Headache Medicine 2026, Supplement • p-ISSN 2178-7468, e-ISSN 2763-6178

Headache Medicine

ID: 150

Analysis of hospital burden from primary headaches in Sergipe: female predominance and impacts on the Unified Health System (2015-2025)

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Introduction
Primary headaches, including migraine and other cephalic pain disorders, constitute a notable public health burden in the state of Sergipe. The high prevalence of these disorders in females drives a "feminization" of the hospital burden in the Unified Health System (SUS), which denotes a growing need for specialized care for this demographic. Nevertheless, the scarcity of resources and strategic planning in specialized care for the target population appears to constitute a latent reality across the state's health regions, given the growing demand for targeted interventions, thus creating a directed healthcare need.

Objective
To comparatively analyze inpatient demand parameters and hospitalization costs between females and males regarding primary headaches in Sergipe.

Methods
This is a descriptive epidemiological study with a quantitative, retrospective, and cross-sectional approach, analyzing the prevalence of hospitalizations for primary headaches, based on data from the Unified Health System Informatics Department (DATASUS). Hospitalizations in the state of Sergipe from 2015 to 2025 were analyzed, considering the variables sex, length of stay, and hospital service costs, which were organized into electronic spreadsheets and subsequently subjected to statistical analysis.

Results
It was observed that, in terms of hospitalization volume, females surpassed males in all years, being most prominent in 2018 with 80.8% of the total, averaging 66.7% throughout the observed period. These samples corroborate the well-described and known global epidemiology of cephalic pain disorders, which typically exhibit a female predominance. Furthermore, total service costs for women (BRL 113,133.91) comprise 70.8% of the total, demanding specialized attention regarding public policies with a targeted approach to women's health. Additionally, in females, average hospitalization costs (BRL 360.30) and the average length of stay (8.1 days) exceed male averages by 1.21 and 1.02 times, respectively. Consistent with these findings, the "feminization" of emergencies in the context of primary headaches is established in public healthcare in Sergipe. This scenario would benefit from the creation of continuous follow-up algorithms after hospital discharge, prioritizing the provision of outpatient services for the prophylactic management of the disease in this specific demographic.

Conclusion
A female predominance in hospitalizations for primary headaches in Sergipe was evidenced, along with higher costs and longer hospital stays. The data found reinforce the need for public policies specifically aimed at this population group, such as the effective protocolization of counter-referrals to specialized women's healthcare services. Thus, the continuity of care following hospital discharge can serve as a means of preventing relapses and clinical exacerbations during follow-up.

Keywords:
Hospitalization
Headache disorders
Health policy
Women's health

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