



EPIDEMIOLOGIC PROFILE OF PATIENTS WITH DISABILITIES IN MATO GROSSO

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ABSTRACT

The development and organization of services targeted to people with disabilities are increasingly specific and regional. Thus, it was proposed that this study deals with the epidemiological profile of patients treated at the State Center for Dentistry for Special Patients - CEOPE from July 2005 to May 2009. Analysis was performed documentary, descriptive and retrospective database of CEOPE in a sample of 5954 entries, distributed by age, sex, origin and diagnosis using the ICD-10. The results showed 52.9% of males, aged predominantly between 10 to 19 years (22.1%). The mental and behavioral disorders were observed in 15% of patients, followed by diseases of the nervous system with 10.1%. The CEOPE attended 85.5% of the municipalities of Mato Grosso Cuiabá, the capital led to a percentage of 63.5%. The study points to the need for more professional training and decentralization of dental care for people with disabilities.

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INTRODUCTION

Recent publications by the United Nations (UN) (<http://www.un.org/disabilities/default.asp?navid=34&pid=18#menu>) show that the number of people with disabilities is increasing with population growth, medical advances and global aging. In Brazil, the profile of the population with disabilities has changed, what used to be deficiencies generated by diseases today, this population has grown due to the increase in life expectancy and urban violence (Resende and Vital, 2008).

The lack of a clear categorical definition of disability is considered to be an obstacle to the promotion of the health of persons with disabilities (Di Nubila and Buchalla, 2008), although correct terminology, definition and a better classification for disability have long been sought. The Brazilian legislation has evolved and sought more and more the inclusion of people with disabilities, and for this purpose, every time, has proposed a definition, seeking to guarantee more and more their rights. Following the Convention on the Rights of Persons with Disabilities (UN / 2006), which came into force in 2008, it was determined that these persons should be called persons with disabilities, a denomination that reflects the relationship between their limitations and the structure of the environment, in addition to community attitudes (Maior, 2008; <http://189.28.128.100/portal/arquivos/pdf/Cart09.pdf>).

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Brazil signed the Convention on the Rights of Persons with Disabilities in March 2007 and in July 2008, its text was incorporated as an amendment to the Brazilian Constitution⁵. Brazil is one of the few countries in the world that has specific legislation that is broad and advanced in relation to others, and yet people with disabilities continue to comprise the highest percentages of social exclusion statistics (Resende and Vital, 2008). This shows that advances in current legislation do not ensure that citizens are protected and to ensure the protection of the State of persons with disabilities and the use of resources in health services for this population, there is a need for greater participation of people with disabilities in these decisions, among other factors (http://www.scielo.org/scielo.php?script=sci_arttext&pid=S1413-81232009000100008&lng=pt. doi: 10.1590/S1413-81232009000100008). When traversing the trajectory of the terms used throughout the history of the attention to people with disabilities in Brazil, we conclude that there has never been or will be a single correct, valid and definitive term to define this segment of the population. This is justified by the fact that the terms used had a meaning compatible with the values prevailing in each age of society (Sasaki, 2009). In addition to the terminology and definition, many authors in an attempt to find a better classification for the special patients described the most diverse types of organization of the deficiencies, as proposed by Magalhães and Sabbagh-Haddad (2007) and the Weber *et al.* (2004) classification. The World Health Organization now has two benchmarks for describing health states: the International Statistical Classification of Diseases and Related Health Problems (ICD-http://www.abope.com.br/conheca_abope.asp) and the International Classification of Functioning, Disability and Health (ICFDH). ICD-http://www.abope.com.br/conheca_abope.asp and ICFDH are broad classifications, which can describe any state of health or functionality, without setting limits.

With this, a reflection on the practice is possible based on two classifications, since it is believed that they are considered excellent instruments for health and disability surveys, and can reinforce the field of health and disability research in the stages of the health cycle. life (Di Nubila and Buchalla, 2008). In relation to dental care in Brazil, some centers provide dental care to people with disabilities. They are usually linked to dental schools, philanthropic institutions and more recently to the Dental Specialties Centers (CEOs) that are part of a national oral health program, Brasil Sorridente. The Brazilian Association of Dentistry for Special Patients (ABOPE), established in 1979, states that the first institution to provide care for patients with special needs in Brazil was the Dental School of Uberaba, followed by the Faculty of Dentistry of Goiânia and later the Faculty of Dentistry, University of São Paulo (http://www.abope.com.br/conheca_abope.asp). Among these centers, the Center for Dental Care for Persons with Disabilities (CAOE), founded in 1984, is an auxiliary unit with a complex structure at the Faculty of Dentistry of the Araçatuba Campus (FOA) of the Paulista State University "Júlio de Mesquita Filho" (UNESP) (<http://www.foa.unesp.br/caoe>). It provides multi- and interdisciplinary medical-dental care to people with disabilities, considering itself the pioneer in this care. The Special Patient Care Center (CAPE / FOUSP) of the School of Dentistry - University of São Paulo was founded in 1989 to provide outpatient care to patients with HIV virus, patients with neuropsychomotor disorders and chronic systemic diseases (http://www.fo.usp.br/cape/index_arquivos/Page_605.htm).

The CEAPE (Center of Studies and Assistance to Special Patients) of FOUNIP -Faculty of Dentistry of the Paulista University began its activities in 1984, contemplating its attendance to patients with systemic diseases, syndromic, neuropsychic motor disorders and many other pathologies. care for HIV/AIDS patients and other infectious diseases. In the State of Mato Grosso, in 1988 the Special Patient Care Center - CAOPE13 was implemented. In 2005, the State Center of Dentistry for Special Patients (CEOPE) was officially created as a State Reference Center to provide services to this special clientele, offering basic and specialized dentistry, preventive and curative services to people with disabilities who high complexity. In studies carried out in Brazil in centers connected to the faculties that attend people with disabilities, a predominant profile of male patients with systemic alterations¹⁴ and the lack of dental services for these clients is observed¹⁵. At CAOPE, in Mato Grosso, a study performed in patients attending in the 10-year period observed the predominance of the age group from 0 to 10 years of age¹³. In Tokyo, for 5 years, we investigated the dental treatment and types of general support care performed to people with physical and mental disabilities in public dental clinics. It was noticed that the majority of the patients of the clinic was of the age group of 60- (44.9%), followed by developmental disorders (28.2%) and senile diseases (26, 27, and 28 years), with a predominance of patients referred to other health services with chronic diseases and psychiatric disorders 9%) (Mochizuki *et al.*, 2007). As far as epidemiology is concerned, most of the literature that exists today cites the estimate of 10% of the general population of a given city or region as having a disability, and indicates the source of this estimate as the World Health Organization (WHO) or the United Nations (UN). In Brazil, data from the Demographic Census of 2000 revealed that 14.5% of the population had some kind of disability, corresponding to 24.6 million individuals (<http://www.ibge.gov.br/home/presidencia/noticias/20122002censo.shtm>). Regarding dental care, and considering the statistics of 10% of the World Health Organization, it is estimated that approximately only 3% of these people receive dental care (Santos *et al.*, 2008 and Varellis, 2005). The current National Oral Health Policy provides dental care for people with disabilities in the CEOs who are secondary care units for oral health under the Unified Health System (SUS). The DSC are units of reference for basic care and should be integrated into the loco-regional planning process. These units should offer at least the specialties of periodontics, endodontics, oral diagnosis and minor oral surgery in addition to care for people with disabilities. CEOs are classified in type I (three dental chairs), II (four to six dental chairs) or III (more than seven dental chairs) depending on the number of dental chairs and the financial resource received (Pucca Junior *et al.*, 2009). In Brazil, 838 CEO's are in operation until early August 2010²¹ and currently all Brazilian states have at least one CEO (Pucca Junior *et al.*, 2009). The State of Mato Grosso, has so far 10 units (<http://www.saude.mt.gov.br/portal/manchetes/manchete.php?id=3073>). CEOPE is a state institution registered with the Ministry of Health as CEO type II, despite having installed eight dental chairs and with the peculiarity of exclusively serving special clientele. CEOPE acts as a state reference in dental care for patients with disabilities and assists as a target public persons who require unconventional dental treatment and who cannot be reached in primary health care because they require adaptation, containment, sedation or general anesthesia.

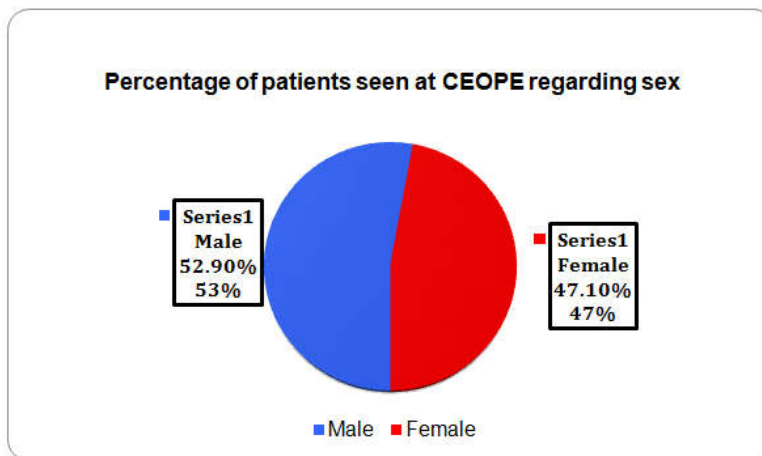


Figure 1. Percentage of patients seen at CEOPE regarding sex

Table 1. Distribution of patients seen at CEOPE by age group

Age Range	N°	%
0 a 9 years	679	11,4
10 a 19 years	1319	22,1
20 a 29 years	1007	16,9
30 a 39 years	965	16,2
40 a 59 years	781	13,1
50 a 59 years	563	9,5
> 59 years	558	9,4
Entries without date of birth	82	1,4
Total	5954	100,0

SOURCE: CEOPE database

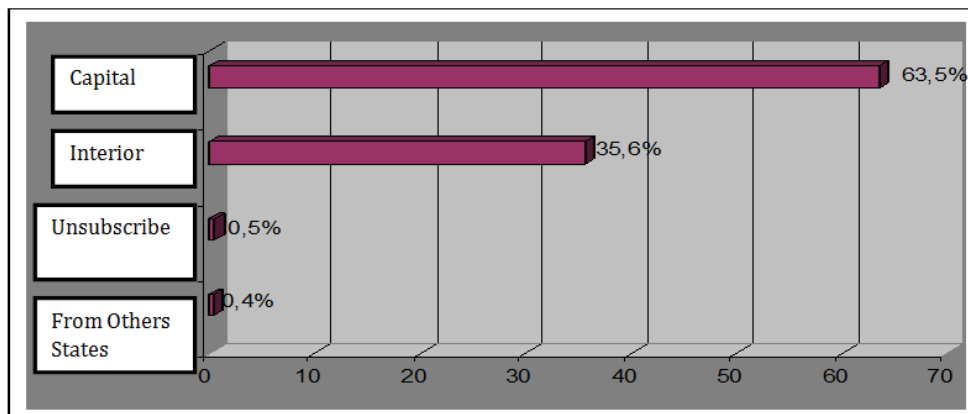


Figure 2. Percentage of patients seen at CEOPE according to their origin

However, it is not known what profile of the patients that this center has been attending throughout its four years of implantation. In addition, it is within its competence to provide a permanent diagnostic service for oral lesions and to prevent mouth and face diseases, to promote professional training and continuing education, in partnership with the School of Public Health of the Ministry of Health of Mato Thick. In view of the above, the purpose of this study is to quantify CEOPE patients according to their diagnosis and to characterize them in terms of age, origin and sex.

MATERIALS AND METHODS

This is a descriptive and retrospective documentary study of the database of the State Center for Dentistry for Special Patients / CEOPE / SES-MT. The research project that supported this work was submitted and approved by the Research Ethics Committee of the State Health Secretariat of

Mato Grosso (protocol n ° 440/09-CEP / SES-MT). An investigation was carried out next to the database, with a descriptive review of 5982 entries, carried out from July 2005 to May 2009. Using as exclusion criterion, empty and blank entries, 28 entries were excluded, a sample of 5954 patient records was used. As variables of the study, the following data were used: sex, age, origin and diagnosis. The ages were divided by age groups: 0 to 9 years; 10 to 19 years; 20 to 29 years; 30 to 39 years; 40 to 49 years; 50 to 59 years; > 59 years. The age calculation date was May 31, 2009. Diagnosis according to ICD-10 was used for the classification of diseases due to the wide variety of diseases of CEOPE patients. In addition, we sought a methodology and classification that would allow a standardized language nationally and internationally and that would allow the continuity of this study or comparisons with others. The patient's origin was presented according to the patient's municipality of origin and the regions of the municipalities that make up the Regional

Table 2. Distribution of patients seen at CEOPE by diagnosis according to the groups presented in the ICD-10

ICD-10	Chapter	N°	%
A00-B99	Chapter I Some infectious and parasitic diseases	106	1,8
C00-D48	Chapter II Neoplasms [tumors] *	167	2,8
D50-D89	Chapter III Diseases of blood and hematopoietic organs and some immune disorders	189	3,2
E00-E90	Chapter IV Endocrine, nutritional and metabolic diseases	67	1,1
F00-F99	Chapter V Mental and behavioral disorders	889	15,0
G00-G99	Chapter VI Diseases of the nervous system	603	10,1
H00-H59	Chapter VII Diseases of the eye and attachments	61	1,0
H60-H95	Chapter VIII Diseases of ear and mastoid process	156	2,6
I00-I99	Chapter IX Diseases of the circulatory system	276	4,6
J00-J99	Chapter X Diseases of the respiratory system	01	0,0
K00-K93	Chapter XI Diseases of the digestive tract **	36	0,6
L00-L99	Chapter XII Diseases of the skin and subcutaneous tissue	12	0,2
M00-M99	Chapter XIII Diseases of the musculoskeletal system and connective tissue	161	2,7
P00-P96	Chapter XVI Some conditions originating in the perinatal period	04	0,1
Q00-Q99	Chapter XVI Congenital malformations, deformities and chromosomal abnormalities	352	5,9
S00-T98	Chapter XIX Injuries, poisoning and some other consequences of external causes	21	0,4
Z00-Z99	Chapter XXI Factors influencing health status and contact with health services	294	4,9
Others		2559	43,0
Total		5954	100,0

SOURCE: CEOPE database

* Oral neoplasms were not considered

** There are also some diseases of the mouth and most are healthy people

Table 3. Distribution of patients seen at CEOPE according to other presentations in the diagnostic registry

Others	N°	%
Mouth injury	901	15,1
Record with incomplete diagnosis (signs, symptoms, causes or unspecified diagnosis) ***	639	10,7
Referrals or counter referrals for other services	601	10,1
Non-diagnostic registrations	290	4,9
Multiple pathologies	111	1,9
Patients without definite diagnosis	09	0,2
Syndromes not located in ICD-10	08	0,1
Total	2559	43,0

SOURCE: CEOPE database

*** group of special patients, but could not identify the diagnosis, due to information being only of the cause or symptom.

Management Colleges of the State of Mato Grosso, as informed by the Tripartite Inter-Agency Commission, were considered for distribution. correspond to the regions of the Regional Health Offices (http://bvsms.saude.gov.br/bvs/publicacoes/pacto_saude_volume10.pdf). For data collection, we used an Excel program (Microsoft Office 2003). The results were demonstrated in table and graphs and analyzed qualitatively.

RESULTS

In the 5954 patients enrolled in CEOPE, performed between July 2005 and May 2009, a percentage of 52.9% of males and 47.1% of females was observed (Figure 1). Regarding the age group, there was a greater number of patients from 10 to 19 years (22.1%), followed by 20 to 29 years (16.9%) and 30 to 39 years (16.2%) (Table 1). As for the diagnosis of patients treated in the CEOPE according to the ICD - 10, there was a prevalence of mental and behavioral disorders in 15% of the patients, followed by diseases of the nervous system with 10.1% and congenital malformations, deformities and Chromosomal abnormalities with 5.9% (Table 2). We found 43% of other descriptions in the diagnostic registry, consisting of mouth lesions (15.1%); incomplete diagnosis (10.7%) whose records were of signs, symptoms, causes or unspecified diagnosis; patients referred or referrals for other services (10.1%); registrations without diagnosis (4.9%); patients with multiple pathologies (1.9%); patients with no definite diagnosis (0.2%) and 0.1% of syndromes not located in ICD-10 (Table 3). In the most prevalent groups according to ICD-10, it was observed that of the 889 patients with mental and

behavioral disorders, 741 presented mental retardation, 82 schizophrenia and 29 autism. In the group of diseases of the nervous system, 357 of the patients had cerebral palsy, followed by 142 with epilepsy and 37 sequelae of meningitis. Of the 352 patients with congenital malformations, deformities and chromosomal anomalies, 180 presented Down Syndrome, 51 microcephaly, 31 cleft palate with cleft palate (Table 4). Of the 294 patients who had factors influencing health status and contact with health services, 288 were HIV positive, 01 had convalescence after radiotherapy and 01 had the transplanted kidney. In the group of diseases of the circulatory system, 123 patients had unspecified heart diseases, 122 with hypertension and 06 with rheumatic fever without mention of heart involvement (Table 5). CEOPE serves 120 municipalities in the State of Mato Grosso, corresponding to a percentage of 85.5% of the 141 municipalities. The state capital, Cuiabá, led with a percentage of 63.5% of the patients received at CEOPE. The interior of the state referenced 35.6% and other states with 0.4% of patients (Figure 2). Of the 35.6% of patients in the interior of Mato Grosso, 18.8% were from the municipality of Várzea Grande, 0.8% from Rondonópolis, 0.7% from Cáceres, 0.7% from Rosario Oeste and 14.6% of the patients come from other municipalities. The results obtained with the distribution of patients by Regional Management Colleges showed 5,036 patients from the municipalities that are part of the Regional Health Office of the region of Baixada Cuiabana, 212 from the municipality of Rondonópolis, 110 from Tangará da Serra, 104 from Diamantino, 92 of Cáceres, 86 of Sinop, 60 of Pontes and Lacerda, 44 of Alta Floresta, 36 of Juína, 28 of Peixoto Azevedo, 27 of Juara, 21 of Barra do Garças, 14 of Colíder, 18 of Água Boa, 11 of Porto Alegre of the North and 01 of São Félix do Araguaia (Figure 3).

Table 4. Number of patients seen in CEOPE according to the most prevalent diseases in each group

ICD-10 Classification Groups	Most prevalent diseases by group	N°	Total
Infectious and parasitic diseases	Sequelae of poliomyelitis	60	106
	Toxoplasmosis, unspecified	11	
	Sequel of toxoplasmosis	07	
	Others	28	
Neoplasms [tumors]	Cancer: NOS (Not Otherwise Specified)	47	167
	Leukemia, unspecified	43	
	Malignant neoplasm of breast	10	
	Others	67	
Blood and hematopoietic diseases and some immune disorders	Hereditary factor VIII deficiency	84	189
	Sickle cell anemia without crisis	78	
	Hereditary factor IX deficiency	08	
	Others	19	
Endocrine, nutritional and metabolic diseases	Hereditary deficiency of factor IX Diabetes mellitus, unspecified	54	67
	Hypothyroidism, unspecified	05	
	Non-insulin-dependent diabetes mellitus (type II)	02	
	Others	06	
Mental and behavioral disorders	Mental retardation	741	889
	Schizophrenia, unspecified	82	
	Autism	29	
	Others	37	
Diseases of the nervous system	Cerebral palsy NOS	357	603
	Epilepsy, unspecified	142	
	Sequelae of meningitis	37	
	Others	67	
Eye diseases and appendages	Blindness, both eyes	61	61
	Diseases of the ear and mastoid process	Sdeaf-mute not elsewhere classified	
Diseases of the circulatory system	Unspecified hearing loss	05	276
	Deafness (from): NOS	123	
	Unspecified heart disease	122	
	Essential hypertension (primary)	06	
Diseases of the respiratory tract	Rheumatic fever without mention of heart involvement	06	01
	Others	25	
	Unspecified respiratory insufficiency	01	
	Diseases of the digestive system	Temporomandibular joint disorders	
Diseases of the digestive system	Irritative hyperplasia of the alveolar ridge [dentinal hyperplasia]	04	36
	Others	07	

SOURCE: CEOPE database

Table 5. Number of patients seen in CEOPE according to the most prevalent diseases in each group

ICD-10 Classification Groups	Most prevalent diseases by group	N°	Total
Skin and subcutaneous tissue disorders	Lichen planus, unspecified	02	12
	Lupus erythematosus NOS	10	
Diseases of the osseous system, muscles and connective tissue	Chronic renal failure, unspecified	138	161
	Osteoporosis, unspecified	09	
	Thrombotic thrombocytopenic purpura	05	
	Others	09	
Some conditions originating in the perinatal period	Congenital viral diseases	01	04
	Congenital Toxoplasmosis	03	
Congenital malformations, deformities and chromosomal abnormalities	Unspecified Down Syndrome	180	352
	Microcephaly	51	
	Lip cleft with cleft palate	31	
	Others	90	
Injury, poisoning and some other consequences of external causes	Allergic reaction NOS	11	21
	Injury (of): face NOS	02	
	Trauma (of): nose NOS	02	
	Others	06	
Factors influencing health status and contact with health services	HIV positive NOS	288	294
	Convalescence after radiotherapy	01	
	Transplanted kidney	01	
	Others	04	

SOURCE: CEOPE database

DISCUSSION

In the patients treated at CEOPE there is a discrete predominance of males, being this percentage according to the literature (<http://www.odontologia.com.br/artigos.asp?id=266>) (Silva *et al.*, 2005). The Census 2000, when considering the incidence or disability by sex, observed a predominance of deficiencies among women in absolute numbers, however, men are the majority in the case of mental, physical and auditory deficiency (<http://www.ibge.gov.br/home/presidencia/noticias/08052002tabulacao.shtm>).

However, Santos *et al.* (2009) (<http://www.ibge.gov.br/home/presidencia/noticias/20122002censo.shtm>) in his studies with special patients, in which all had a diagnosis of mental deficiency, found a predominance of females. The findings of this research resemble those of Barbosa and Barreto (2006) regarding gender and age. These authors described the profile of special patients in a dental care center in Governador Valadares / MG and observed a higher incidence of males and a predominant age group of 8 to 14 years in the patients. With changes in the world, changes in population and the needs of health services concomitant to the underfunding of the health



Figure 3. Number of patients attended at CEOPE by Colleges of Regional Management of Mato Grosso and Municipalities that compose it

system, there is a need to elaborate shared management strategies to raise the quality of health care. It is necessary to invest in the training of new professionals, the professional qualification of the current professionals and to pay attention to the data and experiences already made²⁶. In this sense, several researchers have been careful in the search and formulation of an adequate service network that guarantees health care to people with disabilities, respecting all SUS principles. In the State of Mato Grosso there was an increase in the age range of patients with special needs attended at the reference centers, from 0 to 10 years in the period from 1988 to 1997 in the CAOPE¹³ for a range of 10 to 19 years at CEOPE.

As to the origin, there was a predominance of patients from the capital Cuiabá. This can be justified by the ease of access and the existence of a municipal transportation service that makes the displacement of wheelchairs and people with mobility difficulties in the urban perimeter. In addition, institutions that care for people with disabilities have direct access to CEOPE's scheduling. Along with population growth of people with disabilities and their needs, the challenge arises of organizing public health services in order to guarantee the integral care of this population. It is known that the supply of these services is reduced, difficult access and often translated in the difficulty of the geographical distance between the population and the health services. This also increases the organization, struggle

and achievement of these people, through social movements, which together try to change the political model of care and ensure policies that provide for their integration into society in a dignified and participatory manner. One of the greatest victories in this respect is the Convention on the Rights of Persons with Disabilities. The presence of 35.6% of the patients in the interior is due to the municipality of Várzea Grande, which forms a conurbation with Cuiabá, the two cities being separated only by the river that lends its name to the capital Cuiabá. The two have more than 750 thousand inhabitants ([http://pt.wikipedia.org/wiki/ Portal:Cuiab%C3%A1_e_V%C3%A1rzea_Grande](http://pt.wikipedia.org/wiki/Portal:Cuiab%C3%A1_e_V%C3%A1rzea_Grande)). After Várzea Grande, the largest representatives of the municipalities are patients from Rondonópolis and Cáceres, large urban centers, with the particularity that Cáceres has Regional Hospital that provides dental assistance to the special patient, even under general anesthesia. There was a great increase in the demand, by the municipalities of the interior, for dental care for people with disabilities. For 10 years, CAOPE has served a total of 24 municipalities¹³, CEOPE has now reached 120. This demonstrates the centralization of the service and the difficulty of accessing these patients to this specialized service, especially in a State of great territorial extension.

This data strengthens the need for decentralization with the regionalization of dental care so that these people can be cared for in their own municipality or the closest to it. Regionalization, a SUS guideline, is a priority strategy to make health services available in a way that facilitates access and can be strengthened through decentralization of the health system. According to research, it is important to take into account the situation of the municipality in the Master Plan of State Regionalization when it comes to implanting Centers of Dental Specialties (http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0102-311X2009000200004&lng=pt. doi: 10.1590/S0102-311X2009000200004). The Ministry of Health⁵ recommends that care services for people with disabilities be organized in a decentralized, intersectoral and participatory manner, with Basic Units (or Family Health) as a gateway to prevention actions and general health interurrences of the population with disabilities. Thus, there is also a need for greater investment in professional qualification and commitment to provide care for patients with disabilities in primary care, because while some patients require more specialized care, most of them can be successfully treated in dental offices (<http://www.nidcr.nih.gov/OralHealth/OralHealthInformation/SpecialNeeds/SpecialCare.htm>). In the organization of patients by Regionals, the Baía Cuiabana stands out, since among the municipalities that compose it are Cuiabá and Várzea Grande, municipalities of greater demand for CEOPE. The Rondonópolis Regional comes second, followed by the Regional of Tangará da Serra and Diamantino. This form of organization shows the needs of the Health Regionals. The prevalence of mental and behavioral disorders among CEOPE's special patients is in line with WHO data and the report published by CORDE (http://www.mj.gov.br/corde/arquivos/pdf/Rel_Pesquisa.pdf), which highlights the high prevalence of mental-psychological deficiencies in Brazil and the rates of mental deficiency found in the 2000 Census . The high number of patients with diseases of the nervous system is justified by the large number of patients with cerebral palsy, the most common childhood disability recorded from 1.9 to 2.3 in each live birth (Wong and Whaley, 1993). Congenital malformations, deformities and chromosomal anomalies were also highlighted by a large number of patients

with Down's syndrome, a more common chromosomal abnormality occurring in 800 to 1000 live births³¹. According to the Ministry of Health the probability of an individual having Down syndrome is 1: 600 live births (<http://bvsm.sau.gov.br/bvs/folder/10006000585.PDF>). It can be observed that there is a difficulty for dental surgeons regarding the definition of patients' diseases, and there is a confusion with causes, signs and symptoms (10.7%). During the data collection, there was an increase in the diagnosis record as anoxia, tetraplegia, which are respectively cause and symptom of diseases. Of the total number of medical records evaluated, 10.1% were referenced or counter-referenced for other services, alerting users and professionals to the profile of patients that should be taken care of at CEOPE.

Final Considerations: Of the patients seen at CEOPE from July 2005 to May 2009, it can be concluded that there is a predominance of males, with a prevalence of 10 to 19 years of age, from Cuiabá and Várzea Grande. The most common pathologies were mental and behavioral disorders, diseases of the nervous system and congenital malformations, deformities and chromosomal anomalies. During the collection of the data, it was observed a difficulty of the professional dentist surgeons with respect to the use of ICD-10 and to the diagnosis of the diseases. The data point to the centralization of dental care in Cuiabá (state capital) and the need to care for people with disabilities within the State in a regionalized way.

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