

Public versus private care in headache. Are there differences?

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Background: Countries with socialized medicine and with a free-of charge public system may deliver inferior quality care in comparison with private medicine environments. In headache care, long-duration consultations and comprehensive approaches may directly influence treatment outcome and public services may not practice it.

Objectives: This study aimed at comparing patient's profile, diagnosis, adherence, treatment strategies and response between headache sufferers attending two different services in Rio de Janeiro. In addition, due to legal issues, whether or not those attending the public facility would request the official work releasing documents, which is not thoroughly accepted from a private clinic.

Methods: Consecutive patients from both environments were prospectively compared regarding ages, sex distribution, diagnosis, treatment strategies, adherence, response (headache frequency decrease of higher than 50%) and requesting work releasing during the first and second consultations. Adherence was defined as returning for the following consultation and compliance with treatment prescribed.

Results: 500 patients (71.8% (359) women and 28.2% (141) men, ages 4-88, mean 38.7 years) from the Headache Center of Rio were compared to 227 patients (75% (150) women and 25% (57) men, ages 16-76, mean 39.8 years from The Instituto de Neurologia Deolindo Couto. The diagnoses as well as the mean headache frequency are in table 1. Migraine and medication overuse headache (MOH) were diagnosed in respectively 58% and 36.8% of the private patients and in 45.4% and 32.6% of the public patients. Regarding tension-type headaches (TTH) and trigeminal autonomic cephalalgias (TAC), respectively 2.8% and 3% received these diagnosis among private patients when compared to 15.4% and 6.6% from the public service. Adherence was identified in 73.1% of the public patients compared to 80.1% in the private center and 13.4% received monotherapy compared to 33% who received more than one drug for prevention. Requesting documentation for work releasing was seen in 2 (0.4%) of the private patients compared to 50 (22%) of those seeking for a public system care. Regarding decreasing of headache frequency of higher than 50%, it was presented by 62% of those returning (45% by ITT) in public system compared to 72.6% of those who adhered (58.2% by ITT) in the private setting.

Comments: Although most of the public services of Rio deliver poor quality care, the patients from the INDC did present similar profile of diagnosis, treatment approach and response when compared to those patients from the first and more comprehensive headache center of the State. Reasons for that may be the orientation provided to the attending physicians by the technical coordinator who is the same of the private instance. In addition, the geographical location of the public service, in this case better than that from most of the other services, may have contributed to the better standard of the patients. Interestingly, significantly more patients with TTH and requesting work releasing were noted in the public service.

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