

Clinical-epidemiological characterization of 60 families from the Armando García Aspuru Polyclinic

Caracterización clínico epidemiológica de 60 familias de Policlínico Armando García Aspuru

Yenifer Castillo Morell ¹, Arianne Ferrer Monier ², Yasmín González Chang ².

¹Universidad de Ciencias Médicas de Santiago de Cuba. Facultad de Medicina No.2. Santiago de Cuba. Cuba.
²Policlínico Armando García Aspuru. Santiago de Cuba. Cuba.

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ABSTRACT

Introduction: the family goes through a development process in which stages or phases marked by the occurrence of significant events are distinguished, and which constitutes the family life cycle. Risk factors are characteristics, conditions or circumstances, detected in an individual or group of people and the environment that are associated with an increased probability of developing or experiencing a disease.

Objective: to characterize from a clinical and epidemiological point of view the patients in 60 families belonging to Medical Office No. 8, of the Armando García Aspuru Polyclinic, province of Santiago de Cuba, in the period from February to June 2023.

Method: a cross-sectional observational descriptive research was carried out, a form was prepared for data collection, visits were made to the homes and through individual and family interviews, and the review of family health histories and medical records individual clinics.

Results: a predominance of the female sex was found (58%) with 126 people, the main risk factors found were biological in relation to non-communicable diseases, with more than 70% of the population suffering from some disease, highlighting hypertensive patients.

Conclusions: the main health problems detected were high blood pressure, diabetes mellitus, and smoking, mainly in women. There is a predominance of families in the contraction stage and mixed paranormative crises.

RESUMEN

Introducción: la familia recorre un proceso de desarrollo en el cual se distinguen etapas o fases marcadas por la ocurrencia de acontecimientos significativos, y que constituye el ciclo vital familiar. Los factores de riesgo son características, condiciones o circunstancias, detectadas en un individuo o grupo de personas y el ambiente que se asocia con una probabilidad incrementada de desarrollar o experimentar una enfermedad.

Objetivo: caracterizar desde el punto de vista clínico y epidemiológico a los pacientes en 60 familias pertenecientes al Consultorio Médico No. 8, del Policlínico Armando García Aspuru, provincia de Santiago de Cuba, en el período comprendido de febrero a junio de 2023.

Método: se realizó una investigación de tipo descriptivo observacional transversal, se

confeccionó una planilla para la recolección de datos, se realizaron visitas a los domicilios y a través de las entrevistas, individuales y familiares, y la revisión de las historias de salud familiar y las historias clínicas individuales.

Resultados: se encontró predominio del sexo femenino (58 %) con 126 personas, los principales factores de riesgo encontrados fueron los biológicos en relación con las enfermedades no transmisibles, con más del 70 % de la población padece alguna enfermedad destacándose los pacientes hipertensos.

Conclusiones: los principales problemas de salud detectados fueron la hipertensión arterial, la diabetes mellitus, el tabaquismo, fundamentalmente en las mujeres. Existe predominio de las familias en etapa de contracción y las crisis paranormativas mixtas.

INTRODUCTION

The family is the group of people who share bonds of coexistence, consanguinity and affection, which are conditioned by the sociocultural values in which it develops. The family is considered the natural, universal and fundamental element of society, where the individual establishes his first social and cultural contacts: the first learning (walking, talking, relating to others) begins at home. ¹⁻⁴ It is important to know that the family goes through a development process in which stages or phases marked by the occurrence of significant events are distinguished, and that it constitutes the family life cycle, and that it also goes through moments of crisis throughout. of the life. Risk factors are characteristics, conditions or circumstances, detected in an individual or group of people and the environment that are associated with an increased probability of developing or experiencing a disease or health deviation. ^{5,6}

Prevention is the set of actions carried out with the objective of preventing the appearance, development and prolongation of communicable or non-communicable diseases in a person, family or population group or, in other words, for man to remain healthy, improve your health, avoid complications and extend your lifespan. ⁷

In each family in general there are risk factors that endanger the health of the entire community, the risk being the probability of suffering damage, illness or death from a certain condition or accident. Therefore, risk factors are those situations, traits, characteristics or certain biological, psychological

and social conditions that can act on a person that make them more susceptible to developing certain diseases.⁸⁻¹⁰ Cuba has developed a series of health programs that constitute the ideal way to comprehensively group health actions aimed at achieving pre-established purposes and objectives, saving efforts, increasing efficiency and integrating all factors among which we can mention the Non-Communicable Disease Control Program, the Lower birth weight, the national epidemic neuropathy program, the accident prevention program, the smoking program, the elderly program, the national cancer prevention program, the suicide prevention program, the Disease Control program Transmissible among others.¹¹ Due to the increase in sick patients in the area, the research will focus on the study of the main individual and family risk factors that this population has developed to suffer from these diseases or have a high probability of suffering from them and deepen theoretical knowledge about the topics learned in the Health Prevention subject. In addition, it will offer a comprehensive look at the damage caused by these factors, in order to collaborate with the awareness of the local population and based on this, the objective was set to characterize the patients in 60 families studied from a clinical and epidemiological point of view. belonging to CMF No. 8 of the Armando García Aspuru Teaching Polyclinic, Santiago de Cuba province, from February to June 2023.

METHOD

Type of study: a descriptive, cross-sectional study was carried out to characterize, according to the main individual, family and community risk factors, the patients belonging to 60 families of the Family Medical Office No. 8 of the Armando García Aspuru Polyclinic of the Santiago de Cuba municipality , during the period between February and June 2023.

Universe and sample: it was represented by 216 people, grouped into 60 families, we worked with the entire universe so no sampling design was used.

Variables and data collection: Age (People are grouped into classes starting from those under one year old to those over 84 years old, with a class width of 5 years.) Sex (male, female), Risk factors (Related with lifestyles, Biological, Environmental, Socioeconomic, Behavioral, Determined by Health

Services). Levels of Prevention (Primary, Primary, Secondary, Tertiary), Chronic Non-communicable Diseases (NCCD) (High Blood Pressure, Heart Disease, Diabetes Mellitus, Bronchial Asthma, Smoking, Cancer, Chronic Allergy and Others such as Hyperthyroidism and Lupus). Active Screening (Blood Pressure Measurement, Breast Examination, Mammography, Serum Cholesterol, Cytological Test, DRE and PSA, Occult Blood in Feces, Oral Self-Examination); Stage of the life cycle of the family (Formation, Extension, Contraction, Dissolution); Paranormative Crises (Increase, Disorganization, Demoralization, Dismemberment) An extensive bibliographic review was carried out on the topic to be studied; in addition to a documentary review of basic texts, magazines and scientific articles available in different sites and databases such as: Google Scholar, Infomed, Virtual Health Library, PubMed, Scielo and others. To collect the necessary information, home visits were made to the 60 families in the study with prior informed consent from the patients. Individual and family interviews were carried out based on a data collection form. Family and individual health histories were also reviewed. of families and patients to obtain the variables of interest for the research. The information obtained was processed in a database in Microsoft Office Excel 2013. The writing and editing of the article was carried out on a VIT computer with a Windows 10 environment. Microsoft Office Word was used for the texts and the table. The results were organized for better understanding in data association tables and frequency distribution. The percentage was used as a summary measure.

Ethical standards: The research guidelines were respected, taking into account the principles of beneficence and non-maleficence, established in Cuban ethical standards and in the Declaration of Helsinki.

RESULTS

Table 1 shows that there is a predominance of the female sex with 126 people of that sex representing 58% of the population; It can be seen that there is a high life expectancy with a population over 60 years old that represents approximately 61% of the population.

Table 1. Distribution of the population according to age and sex. CMF-8. Armando García Polyclinic.

February-June 2023

Age	Female		Male		Total	
	No	%	No	%	No	%
Under 1 year old	0	0	1	1,11	1	1
1-4	3	2,38	5	5,55	8	4
5-9	9	7,14	2	2,22	11	5
10-14	3	2,38	4	4,44	7	3
15-19	6	4,76	8	8,88	14	6,5
20-24	6	4,76	5	5,55	11	5
25-29	13	10,31	5	8,88	18	8
30-34	10	7,39	8	8,88	18	8
35-39	7	5,55	3	3,33	10	4,5
40-44	5	3,96	2	2,22	7	3
45-49	5	3,96	5	5,55	10	4,5
50-54	13	10,31	9	10	22	10
55-59	12	9,52	9	10	21	10
60-64	8	6,34	10	11,1	18	8
65-69	11	8,73	2	2,22	13	6
70-74	6	4,76	4	4,44	10	4,5
75 -79	4	3,17	3	3,33	7	3
80-84	6	4,76	5	5,55	11	5
84 y más	2	1,58	0	0	2	1
Total	126	58	90	42	216	100%

Source: Database

In Table 2, regarding the distribution of the population according to sex and dispensary group, it is observed that the female sex predominates over the male sex with 65% and 59% respectively.

Table 2. Distribution of the population according to sex and dispensary group.

Dispensary group	Male		Female		Total	
	No	%	No	%	No	%

I	7	8	11	5	18	8
II	27	30	27	23	54	25
III	53	59	83	65	136	63
IV	3	3	5	7	8	4
Total	90	100	126	100	216	100

Source: Family Health History

As seen in Table 3, hypertensive and asthmatic patients were the ones to highlight with numbers of 59 and 24, representing 27% and 11% respectively. The sex most affected was female, with representation in most non-communicable diseases with more than 60% of the population.

Table 3. Distribution of patients according to non-communicable diseases and sex.

Diseases	Male		Female		Total	
	No	%	No	%	No	%
Diabetes Mellitus	6	7	15	12	21	9
Arterial Hypertension	26	29	33	26	59	27
Asthma	12	14	12	13	24	11
Tabaquism	8	10	11	11	19	8
Cardiopathy	0	0	3	3	3	1,3
Cancer	0	0	2	2	2	0,9
Epilepsy	0	0	1	1	1	0,4
Chronic Allergies	3	3	13	10	16	7
Others	9	10	27	21	36	17

Source: Database

Table 4 shows that the majority of families present mixed crises although they are followed by crises due to increase and dismemberment with a number of 6 representing 20% of the population.

Table 4. Distribution of families according to presence or absence of paranormative crises.

Paranormative crisis	No	%
Increase	6	20
Dismemberment	6	20
Disorganization due to health problems	5	16
Disorganization due to economics problems	5	16
Demoralization	1	4
Mixed	7	24
Total	30	100

Source: Database

Table 5 shows that the most frequent type of risk factor is biological, because more than 70% of the population suffers from some disease, with hypertensive patients standing out. The ecological or environmental problem occurs in 12% of the population, due to the presence of weeds or cigarette smoke. In the case of socioeconomic risk, it is due in some cases to the loss of a family member, the vast majority of whom are elderly, and in some specific cases to the poor connection to work that some members of some families have. In the case of risk related to lifestyle, patients who smoke and lead a sedentary lifestyle should be highlighted, as well as those who have inadequate eating habits (high consumption of salt, sugars and fats).

Table 5. Distribution of the population according to origin of risk factors

FRisk Factors	No	%
Biological	181	64
Enviroment	34	12
Econimc	9	3
Due to behavior	58	21
Due to Health Services	0	0
Total	282	100

Source: database

DISCUSSION

Medical Office No. 8 belongs to the Armando García Aspuru Teaching Polyclinic located on Calle A, between Calle 3ra and Avenida de Céspedes, in the Sueño neighborhood. After a correct observation of the environment, it was possible to see that with respect to the environmental situation, it is a fairly clean, hygienic area where the work of the specialists of the Basic Health Team and the sectors that contribute to the best quality of the environment can be noted. although there are some weeds and drains that can cause the proliferation of rodents and insects that compromise the health of the population. When analyzing the distribution of patients according to age and sex, the largest number of patients was represented by the female sex in the age ranges of 25-29 and 50-54 years, out of a total of 216 patients, for 31.9%. of the general population of the community. It is considered that this may be related to the increase in Birth and mortality, since the Department of Statistics reported a greater number of births and deaths during the year 2022 and the beginning of 2023, a fact that coincides with the analysis carried out by Martínez Calvo S ¹². The results show how we should work with this population and its risk factors for the prevention of non-communicable diseases such as cancer, heart disease, other cardiovascular diseases or those related to the osteomyoarticular system, which is why Toledo Curbelo J agrees. ¹³ who raised the need for preventive treatment in public health two decades ago. Biological risks were the most relevant, whether due to age, sex or disease. In this population they were represented by 181, which corresponds to 64%, this guarantees the increase in the probability of the appearance of various non-communicable diseases. These results coincide with those obtained by Palomino EEB ¹⁴, which found a predominance of non-communicable diseases in Peru, where 63.4% of the patients in the study were diagnosed with high blood pressure, followed by smoking and, in a lower percentage, cases of cancer. (uterine cervix, prostate and lung). On the other hand, the most frequent health risks associated with lifestyles (behavior) were: inadequate dietary habits and tobacco consumption. Both Cesare DM ¹⁵ and Banegas JR et al ¹⁶ collect in their research the prevalence of HTN and bronchial asthma as the chronic non-communicable diseases with the highest incidence in their population. Results that correspond to what was found since in the population studied the incidence of chronic non-communicable diseases was evident, where HBP and bronchial asthma predominated. The predominant level of schooling was pre-university and then university. The most represented occupation was state workers, followed by housewives and retirees.

The most common type of family according to its ontogenesis was nuclear families. The most frequent family crises related to the family cycle that predominated were retirement and school age and those not related to the life cycle in the contraction stage, results that are similar to what was proposed by Collazo Herrera M et al ¹⁷. The analysis carried out It allows us to assert the relationship that exists between the individual, the family and the community, in addition to reinforcing the concept of being biopsychosocial, and confirming the importance of health promotion and prevention. Based on the results of this research, it is recommended: to continue improving the preparation of the analysis of the health situation by family doctors and nurses. Create a multidisciplinary alliance between social organizations and the family doctor to develop promotional actions

Based on the results of this research, it is recommended: to continue improving the preparation of the analysis of the health situation by family doctors and nurses. Create a multidisciplinary alliance between social organizations and the family doctor to develop health promotion and prevention actions. Encourage health promotion and prevention actions, from digital platforms, to improve the health indicators of the population.

CONCLUSIONS

It is concluded that there is a high life expectancy in the population studied, with a greater representation of the female sex. The main health problems detected were high blood pressure, diabetes mellitus, and smoking, mainly among women. There is a predominance of families in a contraction stage and mixed paranormative crises predominate.

DECLARATION OF CONFLICT OF INTEREST

The authors declare that they have no conflict of interest in the preparation of the research.

DECLARATION OF FINANCING



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DECLARATION OF AUTHORSHIP:

Conceptualization: Yenifer Castillo Morell Data

Data Curation: Arianne Ferrer Monier, Yasmín González Chang

Formal analysis: Yenifer Castillo Morell

Research: Yenifer Castillo Morell, Arianne Ferrer Monier, Yasmín González Chang

Methodology: Yenifer Castillo Morell, Arianne Ferrer Monier, Yasmín González Chang

Supervision: Yenifer Castillo Morell Validation: Yenifer Castillo Morell

Visualization: Yenifer Castillo Morell, Arianne Ferrer Monier, Yasmín González Chang

Writing - original draft: Yenifer Castillo Morell, Yasmín González Chang

Writing - review and editing: Arianne Ferrer Monier

BIBLIOGRAPHIC REFERENCES

1. Rodríguez A, Piña AC, Díaz A, García R, Balcindes S. Brechas en el manejo del paciente hipertenso en un área metropolitana de La Habana. Finlay [Internet]. 2019 [citado 2024 Abr 26];9(4):[aprox. 16 p.]. Disponible en: <http://scielo.sld.cu/pdf/rf/v9n4/2221-2434-rf-9-04-257.pdf>
2. Morejón AF, Benet M, Bernal JL, Espinosa AD, Silva LC, Ordúñez PO. Factores relacionados con el control de la hipertensión arterial en Cienfuegos. Rev Cubana Salud Pública[Internet]. 2019 [citado 28/4/2023];45(3):[aprox. 17 p.]. Disponible en: <https://revsaludpublica.sld.cu/index.php/spu/article/view/1716/1290>
3. Díaz Piñera A, Soler Carbonell Y, Álvarez Mesa N, Rodríguez Salvá A. Caracterización del proceso de atención de personas hipertensas en un policlínico de La Habana Vieja. Rev. Finlay [Internet]. 2023 [citado 2024 Abr 25] ; 13(3): [aprox. 12 p.].Disponible en: <https://revfinlay.sld.cu/index.php/finlay/article/view/1248/2267>
4. Ministerio de Salud Pública (CUB). Departamento de Atención Primaria de Salud. Programa del médico y la enfermera de la familia [Internet]. 2da. ed. La Habana: Editorial Ciencias Médicas; 2023. Disponible en: <http://www.bvscuba.sld.cu/libro/programa-del-medico-y-la-enfermera-de-la-familia-2da-ed/>
5. Windak A , Rochfort A , Jacquet J. The revised European Definition of General Practice/Family Medicine. A pivotal role of One Health, Planetary Health and Sustainable Development Goals. European Journal of General Practice [Internet]. 2024 [citado 2024 Abr 25] ; 30(1):[aprox. 3 p.]. Disponible en: <https://www.tandfonline.com/doi/epdf/10.1080/13814788.2024.2306936?needAccess=true>
6. World Health Organization [Internet]. Geneva: WHO ; c2024.[citado 2024 Abr 25] NCD Global Monitoring Framework;[aprox.2 p.]. Disponible en: <https://www.who.int/publications/i/item/ncd-surveillance-global-monitoring-framework>
7. Petit Ampeire I, Kawugezi P C, Mugema Mulogo E, Prevalence of prediabetes and associated factors among community members in rural Isingiro district. BMC Public Health [Internet] 2023 [citado 2024 Abr 25] ; 23: [aprox. 9 p.]. Disponible en: <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-023-15802-9>
8. Sánchez Diana CS, Gómez Rúa NE, Giraldo Gallo EA, Montenegro Martínez G. Aplicaciones de un instrumento para evaluar factores de riesgo comportamentales asociados a enfermedades no transmisibles en población trabajadora. Salud UIS [Internet]. 2023 [citado 2024 Abr 26]; 55:[aprox. 9 p.]. Disponible en: <https://revistas.uis.edu.co/index.php/revistasaluduis/article/view/11517/13088>
9. Mantecón Estrada MC, Galindo Santana BM, Tejeda Fuentes AR, Cruz Rodríguez E, Díaz DC. Vigilancia de los eventos adversos a la vacunación en Camagüey (2018). Rev. cuba. hig. epidemiol. [Internet]. 2023 [citado 2024 Abr 26] ; 60:[aprox. 27 p.].Disponible en: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1561-30032023000100012&lng=es
10. Cardentey García J. El tabaquismo: un flagelo nocivo para la humanidad. AMC [Internet]. 2016 [citado 2024 Abr 13]; 20(2):[aprox. 3 p.].Disponible en: <http://scielo.sld.cu/pdf/amc/v20n2/amc02021>

[6.pdf](#)

11. Cuba. Ministerio de Salud Pública. Dirección de Registros Médicos y Estadísticas de Salud. Anuario Estadístico de Salud [Internet]. La Habana: Dirección de Registros Médicos y Estadísticas de Salud; 2022 [citado 2024 Abr 13]. Disponible en: <https://instituciones.sld.cu/ucmvc/files/2023/10/Anuario-estadístico-de-Salud-2022-Ed-2023.pdf>

12. Martínez Calvo S. Análisis de la Situación de Salud. Una nueva mirada.[Internet]. 3ra ed. La Habana: Editorial Ciencias Médicas; 2020 [citado 2024 Abr 13].p,255 Disponible en: https://ensap.sld.cu/sites/default/files/carpeta_s/Doctorado/analisis_situacion_salud_2020.pdf

13. Toledo Curbelo J. Fundamentos de Salud Pública tomo 1.[Internet]. La Habana: Editorial Ciencias Médicas, 2004. [citado 2024 Abr 13] pp.7.Disponible en: <http://www.ecimed.sld.cu/2004/12/24/724/>

14. Palomino EEB. Prevalencia de factores de riesgo para enfermedades crónicas no transmisibles en Perú. Rev Cuid [Internet]. 2020 [citado 2024 Abr 26] ; 11(2):[aprox. 11 p.].Disponible en: <http://www.scielo.org.co/pdf/cuid/v11n2/2346-3414-cuid-11-2-e1066.pdf>

15. Cesare DM. Global trends of chronic non-communicable diseases risk factors. Eur J Public Health [Internet]. 2019 [citado 2024 Abr 26] ;29(4):[aprox. 2 p.].Disponible en: https://academic.oup.com/eurpub/article/29/Supplement_4/ckz185.196/5624434?login=false

16. Banegas JR, Martínez MS, Conde TG, García EL, Graciani A, Castillón P G et al. Cifras e impacto de la hipertensión arterial en España. Rev Esp Cardiol. [Internet].2024 [citado 2024

Abr 26] ; XX(X):[aprox. 12 p.]. Disponible en: <https://www.revespcardiol.org/es-pdf-S0300893224001076>

17. Collazo Herrera M, Sosa Lorenzo IA, Chaviano Pedroso I. Evaluación económica de la inmunización infantil por vacunas en Cuba 1962-2019.INFODIR [Internet]. 2023 [citado 2024 Abr 13];0(41): [aprox. 25 p.].Disponible en: <https://revinfodir.sld.cu/index.php/infodir/article/view/1378>