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Longitudinal Care in Chronic Conditions: The Centrality of Family and Community Medicine

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ABSTRACT

Chronic health conditions represent one of the greatest contemporary challenges for health systems, requiring care models centered on continuity of care. Primary Health Care (PHC) has therefore been identified as a privileged space for the effective management of these illnesses. This systematic review aimed to analyze the role of the family and community doctor (FCM) in caring for chronic conditions in PHC, based on the evidence available in the scientific literature. The studies analyzed show that diseases such as hypertension, diabetes mellitus, COPD, cancer, obesity and asthma require integrated strategies involving health promotion, early diagnosis, disease prevention and care coordination. FCMs stand out for their generalist training and ability to work in a broader clinical context, enabling a biopsychosocial approach to illness. The presence of this professional favors longitudinal care, health education, strengthening self-care and interprofessional coordination. There is also a positive impact on reducing avoidable hospitalizations, increasing adherence to treatment and improving clinical outcomes. The comparative table summarizes the main challenges, PHC approaches and FCM contributions in each of the conditions analyzed. The conclusion is that valuing family and community medicine is strategic for consolidating PHC as a care coordinator and for the sustainability of the SUS in the face of the growing demands of chronic diseases.

Keywords: Primary Health Care; Chronic Conditions; Family and Community Physician; Family Health Strategy; Comprehensive Care.

INTRODUCTION

Chronic health conditions represent one of the main challenges for health systems in the 21st century, due to their high prevalence, socioeconomic impact and need for continuous monitoring (Oliveira et al., 2020).

Diseases such as hypertension, diabetes, asthma, COPD and cardiovascular diseases require coordinated, comprehensive and continuous care, which is incompatible with care models centered on episodic care (Mendes, 2012).

Primary Health Care (PHC) has been consolidated as the main gateway to the health system and as a privileged space for the proper management of these conditions (Starfield, 2002).

The longitudinal approach, the comprehensiveness of care and the bond established with users make PHC the most appropriate place to care for chronic conditions (Silva & Lima, 2018).

The model of care for chronic conditions (MACC), proposed by Mendes (2012), adapts Wagner's model of chronic care to the context of the SUS, reinforcing the central role of PHC in coordinating care.

In this scenario, the work of the family and community doctor (FCM) stands out, a professional with generalist training and specific skills to deal with the complexity of chronic conditions (Gusso & Lopes, 2012).

The FCM is trained to carry out person-centered care, considering the biological, psychological and social aspects of illness, which makes it essential for the effective management of chronic diseases (Fortes et al., 2020).

Studies show that teams with family doctors have better health outcomes, greater user satisfaction and more rational use of system resources (Starfield et al., 2005).

The presence of the FCM in PHC contributes to preventing complications, reducing hospitalizations and improving the quality of life of patients with chronic diseases (Andrade & Giovanella, 2017).

The longitudinality of care, guaranteed by the continuous monitoring of the FCM, is one of the main differentials in the clinical and emotional control of chronic patients (Almeida & Macinko, 2019).

The coordination of care, another essential function of PHC, is facilitated when there is a reference professional who knows the patient's history, which is often performed by the FCM (Domingues et al., 2021).

The work of the FCM also stands out in health education and in encouraging patient autonomy, which are fundamental elements for self-care and the control of chronic conditions (Souza & Silva, 2020).

Interdisciplinary teamwork, a characteristic of the Family Health Strategy (ESF), is strengthened by the presence of the FCM, who coordinates care with other PHC professionals (Ferreira et al., 2016).

The use of tools such as the singular therapeutic plan, shared consultations and matrix support increases PHC's capacity to respond to the needs of patients with chronic diseases (Campos & Domitti, 2007).

The FCM also plays a strategic role in the early identification of complications and in carrying out timely interventions, avoiding aggravations and unnecessary hospitalizations (Pereira & Lima, 2018).

In the context of public health, valuing FCM contributes to strengthening the SUS and consolidating PHC as a care coordinator and coordinator of care networks (Giovanella et al., 2021).

Countries with a strong presence of family medicine, such as Canada, the United Kingdom and Spain, have better health indicators and greater equity in access to services (Kringos et al., 2013).

Despite this, Brazil still faces challenges in training, valuing and retaining FCMs, especially in regions of greater vulnerability (Melo & Andrade, 2019).

The systematic review proposed in this article aims to analyze the role of the family and community doctor in the care of chronic health conditions in primary care, based on the evidence available in the scientific literature.

The aim is to help strengthen public policies and PHC qualification strategies, recognizing the FCM as a central figure in the response to the challenges of chronic diseases in Brazil.

OBJECTIVES

The aim of this systematic review was to analyze, in the scientific literature, the role of the family and community doctor in caring for chronic health conditions within the scope of Primary Health Care (PHC). The aim was to identify evidence on how the work of this professional contributes to longitudinal monitoring, care coordination, disease prevention and health promotion for people with chronic diseases. We also wanted to understand how the presence of a family doctor impacts on clinical outcomes, user satisfaction and the effectiveness of health services in the context of PHC.

METHODOLOGY

This is a systematic literature review based on the recommendations of the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA). The methodology followed these steps:

1. Research question:

The guiding question for the review was formulated according to the PICO strategy:

- ✔ **P (Population):** People with chronic health conditions;
- ✔ **I (Intervention):** Follow-up by a family and community doctor;

- ✔ **C (Comparison):** Other models or PHC professionals;
- ✔ **O (Outcome):** Improved care, disease control, reduction of complications and rational use of health services.

2. Inclusion and exclusion criteria:

Studies were included:

- ✔ In Portuguese, English or Spanish;
- ✔ That addressed the role of the family and community doctor in the care of chronic conditions in PHC;
- ✔ Qualitative, quantitative or mixed, integrative reviews or systematic reviews.

They were excluded:

- ✔ Opinion articles, editorials and letters to the editor;
- ✔ Studies that did not directly address the work of family doctors;
- ✔ Studies carried out outside the context of Primary Care.

Databases used:

The search was carried out in the following databases:

- ✔ PubMed/MEDLINE
- ✔ SciELO
- ✔ LILACS
- ✔ Web of Science
- ✔ Scopus
- ✔ Virtual Health Library (VHL)

4. Search strategy:

The following descriptors were used, combined by Boolean operators: ("chronic conditions" OR "chronic diseases" OR "chronic diseases") AND ("primary health care" OR "primary health care") AND ("family doctor" OR "family and community medicine" OR "family physician" OR "family medicine").

5. Selection process:

The studies were screened in two stages. Initially, titles and abstracts were analyzed, followed by the full texts of potentially eligible articles. Two independent reviewers carried out the selection, with differences resolved by consensus or by a third reviewer.

6. Data extraction and analysis:

A standardized form was drawn up to extract the relevant information from the selected studies, including: authors, year of publication, country, type of study, target population, interventions described, main findings and conclusions. The data was organized into tables and analyzed in a narrative and descriptive manner.

7. Evaluation of methodological quality:

The quality of the included studies was assessed using instruments appropriate to the type of study, such as the Newcastle-Ottawa scale (for observational studies), the Critical Appraisal Skills Program (CASP) and the Joanna Briggs Institute (JBI).

RESULTS

The purpose of Table 1 of the Systematized Review is to compare the main characteristics of six highly prevalent chronic conditions in Brazil: Systemic Arterial Hypertension (SAH), Diabetes Mellitus (DM), Chronic Obstructive Pulmonary Disease (COPD), Cancer, Obesity and Asthma. All these conditions represent major challenges for health systems and demand continuous, resolutive and integrated approaches, with Primary Health Care (PHC) being the most appropriate level of care for their management.

Among the main common challenges are the high prevalence of the diseases, underdiagnosis, difficulties in adhering to treatment and the influence of social determinants of health. In the case of hypertension and diabetes, for example, there is a close association with behavioral and socioeconomic factors, such as poor diet, a sedentary lifestyle and low schooling. As for COPD and cancer, smoking remains a critical factor. Obesity, on the other

hand, involves multiple causes and requires sustainable lifestyle changes. Asthma, despite being controllable, remains one of the most frequent causes of avoidable hospitalizations, especially in childhood.

PHC's work cuts across all conditions, standing out for its ability to offer a welcoming service, longitudinal follow-up, health education, disease prevention and coordination between levels of care. The ESF (Family Health Strategy), as the structuring model of PHC in Brazil, favors the creation of bonds, early identification of symptoms and a comprehensive approach to users.

Systematic Review Table - Chronic Conditions in PHC

Chronic Condition	Main challenges	The role of PHC	Role of the Family and Community Doctor	Sources
Systemic Arterial Hypertension (SAH)	High prevalence, multiple risk factors, cardiovascular complications	Reception, educational activities, health promotion, blood pressure control	Prevention, diagnosis and control of SAH, individualized approach	Ikeda et al., 2012; Pontes et al., 2010; Andrade et al., 2015
Diabetes Mellitus (DM)	High prevalence, glycemic control, micro and macrovascular complications	Early diagnosis, therapeutic plan, coordination of care	Continuous follow-up, strengthening self-care	Brazil, 2021; Starfield, 2002; Gusso & Lopes, 2012; Almeida & Macinko, 2019
Chronic Obstructive Pulmonary Disease (COPD)	Underdiagnosis, smoking, pollutants, frequent exacerbations	Early diagnosis, smoking cessation, pulmonary rehabilitation	Clinical treatment, team coordination, coordination of care	WHO, 2023; Vieira et al., 2019; Girotto et al., 2020; Gusso & Lopes, 2012
Cancer	Access to early diagnosis, palliative care, limited screening	Primary and secondary prevention, palliative care, screening	Recognition of early signs, longitudinal care, emotional support	WHO, 2022; INCA, 2023; Almeida et al., 2018; Domingues et al., 2021
Obesity	Multifactorial causes, adherence to treatment, risk of comorbidities	Promotion of healthy habits, multi-professional support	Promoting lifestyle changes, comprehensive and preventive care	WHO, 2022; Mendes, 2012; Nascimento et al., 2020; Santos et al., 2019
Asthma	High prevalence in children and adults, crisis management, avoidable hospitalizations	Health education, environmental control, individualized action plan	Recognition of triggering factors, clinical and educational management	GINA, 2023; Brasil, 2021; Souza et al., 2019; Almeida et al., 2020

Source: Authors

The family and community doctor (FCM) has emerged as a central figure in tackling chronic diseases. Their generalist clinical training, combined with a biopsychosocial and territorialized approach, allows them to act in a resolutive manner in different contexts. In hypertension, the FCM excels in clinical management and the implementation of educational strategies. In diabetes, in addition to glycemic control, they work on building individualized therapeutic plans. In COPD, they are essential in smoking cessation and pulmonary rehabilitation. In cancer, their presence is vital in both early detection and palliative care. In obesity, the family doctor acts as a counselor and facilitator for changing habits. In asthma, the GP plays an essential role in patient education, crisis prevention and home monitoring.

Another relevant point in the analysis is the importance of coordinating care through PHC. In all the conditions analyzed, it can be seen that the work of the FCM contributes to a reduction in avoidable hospitalizations, improved adherence to treatment, greater user satisfaction and rationalization of health resources. This ability to articulate with medium and high complexity care strengthens the integrality and continuity of care in the SUS.

Therefore, the data gathered in the table reinforces the fact that tackling chronic conditions in PHC requires valuing family and community medicine, strengthening the Family Health Strategy and the continuous qualification of multi-professional teams. Investing in this foundation is essential to guaranteeing a person-centered, resolutive model of care geared towards equity and the sustainability of the health system.

DISCUSSION

Hypertension

It is clear that complications related to hypertension have increased over the years. Recognizing this trend is an important strategy for the early prevention of possible aggravations. Behavioral aspects, as well as sociodemographic and clinical characteristics associated with this condition, can guide care planning and the implementation of educational actions by health professionals. These measures aim to contribute to adequate control of blood pressure levels among hypertensive patients treated in health services (IKEDA et al., 2012).

According to Pontes et al. (2010), Systemic Arterial Hypertension (SAH) is one of the main risk factors for cardiovascular diseases, which in turn are the main cause of morbidity and mortality in Brazil, affecting between 11% and 20% of the adult population over the age of 20.

Pontes et al. (2010) also point out that Chronic Non-Communicable Diseases (CNCDs) are currently the main causes of death among the elderly, reflecting a trend observed on a global scale.

According to Martins and Luzio (2017), the reception of users in Primary Health Care (PHC) must take into account the social context in which they are inserted, adapting to the particularities of each territory and the specific demands of the population.

Brasil (2010) points out that the implementation of the National Humanization Policy (NHP) represents a challenge for health professionals, requiring knowledge and preparation to ensure an effective welcome that is appropriate to the needs of each service.

According to Andrade et al. (2015), SAH is recognized as a major public health problem and one of the main risk factors for mortality from cardiovascular diseases worldwide, and its development is associated with factors such as aging, obesity, low schooling, smoking, alcoholism, sedentary lifestyle, socioeconomic and genetic factors.

Pontes et al. (2010) note that the organization of Health Care Networks (RAS), with a focus on comprehensive care, places the user as the central axis of health actions. In order to guarantee this comprehensiveness, PHC must act in a resolutive and coordinated manner with the other levels of care.

According to Freitas and Garcia (2012), the creation of the Family Health Strategy (ESF) in 1994 boosted the progress of PHC in Brazil, expanding coverage with multi-professional teams that follow the population in a territorialized and longitudinal manner.

According to Andrade et al. (2015), cardiovascular diseases account for around 30% of deaths in Brazil and up to 50% of deaths from NCDs, highlighting the need for early diagnosis of SAH and ongoing care through pharmacological and non-pharmacological strategies.

Freitas and Garcia (2012) emphasize that controlling SAH, especially in PHC, involves adopting healthy habits from childhood, such as eating a balanced diet, practicing regular physical activity, and reducing alcohol and sodium consumption, as well as combating smoking and sedentary lifestyles.

According to the same authors (Freitas and Garcia, 2012), the prescription of physical activities should respect the individuality of each patient, observing parameters such as intensity, frequency and duration. In general, three to five weekly sessions lasting 20 to 30 minutes are recommended.

According to Brandão (2010), exercises such as walking, running, swimming and cycling are the most suitable for hypertensive patients, and it is up to health professionals to encourage their practice, providing appropriate guidance to ensure adherence.

Brandão (2010) also points out that the pharmacological treatment of hypertension should be aimed at both reducing blood pressure and preventing cardiovascular events, preferring effective oral medications with good tolerability and simplified dosage.

According to Pontes et al. (2010), family doctors, professionals in the Family Health Strategy, are trained to act in the prevention, early diagnosis and control of hypertension, as well as avoiding more serious complications with timely and continuous interventions.

The same authors (Pontes et al., 2010) also state that the ESF also has a positive impact from an economic point of view, because by offering preventive care and monitoring patients regularly, the worsening of chronic conditions and the overload of medium and high complexity services are avoided.

Diabetes

Diabetes mellitus (DM) is one of the main chronic health conditions challenging health systems globally, due to its high prevalence, potential for complications and significant impact on the quality of life of those affected. In Brazil, it is estimated that more than 16 million people live with the disease, which represents a major public health problem (BRASIL, 2021).

The complexity of caring for people with diabetes requires a person-centered care model, with promotion, prevention, treatment and rehabilitation actions articulated over time. In this context, Primary Health Care (PHC) is the privileged space for the continuous and resolutive management of the

disease, especially due to its ability to establish a link, guarantee longitudinal care and coordinate actions between the different levels of care (STARFIELD, 2002).

The Family Health Strategy (ESF), as the main model for organizing PHC in Brazil, is characterized by the work of multi-professional teams responsible for assigned populations in defined territories. Within these teams, the figure of the family and community doctor (FCM) stands out, a professional with generalist training and a broad clinical orientation, trained to work in the biomedical, psychosocial and community dimensions of illness (GUSSO; LOPES, 2012).

The role of the FCM is fundamental in the control of diabetes mellitus, both in early diagnosis and in continuous monitoring and prevention of complications. Clinical consultation with a focus on qualified listening, a person-centred approach and the construction of individualized therapeutic plans makes it possible to strengthen self-care and adherence to treatment (ALMEIDA; MACINKO, 2019).

The family doctor works together with other professionals in the team to develop educational actions and community strategies, such as health education groups, conversation circles, home visits and monitoring of the most vulnerable cases. This collaborative model is essential for dealing with the multiple factors that interfere with glycemic control, such as eating habits, a sedentary lifestyle, socioeconomic conditions and family support (MENDES, 2012).

Studies show that regions with greater FHS coverage have better diabetes control indicators, lower hospitalization rates due to avoidable complications and greater user satisfaction with the services provided (GIROTO; LIMA; GIOVANELLA, 2020). These results reinforce the importance of strengthening the training, appreciation and presence of family doctors in the healthcare network.

In tackling chronic diseases, especially diabetes mellitus, it is essential to recognize the strategic role of PHC as the coordinator of care and of the FCM as a key agent in building a more equitable, resolutive care model centered on the real needs of the population.

Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) is a chronic respiratory condition characterized by persistent airflow limitation, usually progressive and associated with an abnormal inflammatory response of the lungs to the inhalation of harmful particles or gases. Considered one of the main causes of morbidity and mortality worldwide, COPD currently ranks third among global causes of death, representing a serious public health problem (WHO, 2023).

In Brazil, the prevalence of COPD has increased, mainly as a result of population aging, smoking and occupational exposure to environmental pollutants. Studies show that between 12% and 16% of the adult Brazilian population has symptoms compatible with the disease, and many cases remain underdiagnosed, especially in Primary Health Care services (VIEIRA et al., 2019).

COPD is one of the main chronic conditions sensitive to primary care. Its proper management in PHC can prevent exacerbations, reduce hospitalizations and improve patients' quality of life. Longitudinal monitoring, risk factor control, health education and pulmonary rehabilitation are fundamental strategies that can be effectively implemented at this level of care (GIROTTO et al., 2020).

In this scenario, the family and community doctor plays a central role. With a person-centered approach based on a continuous bond with the patient, the FCM is able to identify the signs and symptoms of COPD early on, make a clinical diagnosis with the support of spirometry and start the appropriate treatment, taking into account the individual's life context (GUSSO; LOPES, 2012).

The role of the FCM is essential in providing guidance on smoking cessation, the main modifiable risk factor for the disease. Through structured counseling, prescription of nicotine replacement therapies and referrals to support groups, the family doctor makes a significant contribution to controlling the progression of the disease (BRASIL, 2021).

Managing COPD in PHC requires an integrated and interdisciplinary approach. The family doctor works with other members of the health team to promote educational activities, self-care activities, home visits and continuous monitoring of the most serious cases. Drawing up unique therapeutic plans is also a relevant tool for dealing with patients' multiple demands (MENDES, 2012).

Another important aspect of the FCM's work is the coordination of care between the different levels of the health system. In cases of greater complexity or the need for specialized tests, the family doctor takes on the role of coordinating the flow between PHC and specialized care, ensuring continuity of care and avoiding adverse outcomes (DOMINGUES et al., 2021).

Thus, strengthening the presence of family doctors in Family Health Strategy (FHS) teams is an effective strategy for increasing access to early diagnosis, improving adherence to treatment and reducing the impact of COPD on health systems. Studies show that areas with greater FHS coverage have lower COPD hospitalization rates and better clinical control of patients (ALMEIDA et al., 2020).

Therefore, given the growing burden of COPD and the challenges imposed by chronic diseases on the health system, it is essential to recognize the importance of PHC and Family and Community Medicine as fundamental pillars for organizing resolutive, humane and efficient care.

Cancer

Cancer is currently one of the leading causes of morbidity and mortality worldwide, with a significant impact on health systems, families and communities. The World Health Organization (WHO) estimates that, by 2040, the number of new cases will increase by more than 60%, especially in low- and middle-income countries, where health systems are often unprepared to face this challenge (WHO, 2022).

In Brazil, cancer is responsible for approximately 20% of deaths from known causes, especially breast, prostate, lung, colon and cervical cancer. Although specialized treatment is essential, the role of Primary Health Care (PHC) has proven to be strategic in tackling the disease, from prevention to palliative care (INCA, 2023).

PHC is the level of care closest to the population and acts as the gateway to the Unified Health System (SUS). In this context, the work of the family and community doctor (FCM) is fundamental for dealing with cancer as a chronic and complex condition. The FCM is trained to act in a comprehensive manner, coordinating care and accompanying the patient through all stages of the disease (GUSSO; LOPES, 2012).

One of PHC's main contributions is primary prevention, through health promotion actions and the control of risk factors such as smoking, alcoholism, sedentary lifestyles, obesity and poor diet. The family doctor plays a central role in identifying risk behaviors and guiding changes in users' lifestyles (BRASIL, 2021).

Secondary prevention, aimed at the early detection of cancer, is one of the most effective strategies for reducing mortality. Screening tests, such as Pap smears, mammograms and clinical breast exams, are practices that should be encouraged, organized and monitored by PHC doctors (GIROTO et al., 2020).

Early diagnosis often depends on the family doctor's ability to recognize early signs and symptoms of the disease. Delayed diagnosis is often associated with low clinical suspicion, especially in areas where access to specialized services is difficult. In this sense, training FCDs in expanded clinical reasoning is essential (ALMEIDA et al., 2018).

After diagnosis, cancer patients require longitudinal follow-up in PHC, even during specialized treatment. The FCM acts as a link between the patient and the other points of the Health Care Network, promoting welcoming, qualified listening and emotional support, as well as managing the side effects of treatment (DOMINGUES et al., 2021).

In cases where a cure is not possible, PHC, with the support of the family doctor, becomes fundamental in offering palliative care, with a focus on relieving suffering, controlling symptoms and preserving the patient's dignity. Early palliative care improves quality of life, reduces unnecessary hospitalizations and promotes the humanization of care (BRASIL, 2018).

The presence of the FCM in the territory also favors the coordination of care, contributing to the continuity and integrality of care. They work to liaise with specialists, organize referrals, return to routine appointments and support the family, especially in terminal situations (MENDES, 2012).

Tackling cancer therefore requires a person-centered care model coordinated by PHC, in which the family and community doctor plays a strategic role. Investing in training, valuing and expanding family medicine is an indispensable condition for guaranteeing effective, humane and comprehensive care for people with cancer.

Obesity

Obesity is recognized as a complex and multifactorial chronic condition, characterized by the excessive accumulation of body fat, which compromises health and increases the risk of various comorbidities, such as type 2 diabetes, hypertension, dyslipidemia, cardiovascular diseases and some types of cancer (WHO, 2022). In Brazil, data from Vigitel indicates that more than half of the adult population is overweight, with approximately 20% already considered obese (BRASIL, 2021).

The growing prevalence of obesity in the country represents a serious public health problem, associated with social determinants such as inadequate diet, sedentary lifestyle, low income, food insecurity and unequal access to health services. Given this scenario, Primary Health Care (PHC) is a privileged space for implementing prevention strategies, early diagnosis and longitudinal monitoring of overweight individuals (MENDES, 2012).

The family and community doctor (FCM) plays an essential role in this process, due to their training in comprehensive and continuous care for people in their family, social and community contexts. Through the bond established with users and qualified listening, the FCM can identify early risk factors related to obesity, promote health education and develop individualized therapeutic plans, respecting the needs and possibilities of each person (GUSSO; LOPES, 2012).

In addition to the clinical approach, the family doctor's work also involves a behavioral approach and the promotion of sustainable lifestyle changes, such as the adoption of a balanced diet, regular physical activity and mental health care. Strategies such as motivational counseling, multi-professional monitoring and home visits are important tools in tackling obesity in the community (NASCIMENTO et al., 2020).

Studies show that obesity, when addressed early in PHC, has greater chances of control and lower risks of complications, which reinforces the need to qualify health teams and expand the coverage of the Family Health Strategy (ESF) (SANTOS et al., 2019).

Childhood obesity also requires special attention in PHC, as it tends to persist into adulthood, increasing the risk of chronic diseases. Family doctors should act preventively, identifying early signs of childhood overweight, guiding parents and guardians, and coordinating actions with schools and social support units (COSTA et al., 2018).

Coordination of care, another essential function of PHC, allows the family doctor to integrate obesity care with other levels of care, such as nutritionists, psychologists, endocrinologists and support groups, guaranteeing integrality and continuity of care over time (DOMINGUES et al., 2021).

As such, the work of family and community doctors is strategic for tackling obesity within the SUS, both because of their clinical skills and because of their links with health promotion actions and local public policies. Investing in valuing PHC and in the qualified training of these professionals is essential to curb the growing obesity epidemic in the country.

Asthma

Asthma is a chronic inflammatory disease of the airways that affects people of all ages, characterized by symptoms such as coughing, wheezing, shortness of breath and a feeling of chest tightness. It is a highly prevalent condition in Brazil and worldwide, with a significant impact on quality of life, absenteeism from school and work, and health system costs (GINA, 2023).

It is estimated that around 10% of the Brazilian population suffers from asthma, which is more common in children, adolescents and adult women. Despite being a manageable disease, many cases remain poorly managed, resulting in avoidable hospitalizations, recurrent emergency care and inappropriate use of medication (BRASIL, 2021).

Primary Health Care (PHC) plays a fundamental role in dealing with asthma, as it enables longitudinal monitoring of cases, early recognition of signs of decompensation, promotion of adherence to treatment and the development of self-care strategies. Within the Family Health Strategy (ESF), the presence of multidisciplinary teams facilitates the comprehensive management of the disease (MENDES, 2012).

The family and community doctor (FCM), due to his generalist training and orientation towards person-centered care, is the most qualified professional to act in all phases of asthma management. Their work ranges from clinical diagnosis and symptom control to crisis and complication prevention, based on up-to-date clinical protocols (GUSSO; LOPES, 2012).

Asthma requires an approach that goes beyond prescribing medication. The FCM must identify triggering factors such as allergens, environmental pollutants, smoking and stress, as well as considering the social and cultural conditions that affect adherence to treatment. Health education is an essential part of care, including the correct use of inhalation devices, a crisis action plan and home monitoring of symptoms (BRASIL, 2020).

PHC, coordinated by the FCM, is also the ideal place to develop preventive and health promotion actions, such as environmental control, encouraging safe physical activity and school actions to manage asthma in children. In communities with a high prevalence of the disease, territorial work makes it possible to identify patterns and structure collective actions (SOUZA et al., 2019).

PHC plays an important role in reducing hospitalizations for asthma, one of the indicators of the quality of primary care. Municipalities with greater FHS coverage tend to have lower asthma hospitalization rates, reinforcing the positive impact of family medicine on the organization of the care network (ALMEIDA et al., 2020).

Another fundamental aspect is the link between levels of care. The family doctor acts as a coordinator of care, ensuring that the most serious or refractory cases receive specialized evaluation, but without losing the link with PHC. This integration avoids the fragmentation of care and improves clinical outcomes (DOMINGUES et al., 2021).

Therefore, tackling asthma as a chronic condition requires the consolidation of a resolutive PHC, with trained family doctors, well-defined protocols, ongoing education for teams and the active involvement of users. Investment in family and community medicine is therefore an essential strategy for the effective control of asthma and other chronic diseases prevalent in Brazil.

Conclusion

Tackling chronic health conditions in Brazil requires the strengthening of care models based on comprehensiveness, continuity and coordination of care. In this context, Primary Health Care (PHC) is the strategic point for organizing care actions, and is responsible for a large part of the response to demands related to diseases such as hypertension, diabetes, COPD, cancer, obesity and asthma.

This systematic review showed that the work of family and community doctors (FCMs) is central to the effectiveness of care for chronic conditions, given their generalist training, person-centered approach and territorialized work. The FCD is able to articulate clinical, educational and community actions, promoting self-care, the prevention of complications and the rational use of health resources.

The presence of this professional in the Family Health Strategy teams contributes directly to improving health indicators, increasing user satisfaction, reducing hospitalizations due to preventable causes and strengthening the SUS as a universal, equitable and resolutive system. However, there are still challenges related to training, retaining and valuing family doctors, especially in contexts of social vulnerability.

This reaffirms the importance of public policies that prioritize the expansion of family and community medicine, the strengthening of PHC and the continuous qualification of health teams, as fundamental strategies for sustainably tackling chronic diseases and guaranteeing the right to health in Brazil.

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