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CASE REPORT ARTICLE

HOW TO IMPLEMENT GROUP OF HYPERTENSIVE AND DIABETIC PATIENTS: A CASE STUDY

COMO IMPLEMENTAR GRUPO DE HIPERTENSOS E DIABÉTICOS: UM RELATO DE EXPERIÊNCIA

CÓMO IMPLEMENTAR GRUPO DE PACIENTES HIPERTENSOS Y DIABÉTICOS: ESTUDIOS DE CASO

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ABSTRACT

Objective: describing the process of planning of an intervention project with hypertensives and diabetic patients, held in a Family Health Unit. ***Method:*** health education activities involving professionals and users of the health service turned to the creation of a group of hypertensive and diabetic patients in Santo Antonio de Jesus, Bahia. ***Results:*** created the group, which would have monthly meetings from now on and that the driving responsibility of this group would be the FHU nurse. ***Conclusion:*** working to try to implement a group of hypertensives and diabetics is a major challenge, which requires different strategies to approach us at the maximum of the reality of these individuals. ***Descriptors:*** Hypertension; Diabetes; Nursing; Health Education.

RESUMO

Objetivo*:** descrever o processo de planejamento de um projeto de intervenção com hipertensos e diabéticos, realizado em uma Unidade de Saúde da Família. ***Método*:** atividades de educação em saúde envolvendo profissionais e usuários do serviço de saúde, voltadas para a criação de um grupo de Hipertensos e Diabéticos no município de Santo Antônio de Jesus, Bahia. ***Resultados*:** criado o grupo, o qual teria encontros mensais dali em diante e que a responsabilidade de condução desse grupo seria da enfermeira da USF. ***Conclusão*:** trabalhar na tentativa de implementar um grupo de hipertensos e diabéticos é um grande desafio, que demanda diversas estratégias para nos aproximarmos ao máximo da realidade desses indivíduos. ***Descritores: Hipertensão; Diabetes; Enfermagem; Educação em Saúde.

RESUMEN

Objetivo: describir el proceso de planificación de un proyecto de intervención con hipertensos y diabéticos, llevado a cabo en una Unidad de Salud de la Familia. ***Método:*** actividades de educación en salud con profesionales y usuarios del servicio de salud, destinadas a la creación de un grupo de pacientes Hipertensos y Diabéticos en el municipio de Santo Antônio de Jesus, Bahia. ***Resultados:*** creado el grupo, que tendría reuniones mensuales después de eso y que la responsabilidad de conducir ese grupo sería de la enfermera de la USF. ***Conclusión:*** trabajar en un intento por implementar un grupo de pacientes hipertensos y diabéticos es un gran desafío, que exige diversas estrategias para acercarse al máximo de la realidad de estos individuos. ***Descriptores:*** Hipertensión; Diabetes; Enfermería; Educación para la Salud.

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INTRODUCTION

I could not start this work without first presenting an argument that justifies the importance of planning for governments and organizations. Luckily Carlos Matus presents a thought that summarizes its relevance and, therefore, the choice of quote it: "Deny planning is to deny the possibility of choosing the future, it is to accept it whatever it may be"[1:1566]

Planning is an essential condition for the success of any work that always looks for a better quality. The act of planning is to design, implement and monitor a cut of reality, and can be understood as a rational instrument of human action. The health prevention and promotion activities are very dependent on planning[2].

Health prevention and promotion strategies are considered one of the main guiding principles which are realized in several areas where nursing practice is performed. They can be developed in different environments and with the participation of various social actors in seeking to obtain one goal which is the production of knowledge.

The nurse develops health education as one of its guiding principles of health care, and its performance in various spaces and scenarios, services and the community. With this, equip the nursing student to develop educational practices for health promotion is a priority in nursing education in Brazil, with a view to the development of contextualized professional practice, focused on the national reality and supported the principles of the Single Health System (SUS)[3].

The educational activity is a tool inherent to the activities carried out under the SUS, because it promotes the creation of areas where participatory management is enhanced, and also encouraged decentralization so that we can bring health to the population, according to the own community experiences. In addition, the educational activity in health means going against the principles of SUS which are: universality, comprehensiveness, equity and social participation[4].

Among the activities on stage I highlight supervised the preparation of the intervention project, in this case, was developed with hypertension and diabetes the area covered by the Family Health Unit (USF) Aurelino Pereira dos Reis in the city of Santo Antonio de Jesus, Bahia. The choice of this group occurred due to some peculiarities as not a member HIPERDIA users in the system (System Registration and Monitoring Hypertensive Diabetics), many do not attend USF, others only attend the USF to exchange prescription, there are geographical barriers that prevent them reach the USF and the fact that many users do not value the nursing consultation aimed at HIPERDIA.

The HIPERDIA is a registration and monitoring system of hypertension and diabetes raised in the National Plan of Reorganization of Care for Arterial Hypertension and Diabetes Mellitus in the outpatient clinics of the SUS. Besides registration, the system allows the monitoring, ensuring receipt of prescribed medications while has the role of defining the epidemiology of this particular population. Consequently the program provides triggering public health strategies that will lead to the modification of the current table below, improving the quality of life of these people and the decrease of the social cost[3].

Among the objectives of Hiperdia system we have the transfer of medication to patients with hypertension and diabetes mellitus. The drugs used for treating these diseases are distributed by SUS. They are: captopril 25mg, hydrochlorothiazide 25mg and 40 mg propranolol hydrochloride (anti-hypertensive); Insulin NPH-100, glibenclamide 5 mg and 850 mg Metformin (hypoglycemic)[5].

The HIPERDIA register provides the information necessary for the acquisition, dispensing and distribution of medicines used to treat high blood pressure and diabetes mellitus in a regular and systematic way the users of USF. As part of it, was created, in 2002, the National Pharmaceutical Assistance Program for Arterial Hypertension and Diabetes Mellitus, dealing with the organization, care, prevention, health promotion, linking users to the basic network of SUS health and the implementation of continuing education programs for those diseases and for other risk factors for cardiovascular diseases [5].

Systemic arterial hypertension (SAH) is a multifactorial clinical condition characterized by high and sustained levels of blood pressure (BP). It is frequently associated with functional or structural changes in target organs (heart, brain, kidneys and blood vessels) and metabolic disorders, with consequent increased risk of fatal and nonfatal cardiovascular events. The very high BP, accompanied by symptoms, features an acute hypertensive complication and requires appropriate clinical assessment, including detailed physical examination, fundus and laboratory tests, required for evaluation of lesions in target organs. Early recognition of the symptoms of high BP is essential for the control measures have satisfactory results[6].

Hyperglycemia is a characteristic of diabetes, and the same is associated with complications, disorders and failure of various

organs, particularly eyes, kidneys, nerves, brain, heart and blood vessels. It may result from defects or secretion of insulin specific pathogenic processes involving, for example, destruction of pancreatic beta cells (insulin-producing) in insulin resistance and insulin secretion disorders[7].

Diabetes can occur in two different types, there are type 1 diabetes, formerly known as juvenile diabetes, which comprises about 10% of cases, and type 2 diabetes, formerly called adult diabetes, which comprises about 90% of cases. But another type of diabetes more frequently found and whose etiology is still unclear is the gestational diabetes, which generally is a pre-clinical stage of diabetes, detected in the prenatal screening[7-9].

The process of implementing a group of hypertensive and diabetic, called HIPERDIA group is something that requires the participation of various social actors engaged for this to materialize properly. In this sense, this study aims to:

- Describing the process of planning an intervention project with hypertension and diabetes, held in a Family Health Unit.

METHOD

The planning process can be accomplished by adopting various techniques, among which is the participatory planning process, which is the look of various social actors. This proposal was developed throughout the process of planning described herein.

Aiming to interact with professionals in the USF and seeking to establish a partnership relationship a meeting was held with the team, in order to raise and discuss health problems of the population and unity and from that moment would be suggested an intervention activity to be developed during the internship period. At that moment, the entire health team was present. By asking them to talk about what health problems and the health service, the team could see, they chose several suggestions; however, through voting, we defined hypertension and diabetes as main theme.

During the stage we define work strategies to achieve our goals. Then we define realize our operating schedule in three stages.

The first time was back just for professionals in the USF, which was held a service in education activity with the theme "HiperDia" in which were addressed to hypertension and diabetes, the program and the duties of each professional. In addition, strategies were developed for the other two times together with the team. Day and time were set to perform the activity, lifting material resources, personnel needed and what resources we have available, defining responsible for each action and the identification of possible partners. It was also set to conduct a survey of hypertension and diabetes by micro area. At the end invitations were made available for the Community Health Agents (ACS) distribute to individuals, inviting them for the second time.

The second moment was destined for hypertension and diabetes, in which measures were addressed how to live with the pathologies maintaining quality of life. For this, a workshop was held with the theme "Hypertension and Diabetes: You can control." The activity was developed with the help of the entire team and with great public participation.

The third and last time was intended for a full service to users and their families, involving the entire multidisciplinary team in the practice of care through a health fair, with participation of the family health team, Centers for Health Support Family (NASF), Federal University of Reconcavo da Bahia (UFRB) and Municipal Health Secretariat. In this last meeting the proposal was to screen all participants in the activity by measuring blood pressure, blood glucose, weight, height, body mass index and waist circumference; promote medical, nursing and dental; evaluation of the vaccination status of the participants, actions aimed at health education and carrying out recreational activities.

In this last moment we allocated also to communicate about the formation of the group of hypertensive patients and diabetics with monthly meetings, topics chosen by participants themselves, under the responsibility of the nurse USF and support NASF and kept UFRB.

RESULTS AND DISCUSSION

The three defined moments in our intervention proposal were carried out successfully. Since the USF team support was of great importance to our proposal to fruition. One of the goals to be achieved was to show users that USF is a cozy and knowledge construction site, and it can go much further measures that need drug intervention.

The main focus of the intervention project was to bring users and their families to USF, so that both participate in the care process. At first the intervention project was defined strategies for further meetings with the community. So they were passed to ACS dates for carrying out activities and some questions about the micro areas each. These questions were the following questions: how many hypertensives have in their micro-area, how

many diabetics, and how have the two diseases associated, and how many are enrolled in the HiperDia system. With so we expect feedback to delineate our field.

Table 1. Distribution of hypertensives and diabetics registered in the system HiperDia by ACS of the USF Aurelino P. Reis, February 2014.

Number of ACS	Number of registered hypertensives	Number of diabetics enrolled
01	71	11
02	36	11
03	56	08
04	54	09
05	43	11
06	37	07
07	38	06
Total	335	63

In Table 1 it can be seen that the micro-area 01 is the one with largest number of hypertension and diabetes, accounting for 21,2% of all hypertensive and 17,5% of all diabetics. The number of hypertensive and diabetic users is significant, accounting for 11,44% and 2,3% of the population over 20 years old, respectively. The proportion of registered diabetic and hypertensive patients in HiperDia system is below the prevalence of both diseases in Brazil, which may be related to poor adherence of users to follow these diseases at USF.

The feasibility of the project was analyzed based on the availability of financial resources, technical resources and power. We seek partnership with stakeholders that have become indispensable to make viable the execution of the project as possible the realization of actions to achieve the desired goals. Among these partners we highlight the professionals NASF and trainees UFRB, who contributed to our work.

With data and suggestions from ACS for the development of intervention project defined the theme of our second phase, which had a significant number of users. So that's when we show through an educational activity a bit about what hypertension is and what is diabetes. Action is well accepted by all participants, which brought important questions about the topic. We take the time of this activity, to invite users and their families to our last meeting of the intervention project, which would be larger and would require the active participation of all professionals in the USF and other taxpayer professionals.

For the last meeting was a series of actions planned in order to show to the user that the USF offer various means of promoting health. Within that we name this day as "D-Day", in which users and their families or caregivers arrive in the morning, so at that time was held the fasting blood glucose test, blood pressure measurement, height, waist circumference and weight of all participants. These measurements are performed monthly for monitoring purposes.

Screening of 33 users was held, and 09 are hypertensive, 05 are diabetic and 10 are hypertension and diabetes and others did not have any of the two diseases. Of these 24 members, only one was not registered in HiperDia system. The same was instructed to seek her health unit to conduct the registration and monitoring.

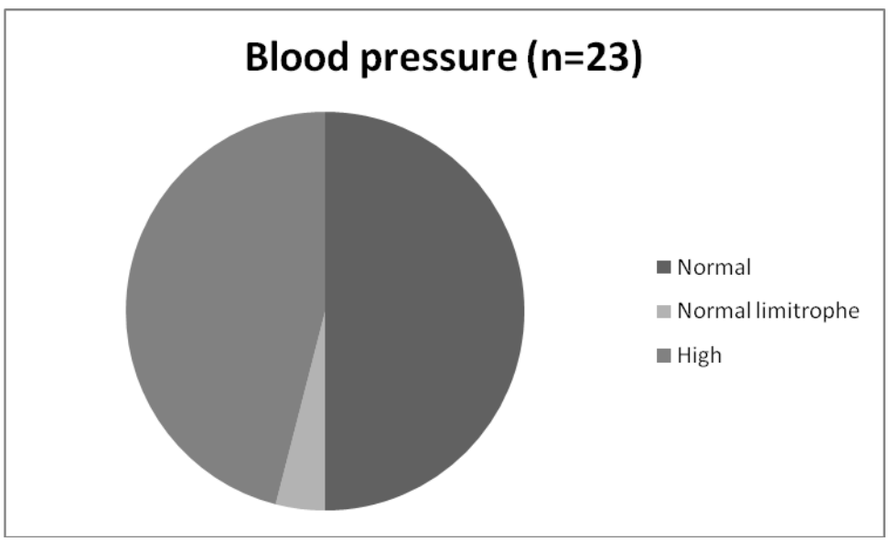

Figure 1. Distribution of hypertensives and diabetics on intervention activity by blood pressure values.

The pressure levels of 13 users were elevated above was over 140 x 90 mmHg, and the highest blood pressure measured was obtained the value of 170 x 100 mmHg. These users were questioned about the use of medication, the non-pharmacological treatment, and monitoring the consultations. From these questions, or they were referred for medical consultation, or scheduled for the week. High blood pressure are related to higher risk of developing cardiovascular disease and need further attention and monitoring by the family health team.[5-8]

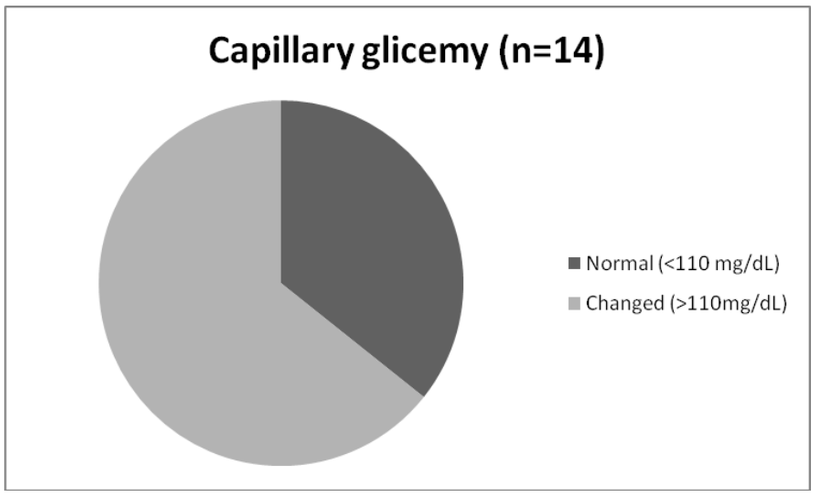

Figure 2. Distribution of hypertensives and diabetics on intervention activity by values of capillary blood glucose in fasting.

Only 14 users underwent fasting glucose, of which eight are diabetic and three are dependent on insulin. Of diabetics, 62.5% had abnormal values, and the highest measurement was 279mg/dL and only one was insulin-dependent with the amount considered normal. Almost half of these users with altered glycemia also had high blood pressure. Changed values in blood glucose are related to complications of chronic diabetes and acute as retinopathy, nephropathy, neuropathic, diabetic foot, ketoacidosis and hyperosmolar hyperglycemic syndrome.[7]

Table 2. Distribution of hypertension and diabetes on intervention activity by abdominal circumference values (CA).

Abdominal Circumference Women	Quantity (n= 15)	Abdominal Circumference Men	Quantity (n= 07)
<80 cm	6,7%	<94 cm	50%
80-88 cm	6,7%	94-102 cm	33%
> 88cm	86,6%	> 102 cm	17%

Of the 24 hypertensive patients and diabetics, three did not have measured waist circumference. Most women (86,6%) had waist circumference above 88 cm, and only one man had the value above 102 cm. The high values of the abdominal circumference are related to high risk for developing cardiovascular disease, hypertension, diabetes, and hyperlipidemias.[10]

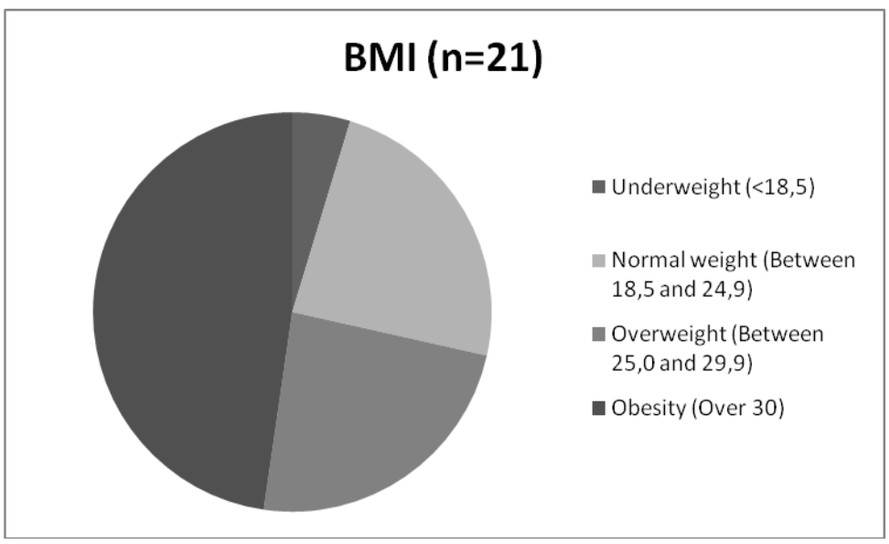

Figure 3. Distribution of hypertension and diabetes on intervention activity by body mass index values (IMC).

Of the 24 members, 21 conducted measurements of weight and height. Most users (47,7%) are with BMI above 30, and all women. The high BMI value relates to the measurement of waist circumference and shows once again, a reversal in the pattern between women and men, and women have higher values of the two measures compared to men.

After initial screening was held an educational activity focused on the monitoring of hypertensive and diabetic users, we intend to talk about this topic in our last time was to show in a clear way how the monitoring process of these users inside and outside USF and who are the professionals responsible for this function. Throughout the morning were conducted 11 medical consultations aimed at the audience there. We had the participation of the physical NASF educator who held a stretching activity with participants.

In the end of our shares was made an assessment of the activities that took place that day. Unanimously, participants viewed the actions as great and important for health promotion. Finally it was decided that the group would HIPERDIA monthly meetings from now on and that the driving responsibility of this group would be the USF nurse. The next group of subjects was defined for: rational drug use, physical activity, healthy eating.

During the construction process of the intervention project we face many difficulties, but none able to interfere in the outcome. Among these difficulties we stand out: lack of participation by some employees of USF, lack of support from health department, geographical barriers to access to USF, lack of material resources and inadequate physical structure. These obstacles somehow promoted a change in the planning of the proposed actions.

FINAL REMARKS

Working in an attempt to implement a HIPERDIA group is a major challenge, which requires different strategies to approach the maximum of reality these individuals group; however, point out that the nursing professional must have an enlarged vision of the demands required by those users.

The opportunity to implement what was working in a room USF allows the nursing trainee open his vision to reality, and learn to exercise his critical thinking ahead to adversity encountered in the planning and execution of an intervention activity with its peculiarities, which cannot be grasped simply by studying literature underlying theoretical knowledge.

Information is the key element in the patient's autonomy process. Thus, the role of the health team of the family in care for patients with hypertension and / or diabetes who experiences the treatment should focus on dialogue, answering questions, emotional support, understood as an act of interaction, composed of shared actions between professionals and users. This does not mean disregarding the professional knowledge but generate a moment of reflection for joint decision making, democratizing relations, and rescuing the autonomy of the same.

As future health professionals, we must be careful to raise awareness with educational activities, showing that it is possible to live with quality of life in a healthy environment. So grows the responsibility on each of us, as future nurses, convinced and committed to society, intervene as social agents, providing and promoting better living conditions and health.

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