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687 - AGE-PERIOD EFFECTS ON HEALTHCARE USAGE, IN A PORTUGUESE URBAN POPULATION

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Resumen

Background/Objectives: Understanding how healthcare utilization evolves across age and period is essential to assess equity and for effective resource management. This study aims to compare healthcare utilization among young adults assessed in two different periods, 2003 and 2011.

Methods: We analyzed data from two population-based cohorts, EpiPorto and EPITeen, from Porto, Portugal. Healthcare service use was measured as the total number of physician and dentist visits in the past 12 months. A propensity score-based nearest-neighbor matching approach was employed to standardize sociodemographic characteristics between cohorts. The final sample comprised 271 participants from EPIPorto and 266 from EPITeen. The average birth year was 1978 for the EPIPorto participants and 1990 for the EPITeen participants. At assessment, participants from both cohorts were approximately 21-27 years old (interquartile range). The median year of assessment was 2003 for the EpiPorto participants and 2011 for the Epiteen participants. This standardized sample was used to estimate and compare the adjusted average number of medical appointments between the two periods. Negative binomial regression models were used to compare healthcare utilization of young adults across both periods and to estimate the period effect.

Results: The adjusted mean annual number of medical appointments in 2003 (EpiPorto) was 4.28 (95%CI: 3.75-4.81) vs. 4.84 (95%CI: 4.27-5.41) in 2011 (EPITeen). No significant period effect was detected (IRR = 1.113, 95%CI: 0.961-1.290). Both

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these results indicate similar average levels of healthcare utilization across both periods. However, male participants consistently had fewer medical appointments (IRR = 0.733, 95%CI: 0.629-0.853). Participants requiring regular medical care had higher utilization (IRR = 1.401, 95%CI: 1.195-1.644). Educational attainment was not associated with healthcare usage in cohort-specific and in the combined model (IRR = 0.963. 95%CI: 0.799-1.164).

Conclusions/Recommendations: The evidence suggests that the average level of healthcare utilization among Portuguese young adults has remained stable across the different historic periods under study. The different contact rates with healthcare services among the two periods result from different distributions on individual sociodemographic characteristics from one cohort to another. Globally, the results show relatively equitable patterns of access of young adults to healthcare services in Portugal.

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