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Original Article

Patient profile and drug prescription pattern in an emergency outpatient clinic during the 2024 floods in Rio Grande do Sul, Brazil

Perfil dos pacientes e padrão de prescrição medicamentosa em um ambulatório emergencial durante as enchentes de 2024 no Rio Grande do Sul, Brasil

Perfil de los pacientes y patrón de prescripción de medicamentos en un ambulatorio de emergencia durante las inundaciones de 2024 en Rio Grande do Sul, Brasil

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ABSTRACT

Background and Objectives: Natural disasters expose populations to risk and highlight the need for effective prevention and response strategies. Following the floods that occurred in Rio Grande do Sul (RS), Brazil, in 2024, emergency outpatient clinics were established to address patients' acute health complaints. The aim of this study was to describe the profile of patients treated and the medication prescribing patterns in an emergency outpatient clinic established during the 2024 floods. **Methods:** This was an observational, descriptive, retrospective, cross-sectional study with a quantitative approach, based on the analysis of 544 medical records from patients treated in Santa Cruz do Sul (RS), Brazil, between April and May 2024. Data were subjected to descriptive statistical analysis, considering sociodemographic characteristics, medical history, and therapeutic classes of prescribed medications. **Results:** There was a predominance of female patients and of adults and older adults among those receiving care. The most frequent clinical conditions were systemic arterial hypertension, diabetes mellitus, anxiety, and depression. Approximately half of the consultations did not result in medication prescription. Among the prescribed medications, analgesics were the most common, followed by psychotropic drugs, non-steroidal anti-inflammatory drugs, and antibiotics. The findings revealed a substantial demand related to the management of chronic conditions and mental health care, in addition to the healthcare needs traditionally associated with environmental disasters. **Conclusion:** It is concluded that the results reinforce the importance of intersectoral planning and health services prepared to act in climate emergencies, ensuring integrated responses, mitigating impacts, and strengthening community resilience.

Keywords: *Floods. Prescriptions. Public health. Infection control.*

RESUMO

Justificativa e Objetivos: Os desastres naturais expõem populações a diferentes graus de risco e evidenciam a necessidade de estratégias eficazes de prevenção e resposta. Com a enchente ocorrida no Rio Grande do Sul (RS) em 2024, surgiu a necessidade de montar ambulatórios emergenciais para atender às queixas agudas dos pacientes, como em Santa Cruz do Sul (RS). O objetivo deste estudo foi descrever o perfil dos pacientes atendidos e o padrão de prescrição medicamentosa em um ambulatório emergencial implantado durante as enchentes de 2024. **Métodos:** Estudo observacional, descritivo, retrospectivo e transversal com abordagem quantitativa, baseado na análise de 544 fichas de atendimento médico de pacientes atendidos em Santa Cruz do Sul (RS), entre abril e maio de 2024. Os dados foram submetidos à análise estatística descritiva, considerando características sociodemográficas, histórico médico e classes terapêuticas dos medicamentos prescritos. **Resultados:** Observou-se predominância de pacientes do sexo feminino e de adultos e idosos entre os atendidos. As condições clínicas mais frequentes foram hipertensão arterial sistêmica, diabetes mellitus, ansiedade e depressão. Aproximadamente metade dos atendimentos não resultou em prescrição medicamentosa. Entre os medicamentos prescritos, destacaram-se os analgésicos, seguidos por psicofármacos, anti-inflamatórios não esteroidais e antibióticos. Os achados evidenciaram uma demanda importante relacionada ao manejo de condições crônicas e à assistência em saúde mental, além das necessidades assistenciais tradicionalmente associadas a desastres ambientais. **Conclusão:** Conclui-se que os resultados reforçam a importância de planejamento intersetorial e de serviços de saúde preparados para atuar em emergências climáticas, garantindo respostas integradas, mitigando impactos e fortalecendo a resiliência comunitária.

Descritores: *Inundações. Prescrições. Saúde Coletiva. Controle de Infecções.*

RESUMEN

Justificación y Objetivos: Los desastres naturales exponen a las poblaciones a situaciones de riesgo y evidencian la necesidad de estrategias eficaces de prevención y respuesta. Tras las inundaciones ocurridas en Rio Grande do Sul (RS), Brasil, en 2024, surgió la necesidad de implementar ambulatorios de emergencia para atender las quejas agudas de los pacientes. El objetivo de este estudio fue describir el perfil de los pacientes atendidos y el patrón de prescripción de medicamentos en un ambulatorio de emergencia instalado durante las inundaciones de 2024. **Métodos:** Estudio observacional, descriptivo, retrospectivo y transversal, con enfoque cuantitativo, basado en el análisis de 544 registros de atención médica de pacientes atendidos en Santa Cruz do Sul (RS), Brasil, entre abril y mayo de 2024. Los datos se sometieron a un análisis estadístico descriptivo, considerando las características sociodemográficas, los antecedentes clínicos y las clases terapéuticas de los medicamentos prescritos. **Resultados:** Se observó un predominio de pacientes de sexo femenino, así como de adultos y adultos mayores entre los atendidos. Las condiciones clínicas más frecuentes fueron hipertensión arterial sistémica, diabetes mellitus, ansiedad y depresión. Aproximadamente la mitad de las consultas no resultaron en prescripción de medicamentos. Entre los medicamentos prescritos, destacaron los analgésicos, seguidos de los psicofármacos, los antiinflamatorios no esteroideos y los antibióticos. Los hallazgos evidenciaron una importante demanda relacionada con el manejo de enfermedades crónicas y la atención en salud mental, además de las necesidades asistenciales tradicionalmente asociadas con los desastres ambientales. **Conclusión:** Se concluye que los resultados refuerzan la importancia de la planificación intersectorial y de los servicios de salud preparados para actuar en emergencias climáticas, garantizando respuestas integradas, mitigando impactos y fortaleciendo la resiliencia comunitaria.

Palabras Clave: *Inundaciones. Recetas médicas. Salud pública. Control de infecciones.*

INTRODUCTION

Climate change has contributed to an increase in the frequency and intensity of extreme weather events in various regions of the world, resulting in significant social, economic, and health impacts. Among these events, floods stand out due to their high potential to cause population displacement, infrastructure damage, disruption of essential services, and increased demand for healthcare assistance.[1]

In Brazil, floods represent a major public health concern, as they contribute to physical and psychological health problems, hinder access to healthcare services, and compromise the continuity of treatment for acute and chronic diseases. Furthermore, overcrowding in shelters, exposure to contaminated water, and limited access to medications increase the vulnerability of affected populations and exacerbate the challenges faced by healthcare systems.[2]

In May 2024, the state of Rio Grande do Sul experienced one of the largest climate-related disasters in its history, with hundreds of municipalities affected and millions of people impacted by the floods. n this context, the implementation of emergency healthcare facilities became necessary to address the immediate needs of the affected population, including temporary outpatient clinics designed to manage acute complaints, renew prescriptions, and provide follow-up care for pre-existing medical conditions.[3,1]

Although the environmental and social impacts of floods have been widely reported, studies describing the profile of patients treated at emergency healthcare services established during climate-related disasters, as well as the medication prescribing patterns adopted in these settings, remain scarce. Understanding these characteristics can inform the planning of human resources, medical supplies, medications, and healthcare delivery strategies for future emergencies.[4,5]

In this context, this study aimed to describe the profile of patients treated and the medication prescribing patterns at an emergency outpatient clinic established during the 2024 floods.

METHODS

This was an observational, descriptive, retrospective, cross-sectional study with a quantitative approach. The study was conducted through a documentary analysis of 544 medical records from an emergency outpatient clinic established to provide care for victims of the floods that occurred in the state of Rio Grande do Sul between April and May 2024, in the municipality of Santa Cruz do Sul. The service was established to address the healthcare needs arising from the climate-related disaster, including the management of acute complaints, follow-up care for chronic conditions, and renewal of medication prescriptions.

All 544 medical records generated during the outpatient clinic's period of operation were included in the study, with no sampling procedure employed. No exclusion criteria were applied, as all available records contained the information required to analyse the variables of interest.

Data were collected from information recorded by healthcare professionals during consultations, including sex, age, past medical history, signs and symptoms presented, prescribed medications, and the main complaints reported by patients. For the purposes of the analysis, the following variables were considered: number of consultations, age group, sex, medical history, and therapeutic classes of prescribed medications.

The data were organised in a spreadsheet and analysed using JASP software, version 0.14.1.0. Descriptive statistical analysis was performed, with categorical variables presented as absolute and relative frequencies (n and %), allowing for the characterisation of the demographic and clinical profiles of the patients treated, as well as the medication prescribing patterns observed during the study period.

In accordance with the ethical principles established by Resolution No. 466/2012 of the Brazilian National Health Council, only secondary data derived from healthcare records were used, without identifying patients by name, thereby ensuring the confidentiality and anonymity of the information. The study was approved by the Research Ethics Committee of the University of Santa Cruz do Sul, under Approval No. 7.509.337.

RESULTS

Regarding the sociodemographic profile, females predominated, accounting for 59% of patients. In terms of age distribution, 50.55% of those treated were aged between 18 and 59 years (Table 1). As for medication prescriptions, 45.64% of patients did not receive a medication prescription during their consultation. Among patients who received medication, analgesics were the most frequently prescribed therapeutic class (22.08%), followed by psychotropic drugs (13.34%), non-steroidal anti-inflammatory drugs (10.28%), and antibiotics (8.66%).

Regarding medical history, 43.38% of patients had no pre-existing conditions documented in their medical records. Among the clinical conditions identified, hypertension was the most prevalent (19.11%), followed by diabetes mellitus (7.90%), anxiety (6.80%), depression (4.41%), smoking (3.30%), and hypothyroidism (2.02%). Other health conditions were recorded less frequently, including asthma,

dyslipidaemia, neoplasms, HIV, heart diseases, respiratory diseases, neurological disorders, and psychiatric disorders.

Table 1. Demographic characteristics of the study participants and medication prescriptions issued at the outpatient clinic, 2024.

Variable	N (%)
Sex	
Female	319 (58.63)
Male	225 (41.37)
Age	
0-17 years	59 (10.85)
18-59 years	275 (50.55)
60 years or older	210 (38.60)
Medication Class	
Previously healthy	249 (45.64)
Analgesics	120 (22.08)
Psychotropic drugs	72 (13.34)
Non-steroidal anti-inflammatory drugs	56 (10.28)
Antibiotics	47 (8.66)
Medical History	
Previously healthy	236 (43.38)
Meningitis	1 (0.18)
Gout	1 (0.18)
Chronic kidney disease	1 (0.18)
Achalasia	1 (0.18)
Ophthalmological complaints	1 (0.18)
Psoriasis	2 (0.37)
Epilepsy	2 (0.37)
ADHD*	2 (0.37)
Rhinitis	2 (0.37)
Autism	2 (0.37)
Thrombosis	2 (0.37)
Pulmonary emphysema	2 (0.37)
Hyperthyroidism	2 (0.37)
Gastrointestinal Tract Diseases	2 (0.37)
Schizophrenia	2 (0.37)
Illicit substances	3 (0.55)
COPD**	3 (0.55)
Previous stroke	3 (0.55)
Osteoarthritis	4 (0.73)
Heart disease	4 (0.73)
Fibromyalgia	4 (0.73)
Pregnancy	4 (0.73)
HIV***	5 (0.91)
Neoplasms	6 (1.10)
Alcoholism	6 (1.10)
Asthma	8 (1.47)
Dyslipidemia	8 (1.47)
Hypothyroidism	11 (2.02)
Tobacco smoking	18 (3.30)
Depression	24 (4.41)
Anxiety	37 (6.80)
Diabetes Mellitus	43 (7.90)
Arterial Hypertension	104 (19.11)

Abbreviations: * Attention Deficit Hyperactivity Disorder ** Chronic Obstructive Pulmonary Disease *** Human Immunodeficiency Virus.

DISCUSSION

The results of this study demonstrated a predominance of female patients among those treated at the emergency outpatient clinic. This finding is consistent with evidence indicating greater use of healthcare services by women, particularly in contexts of social vulnerability and humanitarian crises. According to the World Health Organization,[6] women often seek healthcare more frequently due to the increased burden of family responsibilities and caregiving for dependents during emergencies.

A significant proportion of the consultations carried out also involved adults and older adults. The high proportion of older adults deserves particular attention, considering that this group is more susceptible to the impacts of extreme weather events. In a multicentre study involving populations exposed to floods in different countries, a significant increase in hospitalisations for cardiovascular, respiratory, metabolic, and renal diseases was identified in the months following flood events, particularly among older individuals and those with chronic conditions.[7]

Among the clinical conditions recorded, systemic arterial hypertension and diabetes mellitus stood out as the most prevalent health conditions. These findings reflect the current epidemiological profile of Brazil and are consistent with other studies that have demonstrated an association between flood events and an increase in complications related to non-communicable chronic diseases. According to the authors, disruptions in access to healthcare services, medications, and regular clinical follow-up constitute one of the main mechanisms responsible for the exacerbation of these conditions following environmental disasters.[8]

The presence of mental health disorders, particularly anxiety and depression, represents another relevant finding of this study. Data collected following the floods in Rio Grande do Sul revealed a substantial increase in psychological distress among affected populations, particularly among women, young people, and individuals who experienced material losses or forced displacement. More than half of the participants assessed reported moderate to severe symptoms of anxiety and depression following the floods that affected the state.[9]

The findings of this study are supported by contemporary evidence recognising extreme weather events as important risk factors for mental health disorders. Recent reports show that floods, droughts, and heatwaves are associated with an increased incidence of anxiety, depression, post-traumatic stress disorder, and other psychological disorders, particularly among populations directly exposed to material losses, forced displacement, and disruptions to social support networks. In addition to their immediate impacts, the

effects on mental health may persist for prolonged periods, posing an additional challenge for healthcare systems and post-disaster recovery policies.[10]

In the present study, approximately half of the consultations did not result in a medication prescription. This finding suggests that a substantial proportion of healthcare needs were related to clinical assessment, health counselling, prescription renewals, and follow-up care for previously diagnosed conditions. In disaster scenarios, educational initiatives and preventive measures are essential for organising healthcare delivery. According to the WHO, these measures empower the population to engage in self-care, prevent interruptions in chronic disease treatment, and ensure the responsible use of available medical resources.[6] Furthermore, the high proportion of consultations without medication prescriptions may reflect the nature of the healthcare needs of the affected population, which do not always require immediate pharmacological treatment but do require supportive care, clinical monitoring, and guidance on preventing health complications.

Among the prescribed medications, analgesics were the most frequently prescribed therapeutic class. This finding may be associated with the high frequency of nonspecific symptoms observed following natural disasters, including headaches, musculoskeletal pain, and physical discomfort resulting from exposure to adverse environmental conditions, physical exertion during evacuation and clean-up efforts in affected areas, and poor conditions in temporary shelters.[11] The predominance of this medication class suggests that a substantial proportion of healthcare needs was associated with the symptomatic management of acute complaints, which are frequently observed in populations exposed to extreme weather events.

The high frequency of psychotropic medication prescriptions observed in this study may be associated both with the continuation of previously established treatments and with the exacerbation of emotional symptoms resulting from the traumatic experiences endured during the floods. Recent evidence indicates that extreme weather events are associated with an increased occurrence of anxiety, depression, post-traumatic stress disorder, and other mental health conditions, the effects of which may persist for prolonged periods after the disaster.[12] In this context, the substantial use of psychotropic medications reinforces the need to incorporate psychosocial support services and mental health care strategies into response and recovery plans for climate-related emergencies.

Although the frequency of antibiotic prescriptions was lower than that observed for other therapeutic classes, this finding does not diminish the importance of infectious diseases in flood scenarios. Events of this nature increase the population's exposure to contaminated water, compromise basic sanitation conditions, and facilitate the spread of infectious agents, thereby increasing the risk of diseases such as leptospirosis, gastroenteritis, and skin infections.[13] During the floods that occurred in Rio Grande do Sul in 2024, a substantial increase in notifications of health conditions associated with water exposure was observed, highlighting the importance of epidemiological surveillance and the implementation of preventive measures aimed at the early identification and control of these diseases.[13] Therefore, despite the low proportion of antimicrobial prescriptions observed in this study, continuous monitoring of infectious diseases among populations affected by climate-related disasters remains essential.

The findings of this study reinforce that the impacts of floods on population health extend beyond the infectious diseases traditionally associated with environmental disasters. In addition to the increased risk of communicable diseases, substantial healthcare needs were observed in relation to the management of chronic conditions, the maintenance of ongoing treatments, and mental health care. Recent evidence indicates that extreme weather events represent one of the major threats to global public health, with significant consequences for morbidity and mortality, the quality of life of affected populations, and the response capacity of healthcare systems.[14] In this context, strengthening healthcare services' preparedness for climate-related emergencies is essential to ensure continuity of care, access to essential medicines, surveillance of priority health conditions, and the implementation of psychosocial support strategies that address the needs of vulnerable populations.

Regarding its limitations, this study was conducted in a single emergency outpatient clinic established during the floods, which may limit the generalisability of the findings to other regions or climate-related disaster settings. Furthermore, the use of secondary data derived from patient records is subject to incompleteness, inconsistencies, or missing relevant clinical information, which are inherent characteristics of records generated in emergency settings. The cross-sectional and retrospective study design also precludes the establishment of causal relationships and the assessment of patients' clinical progression following the consultation. Despite these limitations, the findings provide valuable insights into the profile of healthcare users and their care needs in the context of climate-related emergencies, contributing to the planning and strengthening of healthcare interventions in future similar events.

The findings of this study highlight the complexity of the impacts of extreme weather events on population health and emphasise the importance of healthcare services capable of responding to the multiple needs

arising in these contexts. Furthermore, the findings demonstrate the need to strengthen health systems' preparedness and response strategies in light of the increasing frequency and intensity of extreme weather events. Additionally, this study contributes to expanding knowledge of the healthcare needs of populations affected by environmental disasters in southern Brazil, providing a basis for resource planning, the organisation of healthcare services, and the development of strategies to address future climate-related emergencies.

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AUTHORS' CONTRIBUTIONS

Ingre Paz contributed to the literature review, drafting of the abstract, introduction, methodology, and discussion, interpretation and description of the results, preparation of tables, conclusions, proofreading, and statistical analysis. **Ana Paula Cruz da Silva** contributed to the literature review, drafting of the abstract, introduction, methodology, and discussion, interpretation and description of the results, preparation of tables, conclusions, proofreading, and statistical analysis. **Bruna Eduarda Hochscheidt** contributed to the literature review, drafting of the abstract, introduction, methodology, and discussion, interpretation and description of the results, preparation of tables, conclusions, manuscript review, and statistical analysis. **Clauceane Venzke Zell** contributed to the literature review, drafting of the abstract, introduction, methodology, and discussion, interpretation and description of the results, preparation of tables, conclusions, manuscript revision, and statistical analysis. **Hanan Mahmoud Yacoub Al Houbel** contributed to the literature review, drafting of the abstract, introduction, methodology, and discussion, interpretation and description of the results, preparation of tables, conclusions, manuscript revision, and statistical analysis. **Juliéze Sanhudo Pereira** contributed to the literature review, drafting of the abstract, introduction, methodology, and discussion, interpretation and description of the results, preparation of tables, conclusions, manuscript review, and statistical analysis. **Livia Nicolay Ferrari** contributed to the literature review, drafting of the abstract, introduction, methodology, and discussion, interpretation and description of the results, preparation of tables, conclusions, manuscript revision, and statistical analysis. **Lucas Augusto Hochscheidt** contributed to the literature review, drafting of the abstract, introduction, methodology, and discussion, interpretation and description of the results, preparation of tables, conclusions, manuscript revision, and statistical analysis. **Marcelo Carneiro** contributed to the literature review, drafting of the abstract, introduction, methodology, and discussion, interpretation and description of the results, preparation of tables, conclusions, manuscript revision, and statistical analysis. **Andréia Rosane de Moura Valim** contributed to the literature review, drafting of the abstract, introduction, methodology, and discussion, interpretation and description of the results, preparation of tables, conclusions, manuscript revision, and statistical analysis.

All authors approved the final version to be published and are responsible for all aspects of the work, including ensuring its accuracy and integrity.

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