

Acupuncture in the Brazilian National Health System (SUS) and the inclusion of non-medical professionals

Acupuntura no sistema único de saúde e a inserção de profissionais não-médicos

Santos FAS¹, Gouveia GC¹, Martelli PJJ¹, Vasconcelos EMR²

Abstract

Background: Since the final report of the 8th National Health Conference in 1986, the introduction of alternative healthcare practices within the scope of public health services has been sought. However, it was only in 2006, through the National Policy for Complementary and Integrative Practices, that non-medical professionals were allowed to act as acupuncturists within the Brazilian National Health System (SUS). **Objectives:** To describe the evolution of acupuncture within SUS and the inclusion of new, non-medical acupuncturists. **Methods:** An exploratory descriptive study was conducted on acupuncture consultations provided by physicians and non-physicians between 1999 and 2007. The data source was the SUS Outpatient Information System, which is made available through the Ministry of Health database. Consultations were divided according to city and year. To analyze the temporal trend of the number of acupuncture consultations, a simple linear regression model was used, with a significance level of 5%. **Results:** Analysis of the temporal trend showed that there was a significant increase ($p < 0.001$) of 1.1 acupuncture consultations per 100 thousand outpatient examinations recorded annually between 1999 and 2007. There was a significant increase over the last year of the study period. In 2007, 28% of the acupuncture consultations were recorded by non-medical professionals in 41 cities. **Conclusions:** There has been an expansion in the number of acupuncture consultations and in the number of cities that record the use of acupuncture within SUS over the study period.

Key words: acupuncture; physical therapy; public health.

Resumo

Contextualização: Desde o relatório final da VIII Conferência Nacional de Saúde em 1986, busca-se a introdução de práticas alternativas de assistência à saúde no âmbito dos serviços públicos de saúde. Porém, apenas em 2006, por meio da Política Nacional de Práticas Integrativas e Complementares, os profissionais não-médicos puderam atuar como acupunturistas no Sistema Único de Saúde (SUS). **Objetivos:** Descrever a evolução da acupuntura no SUS bem como a inclusão de novos acupunturistas não-médicos. **Métodos:** Efetuou-se um estudo exploratório e descritivo cuja fonte de dados foi o Sistema de Informações Ambulatoriais (SIA) do SUS, disponibilizado pelo banco de dados do Ministério da Saúde, relativo às consultas em acupuntura realizadas por médicos e não-médicos entre 1999 e 2007, distribuindo-se os atendimentos segundo cidades e ano do atendimento. Para a análise da tendência temporal do número de atendimentos de acupuntura, foi utilizado o modelo de regressão linear simples, utilizando-se nível de significância de 5%. **Resultados:** A análise da tendência temporal revelou um aumento significativo ($p > 0,001$) de 1,1 consultas em acupuntura por 100 mil atendimentos ambulatoriais anualmente registrados entre os anos de 1999 e 2007. Foi observado um expressivo incremento no último ano do período estudado. Em 2007, 28% das consultas de acupuntura foram registradas por profissionais não-médicos em 41 cidades. **Conclusões:** Há expansão das consultas e do número de cidades que registram acupuntura no SUS no período do estudo.

Palavras-chave: acupuntura; fisioterapia; saúde pública.

Received: 02/08/2008 – Revised: 23/12/2008 – Accepted: 12/02/2009

¹ Department of Collective Health Studies, Aggeu Magalhães Research Center (CPqAM)/FIOCRUZ, Recife (PE), Brazil

² Nursing Department, Universidade Federal de Pernambuco (UFPE), Recife (PE), Brazil

Correspondence to: Francisco de Assis Silva Santos, Rua Arlindo Porto, no 1.490 - apto 701, Mauricio de Nassau, CEP 55014-265, Caruaru (PE), Brazil, e-mail: chico_fisio@hotmail.com

Introduction

Brazil's political opening and the recognized failure of the country's disease-centered health model set the stage for the 1986 8th National Health Conference (NHC)¹. It is held as a landmark in the history of public health in Brazil due to the strong popular support and above all to its democratic character. The 8th NHC brought a more comprehensive concept of health focused on prevention, promotion, protection and recovery¹, and this was the main reference in the creation of the Brazilian National Health System (SUS). In its final report, the Conference deliberated on the introduction of alternative therapies into health services, granting the user the democratic right to choose their preferred therapy and allowing multifarious approaches to illness².

In spite of the efforts by several professional categories concerning the inclusion of other acupuncturists in SUS, it was not until 1999 that the Ministry of Health listed homeopathy and acupuncture in the table of procedures of the SUS Outpatient Information System (SIA/SUS)³, following the guidelines of the Interministerial Commission for Planning and Coordination (CIPLAN), as stated in Resolution 5 of March 3rd 1988⁴. Notwithstanding the many difficulties, the National Health Board enforced the National Policy of Integrative and Complementary Practices (PNPIC), approved by the Ministry of Health through Decree 971⁵. This decree allows the practice of acupuncture by various SUS professionals (physical therapists, pharmacists, biomedical scientists, biologists, nurses, and psychologists) within the Brazilian territory. On November 16th 2006, Decree 853⁶ included acupuncture in the SUS table of services of the National Register System for Health Establishments (SCNES) under Integrative and Complementary Practices carried out by health professionals specialized in acupuncture. Finally, Decree 154 of January 24th 2008⁷ created the Family Health Centers and offered the opportunity for other professionals to join SUS, such as: physicians (gynecologists, pediatricians, and psychiatrists), physical education professionals, dietitians, homeopaths, pharmacists, social workers, physical therapists, speech therapists, psychologists, and occupational therapists. These professionals work in association with the Family Health teams.

Physical therapists were the first health professionals in Brazil to have regulations placed on acupuncture practice through Resolution COFFITO-60 published in the Official Daily Gazette of the Union (DOU) issue 207 on October 29th 1985, Section I, page 15744⁸. According to this resolution they can "apply, on a complementary basis, the acupuncture principles, methods, and techniques as long as they produce a title, diploma or certificate to the respective

CREFITO [Regional Physical Therapy Council] attesting the completion of a specific course offered by an accredited acupuncture entity or by a university". This may explain the raised interest in acupuncture among physical therapists.

A number of studies describe how acupuncture can be used effectively by physical therapists. França, Senna-Fernandes and Cortez⁹ discuss its importance in sports lesions, whereas Senna-Fernandez et al.¹⁰ approach the relevance of associating kinesiotherapy and acupuncture in the treatment of locomotive and facial neuromuscular disorders. Zhou and Zheng¹¹ demonstrate the efficiency of acupuncture associated with Western medicine in 140 children with cerebral palsy. Sze et al.¹² point out the benefits of acupuncture for stroke patients. Sun et al.¹³ and Vas et al.¹⁴ highlight the relief acupuncture brings to shoulder pain, while Lorenzetti et al.¹⁵ and Witt et al.¹⁶ show the good results that may be obtained for the treatment of low back pain.

It is evident that there is a current interest and recognition on the part of the Ministry of Health, confirmed by decrees 971⁵, 853⁶ and 154⁷, in the sense of incorporating several health professionals, physical therapists included, as acupuncturists in SUS. This justifies the present study aimed at describing the evolution of acupuncture in the Brazilian public health system, as well as hiring new acupuncturists, non-medical professionals, by the health services connected to the SUS.

Methods

An exploratory and descriptive study was conducted, focusing on the period between 1999 and 2007. The objects of the study were the acupuncture consultations through SUS during this period nationwide. The dependent variables of the study were the acupuncture consultations registered in the SIA/SUS in the aforementioned period; the independent variables were the year and place of the registration.

The sources of data for the study were the SIA/SUS for the period between the years 1999 and 2007, obtained from the Ministry of Health database (DATASUS)³ and from the National Register of Health Establishments (CNES)¹⁷, both belonging to the public domain. The basic document used was the Outpatient Production Bulletin (BPA), completed at state and city outpatient units¹⁸. Medical acupuncturists use code 0701234, medical consultation in acupuncture; the remainder of the professionals used codes 0710101, acupuncture session with needle insertion; 0710201, acupuncture session with cupping; and 0710202, electrostimulation session³.

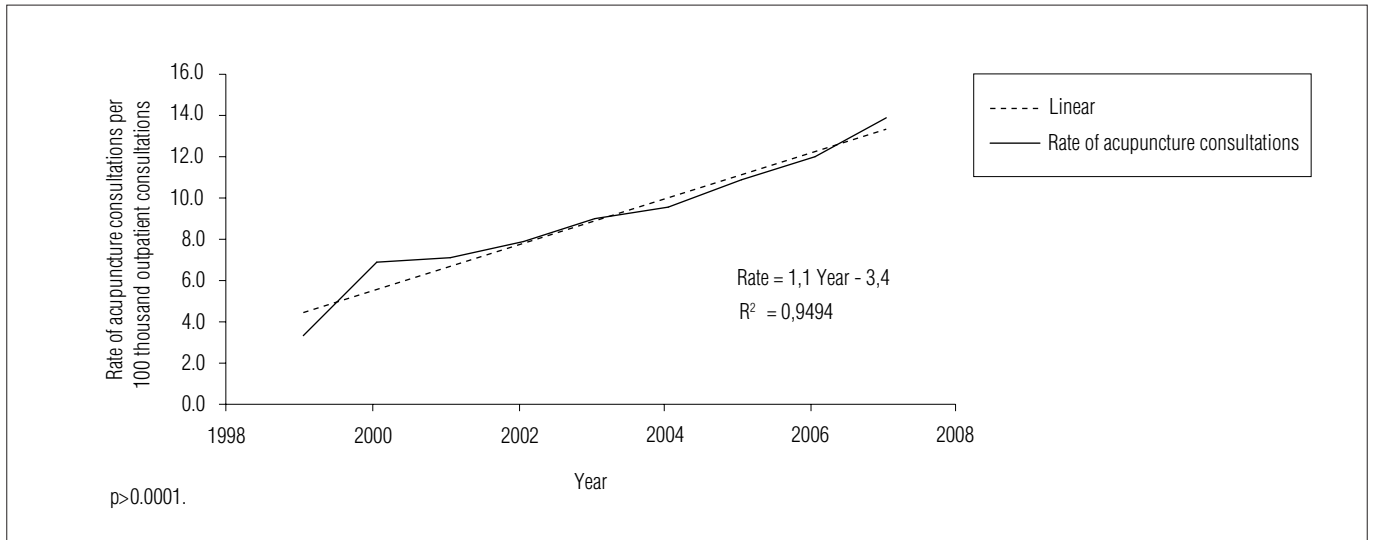


Figure 1. Rate of acupuncture consultations per 100000 outpatient consultations, Brazil 1999-2007.

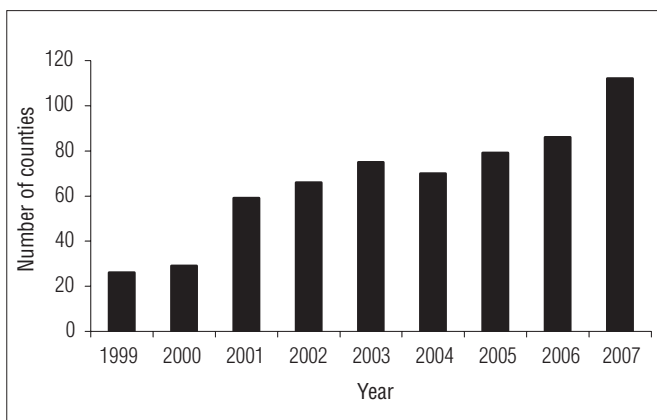


Figure 2. Number of counties with acupuncturists carrying out and registering consultations on the SIA / SUS, between 1999 and 2007.

Table 1. Number of counties with physician assistance, assistance by other professionals or assistance by both.

	Physicians		Other professionals		Other professionals + physicians		Total	
	N	%	N	%	N	%	N	%
Counties	94	84	41	36	22	19	112	100

The data obtained were computed as a percentage distribution and displayed in graphs and tables. The yearly rates of acupuncture consultations were calculated in relation to the total of outpatient consultations for the entire time period under study. For the analysis of the number of

acupuncture consultations per 100,000 outpatient consultations, a simple linear regression model was estimated, defined as: $Y = \alpha + \beta \text{ YEAR}$, where α was the mean tax in the period analyzed, and β the mean increment in the period; all conclusions were taken to a level of significance of 5%. The software used in this study was SPSS (version 8.0) for the analysis of the simple linear regression.

Results

Acupuncture consultations have had a steady rising trend throughout the country (Figure 1). It is worth noting that until 2006 only the medical consultations with acupuncture were filed in the SIA/SUS. From 2007, other professionals began to enter their consultations into this system.

The analysis of the simple linear regression revealed a significant growth ($p > 0.001$) of 1.1 consultations per 100000 consultations registered annually, with an explanation of the model at around 95%. A significant increment was observed in the last year of this period (Figure 1). The analysis of the percentage distribution of the number of acupuncture consultations between physicians and non-medical professionals revealed that as early as the year these records began (2007), 28% out of the 391048 consultations were carried out by non-medical professionals.

Figure 2 shows a growing trend in the number of cities with acupuncturists recording their consultations in SUS in the 1999-2007 period, reaching about 2% of Brazilian counties in the last year of the survey. The increment in the number of cities is evident between the years 2006 and 2007,

a 30% rise after the implementation of the PNPIC. In 2007, non-medical professionals registered acupuncture consultations in SUS in 41 out of the 112 participating cities. This has reinforced the implementation of the PNPIC throughout the country (Table 1).

Discussion : : : .

The World Health Organization (WHO) recognizes that acupuncture could be the primary or complementary treatment for various pathologies, e.g. migraines, gastrointestinal problems, allergies and various chronic pains. In addition, several studies have shown that acupuncture has a profound influence on physical and emotional disorders and is recommended in conjunction with other treatments¹⁹, including physical therapy. Since 2002, the WHO seeks to stimulate the use of alternative therapies in its affiliated countries by means of a document known as “WHO Traditional Medicine – definitions”²⁰. This bulletin points out several reasons, such as low cost and high efficiency, why traditional medicine practices such as acupuncture should be used by its affiliated nations.

In Brazil, the number of acupuncture consultations has seen a steady growth, as shown in the result of the linear regression in this study. Nevertheless, the country has yet to reach its full potential when compared to the increase in consultations in other nations such as Great Britain²¹, where approximately 2 million consultations of this specialty are carried out annually. A more recent study estimated that nearly 0.6 million adults underwent acupuncture sessions in England in 1998 and that one million people make use of this therapy in the United States every year^{22,23}. Thus, there is much work to be done in Brazil, where 140 million people depend entirely on SUS for healthcare²⁴.

Despite the lack of studies on integrative practices and SUS, more incentive is needed for the inclusion of these alternative therapies in the public health system because research in Brazil has shown a high level of satisfaction among those patients who had access to this kind of treatment²⁵⁻²⁷. The best way to increase acupuncture services in the public health system whilst maintaining a high standard of quality is to introduce new qualified acupuncturists according to the guidelines put forward by the PNPIC. Sherman et al.²⁸ highlight that, as long as they are duly trained, every health professional, including physical therapists²⁹, can act effectively in the treatment of several types of patients.

In a country of continental proportions such as Brazil, with its more than 5560 counties³⁰, there is still a long road

ahead to reach a better distribution of acupuncture consultations in the public health network, as only 2% of the counties registered acupuncture consultations in SUS in 2007. One of the reasons for the increment in the number of acupuncture consultations in the country is that, only one year after implementation of the PNPIC, 41 counties already have non-medical acupuncturists registering acupuncture consultations in SUS. This indicates a promising shift towards the universalization of acupuncture in the Brazilian public health service.

The Brazilian Society of Physical Therapy Acupuncturists (SOBRAFISA)³¹ estimates that there are 11000 physical therapists specialized in acupuncture acting in several states. The implementation of the PNPIC will increase the participation of these professionals in the assistance of public health users, which may indeed favor a greater distribution of acupuncture practice in SUS. Another important tool for the incorporation of non-medical specialists in acupuncture by SUS is the Family Health Center⁷, which should be advertised throughout the country because it could become the gateway for the non-medical acupuncturists into SUS primary healthcare, serving as a reference to the basic family health units.

The main limitations to the present study were the difficulties associated with the use of secondary databases. In this particular case, there may have been an under-notification of the acupuncture consultations in the SIA/SUS. Another limitation was the inability to specify the type of non-medical professional who registered the acupuncture consultations in SUS because the consultation records are divided into those carried out by physicians and those by other professionals.

Final remarks : : : .

Based on the evidence presented here, the present study highlights the timid but significant growth in acupuncture services in SUS. It is now up to acupuncture professionals, including physical therapists, to raise the awareness of healthcare administrators of the need to include alternative therapies in the public health system and provide its users a better service. Our findings suggest an increment in both the number of consultations and the number of cities that register acupuncture consultations in SUS after the PNPIC was implemented. However, due to the short period since its implementation, it is not known whether this trend will continue, hence the need for new investigations on the inclusion of other health professionals to provide acupuncture treatment in SUS in the years to come.

References

1. Ministério da Saúde - Brasil, Secretaria Nacional de Assistência à Saúde. ABC do SUS: doutrina e princípios. Brasília-DF: Ministério da Saúde; 1990. p. 20-5.
2. Nascimento MC. De panacéia mística a especialidade médica: a acupuntura na visão da imprensa escrita. *Hist Ciências Saúde-Manguinhos*. 1998;5(1):99-113.
3. Ministério da Saúde - Brasil. DATASUS: Sistema de Informação Ambulatorial (SIA/SUS) [homepage na Internet]. Brasília - DF. [atualizada em 2007; acesso em 28 Feb 2007]. Disponível em: <http://www.datasus.gov.br>
4. CREMESP - Conselho Regional de Medicina do Estado de São Paulo. Resolução CIPLAN - 05 (Comissão Interministerial de Planejamento e Coordenação) - D.O.U. 11/03/1988. Seção I. p. 3997-8.
5. Ministério da Saúde - Brasil. Política nacional de práticas integrativas e complementares (PNPIC) no Sistema Único de Saúde. Portaria nº 971 (3 de maio de 2006).
6. Secretaria de Atenção à Saúde. Portaria GM nº 853 (17 de Novembro de 2006).
7. Ministério da Saúde - Brasil. Cria os núcleos de apoio à saúde da família (NASF). Portaria GM nº 154 (24 de Janeiro de 2008).
8. COFFITO - Conselho Federal de Fisioterapia e Terapia Ocupacional. Resolução COFFITO - 60. D.O.U. nº 207. 29/10/1985. Seção I. p.15744.
9. França D, Senna-Fernandes V, Cortez CM. Acupuntura cinética como efetivo potencializador dos elementos moduladores do movimento no tratamento de lesões desportivas. *Fisioter Bras*. 2004;5(2):111-8.
10. Senna-Fernandes V, França D, Cortez CM, Silva G, Pereira F. Acupuntura cinética: tratamento sistemático do aparelho locomotor e neuromuscular da face por acupuntura associada à cinesioterapia. *Fisioter Bras*. 2003; 4(3):185-94.
11. Zhou XJ, Zheng K. Treatment of 140 cerebral palsied children with a combined method based on traditional Chinese medicine (TCM) and western medicine. *J Zhenjiang Univ Sci B*. 2005;6(1):57-60.
12. Sze FK, Wong E, Yi X, Woo J. Does acupuncture have additional value to standard poststroke motor rehabilitation? *Stroke*. 2002;33(1):186-94.
13. Sun KO, Chan KC, Lo SL, Fong DY. Acupuncture for frozen shoulder. *Hong Kong Med J*. 2001;7(4):381-91.
14. Vas J, Perea-Milla E, Mendez C, Galante AH, Madrazo F, Medina I, et al. Acupuncture and rehabilitation of the painful shoulder: study protocol of an ongoing multicentre randomised controlled clinical trial. *BMC Complement Altern Méd* [periódico na Internet]. 2005 Oct 14 [acesso em 15 Jul 2008]. 5:19 [aproximadamente 10 p.] Disponível em: <http://www.biomedcentral.com/1472-6882/5/19>
15. Lorenzetti BTA, Corrêa FT, Fregonesi CEPT, Masselli MR. Eficácia da acupuntura no tratamento da lombalgia. *Arq Ciênc Saúde UNIPAR*. 2006;10(3):191-6.
16. Witt CM, Jena S, Selim D, Brinkhaus B, Reinhold T, Wruck K, et al. Pragmatic randomized trial evaluating the clinical and economic effectiveness of acupuncture for chronic low back pain. *Am J Epidemiol*. 2006;164(5):487-96.
17. Ministério da Saúde - Brasil. CNES: Cadastro Nacional de Estabelecimentos de Saúde [homepage na Internet]. Brasília - DF. [atualizada em 2007; acesso em 28 Feb 2007]. Disponível em: <http://www.cnes.datasus.gov.br>
18. Rede Interagencial de Informações para a Saúde (RIPSA). Indicadores básicos de saúde no Brasil: conceito e aplicações. Brasília - DF: OPAS; 2002. p. 299.
19. Vettore C. Psicologia e acupuntura: primeiras aproximações. *Psicol Cienc Prof*. 2005;25(2):266-85.
20. WHO - World Health Organization. Traditional Medicine: definitions [homepage na internet]. Genebra; 2004 [atualizada em 2006; acesso em 20 Abr 2006]. Disponível em: <http://www.who.int/medicines/areas/traditional/definitions/en/>
21. MacPherson H, Thomas K, Walthers S, Fitter M. The York acupuncture safety study: prospective survey of 34 000 treatments by traditional acupuncturists. *BMJ*. 2001;323(7311):486-7.
22. White P. A background to acupuncture and its use in chronic painful musculoskeletal conditions. *J R Soc Promot Health*. 2006;126(5): 219-27.
23. Lafferty WE, Tyree PT, Bellas AS, Watts CA, Lind BK, Sherman KJ, et al. Insurance coverage and subsequent utilization of Complementary and Alternative Medical (CAM) providers. *Am J Mang Care*. 2006;12(7): 397-404.
24. Veras RP, Caldas CP, Araújo DV, Kuschnir R, Mendes W. Características demográficas dos idosos vinculados ao sistema suplementar de saúde no Brasil. *Rev Saúde Pública*. 2008;42(3):497-502.
25. Bellotto Júnior N, Martins LC, Akerman M. Impacto dos resultados no tratamento por acupuntura: conhecimento, perfil do usuário e implicações para promoção da saúde. *Arq Med ABC*. 2005;30(2):83-6.
26. Fontanella F, Speck FP, Piovezan AP, Kulkamp IC. Conhecimento, acesso e aceitação das práticas integrativas e complementares em saúde por uma comunidade usuária do Sistema Único de Saúde na cidade de Tubarão/SC. *ACM Arq Catarin Med*. 2007;36(2):69-74.
27. Lemos SF. Significado de acupuntura para usuários de um serviço de atendimento em saúde [Dissertação]. Goiânia: Universidade Federal de Goiás - UFG; 2006.
28. Sherman KJ, Cherkin DC, Eisenberg DM, Erro J, Hrbek A, Deyo RA. The practice of acupuncture: who are the providers and what do they do? *Ann Fam Med*. 2005;3(2):151-8.
29. White A, Hayhoe S, Hart A, Ernst E. Adverse events following acupuncture: prospective survey of 32 000 consultations with doctors and physiotherapists. *BMJ*. 2001;323(7311):485-6.
30. IBGE - Instituto Brasileiro de Geografia e Estatística. Tabulação avançada do censo demográfico 2000: resultados preliminares da amostra. Rio de Janeiro (RJ): IBGE; 2000.
31. Revista Coffito. Coffito discute PL da Acupuntura na Câmara. 2008;26: 32-5.