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Missed nutritional appointments in Primary Health Care

Faltas em consultas de nutrição na Atenção Primária à Saúde

Ausencias en consultas de nutrición en la Atención Primaria de Salud

ABSTRACT

Absenteeism in nutritional consultations within Primary Health Care affects continuity of care and service efficiency. This study aimed to analyze rates of missed nutritional appointments at a Basic Health Unit in a municipality in Paraná, Brazil, from February to June 2025. This quantitative, descriptive study used secondary data on scheduled and completed consultations. Of 176 appointments, 63.6% were attended and 36.4% were missed, mostly follow-up visits. The findings highlight the need for strategies to reduce missed appointments, such as teleconsultations, automated reminders, and advanced-access scheduling. These measures can optimize resources, strengthen patient engagement, and improve health outcomes. Further multicenter and qualitative studies are recommended to explore factors associated with absenteeism and evaluate the effectiveness of proposed interventions.

Keywords: *Public Health; Food; Diet and Nutrition; Absenteeism.*

RESUMO

O absenteísmo em consultas nutricionais na Atenção Primária à Saúde compromete a continuidade do cuidado e a eficiência dos serviços. Este estudo teve como objetivo analisar os índices de faltas em atendimentos nutricionais realizados em uma Unidade Básica de Saúde em um município do Paraná, entre fevereiro e junho de 2025. Trata-se de pesquisa quantitativa e descritiva, baseada na análise de dados secundários de agendamentos e comparecimentos. Dos 176 agendamentos, 63,6% foram efetivados e 36,4% registraram ausência, principalmente em consultas de retorno. Os resultados

indicam a necessidade de estratégias para reduzir faltas, como teleconsultas, lembretes automatizados e reorganização da agenda com acesso avançado. Tais medidas podem otimizar recursos, fortalecer o vínculo com os usuários e melhorar os desfechos em saúde. Recomenda-se ainda a realização de estudos multicêntricos e qualitativos sobre fatores associados ao absenteísmo e avaliação das intervenções propostas.
Descritores: *Saúde Pública; Alimentos, Dieta e Nutrição; Absenteísmo.*

RESUMEN

El absentismo en las consultas nutricionales en la Atención Primaria de la Salud compromete la continuidad de la atención y la eficiencia de los servicios. Este estudio tuvo como objetivo analizar los índices de ausencias en las atenciones nutricionales realizadas en una Unidad Básica de Salud de un municipio del estado de Paraná, entre febrero y junio de 2025. Se trata de una investigación cuantitativa y descriptiva, basada en el análisis de datos secundarios de programación y asistencia. De los 176 turnos programados, el 63,6% se concretó y el 36,4% registró ausencia, principalmente en las consultas de seguimiento. Los resultados indican la necesidad de implementar estrategias para reducir las ausencias, como las teleconsultas, los recordatorios automatizados y la reorganización de la agenda mediante el acceso avanzado. Estas medidas pueden optimizar los recursos, fortalecer el vínculo con los usuarios y mejorar los resultados en salud. Asimismo, se recomienda la realización de estudios multicéntricos y cualitativos sobre los factores asociados al absentismo y la evaluación de las intervenciones propuestas.

Descriptores: *Salud Pública; Alimentos, Dieta y Nutrición; Absentismo.*

INTRODUCTION

Primary Health Care Units (PHC) serve as the main entry point to the Brazilian Unified Health System and are responsible for a wide range of actions aimed at promoting health and preventing disease. Among the services provided are medical and nursing consultations, vaccination, and specific health-promotion and prevention activities, which contribute to improving the population's quality of life and reducing the need for referrals to hospital services[1].

Although nutrition professionals are among the key agents in the process of health promotion and disease prevention, they are not always permanently integrated into PHC Unit teams. Consequently, nutritional care often occurs only in specific situations, such as partnerships with higher education institutions, in which nutrition students, under the supervision of a nutritionist, provide services to the community[2].

Within the PHC Unit, nutritionists perform several functions, including conducting food and nutrition education activities, developing dietary plans for patients with chronic conditions such as obesity and diabetes, and providing care to different age groups, including pregnant women, children, adolescents, adults, and older adults. In addition, they collaborate with other healthcare professionals, such as physicians, nurses, and social workers, to ensure more comprehensive and integrated care[3].

Recognizing the importance of nutrition appointments is essential for the success of clinical follow-up. Noncommunicable diseases (NCDs) (Doenças Crônicas Não Transmissíveis — DCNT) represent the leading causes of mortality in Brazil and worldwide and constitute one of the most significant demands in PHC Units[2,3]. According to the World Health Organization (WHO), NCDs accounted for approximately 70% of global deaths in 2019[4]. In Brazil, in 2023, these conditions were responsible for about 74% of deaths, with a substantial proportion occurring prematurely[5].

Absenteeism rates in primary care are frequent. According to Trindade et al.[6], the percentage of missed appointments among hypertensive and/or diabetic patients was 12.2%, with the main reasons being other commitments (17.3%), forgetting the appointment date (12.2%), and conflicts with working hours (11.2%), in addition to unspecified causes, which also accounted for approximately 12.2% of cases. Studies by Soares et al.[7] and Santos et al.[8] demonstrate that low adherence to nutritional follow-up is a recurring issue in different contexts. Soares et al. observed that, despite high satisfaction with the care provided, obese patients discontinued nutritional planning mainly due to lack of time, financial difficulties, transportation problems, and low self-confidence in their ability to lose weight. Santos et al. found that only 17.7% of patients returned for a second appointment at a university outpatient clinic of Clinical Nutrition, with adherence associated with the presence of comorbidities, completion of biochemical examinations, and higher return rates among older adults.

This absenteeism rate negatively affects both the public health system and patients, leading to longer waiting lists, increased demand for urgent care, waste of public resources, reduced productivity, and decreased efficiency of clinical and managerial services[9]. In this context, the present article aims to analyze absenteeism rates in nutritional consultations at a PHC Unit located in a municipality in the interior of the state of Paraná.

METHODS

This quantitative, descriptive study aimed to analyze absenteeism rates and indicators in nutrition consultations at a PHC Unit in order to understand the impact of missed appointments on users' nutritional care.

The study was conducted at a PHC Unit located in a municipality in the interior of the state of Paraná, Brazil, from February 28 to June 27, 2025. The unit did not have a permanent dietitian; nutritional care was provided by Nutrition students completing their supervised internship under the supervision of a registered dietitian.

The target population consisted of all patients with scheduled nutrition consultations at the PHC Unit from Monday to Friday, except Thursdays, during the morning period (8:00 a.m. to 12:00 p.m.). Consultations were not offered on Thursdays because the supervising dietitian was not present at the facility on that day.

Data collection was carried out by the authors during their supervised internship through direct on-site monitoring. Data were obtained from internal records of the PHC Unit, organized in a control spreadsheet used for scheduling and attendance purposes. This spreadsheet included the date and time of the consultation, the reason for the visit, the responsible professional, and confirmation of attendance or absence. At the end of the study period, the data were reorganized into a new spreadsheet for quantitative analysis, including variables such as the total number of scheduled appointments, the number of initial and follow-up consultations, and the corresponding attendance and absenteeism percentages.

Patient confidentiality was preserved, as no identifiable information was collected. The study involved only a survey of attendance and absences, with no direct interaction with users. According to Resolution No. 510/2016 of the Brazilian National Health Council, submission of the study to a Research Ethics Committee was not required.

The systematization and analysis of the data enabled an objective assessment of absenteeism and its impact on the dynamics of nutritional care, providing support for the identification of strategies to reduce missed appointments and optimize PHC services.

Statistical analysis was performed to describe and compare attendance and absenteeism patterns in nutrition consultations. Initially, absolute and relative frequencies (%) of scheduled appointments, attendances, and absences were calculated, stratified by consultation type (initial and follow-up) and by month. To test for statistically significant differences between types of absences, the chi-square test (χ^2) was applied, adopting a significance level of $p < 0.05$. In addition, 95% confidence intervals (95% CI) were estimated for monthly attendance proportions using the Wilson method, which is appropriate for samples of moderate size. All calculations were based on consolidated data from the PHC Unit's scheduling and attendance spreadsheets, ensuring the reproducibility of the analyses.

RESULTS

In PHC, nutrition is a key tool for achieving core objectives, including health promotion and disease prevention. However, the number of missed nutrition

appointments is noteworthy. Table 1 presents the number of absences from nutrition consultations at the PHC Unit studied.

Table 1 – Absences from nutrition consultations during the first semester of 2025 at a PHC.

Month	Scheduled consultations	Attendance n (%)	Absence at first consultation n (%)	Absence at follow-up n (%)	Total absence n (%)
February	4	3 (75,0%)	1 (25,0%)	0 (0,0%)	1 (25,0%)
March	25	13 (52,0%)	12 (48,0%)	0 (0,0%)	12 (48,0%)
April	49	32 (65,3%)	5 (10,2%)	12 (24,5%)	17 (34,7%)
May	64	36 (56,3%)	4 (6,3%)	24 (37,5%)	28 (43,7%)
June	50	33 (66,0%)	3 (6,0%)	14 (28,0%)	17 (34,0%)

Source: Authors' elaboration.

Table 2 shows the monthly attendance rate and 95% confidence intervals (95% CI) for consultations conducted between February and June 2025.

Table 2 – Monthly attendance rate and 95% confidence intervals (95% CI) for consultations conducted between February and June 2025.

Month	Attendance (%)	95% CI (Wilson)
February	75,0%	30,1% – 95,4%
March	52,0%	33,5% – 69,9%
April	65,3%	51,3% – 77,1%
May	56,3%	44,1% – 67,7%
June	66,0%	52,2% – 77,6%

Chi-square between months: p = 0.610.
Source: Authors' elaboration.

Table 3 shows the proportions of absences according to consultation type (initial consultation and follow-up) and the results of the chi-square test.

Table 3 – Proportions of absences according to consultation type (initial consultation and follow-up) and results of the chi-square test

Comparison	Statistic	p-value	Conclusion
Follow-up absences vs. first consultation	$\chi^2 = 5.70$	0.017	Follow-ups show a higher risk of absence

Source: Authors' elaboration.

Between February and June, a total of 176 appointments were scheduled, of which 112 consultations were effectively completed, resulting in an overall attendance rate of 63.6%. Consequently, 36.4% of consultations did not occur, comprising 15 absences at initial consultations (8.5%) and 49 absences at follow-up consultations (27.8%).

February had the lowest number of scheduled appointments (n = 4), with only one absence at an initial consultation (25%) and none at follow-up consultations, reflecting the late start of care due to the beginning of students' internships in the final week of that period. From March onward, there was a progressive increase in the number of appointments, particularly in April (n = 49), May (n = 64), and June (n = 50), which increased exposure to absenteeism.

The rate of absences at follow-up consultations exhibited a recurrent and consistently high pattern throughout the months, consistently exceeding the rate observed for initial consultations. In May (31%) and June (29%), absenteeism at follow-up consultations was substantially higher than at initial consultations (10% and 1.7%, respectively), highlighting difficulties in maintaining continuity of nutritional care.

DISCUSSION

The high rate of missed follow-up appointments compromises not only the effectiveness of nutritional care but also the rational use of available resources in PHC. Non-adherence may be associated with factors such as a low perception of the severity of nutritional disorders, logistical difficulties (including transportation and incompatible schedules), a lack of rapport with the professional, or the absence of food education strategies that encourage therapeutic follow-up[10].

In the present study, an overall absenteeism rate of 36.4% (n = 64) was observed, with 8.5% (n = 15) corresponding to absences from initial appointments and 27.8% (n = 49) to absences from follow-up appointments. This difference was statistically significant (χ^2 = 5.70; p = 0.017), as shown in Table 2, reinforcing the greater vulnerability of longitudinal care compared with initial adherence. The mean attendance rate was 63.6% (95% CI: 0.52–0.77), with no statistically significant differences among the assessed months (p = 0.610), as presented in Table 3.

These results are similar to the findings of Beltrame et al. (2019)[11], who identified an absenteeism rate of 38.6% in outpatient medical consultations. As in the present study, the authors highlighted the negative impact of missed appointments on the efficiency of public services, with financial losses estimated at R$3.5 million during the analyzed period alone. The magnitude and persistence of absenteeism observed across different contexts suggest that this phenomenon extends beyond specific areas, constituting a structural challenge for PHC.

In addition to direct costs, absenteeism leads to wasted human resources and professional time and compromises problem-solving capacity and continuity of care. The proportion of missed follow-up appointments (27.8%) is particularly concerning, as it indicates lost opportunities for nutritional monitoring, reassessment of care plans, and reinforcement of dietary guidance—steps that are essential for the effectiveness of diet therapy. This pattern corroborates evidence showing that attendance at the first appointment is more likely when initial motivation is present; however, adherence tends to decline as treatment requires persistence and regular follow-up.

In a small municipality in the state of São Paulo, Morais et al. (2023)[12] identified an average absenteeism rate of 30% in medical appointments in PHC, while Silva et al.

(2023)[13] reported that 37.7% of individual nutritional consultations were missed, particularly among users with NCDs. These findings corroborate the results of the present study, which recorded a total absenteeism rate of 36.4% (n = 64), with 27.8% (n = 49) related to follow-up appointments and 8.5% (n = 15) to initial appointments (Table 2). This proportion places the evaluated unit above the national averages described by Morais and Silva, suggesting greater fragility in adherence to nutritional follow-up. Such a scenario may compromise users' health status, as individuals with NCDs tend to maintain inadequate dietary patterns, which negatively affect disease management[14].

Furthermore, Table 3 shows wide variation in monthly attendance rates (52% to 75%), with no statistically significant differences among months (p = 0.610). This stability reinforces the notion that absenteeism is a structural and ongoing issue, likely related to persistent user-related and service-organization barriers. Differences observed between attendance at medical and nutritional consultations may be associated with the perception that nutrition appointments are less important in the therapeutic process. Users with NCDs often underestimate the role of dietary changes and nutritional follow-up in disease control, prioritizing medical consultations or laboratory tests, as reported by Lindsay et al. (2024)[15].

Socioeconomic factors such as transportation difficulties, long working hours, and family responsibilities directly affect adherence to nutritional follow-up, which requires continuous monitoring and dietary discipline. These barriers are exacerbated by income and educational inequalities, which influence the understanding and perceived value of dietary guidance, particularly among socially vulnerable populations[10].

The interpersonal relationship between the patient and the nutritionist also plays a crucial role in the continuity of care. When a strong bond and personalized food education strategies are established, adherence tends to increase, as demonstrated by Santos et al. (2018). In this context, absenteeism goes beyond an operational dimension and should be understood as an indicator of individual, social, and structural barriers that compromise the effectiveness of nutritional care and the comprehensiveness of healthcare[10].

Comparatively, Adepoju, Liaw, and Phillips (2025)[16] found that even in high-quality health centers in the United States, no-show rates ranged from 21% to 80%, depending on population characteristics and management models. Thus, the results of the present study fit within a global context of adherence challenges, indicating that absenteeism in nutritional consultations is not restricted to the Brazilian public health system but represents a common phenomenon across different primary care settings.

The integrated analysis of the results indicates that effective strategies should combine management actions, such as schedule reorganization and the use of automated reminders, with educational interventions aimed at strengthening rapport with users. Such approaches may promote greater operational efficiency, improved resource utilization, and continuity of care, particularly for patients with NCDs who require regular follow-up.

Given this context, it is essential to develop strategies to reduce absenteeism and strengthen continuity of nutritional care in PHC. Among emerging interventions, teleconsultations have demonstrated effectiveness, especially for follow-up visits. In a study analyzing more than 470,000 consultations in the United States, Ojinnaka et al. (2024)[17] observed a non-attendance rate of 12% for telemedicine appointments, compared

with 25% for in-person visits, highlighting the potential of this modality to mitigate absences.

In addition to directly reducing missed appointments, teleconsultations may strengthen the patient–professional bond by facilitating continuous monitoring and personalized guidance, particularly among individuals with chronic diseases who require regular follow-up. However, the effectiveness of this strategy depends on adequate technological infrastructure, stable internet access, and appropriate training for both professionals and users—factors that may limit its applicability in resource-constrained contexts. Therefore, although teleconsultations represent a promising alternative, their implementation must be contextualized and combined with in-person approaches, incorporating engagement mechanisms such as automated reminders and educational actions[18].

Another effective intervention involves reducing the interval between scheduling and consultation, a core principle of the "Advanced Access" model. This approach reorganizes schedules to prioritize timely appointments, thereby reducing the likelihood of missed or canceled visits. In Barueri, São Paulo, implementation of this strategy resulted in a reduction in absenteeism from 30.02% to 20% during the first five months of 2023, compared with the same period of the previous year, following a reduction in average waiting time from 90 to 45 days and the introduction of app-based reminders[19].

Digital reminders sent via text messages or applications such as WhatsApp also represent an effective measure. Greenup and Best (2025)[20] demonstrated that this practice can reduce missed appointments by up to 40%, particularly when messages are sent 24 to 48 hours prior to the consultation. This positive effect results not only from reinforcing patients' memory of the appointment but also from fostering a sense of care and active engagement between health services and users[20].

Automated reminders further optimize organizational resources by reducing idle time in schedules and minimizing waste of time and supplies. Combining digital reminders with phone calls or institutional notifications expands the reach of this strategy and may be particularly beneficial for populations with high mobility or transportation difficulties. However, the effectiveness of these tools depends on access to mobile devices and users' digital literacy, which remain relevant barriers in certain regions. Therefore, the adoption of reminder systems should be accompanied by complementary strategies, such as greater flexibility in appointment hours and ongoing health education activities, to ensure equity in access and long-term adherence[21].

Overall, the findings of this study reinforce that absenteeism in nutritional consultations in PHC is a multifactorial phenomenon resulting from the interaction of individual, social, and structural determinants. Interventions such as teleconsultations, advanced access models, and digital reminders have demonstrated promising results; however, their effectiveness depends on adaptation to local contexts and integration with educational and management strategies. Addressing this challenge therefore requires not only technological innovation but also intersectoral actions and consistent public policies that promote equity, efficiency, and continuity of care, particularly for patients with chronic conditions who require long-term nutritional follow-up.

CONCLUSION

Absenteeism in consultations within PHC is a global phenomenon that compromises service quality and leads to the waste of public resources. The findings of this study indicate that the evaluated PHC Unit presents absence rates above national averages, particularly in follow-up consultations, highlighting weaknesses in the continuity of nutritional care. In this context, the adoption of strategies with immediate impact is essential. Recommended actions include the use of teleconsultations for less complex nutritional follow-up visits, the implementation of automated reminders with easy cancellation options, and the reorganization of appointment systems to reduce the interval between scheduling and service delivery. In addition, systematic monitoring of absenteeism can support adjustments in scheduling management and the prioritization of appointments, promoting more efficient use of available slots and greater equity in care.

This study has limitations that should be considered. The data collection period was relatively short, which did not allow for the assessment of potential seasonal variations. The research was conducted in a single PHC Unit, with care provided by Nutrition interns, a factor that may have influenced the professional–patient relationship and, consequently, attendance rates. Furthermore, sociodemographic and clinical information on users was not included, nor were the reasons for absences qualitatively investigated, which limits understanding of the underlying determinants of absenteeism.

Despite these limitations, the study makes a relevant contribution by identifying practical, feasible, and evidence-based strategies to mitigate absenteeism in nutrition services within PHC. The findings provide support for health managers and professionals seeking to improve resource utilization, expand access, and ensure greater continuity and quality of nutritional care. Moreover, the study offers a solid foundation for future research exploring different regional contexts, employing mixed-methods approaches, and longitudinally evaluating the impact of proposed interventions on patient adherence.

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Conflicts of Interest
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