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KNOWLEDGE OF USERS REFERENCED TO A FAMILY HEALTH UNIT ABOUT HYPERTENSION

SABERES DE USUÁRIOS REFERENCIADOS A UMA UNIDADE DE SAÚDE DA FAMÍLIA ACERCA DA HIPERTENSÃO ARTERIAL

SABIDURÍAS DE USUARIOS REFERENCIADOS A UNA UNIDAD DE SALUD DE LA FAMILIA ACERCA DE LA HIPERTENSIÓN ARTERIAL

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ABSTRACT

Objectives: to describe the knowledge of users with hypertension referred to a Family Health Unit about their disease and learn how this knowledge was acquired. **Method:** a descriptive exploratory qualitative study conducted with 10 users with hypertension. Data production was held through semi-structured interviews in the period from February to March 2011. To analyze the data, we used thematic content analysis. The study was approved by the Ethics Committee with CAAE: 0326.0.243.000-10. **Results:** the following categories emerged from the data analysis: arterial hypertension: significance, complications, signs, symptoms and causes; and acquisition of knowledge about hypertension. **Conclusion:** results allow us to see that the illness goes beyond the biological process. It is necessary to take into account the subjectivity, experience and beliefs of users on hypertension. **Descriptors:** hypertension; Chronic Disease; Risk Factors; Knowledge, Attitudes and Practices in Health; Nursing.

RESUMO

Objetivos: descrever os saberes de usuários com hipertensão arterial referenciados a uma Unidade de Saúde da Família acerca da sua doença e conhecer a forma como estes saberes foram adquiridos. **Método:** estudo descritivo exploratório com abordagem qualitativa, realizado com 10 usuários com hipertensão arterial. A produção de dados ocorreu por meio de entrevistas semiestruturadas no período de fevereiro a março de 2011. Para analisar os dados, utilizou-se a análise de conteúdo do tipo temática. A pesquisa foi aprovada pelo Comitê de Ética com o CAAE: 0326.0.243.000-10. **Resultados:** emergiram da análise dos dados as seguintes categorias: hipertensão arterial: significados, complicações, sinais, sintomas e causas; e aquisição dos saberes sobre a hipertensão arterial. **Conclusão:** a pesquisa possibilitou constatar que o adoecimento vai além do processo biológico, sendo necessário levar em consideração a subjetividade, a experiência e as crenças dos usuários sobre a hipertensão. **Descritores:** Hipertensão; Doença Crônica; Fatores De Risco; Conhecimentos, Atitudes e Prática em Saúde; Enfermagem.

RESUMEN

Objetivos: describir las sabidurías de usuarios con hipertensión arterial referenciados a una Unidad de Salud de la Familia acerca de su enfermedad y conocer la forma como estas sabidurías fueron adquiridas. **Método:** estudio descriptivo exploratorio con enfoque cualitativo, realizado con 10 usuarios con hipertensión arterial. La producción de datos fue por medio de entrevistas semi-estructuradas en el período de febrero a marzo de 2011. Para analizar los datos, se utilizó el análisis de contenido del tipo temático. La investigación fue aprobada por el Comité de Ética con CAAE: 0326.0.243.000-10. **Resultados:** surgieron del análisis de los datos las siguientes categorías: hipertensión arterial: significados, complicaciones, señales, síntomas y causas; y adquisición de los sabidurías sobre la hipertensión arterial. **Conclusión:** la investigación posibilitó constatar que enfermarse va más allá del proceso biológico, siendo necesario llevar en consideración la subjetividad, la experiencia y las creencias de los usuarios sobre la hipertensión. **Palabras clave:** Hipertensión; Enfermedad Crónica; Factores De Riesgo; Conocimientos, Actitudes y Práctica en Salud; Enfermería.

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INTRODUCTION

The last few decades have been marked by demographic and epidemiological transition, characterized by an aging population and increasing chronic diseases, among which stands out Systemic Arterial Hypertension (SAH).¹

SAH appears as a multifactorial clinical condition characterized by high and sustained levels of blood pressure (BP). Its therapy is performed by means of no pharmacological and pharmacological treatment.¹

In Brazil, hypertension affects more than 30 million people (36% of adult men and 30% of women), presenting itself as the most important risk factor for the development of vascular diseases, with emphasis on stroke (Cerebrovascular Accident) and Acute Myocardial Infarction (AMI), the two largest single cause of death in the country.¹

By examining the morbidities of hypertension, there is a need for effective actions for its control and treatment, however, the control of hypertension is a challenging goal, both for people who have the disease and for health professionals.²

The challenge of the people in controlling hypertension is to actively engage in changing their harmful health habits, because when hypertension is not treated properly, it can cause significant complications. For health professionals, in turn, the challenge lies in active participation through control and monitoring and in the need to establish a special attention, based on the design of integral and indivisible human being, opposing to their current practices that are restricted to the reductionist views on the biological dimensions of diseases.²

The BP control is not limited to addressing the patient's body, it is necessary to consider life experience and subjectivity as essential aspects of the disease and care process.³

It is evident, therefore, that health professionals need to provide an integrated and comprehensive look when caring for users with hypertension, allowing a space for all dimensions involved in the process of getting sick, considering also the knowledge about their disease.

In this context, this study aims to describe the knowledge of users with hypertension referred to a Family Health Unit (FHU) about their illness and to know how this knowledge was acquired.

METHOD

Exploratory descriptive qualitative study conducted with 10 people with hypertension, residents of the area covered by a FHU located in a municipality in the state of Rio Grande do Sul.

The FHU of the study has two areas, each consisting of six micro areas. Aiming to achieve a greater coverage area of the unit, the research was carried out with users of different micro areas. Participants were selected through the records belonging to the Community Health Agents (CHA), taking as inclusion criterion users in treatment for hypertension, over 18 years old and residents of the micro areas covered by the FHU area.

To generate the data, we used recorded semi-structured interview with questions about the socioeconomic profile of respondents and on knowledge about hypertension. Interviews were conducted from February to March 2011, at the users' homes. Visits, in most cases, were accompanied by the CHA of each micro area in order to facilitate alignment with users.

At the time that the research objectives were achieved, data collection was finalized. Interviews were recorded with the consent of the participants, transcribed and analyzed according to the thematic content analysis.⁴

The ethical precepts of Resolution 196/96 were obeyed⁵, and the research was reviewed and approved by the Research and Ethics Committee of the Federal University of Santa Maria in the number 23081.018905/2010-69 and Certificate of Presentation for Ethics Appreciation: 0326.0.243.000-10.

Before each interview, participants read and signed the informed consent form. To ensure anonymity of the research subjects, we used the letter "S" (subject), followed by a number obtained during the interviews.

RESULTS

• Characteristics of participants

The interviewed users composed a population of nine women and one man. The age ranged between 38 and 62 years old, two users had less than 40 years old and two aged over 60 years old, the age group prevailing between 50 and 60 years old. Regarding the profession, four were housewives, two maids, one baker, one seamstress, one watchman and one retired teacher. On civil status, seven were married, two were widows and one was single. Regarding education, five users reported having incomplete primary

education, two completed primary education, two high school and one higher education.

A thematic analysis of the interviews has unveiled two categories that guided the discussions of this research: hypertension: significance, complications, signs, symptoms and causes; and acquisition of knowledge about hypertension.

● Hypertension: significance, complications, signs, symptoms and causes

When asked about the significance of hypertension, users responded that the disease means high blood pressure, uncontrolled blood pressure, circulatory and heart problems. Furthermore, the testimonials include the need for monitoring and treatment of hypertension, as well as the complications arising from inadequate treatment.

Poor blood circulation, heart, it is a lot of stuff that involves. (S10)

[...] it is a dangerous disease, if you do not take medicine and treat, it can lead a person to death and stroke [...] the doctor has always treated it as a disorder, not as if I had strong hypertension, always taking the remedy to control and not to let it rise. (S1)

[...] in my opinion it is problem of high pressure, these problems that need to monitor and treat... Heart problem. (S8)

In other testimony, a user relates hypertension with uncontrolled blood pressure, which is capable of healing.

[...] it is a disease that can be controlled, it is curable as the doctor said, unless you have another more serious disease, but if it is only high blood pressure, we can, with the drugs, take, make a diet, we can control. (S1)

Still, for some participants, hypertension, due to its asymptomatic nature, means a silent disease.

[...] it is a silent disease, I feel nothing. (S7)

[...] It can be silent; suddenly the person starts to feel bad. (S1)

Regarding complications of hypertension, it is highlighted in the speeches stroke, kidney problems and infarction.

It is more likely to have a stroke or cardiac arrest. (S3)

[...] first it is the kidney, and then it is stroke. (S7)

When the blood pressure is high, myocardial infarction, stroke can occur. (S5)

Regarding knowledge about the signs and symptoms of hypertension, respondents mentioned the existence of physical manifestations, such as headache, dizziness, anxiety, etc.

Headache. When I start to feel headache, dizziness, fainting threat ... I have no doubts! My blood pressure is up there. (S9)

When I am with high blood pressure, I feel a heat wave, it seems to have a hand that tightens me, I am very anxious, I feel so bad! (S2)

Neck pain, dismay, it totally takes the strength, a headache, a very horrible pain; the beats seem to get pumping, I feel the veins tighten. (S10)

The causes attributed to the onset of hypertension cited by users were related to eating habits, emotional issues, and family history of the disease. On dietary habits, these appeared represented especially by eating fat and salt. Users also mentioned being overweight as a risk factor for hypertension.

[...] I think it is because of the fat, food with salt. (S2)

Oh! Salt, fat. The fat in our body (overweight), also. (S6)

Weight is also a poison, overweight. (S4)

Regarding the association of the emotional causes with hypertension and increased blood pressure levels, the highlights were the following lines:

[...] the troubles, for sure, the stress, when we get stressed, we can measure the pressure, for sure it is up there [...] it was stress with students, I was always stressed, worried about school, after I retired, medication decreased also, stress decreased. (S5)

[...] in some aspects, my nerves contribute [...] the doctor told me it is a lot because of my nerves. (S9)

Still, family history of hypertension was considered as one of the factors influencing the onset of the disease.

[...] doctors say it is hereditary, my father had it, and maybe I took after him. (S10)

[...] my whole family is hypertensive, we are 12 (siblings) and we all are hypertensive, because my mother was hypertensive and we all take remedy. (S5)

● Acquisition of knowledge about hypertension

During the interview, users were also asked how they acquired the knowledge about hypertension. Data demonstrated that the knowledge derived from family life with hypertension and information received by health professionals and acquired by the media.

The family living with hypertension showed up as a source of knowledge, encouraging users to adopt the necessary care.

[...] In this case, I have seen my father controlling, taking that pile of medicines.

With him, too, I learned that I would have to take care. (S10)

After my mom got sick I started to socialize more with high blood pressure [...] I started to look after myself more. (S1)

As for the information received by health professionals, participation in health education groups was present in some lines. However, medical consultation accounted for the majority of users the primary means of acquiring information related to hypertension.

[...] in the groups they comment, nursing technicians explain to us [...] doctors do not explain to me during consultation. Here (in groups) they explain everything properly. (S6)

Many things are orientated each time we need to go to the appointment with the doctor. (S3)

At the doctor's office, they say that they have to take care. (S9)

Furthermore, the media was also mentioned by users as important way of acquiring knowledge about hypertension.

Radio, especially the program at ten thirty in the morning, on Wednesdays, the announcer always brings the doctor, and then he explains a lot. (S3)

There is a program on television that is wonderful, it is usually about health, so we see the care that we need to have. (S5)

DISCUSSION

Hypertension was described by study participants as high blood pressure problems and heart disease, poor blood circulation, dangerous disease and uncontrolled blood pressure. In another study about knowledge on hypertension, users also related hypertensive disease with circulatory and heart problems.⁶ Furthermore, treatment and monitoring of hypertension were highlighted in the reports, considering that for some participants hypertension represents a disorder in pressure levels that need to be standardized.

During data analysis, it was noted that hypertension and high blood pressure were often understood as synonyms. SAH is not perceived as an illness but as an uncontrolled blood pressure that needs to be corrected. The synonymy between terms was verified in studies on knowledge of users about the SAH, for whom hypertension means high blood pressure and uncontrolled arterial pressure.⁷⁻⁸ Other research on hypertension found also similar datum, as respondents did not consider themselves ill, since SAH did not restricted them in any activity, and they managed to maintain blood pressure levels normalized by treatment adherence.⁹

This perception of hypertension can influence care practices, because as users perceive the disease as only uncontrolled blood pressure, they suppose that care is only needed until the normalization of blood pressure levels. There is, therefore, a need for further clarification to these users, since hypertension is a chronic health condition requiring care for a longer period, in most cases, for life.

In this sense, actions of health education can meet this need. Thus, health professionals need to pay attention to the fact that these moments should lead to the construction of new knowledge, developed by scientific and popular knowledge, and not to be merely made of prescriptive spaces. Health education for people with chronic diseases such as hypertension, is intended to help users to understand, acknowledge and accept the disease; to know and recognize risk behaviors; to inform decisions about treatment and diagnosis; to negotiate and comply with treatment proposals and address issues of maintenance of treatment.¹⁰

Furthermore, it is important that health services adapt to the real needs of the population, but to achieve this it is inevitable to know the individuals for whom health actions are intended, which includes knowing their beliefs and conceptions of disease.¹¹

Also regarding the association of hypertension with BP change in testimony, it was found that blood pressure control may represent cure of the disease. To do this, one must follow the correct treatment, making use of prescribed medications and following a diet. Likewise, this view was found in another study, which revealed that people believed in healing hypertension if treatment was performed correctly.⁶ The study highlighted that more explanations about the disease are necessary for users, because it is believed that the greater the degree of knowledge, the greater the probability of acceptance of health status, increasing the commitment to treatment.⁶

Hypertension was also described from its complications, such as a dangerous disease, which can cause stroke and even death if not treated properly. The treatment, especially the use of antihypertensive medication, comes to represent something essential to prevent such complications. Since it does not manifest symptoms during much of its course, users also described hypertension as a silent disease.

About the knowledge on the complications of the disease, stroke was highlighted, AMI and renal complications, corroborating the findings of research on the concepts of users with hypertension and on the risk factors for disease.¹² Testimonies contemplated the major complications of hypertension, which can facilitate the implementation and adherence to care, since the treatment and control of hypertension are related to the reduction of complications, especially in target organs such as the heart, brain and kidney¹, mentioned in the speeches.

Signs and symptoms of hypertension were seen in this study, contrary to what is found in the literature on the subject, that SAH is an asymptomatic disease. Among them, there is headache, neck pain and dizziness, as found in other studies of people with hypertension.^{7,13} These symptoms, when perceived, were associated with elevated blood pressure. Thus, one can consider that the experience with the disease allows users to recognize changes in their body, serving as warning sign that something is not very well.

The perception of higher blood pressure through different sensations may indicate that the user is about to suffer a complication, such as heart attack or stroke, given that hypertension is a disease that usually does not have symptoms, so one should take a special attention to these sensations.¹² The presence and identification of symptoms may improve adherence to treatment of hypertension, however, it is necessary that users be instructed to perform care on an ongoing basis, not just at the moments they perceive physical discomforts.

Poor nutrition, such as excessive use of salt and fat, and overweight were mentioned as causes of hypertension. These triggers are part of the modifiable risk factors of hypertension, which can be modified by the adoption of healthy habits and lifestyle.¹ In research on hypertension, participants also reported that inadequate nutrition, with abuse of sugar, salt and fat, generates overweight and obesity, being a risk factor for the onset of disease.¹⁴ The perception and recognition of these risk factors can influence the users and encourage change habits through healthier meals, also helping to reduce weight.

Stressful situations were mentioned as other cause for the onset of hypertension and uncontrolled BP. During the interviews, it was noted that most participants showed concern and stress, especially with family issues and labor. These data confirm research carried out in Mexico on the profile and lifestyle of

patients with hypertension, in which 82% of interviewed people considered themselves nervous and stressed.¹⁵ Yet another study on hypertension found that for all participants the "nervousness" and the stress resulting from daily concerns represent triggers to the disease.¹⁶

For some authors, labeling the hypertensive disease as "emotional" and "nervous" means a reductionism in assigning the causes of hypertension, demonstrating ignorance of the multifactorial nature of the disease.¹³ However, for the subjects of this study, the emotional aspects have significant influence on the development of hypertension and the increase in BP, just as poor diet, physical inactivity, among others. Thus, health professionals should value this aspect of the disease not only focusing their practices on biological aspects of hypertension.

Still as a cause, users cited the presence of hypertension in the family, relating to the fact that they have the disease. Heredity is one of the unchangeable risk factors of hypertension, which comprises age, gender, ethnicity and heredity.¹ Knowledge of this risk factor may encourage the acceptance of the disease and adherence to treatment, making it important for health professionals in the practice of health promotion and prevention of health risks to users and their families.

Regarding the acquisition of knowledge about hypertension, data revealed that family, health services and the media are the sources through which users get information about the disease.

In relation to the media, radio and television programs stood out as important ways to acquire knowledge and information about health. According to the study, in recent decades, the media and health campaigns have contributed significantly to approach and treatment, especially with regard to diseases such as hypertension and diabetes.¹⁷

The previous family experience with SAH was considered by users as a source of knowledge about the disease, especially in families where a member had already submitted a complication of hypertension, such as stroke. Thus, family experience with complications of hypertension represents a decisive factor for awareness of illness care. Research confirms that empirical experiences subsidize the experience of the health-disease process, contributing to the adoption of certain attitudes in situations of risk.⁷

Relating to health services, data analysis revealed that groups in health education sponsored by FHU constitute space for users to gain knowledge about arterial hypertension, which does not occur during medical consultations, as exemplified in the speech of a user. In this sense, caring for people with chronic diseases requires from health professionals to understand the meaning of illness and act integrating scientific knowledge with common sense, producing a synthesis that includes the patient as a subject in clinical and therapeutic process.¹⁸ Still, the study reinforces the experience of those living with a chronic condition is a knowledge that must be considered by professionals as essential to the educational process¹⁹

However, groups were reminded by a small percentage of users, and the medical appointments were mentioned as the main sources of knowledge about hypertension. Immediately, the responses referred to the medical professional and only then, when asked about the existence of other means, other ways of obtaining knowledge emerged. This fact can be confirmed in the lines of users when they report: "the doctor said ", "doctors say". Therefore, it can be said that the monitoring of these users is done primarily by the physician; other professionals such as nurses, were not displayed in reports.

These results also revealed the disarticulation of FHU, which should provide other forms of assistance and support for those users, not only medical appointments. Thus, due to attendance at FHU occurs, in most cases, for medical visits, medical professional is best remembered by users. Other research has found similar data, confirming that among the professions that make up the area of health, only the doctor is referred as a professional to who hypertensive seek.²⁰ That same survey showed that, to respondents, this centralized approach in medical professional is justified by the fact that he is responsible for the diagnosis and treatment of diseases, also enabling him to prescribe medications.²⁰ This relationship is relevant in this study, since users in their speeches emphasize the accomplishment of treatment, particularly the use of antihypertensive medication.

According to these data, it is highlighted the invisibility of nurses in assisting the user with hypertension, although having a key role in monitoring this clientele. Nursing actions with those users stands out in conducting groups of health education, where the sharing of knowledge occurs, and in nursing

consultations, in which is possible to promote an individualized care according to the needs of each user. However, these activities were not found in this work.

According to authors, nurses often cannot perform their work process due to the overload of activities, such as direct assistance to the population, and management issues of the unit and the nursing staff, which contributes to their invisibility. We highlight the need for nurses to become visible, causing users to recognize the true role of the professional as a member of the health team.²⁰ Therefore, it is necessary that the nurse occupies his space on service for users with SAH, performing actions on health education, guidance and nursing visits in order that the treatment and monitoring of these users can go beyond doctor visits and use of medication.

CONCLUSION

It was possible to describe the knowledge of interviewed users about hypertension and how they acquire this knowledge. About the meaning of illness, data showed ignorance because SAH is understood as being synonymous with high pressure. This concept can be related to the fact that hypertension is a silent disease, in which the absence of signs and symptoms hinders its perception.

Users mentioned the main triggering factors of hypertension, highlighting eating habits, family history and emotional aspects. These last factors permeated the speeches of most interviewees, becoming as important factors to be considered in the disease process.

Furthermore, the research concluded that the knowledge of the users about arterial hypertension is influenced both by information acquired by health professionals and the media and by their own conception of health and disease, constructed from experiences throughout life.

The experience of having a family with hypertension was considered as a way of gaining knowledge about the disease and as an incentive to care practices. Media, such as radio and television programs, were also reported by users as spaces for learning about hypertension. However, analysis of the data showed that, for users, medical appointments are the main way to obtain knowledge about hypertension. Other health professionals, such as nurses, were not mentioned in the depositions. This result indicates a curative model still in force in health services, in which the medicalization is prioritized in

much of the treatment of disease, and the actions of education, promotion and prevention of diseases get in the background.

It is important that health services, especially primary care, create spaces where users with hypertension can share their knowledge, participate in treatment decisions and express their doubts. The illness goes beyond the biological process; it is necessary to take into account the subjectivity, experience and beliefs of users. Thus, it is possible to implement a plan of care according to the needs of each person, taking into account all the dimensions involved in having a chronic disease such as hypertension.

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