Report of a Case with Profound Anaemia from Health Literacy Perspective

Sir,

The term health literacy was used for the first time in 1974. World Health Organisation defined health literacy as “individuals have the necessary cognitive and social skills to access, understand and use health-related information in order to maintain and improve their own health.” Today, it is an increasingly important issue, particularly in developing countries. A low level of health literacy leads to failure in understanding health information, difficulties in following procedures and instructions, and problems in accessing health services. It creates problems in understanding health-related messages and creates an obstacle for patients to solve their own medical problems. Individuals with low health literacy use preventive health services less often and misuse curative services. Health literacy is seen as one of the important issues in the field of public health due to all these effects on the health outcomes of individuals. On the other hand, failure of the patient to receive the necessary treatment at the appropriate time causes recurrent emergency service applications, increased health expenditures, and increased mortality and morbidity in the long-term.

An 82-year female patient was admitted to our clinic with the complaint of malaise and palpitations for two weeks. The patient’s history was unremarkable other than haemorrhoids and vaginal prolapse. Her relatives stated that she had presented to the emergency department 4-5 times a year in the last 10 years with rectal bleeding and was discharged from the emergency room after erythrocyte replacement. Physical examination revealed grade 3 haemorrhoids and bright red blood on the rectal touch. In haemogram analysis, haemoglobin was 3.8 g/dL, hematocrit was 13.7%, mean corpuscular volume was 64.7fL, and mean corpuscular haemoglobin was 17.8 pg. Other physical examination and laboratory parameters were within the normal range. Four units of erythrocyte suspension were replaced. Post-replacement haemoglobin was 8 g/dL and hematocrit was 25.9%. After the replacement, the patient did not have any ongoing bleeding and her complaints regressed. The patient was told that the reason for recurrent emergency service admissions and erythrocyte replacements was haemorrhoids and that she needed surgery. The patient stated that she was embarrassed because of her vaginal prolapse and did not want to undergo surgery. The patient was counselled carefully that in the absence of surgery she will continue to develop recurrent rectal bleeding and anaemia. The patient was convinced and added to the list of elective surgery.

In conclusion, a low level of health literacy causes problems in understanding health information and difficulties in following procedures and instructions. It creates problems in understanding health-related messages and creates an obstacle for patients to solve their medical problems. Increasing the level of health literacy contributes to public health positively, and also reduces health expenditures.

COMPETING INTEREST:
The author declared no competing interest.

AUTHOR’S CONTRIBUTION:
SO: Took part in conceptualisation methodology software validation formal analysis writing editing and approved the final version of the manuscript.

REFERENCES

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Received: January 06, 2022; Revised: March 30, 2022; Accepted: April 21, 2022
DOI: https://doi.org/10.29271/jcpsp.2022.10.1376