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The outpatient collapse translated into 48,408 urgent admissions for headache in the Brazilian Public Health System

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Introduction
The ideal care workflow in the Brazilian Public Health System (SUS) dictates that primary pain syndromes, such as migraines, should be screened, diagnosed, and managed longitudinally within Primary Health Care and specialty outpatient clinics. The need for hospitalization due to a primary headache should theoretically be a rare and elective event for refractory investigation. However, chronic lack of assistance, the shortage of neurologists in the basic network, and the unavailability of adequate prophylaxis divert the patient's natural flow. Faced with intractable crises and preventive failures, the population is forced to use emergency rooms not only for pain relief but as their only viable point of access to medical care.

Objective
To quantify and analyze the admission character (elective versus urgent) of patients hospitalized with a primary diagnosis of headache or migraine (ICD-10 G43 and G44) in the SUS between 2019 and 2023, aiming to measure the acute overload imposed on the emergency hospital network.

Methods
An epidemiological, observational, descriptive, and retrospective study was developed using the entirety of national microdata from the Hospital Information System (SIH/DATASUS). The extraction and treatment of the cohort were automated in RStudio, filtering Hospital Admission Authorizations (AIHs) from the 2019-2023 quinquennium. The primary dependent variable analyzed was the Admission Character, stratifying the sample between elective and urgent/emergency admissions.

Results
The analysis of the definitive universe of 51,214 admissions revealed a severe logistical asymmetry in the hospital entry flow. It was identified that the overwhelming majority of admissions, totaling 48,408 records (94.5% of the national sample), occurred on an urgent basis. Conversely, electively scheduled admissions represented a minimal fraction, totaling only 2,806 cases (5.5%). This finding demonstrates that almost all patients occupying beds for primary headache syndromes enter the system already in a state of severe acute exacerbation, refractoriness, or status migrainosus, demanding immediate intravenous intervention.

Conclusion
The finding that 94.5% of headache admissions occur on an urgent basis consolidates the thesis of a collapse in the preventive neurological outpatient network in the SUS. The Brazilian emergency room has, in practice, become the primary pain clinic for the underserved population. This massive volume of acute patients not only reveals chronically undertreated suffering but also directly competes for physical beds, supplies, and medical time with life-threatening conditions, such as stroke and polytrauma. The creation of rapid triage workflows and the restructuring of primary care are imperative to intercept crises before they progress to the emergency department doors.

Keywords:
Emergency medicine
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Status migrainosus

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