signs, particularly blood pressure, which is one of the most common reasons for a patient to be triaged as yellow. Tachycardia and blood glucose changes are also common in patients triaged as yellow. In this study, almost 71% of patients were triaged as

green, 24.2% as yellow, and 5% as blue. A slightly different result was found in a study carried out in Iguatu (CE) where 47.7% of patients were screened as green, 37.6% as blue and 11.5% as yellow. (13-15) In a study carried out in a UPA in Maranhão, the results were very similar to this study, with 70% of patients screened as green, 23.2% as yellow and 6.5% as blue^{16,17}.

In this study, the most prevalent diagnostic hypotheses were: URTI (16.77%), musculoskeletal pain (9.94%), acute gastroenterocolitis (9.32%), arboviruses (8.70%), and trauma (8.07%). In a study conducted in a hospital in São Paulo with 384 patients in 2008, the main diagnostic hypotheses were: low back pain (4%), urinary tract infection (3%), URTI (2.70%), headache (2.50%), acute gastroenterocolitis (2.4%), among others¹⁸. Another study from Belém (PA) analyzed 470 medical records from a hospital and found that 33.6% of the diagnoses were due to infections, 21.7% to musculoskeletal pain, and 7% to falls and digestive system diseases¹⁹.

In a UPA in the State of Ceará, researchers analyzed 516 medical records and found the main diagnoses to be: low back pain (16.6%), headache (13.1%), URTI (12.4%) and AGE (10%)¹³⁻¹⁵. In all these studies, a certain similarity can be noted with the results obtained in this study. In this case, the hypothesis of low back pain and musculoskeletal pain ended up being the same hypothesis and were among the main hypotheses, as well as headache, URTI, and AGE, which also had high prevalence.

Regarding medications, those administered in the hospital setting remain the best way to relieve patients' acute symptoms. Home prescriptions are also crucial so that patients can continue taking medication at home, as well as preventing them from returning to the emergency room due to symptom recurrence. The vast majority of medications in the emergency room are administered intramuscularly, followed by intravenously

and subcutaneously. Another important factor is that if the physician prescribes medications available in the unit's pharmacy, the patient's chances of adherence to the proposed treatment are much higher.

Applying this information to other settings within the UPA, it becomes clear how important it is to prescribe medications available at the unit's pharmacy, as this directly impacts treatment adherence. Medications purchased at commercial drugstores are often expensive and can compromise patients' family budgets. However, even for families with higher incomes, the UPA has also been the primary healthcare facility for patients, given the high quality of care and the wide range of tests it offers for investigating various diseases.

Regarding the additional tests documented in this study, 20.5% of patients underwent X-rays, 15.5% laboratory tests, 5.6% electrocardiograms, 5.0% ultrasounds, and 1.24% computed tomography (CT) scans. A different result was found in a study by Hehn and Bueno

(2020) in a private emergency room in southern Brazil, where laboratory tests accounted for 56.7% of the total tests requested, followed by radiography (31.7%) and CT (4.3%). In a study conducted in a health unit in western São Paulo, only 5.7% of patients underwent laboratory tests and 8% underwent some form of radiography.^{19, 20} It is important to note that unnecessary requests for tests make the work environment overcrowded with patients waiting for feedback and test results that will not change their conduct.

CONCLUSION

It can be concluded that the majority of patients treated at this emergency unit are women, aged 18 to 49, who work in retail or domestic activities, are single, and have completed or completed high school. They often have a family income of up to two minimum wages, live in homes with water and sewage systems, and the vast majority do not engage in physical activity.

The main symptoms reported were headache, myalgia, fever, and vomiting. Most patients sought emergency care within one day of symptoms and were discharged after receiving medication at the emergency unit. The main diagnostic hypotheses were: upper respiratory tract infection (URI), musculoskeletal pain, acute gastroenterocolitis (AGEC), and arboviruses. Among the comorbidities, the most prevalent were hypertension, obesity, and DM. The most commonly prescribed medication classes in the health unit or for home use were analgesics, followed by anti-inflammatories and antiemetics. The most frequently requested additional tests were X-rays, laboratory tests, and ultrasound, in that order.

Data obtained from the clinical and epidemiological profile of this population will contribute to greater understanding of the needs and demands of these SUS users, enabling more targeted, precise, and effective medical care to better serve all patients.

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