

ADHERENCE OF TREATMENT IN PEOPLE WITH ARTERIAL HYPERTENSION**ADESÃO AO TRATAMENTO EM PESSOAS COM HIPERTENSÃO ARTERIAL****ADESIÓN AL TRATAMIENTO EN PERSONAS CON HIPERTENSIÓN ARTERIAL****Received: 17/10/2014****Approved: 16/05/2015****Geanne Maria Costa Torres¹****Emiliane Silva Santiago²**

This study aimed to report the adherence of hypertensive treatment at the Family Health Unit in the city of Salitre - CE, Brazil, during May to August 2014. The study was developed through reports with community health workers, home visits and experiences during the nursing appointments, where there was neglect of many people with hypertension in the care necessary to control the disease. The non-adherence of hypertensive treatment remains a great challenge to be overcome, requiring therefore be used in the health education process to the success of therapeutic actions directed at patients with this pathology. To point to new ways in which the dimensions in improving the care provided to hypertensive directed toward changing attitudes, behaviors favorable to self-care and promote life and health.

Descriptors: Hypertension, Patient compliance; Therapeutics; Health education.

Este estudo tem como objetivo descrever a adesão ao tratamento de pessoas com hipertensão arterial, numa Unidade Básica de Saúde da Família, no município de Salitre - CE, no período de maio a agosto de 2014. O estudo foi desenvolvido por meio de relatos com os agentes comunitários de saúde, visitas domiciliares e vivências durante as consultas de enfermagem, na qual se observou a negligência nos cuidados necessários ao controle da doença. A não adesão ao tratamento ainda continua sendo um grande desafio a ser vencido, necessitando, portanto, utilizar-se do processo de educação em saúde para o sucesso das ações terapêuticas direcionadas aos portadores de hipertensão arterial. Aponta-se, para novos caminhos, em que as dimensões na melhoria da assistência prestada se direcionem para mudanças de atitudes, comportamentos favoráveis ao autocuidado e promovam vida e saúde.

Descritores: Hipertensão; Cooperação do paciente, Terapêutica; Educação em saúde.

Este estudio tuvo como objetivo describir la adhesión al tratamiento antihipertensivo en una Unidad de Salud de la Familia en la ciudad de Salitre - CE, Brasil, durante el período de mayo a agosto de 2014. El estudio fue desarrollado a través de informes con los trabajadores de salud comunitarios, visitas domiciliarias y experiencias durante las consultas de enfermería, donde hubo negligencia en los cuidados con la hipertensión arterial. La falta de adherencia del tratamiento antihipertensivo sigue siendo un gran reto que hay que superar, lo que requiere, por tanto, ser utilizado el proceso de educación en salud para el éxito de las acciones terapéuticas dirigidas a las personas con esta patología. Apuntase para nuevas caminos, en que las dimensiones en la mejora de la atención prestada sea dirigida hacia el cambio de actitudes, comportamientos favorables a los cuidados personales y promover la vida y la salud.

Descritores: Hipertensión, Cooperación del paciente, Terapêutica, Educación en salud.

¹Nurse. Specialist Epidemiological Surveillance. Specialist Professional Education in the Health Department. Family Health Strategy Nurse in the city of Salitre/Ceará, Brazil. gmctorres@hotmail.com

²Nurse. Degree in Nursing. Master degree in Nursing. Ph.D. in Psychiatric Nursing. Professor of the Health Science Institute of the Federal University of Mato Grosso, Brazil. emilianesant@gmail.com

INTRODUCTION

Hypertension (HAS) is a chronic disease and a major public health problem, since it is a cardiovascular morbidity and mortality risk factor and the leading cause of mortality in Brazil¹. It has a high prevalence of 22.3% to 43.9% among Brazilian people². Studies have shown that about two thirds of patients with hypertension do not keep their blood pressure levels within the standards due to incorrect drug treatment¹. HAS affects large numbers of people in Brazil, observing that only some of them knows they have this disease and a lower number of those undergo continuous and correct treatment.

Disease characteristics, such as asymptomatic character, slow evolution, chronicity, cause high blood pressure not consider as disease or something that needs care³. In everyday Basic Care is common to have a patient with hypertension, once having achieved a first control, leaving aside the treatment sequence in thinking that is no longer the disease, returning to previous blood pressure.

Therefore, the non-adherence of people with high blood pressure treatment is high, and has been named one of the main responsible for the lack of control Blood Pressure (PA), with its deleterious implications⁴.

Adherence to treatment is one of the biggest challenges in controlling hypertension, because it is a controlled chronic disease not only with medications, but with major changes in lifestyle, with healthy, low sodium and proper diet, practicing regular physical exercises, and others.

It is known that the incorrect use of antihypertensive medication increases the risk of complications related to the disease, which can increase morbidity and mortality rates, and its evolution can interfere with individual quality of life⁵.

Without an adequate sensitivity to the problem, facing many these obstacles, it is difficult to change people's behavior, because

this leads to failure that many diseases prevention campaigns.

In this perspective, it is necessary to adopt measures that will make the treatment more effective and permanent, in order to achieve greater adherence and better quality of life for those with hypertension.

Adopting a type of care is important, with a network of services that support the arising demands and an appropriate treatment plan to each user, which is valued comprehensive care, cross-sectoral coordination, local conditions and needs and the autonomy of the individuals⁶.

Non-adherence in hypertension is a problem to be faced by everyone involved in the situation: the patient, family, community, institutions and health team⁷. Thus, the construction of new approaches in healthcare underpinned by a process for the actual replacement of traditional models for practices that promote and strengthen preventive and health promotion actions, contributes to improved quality of life in those with HAS.

Therefore, the experiences that happen in everyday life of health services make us think and rethink the process of work as transforming agents that favor the development of effective strategies to provide care directed to the population. Thus, this study aims to describe adherence to treatment of people with high blood pressure, in a Family Health Unit in the city of Salitre - CE.

METHOD

This is a descriptive study with qualitative approach, experience report type, developed in the Family Health Unit located in the urban area in the city of Salitre - CE, during May-August 2014.

The descriptive research aims the description of certain population characteristics or phenomenon or establish relationships between certain variables of empirical investigations. The studies can run through the simple identification of these variables, however, the result is determining the nature of that relation⁸.

Qualitative research works with the universe of meanings, reasons, aspirations, beliefs, values and attitudes, which corresponds to a deeper space of relationships, processes and phenomenon that cannot be reduced to the operationalization of variables⁹.

The experience report is a descriptive research tool that reflects on an action or set of actions that address a situation experienced in the professional community of scientific interest¹⁰.

The study was conducted with hypertension individuals, residing in the coverage area and do not adhere to treatment, through the reports with community health workers, home visits and experiences during nursing visits.

The experience report and the discussion are presented under the relevant scientific literature, contributing to open new ways directing to change attitudes of those with hypertension towards treatment, fundamental for self-care and promotion of life and health.

RESULTS

During the healthcare practice in the Family Health Strategy, it was noted that most patients diagnosed with systemic hypertension had altered pressure levels. Moreover, a considerable number of antihypertensive drugs were taken from the patients' health unit.

Therefore, trying to detect the reasons why these patients continued with blood pressure changed even having access to anti-hypertensive medication, it became clear, through home visits, and reports of community health workers and patients, many of them did not adhere to treatment, making improper use of medication.

DISCUSSION

Adherence to treatment relates to actions and behaviors regarding clinical patient, comprising consultations, lectures, support groups, proper use of medication and exercise. These actions and behaviors are characteristic of patient behavior in all aspects, adding

everyone around them as family and friends and influenced by their culture¹.

From the experiences, there was the interest in performing this report, because many people with this disease, neglect the care needed to control the disease. Many factors contribute to this neglect, for example, the fact that high blood pressure has no symptoms, hindering the diagnosis and treatment adherence.

The professionals working in Basic Care promoting health actions and with commitment to the work and its users, need to implement measures to increase adherence of hypertensive treatment, seeking to reduce and/or minimize the risk factors for arterial hypertension carriers have a healthy lifestyle and become a defender of their own and most important cause: their health.

Analyzing the importance of the individual under study, the Family Health team should organize a special service for people with hypertension, to change lifestyle and have greater adherence to treatment. Thus, the way to this change necessarily involves the education and sensitization/awareness of people about the real need for change in attitudes towards pathology, because the dimension of hypertension goes beyond the biological context, needing then special attention.

Acting in health with new practices, through efforts and better targeting of services, favors the enforcement actions through commitments built among the community health team, family and people with high blood pressure, contributing to the development of methods and efficient strategies to provide care.

An important factor to encourage adherence to treatment is knowledge by patients, of the immediate and long-term consequences of hypertension and the benefits of treatment in preventing these events⁴.

Understanding, expanding and transcending this process for an interdisciplinary practice is the way to see improvement in population to care provided in

order to promote their health. Education in aggregate health promoting health care enhances and enables the achievement of results that translate into more and better health for the population. Therefore, it is necessary to act with new practices to strengthen health actions improving individual and collective health.

In this report, it appears to be necessary reorganize the service to those with hypertension, in order to increase adherence to treatment, improve the quality of life and prevent cardiovascular events. For this, it is believed that the health education process point to new ways in which the dimensions in the improvement of care to these patients changing attitudes and behaviors favorable to self-care and promoting life and health.

CONCLUSION

As hypertension is a major risk factor for cardiovascular, cerebrovascular and renal diseases, it is essential to offer a differentiated attention to patients with this pathology, especially with regard to adherence to treatment.

Speaking of non-adherence of patients with high blood pressure treatment is to highlight the need to overcome the fragmentation of health care provided to the population, providing attitude changes on the condition and preferring a multi-disciplinary work because the dimension of hypertension goes beyond the context biological and need special attention, a challenge to be overcome by health professionals.

Given this experience, there were issues observed involving the difficulty of adherence to treatment as, for example, lack of interest in some patients of hypertension, misuse of medication, no modification of feeding routines and physical activity.

The idea of this experience report is to see new looks to strengthen health actions and services in hypertension, through the commitment of all who work in the Family Health Teams, in order to keep them with blood pressure levels within a level considered

normal, with the adherence of drug therapy and reducing complications that impair quality of life and health.

REFERENCES

1. Alves BA, Calixto AATF. Aspectos determinantes da adesão ao tratamento de hipertensão e diabetes em uma Unidade Básica no interior paulista. *J Health Sci Inst.* 2012; 30(3):255-60.
2. Cavalari E, Nogueira MS, Fava SMCL, Cesarino CB, Martin JFV. Adesão ao tratamento: estudo entre portadores de hipertensão arterial em seguimento ambulatorial. *Rev. Enferm UERJ.* 2012; 20(1):67-72.
3. Silva MEDC. Representações sociais da hipertensão arterial elaboradas por portadores e profissionais de saúde: uma contribuição para a enfermagem. Dissertação (mestrado) - Programa de Pós-Graduação em Enfermagem da Universidade Federal do Piauí. 2010. 153 f.
4. Lima HP, Santos MZSA, Nascimento JC, Caetano JA. Adesão do usuário hipertenso ao tratamento e a interface com o saber sobre o agravo. *Rev Rene.* 2010; 11(2): p. 170-8.
5. Zanini CR, Jardim PC, Salgado CM, Nunes MC, Urzêda FL, Carvalho MV, et al. O efeito da musicoterapia na qualidade de vida e na pressão arterial do paciente hipertenso. *Arq Bras Cardiol.* 2009; 93(5):534-40.
6. Giroto E, Andrade SM, Cabrera MAS, Matsuo T. Adesão ao tratamento farmacológico e não farmacológico e fatores associados na atenção primária da hipertensão arterial. *Ciência e Saúde Coletiva* 2013; 18(6):1763-72.
7. Dourado CS, Macêdo-Costa KNF, Oliveira JS, Leadebal ODCP, Silva GRF. Adesão ao tratamento de idosos com hipertensão em uma unidade básica de saúde de João Pessoa, Estado da Paraíba. *Health Sciences* 2011; 33(1): 9-17. Available in: <http://eduem.uem.br/ojs/index.php/ActaSciHealthSci/article/view/7708/7708> Acess in: 02 dez. 2013.
8. Gil AC. Métodos e técnicas de Pesquisa Social. 6 ed. São Paulo: Atlas, 2008.

9. Minayo MCS (org). Pesquisa social: teoria, método e criatividade. Petrópolis, RJ: Vozes, 2001.

10. Cavalcante BLL, Lima UTS. Relato de experiência de uma estudante de enfermagem em um consultório especializado em tratamento de feridas. J Nurs Health. 2012; 1(2):94-103.

CONTRIBUTIONS

All the authors have had equal contributions to the design and construction of article.

ACKNOWLEDGMENT

The Health Department of the municipality of Salitre, Ceará State, Brazil for the collaboration and financial support.