

Nursing care to systemic arterial hypertension patients assisted by the e-sus program from the patient's perspective

Cuidados de enfermagem a pacientes con hipertensión arterial sistémica asistidos por el programa e-sus desde la perspectiva del paciente

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ABSTRACT

General objective: To know the nursing care provided to systemic arterial hypertension patients assisted by the e-sus program from the patient's perspective. **Methodology:** Exploratory research with a quantitative approach. A form was used as an instrument, applied through home visits to 50 elderly people in March 2020. CEP approval opinion no. 3,534,141, on August 27, 2019. **Results and Discussion:** It was found in the research that 60% of the elderly were between 60 and 75 years old, 70% were female and 60% were illiterate. Regarding quality of life, 64% of the elderly reported physical inactivity, 78% were obese or overweight, and 54% reported having another pathology. In addition, 60% reported not participating in educational activities, hindering health promotion and prevention. As for the use of antihypertensive medications, 94% of the users informed that they were taking them, and 45.3% cited the verification of BP as care taken by the team. **Conclusion:** Therefore, it becomes relevant the implementation of new strategies and the improvement in the approaches already used by professionals, aiming at a quality of life for the elderly.

Keywords: Hypertension, Salud, Assistência.

RESUMEN

Objetivo general: Conocer la asistencia de enfermería a los portadores de hipertensión arterial sistémica asistida por el programa e-sus desde la perspectiva del paciente. **Metodología:** Investigación exploratoria con enfoque cuantitativo. Se utilizó como instrumento el formulario, aplicado mediante visitas domiciliarias junto a 50 personas en marzo de 2020. Dictamen de aprobación del CEP n° 3.534.141, el 27 de agosto de 2019. **Resultados y Discusión:** Se encontró en la investigación que el 60% de los ancianos tenían entre 60 y 75 años, el 70% para el sexo femenino y el 60% presentaba analfabetismo. En cuanto a la calidad de vida, el 64% de los ancianos declaraba tener inactividad física, el 78% presentaba obesidad o sobrepeso y el 54% decía tener otra patología. Además, el 60% declaró no participar en actividades educativas, lo que dificulta la promoción y la prevención de la salud. En cuanto al uso de medicamentos antihipertensivos, el 94% de los usuarios informaron de que los estaban tomando y el 45,3% citaron la verificación de la AP como cuidados por parte del equipo. **Conclusión:** Por lo tanto, se hace relevante la implementación de nuevas estrategias y la mejora de los enfoques ya utilizados por los profesionales, con vistas a la calidad de vida de los idosos.

Palabras clave: Hipertensión, Saúde, Asistencia.

1 INTRODUCTION

The present study has as its theme the nursing assistance to patients with Systemic Arterial Hypertension assisted by the e-sus program from the patient's perspective.

The research was carried out at the Basic Family Health Unit I in the municipality of Praia Norte-TO, with 50 patients diagnosed with Systemic Arterial Hypertension and assisted by the e-sus program. The study focused on the nursing care in view of the needs of patients with SAH, emphasizing the patient's view as a result of the care provided by health professionals.

Soares, Pardo, and Costa (2017) elucidate that Systemic Arterial Hypertension (SAH) is indicated by high blood pressure levels, becoming a multifactorial clinical condition, besides being a manageable chronic disease. Functional and structural alterations of target organs and metabolic changes are associated with increased risk of fatal or non-fatal complications.

According to Silva et al., (2016), systemic hypertension is a public health problem because of its high prevalence and low control rate, causing increased cardiovascular morbidity and mortality. Data show that 25% of the adult population in Brazil has this pathology and presuppose that in 2025 the number will have increased by 60%, reaching a prevalence of 40%.

Matavelli et al., (2014) states that the minority of hypertensive patients have control of their blood pressure (BP) even with advances in the treatment of hypertension, and that it would reduce individual risks and social costs if there was a correct treatment of this situation, whether pharmacological or not.

In view of this, this research became relevant because it analyzed the nursing care given to patients with hypertension, considering the growing incidences of morbidity and mortality. Therefore, this research contributed to improving this assistance and reducing this prevalence.

Based on the relevance of this study, the following problematic was elaborated: How is the nursing care provided to patients with Systemic Arterial Hypertension assisted by the e-sus program from the patient's perspective?

Based on this assumption, the following general objective was elaborated: to know the nursing care provided to systemic arterial hypertension patients assisted by the e-sus program from the patient's perspective. Through this, the following specific objectives were elaborated: to verify the patients' socioeconomic profile, to investigate the nursing care offered to SAH patients from the patients' perspective, and to identify the difficulties experienced by patients regarding the assistance received.

2 METHODOLOGY

2.1 THIS IS AN EXPLORATORY RESEARCH WITH A QUANTITATIVE APPROACH

The research was developed in the Basic Family Health Unit I of the municipality of Praia Norte, state of Tocantins, Brazil, in March 2020. The Basic Family Health Unit I in the city center, where it serves the population in the morning/afternoon shift for a better approach and care to social groups. The choice of the unit was based on enabling the development of the research and for presenting a high number of people with hypertension.

According to the information collected through the digitizer of the National Health Information Network - RNIS, the group of hypertensive patients was composed of a quantitative of 331 patients registered in the e-sus and who were assisted by the Basic Family Health Unit I, of these approximately 50 elderly hypertensive patients fit the inclusion criteria and participated in the research by signing the ICF. The inclusion criteria were as follows: Elderly patients with Arterial Hypertension (AH) linked to the Basic Family Health Unit I of Praia-Norte and being aged 60 years or older of both genders. Participants who refused to participate in the study or did not sign the Informed Consent Form (ICF) were excluded.

The form was used to collect the research data. This method was adopted because it is more dynamic and productive, allowing the interviewees to be free to talk and discuss the subject, without being induced to certain answers. The researcher recorded on the form the answers of the elderly hypertensive patients of the Basic Family Health Unit I - UBS of the municipality of Praia Norte - TO. The form was applied through home visits.

The data were analyzed with the help of the statistical package SPSS, (26.0). In this study, non-parametric statistical tests were applied as previously verified by the Shapiro-Wilk normality test. The characterization of the profile of the elderly was made through absolute frequency (n) and relative frequency (%) presented in tables and figures. The association between the age group of the elderly with the other exploratory variables was performed using *Pearson's* chi-square test. Spearman's correlation was used in order to verify the relationship between the time of hypertension with BMI, systolic and diastolic blood pressure. The comparison of waist circumference with the time of hypertension was performed by applying the Kruskal-Wallis test. In all analyses, the significance level adopted was 5% ($p \leq 0,05$).

A thematic analysis was performed, which consists of a stage of deep understanding of the subject addressed, in order to question and await answers (SEVERINO, 2007).

The research was supported by resolution 466 of December 12, 2012 of the National Health Council (BRASIL, 2012). Also, this research was approved by the Ethics Committee (CEP) of UNITINS under consubstantiated opinion no. 3,534,141, on August 27, 2019.

3 RESULTS AND DISCUSSION

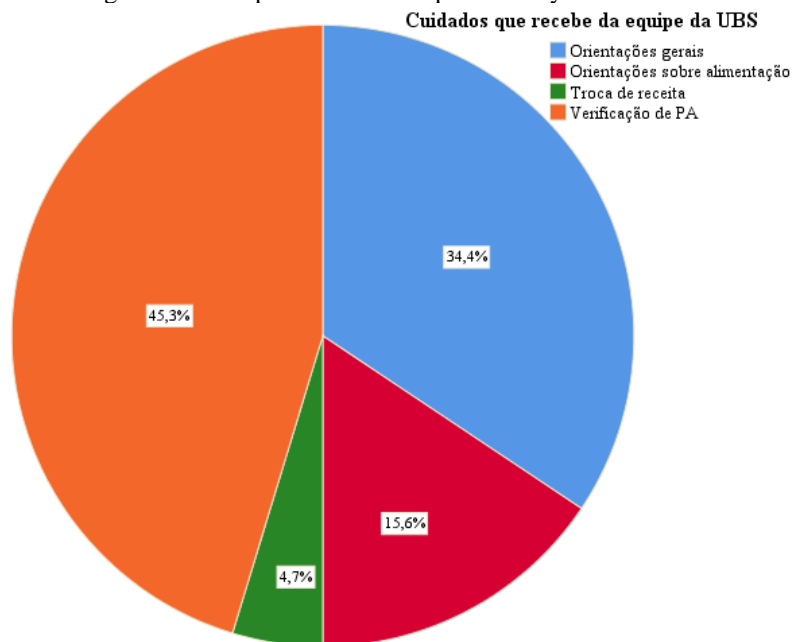
The elderly individuals surveyed comprised 50 people, 30 (60%) in the 60-75 age bracket, and 20 (40%) over 75 years old. Of the research participants, 35 (70%) were female, and 15 (30%) were male. According to Duarte et al. (2017), there is a prevalence of hypertension in elderly females, and individuals aged between 60 and 79 years are more likely to develop or develop hypertension due to physiological and metabolic changes, an effect that corroborates the analysis of this study.

Regarding the characteristics of the health profile of the elderly, 32 (64%) showed they did not practice any physical activity and 18 (36%) showed they practiced, 1 (5.6%) attended the gym, 16 (88.9%) walked and 1 (5.6%) played football. Studies indicate that genetics, age, gender, ethnicity, smoking, alcoholism, socioeconomic factors, diet, obesity, sedentary lifestyle, are some relevant risk factors for the growth of hypertension. However, if these factors are identified, there is an increase in the control of this pathology (OLIVEIRA et al., 2017).

The respondents who consumed alcoholic beverages corresponded to about 7 (14%) people and 43 (86%) stated that they did not consume. Regarding the use of tobacco, 45 (90%) did not use tobacco and 5 (10%) said they did. Of the elderly participants in the study, 23 (46%) had no other diseases, and 27 (54%) stated that they had other diseases.

3.1 NURSING CARE OFFERED TO PATIENTS WITH SAH FROM THE PATIENTS' PERSPECTIVE

Figure 1. Description of the care provided by the UBS team



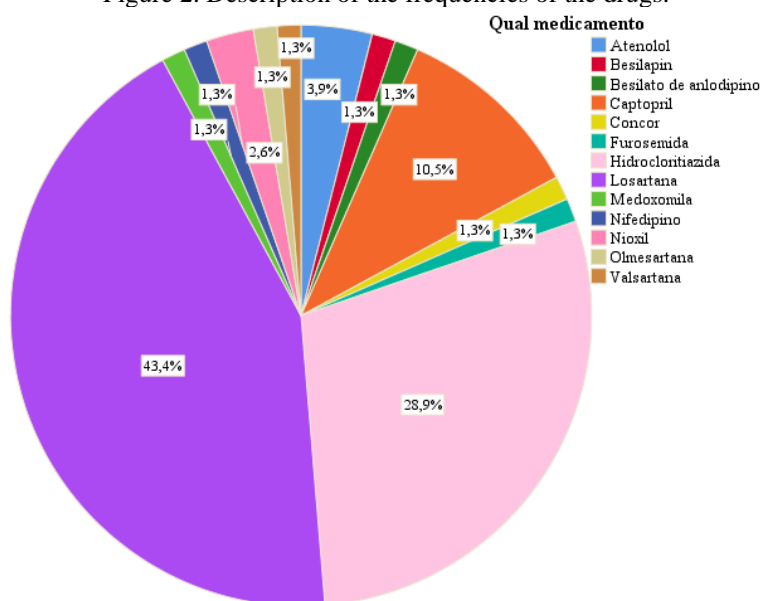
Source: Research data (2020)

Figure 1 shows the most commonly provided care by the UBS team, from the perspective of the elderly. Regarding the general guidelines, it is evident the use of antihypertensive and practice of physical exercises, mentioned by some elderly. However, it is noticeable that the verification of BP stands out, collaborating with one of the initial hypotheses of the study, which highlighted the measurement of BP as care provided by the team.

Health services are networks that serve as a subsidy to users in the health-disease process. Based on the study, patients report their own conceptions about the care received by the professionals of the basic health unit, among which are: blood pressure measurement, prescription exchange, guidelines on diet, physical exercise and general care. By the way, it was pointed out that hypertensive patients seek the UBS only when they have some pathological or physical symptom, showing that despite being hypertensive, they do not consider themselves ill, leading to a difficulty in adhering to the correct treatment for their condition, both in changing habits and in the proper use of medication, this result being in agreement with the current study (FAQUINELLO, CARREIRA, & MARCON, 2010).

In a study conducted with elderly people in order to investigate the care received by ESF professionals, it was evident that, according to the reports, the main care provided was: prescription of drugs or change of prescription, guidance on adherence to pharmacological and non-pharmacological antihypertensive treatment, physical activity, proper diet and BP check. However, it is still crucial for the team to develop strategies to encourage and draw the patient's attention to lifestyle changes, since guidelines alone are not able to change the users' behavior, which favors the results of the current study (CARVALHO et al., 2011).

Figure 2. Description of the frequencies of the drugs.



Source: Research data (2020)

According to figure 2, the medications used by the elderly at the basic health units were analyzed, from the most to the least frequent. Based on the information collected, the most prescribed drugs for the elderly in the survey were losartan presenting 43.4%, hydrochlorothiazide with 28.9% and captopril with 10.5%.

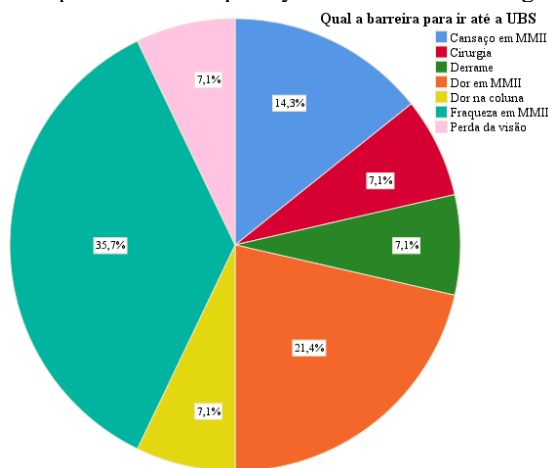
The study by Mengue et al. (2016) states that the most commonly used drugs for the treatment of hypertension were hydrochlorothiazide, losartan, captopril, atenolol, anlodipine and enalapril, corresponding to 81% of the drugs reported in the survey. By the way observed that diuretics and antagonists of the renin-angiotensin system, are the most applied in the treatment of hypertension, such effect corroborates the result of the present study.

For Gontijo et al. (2012), diuretics, Angiotensin-converting enzyme inhibitors (ACEI) and B-blockers are the most frequent classes of drugs in the treatment of hypertension among the groups studied, certainly because they are provided by the Unified Health System (SUS). Furthermore, the study pointed diuretics as the most prescribed, particularly hydrochlorothiazide.

It is emphasized in saying that the increase in individuals with SAH has contributed to the growth of treatment with antihypertensive and non-pharmacological drugs, many times the non-pharmacological treatment, when performed alone, cannot achieve the control of BP, based on the cutoff point for the diagnosis of SAH, which according to the Brazilian Guidelines on Hypertension, the value is greater than or equal to 140/90 mmHg. For sure, it is suggested that the two approaches are in conjunction. Thus, the study cites five classes of antihypertensive drugs that reduce morbidity and mortality in hypertensive patients and are effective in the treatment of hypertension, such as diuretics, angiotensin-converting enzyme (ACE) inhibitors, beta blockers, calcium channel blockers, and AT1 receptor blockers (MASSA et al., 2016).

3.2 DIFFICULTIES EXPERIENCED BY PATIENTS REGARDING THE ASSISTANCE RECEIVED

Figure 3. Description of the frequency about the barriers to go to the UBS



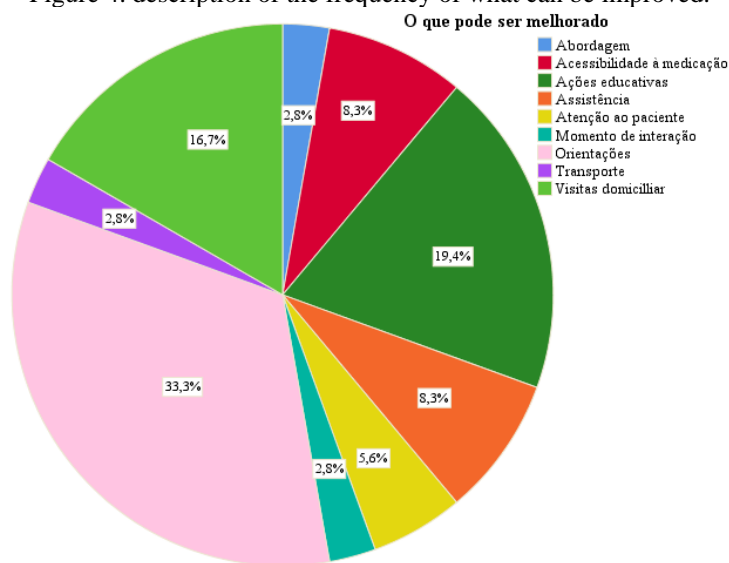
Source: Research data (2020).

Figure 3 shows the barriers faced by the elderly to move to the UBS, the three most frequent in the reports of the elderly in the study. It is observed that 35.7% reported weakness in the lower limbs and 21.4% reported pain and fatigue in the lower limbs. An analysis can be associating these barriers to the advanced age of the elderly.

The data present the difficulties experienced by hypertensive users in receiving care directly in the UBS, due to other health problems, which go beyond their hypertension, leading to a deficit in monitoring their health and in the participation of elderly hypertensive patients in moments focused on them, occurring a problematization in decreasing the prevalence of morbidity, in addition to decreasing health education for this group.

The access to health services involves the individual in all its social aspect, including the right to seek and obtain health, but there are barriers that can hinder this access. It is observed that the monitoring of people with systemic arterial hypertension has to be daily and performed by the ESF, but there are obstacles that hinder the patient's displacement to the health service, for example, difficulty in walking due to health problems or for being elderly, leading to the impediment of using the health service, collaborating with the result of the current study (FAQUINELLO, CARREIRA and MARCON, 2010).

Figure 4. description of the frequency of what can be improved.



Source: Research data (2020).

Figure 4 describes through the relative frequency what can be improved in the assistance to the elderly in the research, according to their point of view. It is also observed that the three variables that stood out the most were: orientations with 33.3%, followed by educational activities with 19.4% and home visits with 16.7%.

The Family Health Strategy (FHS) is a key point in the organization and implementation of actions aimed at the control of SAH. Added to this is a better approach to hypertensive patients, home

care for a juice of adherence to treatment and control of the disease through multidisciplinary and interdisciplinary work, aiming to reduce the impacts on health and non-adherence by users in the health system. Thus, it is important to understand that the factors go beyond the individual, because in order to obtain patient adherence to the therapy of systemic arterial hypertension, it is necessary to draw joint strategies, discussed and implemented by the entire health team involved in the therapy (GEWEHR, 2018).

According to the elderly hypertensive patients, there are several factors that require improvement, since these items are extremely important for a patient's quality of life, as educational actions, guidance and assistance aimed at this audience would facilitate adherence to pharmacological and non-pharmacological treatment, change habits and a knowledge about their health-disease process. In addition, home visits or transportation would facilitate the elderly patient's access to the services offered by the unit, since many have physical barriers that hinder this search.

"After the analysis of adherence to SAH treatment and the barriers related to adherence, it is plausible to plan actions to help the health team promote activities directed to non-adherent users and also reinforce the orientations to adherent users" (GEWEHR, p.188, 2018).

4 CONCLUSION

In view of the facts mentioned, the study made it possible to evaluate the nursing care provided to patients with systemic arterial hypertension from the patient's perspective, highlighting the importance of quality care focused on hypertensive patients, respecting their singularities and particularities when providing this care, for the greater reach of this group. It was also analyzed factors that contribute to increased incidences of morbidity and mortality and that hinder treatment adherence by the elderly.

Based on the results, it can be seen that all the objectives set out were met. When verifying the socioeconomic profile of patients, it was analyzed that, among the interviewees, most were female, aged between 60 and 75 years. When asked about education, the elderly mostly claimed illiteracy and reported having their own income of one minimum wage. It should be added that these data reveal the importance of designing strategies according to the profile of this audience in order to achieve a greater reach, showing that most are lay and have low income.

With regard to investigating the nursing care offered to SAH patients from the patients' perspective, it was clarified that most of the elderly reported receiving care by checking their blood pressure, which is in agreement with one of the initial hypotheses of the study. In addition, they reported receiving general guidance from professionals. It is emphasized that the care provided was insufficient for the control of hypertension, since it is necessary to draw the attention of these users to understand their health-disease process in a clear and dynamic way.

In terms of identifying the difficulties experienced by patients facing the assistance received, it was noticed that most of the elderly mentioned presenting physical barriers that compromised the access to care, among them are: weakness, pain and fatigue in lower limbs, in addition to other health problems such as stroke or vision loss, hindering their right to seek and obtain health, so the need to improve the methods of care performed by professionals involved in the therapy of hypertensive patients, targeting these users completely.

Therefore, it becomes relevant the improvement in approaches already used by professionals, for example, guidelines, educational activities and home visits. It is noteworthy that educational activities should be moments of interaction for the elderly audience, so they should present attractive things, such as dynamic lectures focusing on health guidelines, interactive games that address issues about hypertension and their health in general, stretching, humming, since they are attractive methods for users. In addition, it is important that home visits are made more often, because due to advanced age it becomes more difficult to go to the Family Health Strategy for continuous health monitoring, always aiming all users.

In short, it is relevant to implement new strategies, such as transportation to take and bring the elderly in moments dedicated to them or even to consultations at the unit, always aiming to reach a greater number of users in order to improve quality of life and reduce cardiovascular morbidity and mortality. Moreover, it is important to involve the family in the health-disease process of users, because family members play an important role in encouraging the patient to practice physical exercises, the correct use of drugs, guidance on proper nutrition, water intake, to participate in the group of elderly and attend educational activities, since they are important points for a better quality of life.

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