



Access to Oral Health Care of Persons with HIV/AIDS at Public Health Care Facilities in Brazil

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Dear Editor-in-Chief

With the advent of antiretroviral therapy for acquired immune deficiency syndrome (AIDS) in the late 1990s, the life expectancy and quality of life of persons with HIV/AIDS (PWHAs) improved considerably. In addition, the number of new HIV infections worldwide has declined by 19% over the past decade (1). Despite these advances, HIV/AIDS remains a serious public health concern, mainly due to its continued high prevalence and high rates of morbidity and mortality (2). The Brazilian unified health system (SUS) is the first in a developing country to provide free and universal access to treatment for persons with HIV/AIDS (PWHAs), including the distribution of antiretroviral drugs. The longer life expectancy of PWHAs has increased the demand for oral health care, but little is known about the access to and quality of services.

We developed a study, through the application of structured questionnaires to PWHAs living in Fortaleza-Brazil (the 5th largest city in the country – with about 2.5 million inhabitants), to evaluate the access to public oral health care.

The project was approved by the Ceará State University (UECE) Ethical Committee under the

protocol 16799113.0.0000.5534 and followed its recommendations, including signing informed consent.

Overall, 241 PWHA patients were interviewed between 2013 and 2014. The majority were male at their mid-age (between 28 and 47 yr old). About one-fourth of the participants were elementary school drop-outs and low incomes (earning ≤ 1 minimum wage) - depending on SUS for oral health care. Less than one-third of the interviewees reported attending the oral health public health system (n=68; 28.2%). Among SUS users, 31 (45.6%) did not complete treatment due to lacking supplies, equipment malfunction or renovation. Access to oral health care was insufficient and appointment scheduling and referral procedures were ineffective.

The findings of this study shed light on the current status of OHC for PWHAs, providing an opportunity to more fully investigate access to and the quality of primary and secondary OHC in a large Brazilian state capital. Considering the high price of antiretroviral drugs and their free dispensation through the unified health care system (SUS), our sample is representative of the

general population of PWHAs. Integrated care by multiprofessional teams is necessary to minimize the risk of preventable health complications (2). However, the limited access of PWHAs to OHC is a serious problem, PWHAs have a greater need for OHC than the general population (3). Unmet OHC needs are common among PWHAs, and barriers to receiving care seem to be associated with race and socioeconomic status (4). Indeed, as shown by the socioeconomic indicators surveyed, OHC needs are substantial in this patient population. Only one-third of our interviewees were high school graduates, one fourth had no income, and most earned ≤ 2 minimum wages. These findings are supported by other studies showing low average levels of schooling and income among PWHAs (5).

Due to unfavorable socioeconomic and educational conditions, a significant proportion of PWHAs depend entirely on SUS and experience an urgent need for improved access to public services.

In our study access was limited since only one fourth reported being able to secure appointments at ESF/CEO facilities. Although public oral health care of PWHAs is expanding in Brazil, access to oral health care remains at an early stage.

Conflict of interest

The authors declare that there is no conflict of interest.

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