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**XVII CONGRESO SESPAS
XXXV REUNIÓN CIENTÍFICA
DE LA SOCIEDAD ESPAÑOLA DE EPIDEMIOLOGÍA
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DE EPIDEMIOLOGIA
XXXVII JORNADAS DE ECONOMÍA DE LA SALUD**

Ciencia para la Acción

Barcelona, 6-8 de septiembre de 2017

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ME15. From epidemiological research to population health

Jueves, 7 de septiembre, 11:15-12:45

Coordina y modera: Henrique Barros

417. INCREASING THE ADHERENCE TO CERVICAL CANCER SCREENING

J. Firmino Machado, A. Moreira, R. Mendes, N. Lunet

Unidade de Saúde Pública do ACeS Porto Ocidental; EPIUnit-Instituto de Saúde Pública, Universidade do Porto; Departamento de Ciências da Saúde Pública e Forenses e Educação Médica, Faculdade de Medicina da Universidade do Porto.

Antecedentes/Objetivos: Cervical cancer is one of the most preventable cancers. Population based screening programs are highly implemented in high income countries, although adherence is often low. The aim of this study is to use a stepwise intervention to increase the adherence to cervical cancer screening. Objectives: 1. To quantify the impact of automatically and customized short message service (SMS) messages and phone calls as invitation methods in the adherence to cervical cancer screening; 2. To quantify the impact of secretary phone calls in the adherence to cervical cancer screening; 3. To quantify the impact of family nurse phone calls and face-to-face appointments in the adherence to cervical cancer screening.

Métodos: A population-based cluster randomized controlled trial, with a parallel design, will be implemented in two Portuguese regions where adherence to cervical cancer screening is low – Porto Ocidental and Marão e Douro Norte. Primary care medical doctors (randomization unit) will be randomized in a 1:1 ratio to intervention and control. Patients in the control arm will receive the standard of care (written letter) and those in intervention arm: invitation SMS message and automatic phone call, followed by manual phone call and the face-to-face appointment with a family nurse; this will be a stepwise approach, with interventions applied sequentially to eligible women remaining non-adherent after each step. All women in the intervention group will additionally receive a text message 24-48h prior to all appointment dates scheduled as part of this stepwise intervention. The primary outcomes are the proportion of adherence after the first step of the intervention and after all the steps.

Resultados: With this stepwise intervention we expect to increase adherence to cervical cancer screening by 10 to 20% in relation with control.

Conclusiones/Recomendaciones: Robust methodological approaches should be used to assess the effectiveness of interventions to promote the adherence to cervical cancer screening.

478. ECONOMIC EVALUATIONS OF HEALTH INTERVENTIONS: BASIC METHODS FOR HEALTH PROFESSIONALS AND EPIDEMIOLOGISTS

R. Mendes, J. Firmino Machado, F. Guedes Marques, N. Lunet, AS. Almeida

Public Health Unit, ACES Douro I-Marão e Douro Norte; EPIUnit-Instituto de Saúde Pública, Universidade do Porto; Public Health Unit, ACES Porto Ocidental; CEF, UP, Faculdade de Economia, Universidade do Porto.

Antecedentes/Objetivos: Economic evaluation studies provide crucial information to assist healthcare decision-makers in resource allocation, towards a more efficient use of healthcare resources. This

work aimed to identify the basic methods to economic evaluations of health interventions, and to discuss the corresponding methodological features and interpretation of results.

Métodos: A critical review of the literature was conducted based on PubMed, National Health Service Economic Evaluation Databases (from The Cochrane Collaboration) and WHO publications.

Resultados: We identified three main types of economic evaluations that can be used to compare two or more interventions or a new intervention with usual care: cost-benefit analysis (CBA), cost-effectiveness analysis (CEA) and cost-utility analysis (CUA). All methods compare the costs of a health intervention in monetary units with a measure unit of the health effects of the intervention. In CBA, health effects are also calculated in monetary units, whereas in CEA, health effects are measured using a clinically relevant outcome (e.g. life years gained, kilograms lost in a weight loss program, or number of disease cases averted in a prevention program). CUA is a special form of CEA where health effects are expressed as quality-adjusted life years (QALYs). In most studies costs are calculated from the health service perspective, i.e., only direct costs of the health program implementation are considered; no personal out-of-pocket expenses nor indirect costs are taken into account. In CEA, the cost-effectiveness ratio expresses the costs per unit of the health effect measure selected (e.g. €/case averted, €/QALY). The main outcome of a comparative CEA is the incremental cost-effectiveness ratio (ICER), which is computed as the difference between the costs of the interventions being compared divided by the difference of the corresponding health effects. An intervention is considered "cost effective" if the cost effectiveness ratio is below a threshold or an accepted willingness-to-pay value; organizations such as the WHO and NICE recommend different approaches to the calculation of these thresholds. There are different instruments available (scales and checklists) to assess the quality of health economic analyses.

Conclusiones/Recomendaciones: Economic evaluations are an important tool for Public Health professionals who aim to optimize population health and minimize costs. A proper understanding of the specific methods used in this field is essential for the assessment of all health interventions taking into account their effectiveness and associated costs.

628. MIGRANTS AND PERINATAL HEALTH: ACCESS TO HEALTH SERVICES

M. Beirão Carrapatoso, C. Teixeira, C. Carvalho, H. Barros

Unidade de Saúde Pública, ACES Tâmega II-Vale do Sousa Sul, ARS Norte, Paredes, Portugal; EPI Unit-Instituto de Saúde Pública, Universidade do Porto; Instituto Politécnico de Bragança; Unidade Multidisciplinar de Investigação Biomédica (UMIB), Instituto de Ciências Biomédicas de Abel Salazar, Universidade do Porto.

Antecedentes/Objetivos: Inequities in access to health care between migrant and native women have been reported, but determinants of such inequities remain a matter of controversy. According to the national law, health care is provided to all residents with the same conditions of Portuguese citizens, in a universal, tax-financed National Health Service. This study intended to review the available evidence on the access of migrant women to perinatal health services in Portugal, in order to assess if there are differences between migrant and native population.

Métodos: A systematic search of relevant literature was conducted on Web of Science and reference lists for articles published up to March 2017. We considered all studies providing information on access to health care services by migrant women in Portugal.

Resultados: After excluding irrelevant citations for the question under research (n = 6) and abstracts with no results of interest (n = 3), 10 studies were included in this systematic review. There were six

quantitative studies, describing determinants and patterns of healthcare utilization by immigrants in Lisbon (n = 3), assessing prenatal and obstetric care among migrants in Porto (n = 1), describing prenatal vigilance in Portugal (n = 1) and reporting the health professionals' perspective (n = 1). Migrants were more likely than native women to have the first pregnancy appointment after 12 weeks and to have less than 3 prenatal visits. Although not exclusively related to perinatal care, waiting times and provider's attitudes were the main barriers identified by migrants, observed differently depending on their country of origin. However, a more recent study showed that only 1% of migrant participants reported having been discriminated by health professionals. Positive attitudes towards migrant people were more likely to be shown by doctors and nurses than clerical staff, by younger than older doctors and by workers who have less daily contact with migrants. Four qualitative studies analysed the access, satisfaction and perceived quality of received health care during pregnancy. All stated that initial unfamiliarity with the National Health Service by the users and misinformation of clerks about national law and administrative procedures, particularly when dealing with undocumented users, were important obstacles to access to health care.

Conclusiones/Recomendaciones: Available data on the access of migrant women to perinatal health care services in Portugal is scarce and more quantitative studies are needed, in order to adjust existing responses and improve the quality of healthcare provided to migrants.

475. SOCIO-ECONOMIC ADVERSITY AND BIOMARKERS' ALTERATIONS

S. Silva Rocha, H. Amorim, H. Barros

Public Health Unit-Primary Health Care Grouping Grande Porto VIII-Espinho/Gaia; EPI Unit-Instituto de Saúde Pública, Universidade do Porto.

Antecedentes/Objetivos: The association between socio-economic position (SEP) and health has been studied for decades; socio-economic adversity as an early life experience or as lifelong circumstances, has been linked to poorer health outcomes, such as cardiovascular and metabolic diseases, cancer and depression. Although health behaviors/lifestyle factors may be important pathways linked to health discrepancies across social groups, they do not fully explain the mechanism through which SEP may be biologically embedded – there is an extensive range of physiological and biological reactions that should be considered. This work aims to summarize the relevant evidence from epidemiological studies concerning the association between SEP and several biomarkers, as well as the potential mechanisms supporting the embedding of SEP.

Métodos: A critical review of the literature was conducted based on PubMed and Lifepath Project publications.

Resultados: Four main mechanisms were identified through which SEP can be embedded: epigenetic mechanisms, alterations in stress response systems, inflammation related processes and damage to neural structure and function. Concerning epigenetics, most socio-economic deprived individuals had consistently DNA hypomethylation across several studies, especially in regions of pro-inflammatory genes and regions regulating the immune function, some showing a dose-response pattern; childhood SEP has showed a stronger association with hypomethylation than adult SEP. Lower SEP was also associated with higher levels of diurnal cortisol and catecholamines, inflammatory activity and circulating antibodies for several pathogens, suggesting a reduced immune response. Socio-economic circumstances during early life were associated with a sustained response from the inflammatory transcriptome, independently of subsequent social trajectories. Regarding neural structure and function, some studies show an association between institutional deprivation and temporary reduction in head and brain sizes, marked reduction

in brain activity, with a better performance when SEP improved during early life, and enlargement of the amygdala.

Conclusiones/Recomendaciones: Determining the mechanisms by which SEP can be embedded in individuals and pin-pointing, during the life course, when it may be most harmful, will be crucial to support social interventions and change policies, in order to reduce social related health inequalities. Although early life socio-economic circumstances are associated with worse molecular profiles during adulthood, additional research at younger ages is needed to determine how premature these alterations may be.

506. PEDIATRIC HEALTHCARE SERVICES UTILIZATION

T. Silva, J. Baptista, H. Barros

Public Health Unit-ULS Matosinhos; EPI Unit-Instituto de Saúde Pública, Universidade do Porto.

Antecedentes/Objetivos: Proper health planning requires adequate knowledge about healthcare services utilization. Determining the patterns of children's utilization of healthcare services is particularly important, because children have specific health needs, demanding adequate healthcare services, but also because there is evidence that the patterns of healthcare use through life are determined very early. This work aims to review the published data about children's healthcare services utilization.

Métodos: Critical review of published data regarding pediatric health care services utilization and its determinants based on PubMed and Portuguese health services reports.

Resultados: Most of the available data are from United States of America, suggesting that family physicians provide care to approximately 20% of the children until 5 years of age and to nearly 50% for adolescents, and Pediatricians account for 78% and 44%, respectively. The number of children attended by family physicians is decreasing. In Portugal, the National Program for Child and Juvenile Health establishes surveillance consultations at specific ages, intended to be done in the Primary Health Care network. Nonetheless, there are no official numbers of children attended by family physicians. Studies suggest that 31.9% of children are followed by a Pediatrician, even though the number of children with concomitant monitoring by Family Physician and Pediatric is unknown. The proportion of children without any kind of regular consultation is also unrecognized. 86.8% of the Portuguese children until 14 years old have a pediatric emergency service within 30 minutes of car ride, but the characterization of the utilization of these services (either public or private) is also unknown. Low socioeconomic status is associated with lower utilization of primary health care services, and compensatory increase in emergency visits. Rural localization, absence of health insurance and family physician features (female sex and younger age) are associated with surveillance by the family physician. Older parents and smaller families have a greater utilization of health services. In Portugal, the determinants of healthcare utilization by children are unknown.

Conclusiones/Recomendaciones: Description and analyses of pediatric healthcare services utilization is reduced. Data regarding Portuguese children is even scarcer. There's a prominent need to study the patterns of children's healthcare services utilization in Portugal, generating crucial knowledge for better health planning and adequate management of health services.

476. SURVEILLANCE OF TICK-BORNE RICKETTSIA AND RICKETTSIOSES IN PORTUGAL

C. Sousa Marques, I. Duarte, P. Oliveira, R. de Sousa

Public Health Unit, ACES Baixo Vouga; EPI Unit-Instituto de Saúde Pública, Universidade do Porto; National Institute of Health Dr. Ricardo Jorge.