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RESEARCH

A prevenção da hipertensão arterial sistêmica sob a ótica de usuários de uma unidade de saúde da família

Prevention of systemic arterial hypertension under the perspective of users of a family health unit

Prevención de la hipertensión arterial sistémica en la perspectiva de los usuarios de una unidad de salud de la familia

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ABSTRACT

Objective: understanding how users who attended a group of preventive actions in a Unit Family Health see hypertension and ways to prevent it. **Method:** this was a descriptive and exploratory study, with a qualitative approach, performed in a Unit of Family Health in João Pessoa/Paraíba, with the participation of 20 users using a semi-structured interview containing questions about demographic profile, knowledge about hypertension and its prevention. The data collected in the interviews were subjected to thematic content categorical analysis. **Results:** before the questioning of what hypertension is, in 60% of participants there is knowledge about what it is, while 40% do not know what is. **Conclusion:** it is increasingly necessary providing opportunities for people to gain the autonomy needed for decision-making on matters that affect their health, through knowledge and information. **Descriptors:** Hypertension, Prevention, Primary Health Care.

RESUMO

Objetivo: conhecer como usuários que frequentaram um grupo de ações preventivas numa unidade de saúde da família veem a hipertensão arterial sistêmica e as formas de preveni-la. **Método:** tratou-se de um estudo descritivo e exploratório com abordagem qualitativa dos dados, realizado numa Unidade de Saúde da Família, em João Pessoa/PB, contando com a participação de 20 usuários, utilizando uma entrevista semiestruturada contendo questões sobre o perfil sociodemográfico, o conhecimento sobre a hipertensão arterial sistêmica e sua prevenção. Os dados foram submetidos à análise de conteúdo temática categorial. **Resultados:** diante do questionamento sobre o que é hipertensão arterial, em 60% dos participantes há o conhecimento sobre do que se trata enquanto que 40% não sabem o que é. **Conclusão:** torna-se cada vez mais necessário oferecer oportunidades para que as pessoas conquistem a autonomia necessária para a tomada de decisão sobre aspectos que afetam sua saúde, através do conhecimento e da informação. **Descritores:** Hipertensão, Prevenção, Atenção Primária à Saúde.

RESUMEN

Objetivo: comprender cómo los usuarios que son asistidos en un grupo de acciones preventivas en una Unidad de Salud de la Familia ven la hipertensión y las maneras de prevenirla. **Método:** se realizó un estudio descriptivo y exploratorio, con enfoque cualitativo, realizado en una Unidad Integrada de Salud Familiar en João Pessoa/Paraíba, con la participación de 20 usuarios utilizando una entrevista semiestructurada con preguntas sobre el perfil social y demográfico, el conocimiento sobre la hipertensión y su prevención. Los datos recogidos en las entrevistas fueron sometidos a análisis de contenido temático categorial. **Resultados:** A cerca del cuestionamiento de lo que es la hipertensión arterial, en el 60% de los participantes hubo conocimiento de lo que es, mientras que el 40% no sabe lo que es. **Conclusión:** Es cada vez más necesario para proporcionar oportunidades a las personas para obtener la autonomía necesaria para la toma de decisiones sobre asuntos que afectan a su salud a través del conocimiento y la información. **Descriptores:** Hipertensión, Prevención, Atención Primaria a la Salud.

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INTRODUCTION

The Health Ministry in line with current policies promoting and protecting health, has recommended and promoted multidisciplinary actions in primary care, such as combating systemic arterial hypertension (SAH), which is a disease of high prevalence with national and global risk for coronary, cerebrovascular, peripheral vascular, heart failure and end renal stage diseases. These diseases are important causes of morbidity and mortality with high social cost. The presence of these risk and damage factors in target organs, when present, should be considered in risk stratification of individual, with a view to prognosis and therapeutic decision.¹⁻²

The border values for adults above 18 years be considered hypertensive are defined from the measurement of systolic blood pressure (SBP) between 130 and 139 mmhg and diastolic blood pressure (DBP) between 85 and 89 mmhg. The Ministry of health has implemented public policies aimed at health promotion and protection through actions in the basic attention to combat hypertension.³

The reorganization plan of care to the client with hypertension and diabetes mellitus (HIPERDIA) was prepared by the Ministry of Health (MOH) in 2001, aiming to restructure the service to patients with these diseases. The service is done individually organized, humanized, or group actions. Medical visits, monthly visits by community health workers, monitoring by nurses and nursing assistants are performed. The strategies of the reorganization of primary care were invested in prevention, because it is crucial not only to ensure the quality of life but also to avoid hospitalization through the full performance and interdisciplinary.³⁻⁴

To reach the desired effectiveness in primary care, there are considered necessary planning and implementation of health activities in each context. These require detailed reports on the living conditions of the people living there, about the specifics of the organization of the actions taken in health care and management of work teams and professionals involved process knowledge. Thus, one can outline what is necessary and what is possible to do in a particular location.⁵

The difficulty in effecting therapeutic proposals SAH occurs to be in most of its asymptomatic course, diagnosis and treatment is often overlooked, adding to that the low compliance by the patient, the treatment prescribed. These are the main factors that determine a very low control of hypertension to normal levels around the world, despite the many protocols and existing recommendations and greater access to medicines.⁴

It is observed that the human being is a complex being, endowed with various dimensions of care and practice should consider issues related to the diversity of being, the uniqueness of the individual and the territoriality of the problems. So that they can develop appropriate interventions to the social and cultural characteristics of the population is

necessary to know how people give meaning to their health problems or as part of their experience. In particular, we need to know how individuals perceive hypertension and ways to prevent it.

Faced with increased incidence of Brazilian individuals with hypertension and diseases, of physical, emotional and social consequences, there is the need to know how users of a health family perceive hypertension and its prevention. So the question is: "What is the knowledge that the users of a health unit households have about hypertension and its prevention?"

Thus, this study aimed to understand how users attending a group of preventive actions in a family health unit see hypertension and ways to prevent it.

METHOD

This was an exploratory study with a qualitative approach of data. It was performed in a Unit of Integrated Family Health, located in the city of João Pessoa/Paraíba. The study included 20 users that are part of a group who receive preventive care from health professionals of the unit and physical therapy assistance of students from the School of Physiotherapy Medical Sciences of Paraíba, during the supervised training I.

For data collection was used a semi-structured interview containing questions about the socio-demographic profile and the vision of the group regarding hypertension and their knowledge about ways to prevent this pathology was used.

This project was submitted to the Research Ethics Committee (Opinion nº: 015/2012; CAAE: 07356812.0.0000.5178). It is noteworthy that for the realization of the proposed study criteria established by Resolution 466/12 of the National Health Council (CNS - in Portuguese) on the ethics of research with human subjects were followed. The individual participation was voluntary, all doubts were clarified and participants signed a consent form.

The data collected in the interviews were subjected to thematic content categorical analysis. Initially the floating reading and constitution of the corpus that was made up of 20 interviews were conducted. Then we proceeded to the selection of units of analysis which considered the paragraphs as context units and phrases as units of record, followed with clipping, coding and categorizing the post. The corpus scored five subcategories that emerged and were grouped into four categories: (1) nutritional care, (2) physical activity, (3) care of the mind, and (4) use of medication.⁶

RESULTS AND DISCUSSION

In the socio-demographic survey it was found that the ages of the respondents ranged from 48 to 77 years old ($M = 64$ years, $SD = 0,7$), mostly female (85%). Regarding education, 25 % reported not being literate, 40% said they had incomplete primary education, 5% reported having completed elementary school, 5% reported having incomplete secondary school, and 25% assured having completed secondary school. None of the respondents indicated higher education. The occupation facing home was predominant with 65 % of respondents, while 15% are retired and occupations merchant; seamstress, and nurse and judicial technique were cited by 5% of respondents each.

It was observed that 85% of the interviewees reported having a diagnosis of Hypertension and 15% reported not having this diagnosis. Several medications used by hypertensive individuals with use of more than one concomitant medication in 41,2% of respondents were cited. Before the questioning of what hypertension is, in 60% of participants there is the knowledge of what it is while 40% do not know what it is.

Regarding the analysis of the interviews, it was originated from the corpus four categories related to ways of preventing hypertension: dietary care, physical activity, mental health care, and medication use.

As for dietary care, the respondents answered that prevention of hypertension can be performed by reducing salt intake, restriction of fat intake, pasta and sweets. It was also reported the amount of water intake; what can be exemplified in the statements below:

(...) Do not eat salt and fat, drink plenty of water (...) *(...) Be careful in feeding avoiding salt, fat and sweet (...)* *(...) not eating salt, fat and pasta (...)*.

It was observed that the participants showed physical activity as a preventive measure for hypertension, through exercise, as can be seen in the following statements: *(...) doing walk (...)*; *(...) exercise (...)*.

The respondents reported the importance of reducing the stress of everyday life and avoid hassles as these factors influence the onset of hypertension. As can be seen in the statements: *(...) avoid getting hate (...)*; *(...) avoid hassling (...)*.

In the category medication, respondents indicated the use of medications for prevention of hypertension.

It was possible to observe that the majority of survey participants were elderly, with a higher prevalence of females, which agrees with other studies that also found the prevalence of female seniors in their findings, noting that male participation rarely exceeds 20% in group activities in primary care. It is noteworthy that in Brazil, the absolute number of elderly women has been higher when confronted with men 65 or older. This can be explained by differential mortality between the sexes, something very present in the Brazilian population.⁷⁻⁸

With regard to education, there was a low level of education of the sample. This can be explained by the difficulties of access to education that was bigger decades ago,

compared with the present, thus leading to high incidence of elderly illiterate or with low levels of schooling.⁹

We found that the majority of interviewees reported having a diagnosis of hypertension. It can be conceptualized as a multifactorial syndrome whose incidence is higher in obese, sedentary people and consuming excess salt and alcohol, considered one of the major risk factors for cardiovascular disease. However, currently alternative measures to change in lifestyle, such as weight loss, decreased intake of sodium and alcohol, and regular physical activity, have been proposed to prevent and combat this syndrome.¹⁰

The question as to the knowledge of what is hypertension, showed that despite its large majority, have the knowledge of pathology, large portion unaware basic and necessary information for its prevention. The lack of knowledge and guidance associated with other risk factors are indicative that influence directly and/or indirectly on the quality of life for users, as they are extremely attached to segments adopted in daily life, is required early intervention for which can enjoy longevity with quality.

The findings of this study point to the importance of a conscious power to minimize the risk of hypertensive peaks in elderly population, corroborating with the literature that advocates nutritional education and diet as the basis for the treatment of hypertension. However, modification of eating habits is a challenge for users who receive the diagnosis of the disease, but also those who do not yet have the disease, but make use of a diet rich in sodium. Thus, to care for patients with hypertension to be effective, and humanized, the health professional must build with the patient a therapeutic project that is resolute, highlighting the potential of others and responsibility of caring.¹¹⁻¹²

It is important to link the practice of physical activities in daily life, as a strong ally in the fight against diseases by focusing on preventive action. Thus, health professionals should guide users to adopt physical activity as a daily practice for the promotion of their health and wellness. The elderly respondents in this study recognize the simple physical activity applied regularly, such as walking, one way to prevent the change in blood pressure, consistent with the literature.¹³

To have a successful aging is necessary to have a good quality of life and well-being. The regular practice of physical exercises as walking, for example, is beneficial to health especially of the elderly, causing it to be more sociable and avoid a series of physical and cognitive disorders in their lives. This is well structured and guided physical activity can help achieve and maintain proper body weight and positively contribute in changing other risk factors of coronary heart disease as lipid profile, insulin resistance and hypertension. This way helps in controlling diabetes, high cholesterol, high blood pressure and body weight control.¹⁴⁻¹⁵

The benefits of physical activity related to health promotion do not rely on hours of exercises. The activities can be carried out continuously or cumulatively in thirty minute sessions per day at moderate intensity is sufficient, with its considerable value on the psychological aspect as it is able to generate emotional well-being and relief of tensions in the practice.¹⁶

The understanding that maintaining mental health is important to minimize pressure changes found in most of the respondents of this study, corroborating with a study of

hypertensive patients in two basic health units in Ribeirão Preto/São Paulo, found that subjects pointed emotional aspects as factors that hinder the control of blood pressure, such as nervousness, irritability, worry and anxiety.¹²

The respondents pointed to the use of drugs on a regular basis as a way of preventing hypertension. This can be explained by the majority of the sample was hypertensive and use medication to control blood pressure in normal levels.

Currently, the Unified Health System (SUS) provides free medications needed to control hypertension. The "Here's Pharmacy People" program also extended the gratitude of drugs for hypertension. In addition, health services and family health teams are guided and trained to act in preventing hypertension.¹⁷

The working process of a multidisciplinary team should start from the knowledge of the families of the territory under its scope, identification of health problems and risk situations this community, local planning based on reality and immersed plans, basing on the breakup of logic biomedical-dressing-medicalized, to a focus on educational and intersectoral action, enforcing the principle of comprehensiveness in attention, continuous with other levels of care, seeking to create links between professionals and users, through the co-responsibility in solving health problems.⁴

Considering that the educational process is a political process, whose methods and techniques may contribute to alienation, transformation and/or empowerment of persons involved in health education should not only be informative, but getting users to reflect on the social bases of their lives, starting to realize the health not as a concession, but rather as a social right.³

Hypertension control is achieved through continuous drug treatment as well as changes in lifestyle such as physical activity, healthy eating, among others, demanding control of their patients for life, which complicates treatment adherence, posing a serious public health problem.¹⁸

CONCLUSION

Initially, it was intended to include the concept of users on hypertension and prevention methods in a specific group receiving health education actions in the family health unit. In this sense, we found a sample that characteristically knew about hypertension and its prevention, pointing healthy eating habits, regular physical activity, and the search for emotional and mental balance associated with the medication regularly, as ideal means to minimize the risk of high blood pressure.

It seems, therefore, that these actions bring awareness of the importance of user involvement as the protagonist of the improvement of the health condition therefore becomes essential guiding users of health services and preventive and curative public policies, order to reduce the incidence, recommending service and providing knowledge to the community. Allowing for better understanding of the mechanisms bullies, so that means

can be made possible to exterminate one of the major risk factors, which is the lack of knowledge and improving access to treatment. Ie, independent of education, economic and social profile, there must be an intrinsic profile of professionals, this global perspective, observing the individual in their entirety, adapting the information and language for the absorption of its uptake.

It is increasingly necessary to provide opportunities for people to gain the necessary autonomy for decision-making on issues that affect their lives and empowering people to conquer control over their health and living conditions. For this to happen it is necessary for the action of all professionals that comprise the health care team.

However, this study points to the need to know the concept on hypertension and prevention in the perception of users who do not receive health education actions, suggesting future studies with a comparative sample that reinforce the importance of actions and public policies health to weaken the capability of the causes of impending morbidity and mortality.

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