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THE ROLE OF BASIC ATTENTION IN THE ACCOMPANIMENT OF PATIENTS WITH CHRONIC PAIN

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ABSTRACT

INTRODUCTION: Chronic pain can be considered a pathology and not just a symptom, which negatively influences people's quality of life, leading to a decrease in autonomy, isolation and impact on social life. In this context, considering the pain related to chronic health problems, it can be affirmed that Basic Care represents a strategic service due to its high capillarity and potential to identify health needs of the population by subsidizing the organization of care throughout the network. health services. **OBJECTIVE:** To discuss the role of Primary Care in the management of patients with chronic pain. **METHOD:** This is a descriptive study of a qualitative approach, carried out through literature review. **DISCUSSION:** Social determinants can be considered to have a strong impact on the prevalence of chronic diseases as well as their reflexes, such as pain. Social inequalities, differences in access to goods and services, low level of schooling and inequalities in access to information generally determine a higher prevalence of chronic diseases and diseases caused by these diseases. In this context, Primary Care plays a fundamental role because it represents a strategic service with high capillarity. **CONCLUSION:** Primary care has great potential to identify the health needs of the population by subsidizing the organization of care throughout the health services network, contributing to factors that negatively impact the health of the population, causing pain and suffering.

Keywords: Pain, Primary Health Care, Health Care.

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INTRODUCTION

Chronic pain can be considered a pathology and not just a symptom, which negatively influences people's quality of life, leading to decreased autonomy, isolation and impact in social life (DELLAROZA; PIMENTA; MATSU, 2007).

Although it is not a health problem that demands urgency in the treatment, chronic pain causes incapacity and responds to a great demand of expenses in the health sector, leading to absenteeism, retirement, retirement and decrease of labor productivity (CORDEIRO et al. 2008).

Myofascial pain syndromes, fibromyalgia and arthropathies are the most common causes of complaints related to chronic pain, with low back pain and headache being the most recurrent manifestations in Primary Care services (PAZINATO, 2013).

In this context, considering the pain related to chronic health problems, it can be affirmed that Basic Care represents a strategic service due to its high capillarity and potential to identify health needs of the population by subsidizing the organization of care throughout the network health services.

GOAL

To discuss the role of Basic Attention in the Network of Health Care in the management of patients with chronic pain

METHOD

This is a descriptive study of a qualitative approach, carried out through a literature review. We selected articles in the Scientific Electronic Library Online (SciELO) databases, produced in Portuguese language between 2010 and 2016, using the descriptors Pain, Primary Health Care, Health Care.

DISCUSSION

Chronic pain is usually associated with a history of chronic diseases that lead to intense psychic suffering and physical and labor impairment that is associated with disbelief in the treatment, causing low adherence to it. In this context,

social determinants can be considered to have a strong impact on the prevalence of chronic diseases as well as their impact. Social inequalities, differences in access to goods and services, low level of schooling and inequalities in access to information generally determine a higher prevalence of chronic diseases and diseases due to the evolution of these diseases (Schmidt et al., 2011).

Primary health care is defined as the gateway of health systems that faces special challenges, in which the care of users with chronic diseases must take place integrally, respecting the multiple needs of individuals. The current care model, however, has not prioritized the singularities, imposing "doings that have nothing to do with the real user" (MALTA, MERHY, 2010)

Thus, in terms of integration, it is important to remember concepts and divisions of this segment so targeted and charged its applicability by the primary care teams. Thus, the distinction between "completeness" and "integration", which is sometimes confused with the organization of health services, should be emphasized. The first refers to an attribute of the health care model, while the second refers to the organization of services so that care models are integral (SILVA et al., 2016).

In the current context of the Brazilian health system, comprehensive care is only possible with the organization of health services in networks in which the role of each service must be rethought as a fundamental component of the integrality of care, as a step in the circuit that each individual traverses to obtain the integrality that he needs.

In the organization of health care networks, the challenge is to implement an organizational system that invigorates the commitments of a democratic, participative and ethically committed management that, in parallel, values the process of production of care that defines quality and the model of attention to the user (PINTO, 2009).

According to the guidelines for the implementation of SAN, it is necessary to modify the hegemonic model in the Unified Health System, which is centered on the disease and, in particular, to meet the spontaneous demand and the exacerbation of chronic diseases.

That is, the implantation of RAS requires intervention on acute and chronic diseases, in an organization that "builds the intersectoriality for the promotion of health, contemplates the comprehensiveness of the knowledge with the strengthening of the matrix support, consider the vulnerabilities of groups or populations and their needs, qualifying and strengthening actions on chronic diseases "(BRAZIL, 2010).

The current care model promotes, among other things, the submission of decision-making processes on the organization of the health system, the standardization of the health-disease process, the targeting of curative interventions and the referral to highly specialized services (MATA et al., 2011).

CONCLUSION

Basic care must assume within the RAS a proactive attitude towards the determinants and conditioning factors of the population's health, besides developing their activities according to the planning and the programming performed based on the situational diagnosis of each locality.

It should be emphasized that among the primary care services, few are those who survey within communities, minimizing the role of the family, and the networks of relationships and coexistence that play a role in the whole process that goes from feeling the need to seek the necessary care to maintain health is healthy.

The deficiencies of the processes that favor the identification of the health needs of the population interfere in the adequate planning of the activities that will supplement them. Even with the growth of the coverage of basic care in Brazil, in practice we still find a hegemonic model very linked to technicality in the way of

operating the Unified Health System (SILVA et al., 2016).

Thus, in view of the above, it is considered that Primary Care is a service of extreme relevance in the follow-up of patients with chronic pain, since their characteristics allow greater proximity to the living conditions of the population, providing interventions that impact quality of population life.

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