### Thursday 6th March

**Exchange Hall**

**11:00-12:30** Poster presentations Session 3 Groups 1-4

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Inequalities in the metropolitan area of Porto Alegre, Brazil: hospitalizations for cystitis.

Presenting author: Roger dos Santos Rosa

Federal University of Rio Grande do Sul, Fernando Abbott 830 - Porto Alegre, RS - BRAZIL (ZIP CODE: 91040-360), Brazil.

Co-authors: Jéssica Morgana Gediel Pinheiro; Luís Fernando Kranz

INTRODUCTION: Cystitis is an ambulatory care sensitive condition that should not generate hospitalizations. The metropolitan region of Porto Alegre (MRPA/RS) covers 32 counties and 4.1 million people in southern Brazil with unequal access to health services. Therefore it is important to know the origin city and where patients with cystitis were hospitalized in the public health system (SUS).

OBJECTIVES: To identify the origin and destination of residents in MRPA/RS hospitalized for cystitis in SUS during 2008-2010. METHODS: Analysis of secondary data in the public domain from the SUS Hospital Information System (SIH/SUS) (‘RD files’). A database was generated with first-listed admissions of residents from MRPA/RS anywhere in the country for cystitis (ICD-10 N30), from 2008 to 2010, tabulated by TabWin ® software. RESULTS: Cystitis was the primary diagnosis in 831 admissions (0.1%) out of 786,898 for residents from MRPA/RS (39.4% men and 60.6% women). Two-thirds of the admitted were residents from five cities (47% of the population). There were 241 (29.1%) of Porto Alegre (the state capital), 140 (16.9 %) of Campo Bom, 64 (7.7%) of São Jerônimo, 62 (7.5%) of Sapiranga and 49 (5.9%) of Canoas. Hospitalizations were not proportional to the population in the MRPA/RS - Porto Alegre (35.0%), Campo Bom (1.4 %), São Jerônimo (0.5%), Sapiranga (1.9%) and Canoas (8.1%). As a destination, 86% out of all hospitalizations occurred in the same five cities. There were 373 (45.0%) in Porto Alegre, 158 (19.1%) in Campo Bom, 77 (9.3%) each in Sapiranga and São Jerônimo, and 29 (3.5%) in Canoas. Residents hospitalized in their own cities were 241 (100%) of the capital, 139 (99.3%) of Campo Bom, 64 (100%) of São Jerônimo, and 59 (95.1%) of Sapiranga. However, only 29 (59.2%) of Canoas were hospitalized in their own town leaving the rest to Porto Alegre. The hospitalization coefficient was 6.7/100,000 inhab./yr (5.6/100,000 inhab./yr in the capital) with large amplitude (0.0 in Capela de Santana, Estancia Velha and Igrejinha up to 100.2 in São Jerônimo). Mortality was 1.3% (0.4 % in Porto Alegre up to 5.0 % in Campo Bom). CONCLUSIONS: Hospitalizations for cystitis represent a small volume in relation to the total admissions. However, lack of proportionality between population and hospitalizations and the large amplitude of the hospitalization coefficients and of the mortality coefficients indicates urban filters in the access and quality of care, even for a condition responsive to primary health care that should not generate admissions. Knowing source and destination flows of admissions in a metropolitan area allows identifying constraints faced by families and health staff regarding access to health services. Moreover, helps to improve the regulation mechanisms of services supply in order to reduce inequalities among these cities.