Introduction

Healing Peru (NGO), LSU New Orleans Health Science Center and other volunteers from the US have been going to Peru for the last few years with the goal of providing healing and relief of suffering in remote Andean communities in Peru. Many of these communities are located between 12000 to 14000 feet above sea level.

In 2017 Fast Electronic Medical Record (fEMR) was implemented in the rural clinics in the Peruvian Andes, for the first time. fEMR offered the ability to collect important demographic and health information about the regional population. These data help to provide detailed information on epidemiology of disease in the Peruvian Andes and potentially affect planning and implementation with a view toward more sustainable and appropriate medical efforts in the future.

Objectives

- Describe demographics of the population seen in rural clinics in the Peruvian Andes.
- Describe health characteristics (common complaints and diagnosis) of rural communities around Cusco, Peru.
- Compare information obtained with existing regional statistics.
- Propose future opportunities for region specific engagement as directed by developed data in context of local needs and resources.

Method

- Cross-sectional studies were performed utilizing the data gathered and warehoused in fEMR in the medical mission in Cusco, Peru between February 17 to March 12, 2017.
- 1203 patient charts were uploaded to Microsoft Excel. Each patient’s information was reviewed and organized for analysis in the following categories: age, sex, chief complaints and diagnosis.
- A total of 1061 patient charts were included in the final analysis. 142 were eliminated for lack of information in one of the categories required. 87 patient charts were completed with information recorded in history, physical exam, and treatment administered.
- Analysis of the information was performed using dynamic tables within Microsoft Excel.

Results

<table>
<thead>
<tr>
<th>Gender/Age</th>
<th>&lt;1</th>
<th>01-04</th>
<th>05-11</th>
<th>12-17</th>
<th>18-29</th>
<th>30-59</th>
<th>&gt;60</th>
<th>TOTAL</th>
<th>%</th>
</tr>
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<tr>
<td>F</td>
<td>2</td>
<td>44</td>
<td>73</td>
<td>39</td>
<td>86</td>
<td>312</td>
<td>131</td>
<td>696</td>
<td>65.60</td>
</tr>
<tr>
<td>M</td>
<td>4</td>
<td>47</td>
<td>93</td>
<td>27</td>
<td>23</td>
<td>101</td>
<td>70</td>
<td>365</td>
<td>34.40</td>
</tr>
<tr>
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<td>6</td>
<td>91</td>
<td>166</td>
<td>66</td>
<td>109</td>
<td>422</td>
<td>201</td>
<td>1061</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 1. Distribution by Gender and Age

Comparison was made between data collected by Healing Peru existing data collected by the ministry of health in Cusco.

At least 7 of the principal causes of morbidity were the same, with small differences in prevalence. The most common diagnosis were parasitosis, HA, OA, gastritis, GERD, UTI, vaginitis, and lumbago.

Disease of the circulatory system (HTN), as well as endocrine, nutritional and metabolic diseases (i.e. DM) are not frequently found in this population. The LSU endeavor encountered 6 cases of HTN and 4 cases of DM during the 4 week period.

Discussion

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Recommendations

- Use information for patient management and for the planning and preparation of future medical missions.
- Create education material on more common diseases.
- More research is necessary to validate current evidence.
- Future assessment of the short-term or long-term impacts of medical missions to be able to measure efficacy of interventions performed.
- Opportunities connect patient to existing and potentially ineffectively utilized local/regional resources.

References


Contact

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