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HEALTH PROMOTION ACTIONS FOR ACCESSION OF HYPERTENSIVE PATIENTS TO TREATMENT

AÇÕES DE PROMOÇÃO À SAÚDE PARA ADESÃO DE HIPERTENSOS AO TRATAMENTO ACCIONES DE PROMOCIÓN DE LA SALUD PARA LA AFILIACIÓN DE LOS PACIENTES HIPERTENSOS A TRATAMIENTO

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ABSTRACT

Objective: discussing health promotion activities performed by nurses for accession of people with hypertension to treatment. **Method:** this is a descriptive, exploratory study of a qualitative approach conducted with ten nurses working in the Family Health Strategy of Juazeiro do Norte/CE, and with 15 hypertensives. Data were collected through semi-structured interview, transcribed and analyzed by Content Analysis Technique. The research project was approved by the Research Ethics Committee, Protocol 049/2010. **Results:** nurses performed health promotion activities that favored the adoption of healthy eating habits by hypertensives; however, they had difficulty joining the regular development of physical activity. **Conclusion:** it is essential that nurses improve their health promotion actions in order to raise the quality of life of hypertensives. **Descriptors:** Health Promotion; Nursing care; Hypertension.

RESUMO

Objetivo: discutir as ações de promoção à saúde realizadas por enfermeiros para a adesão de pessoas com hipertensão arterial sistêmica ao tratamento. **Método:** um estudo descritivo-exploratório com abordagem qualitativa realizado com dez enfermeiros atuantes na Estratégia Saúde da Família de Juazeiro do Norte/CE, e com 15 hipertensos. Colheram-se os dados mediante entrevista semiestruturada, transcritas e analisadas pela Técnica de Análise de Conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Protocolo 049/2010. **Resultados:** os enfermeiros realizavam atividades de promoção à saúde que favoreciam a adoção de hábitos alimentares saudáveis pelos hipertensos; porém, estes tinham dificuldade de aderir ao desenvolvimento regular de atividade física. **Conclusão:** é essencial que os enfermeiros aprimorem as suas ações de promoção à saúde de forma a elevar a qualidade de vida dos hipertensos. **Descritores:** Promoção da Saúde; Cuidados de Enfermagem; Hipertensão.

RESUMEN

Objetivo: discutir las acciones de promoción de la salud realizadas por las enfermeras para la afiliación de las personas con hipertensión al tratamiento. **Método:** es un estudio descriptivo, exploratorio de enfoque cualitativo realizado con diez enfermeras que trabajan en la Estrategia de Salud de la Familia de Juazeiro do Norte/CE, y con 15 hipertensos. Recogieron datos a través de entrevista semi-estructurada, transcritas y analizadas por la Técnica De Análisis De Contenido. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, Protocolo 049/2010. **Resultados:** las enfermeras estaban llevando a cabo actividades de promoción de la salud que favorecieron la adopción de hábitos alimentarios saludables por los hipertensos; sin embargo, tenían dificultades para incorporarse al desarrollo regular de la actividad física. **Conclusión:** es esencial que las enfermeras primoreen sus actividades de promoción de la salud con el fin de elevar la calidad de vida de los hipertensos. **Descriptores:** Promoción de la Salud; Cuidados de Enfermería; Hipertensión.

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INTRODUCTION

Systemic Hypertension (SH) is a pathological process of chronic nature that has a slow and asymptomatic clinical development, characterized by pressure levels arbitrarily high.¹

The disease has a multifactorial etiology, such as age, gender, race/ethnicity, family history of the disease, socioeconomic, genetic characteristics, being considered a serious public health problem by presenting high rates of morbidity and mortality and high financial burden to the health system.²

The development and severity of hypertension are influenced by a number of factors linked to lifestyle adopted by the individual as amount of salt in the diet, physical activity patterns, weight control, smoking and presence of underlying diseases, such as diabetes.³

Thus, the assistance to people with SAH should include the implementation of actions and strategies focused on promoting individual health, disease prevention, nutritional education and constant care of the medical condition.³

The effectiveness of such a care allows health professionals to act significantly on the social, family, economic, cultural and religious determinants and conditions of the disease.⁴

A promotion and education quality in health SAH must be represented by development assistance activities able to act on the conditions of modification liabilities disease, such as socioeconomic conditions and living standards adopted by the individual.⁵

The positive changes in the individual's lifestyle produced from the health care developed, become a key element in the prevention of disease hazards and promoting quality of life and well-being of care of the person.⁶

It is necessary transformations occur in eating habits and everyday individual behavior, such as the adoption of a reduced calorie diet, weight reduction, regular physical exercise, reduction of daily salt intake and decreasing consumption of alcohol and tobacco.⁷

A nursing practice limited to the mere provision of clinical information aimed at correct use of antihypertensive pharmacologic agents is unable to produce significant improvements to the individual's lifestyle and promote a process of nutritional education and dietary.⁸

It is of the nurse's role develop care able to identify and correct, when possible, the compliance to the pharmacological treatment and the limitations presented by the user with hypertension as the dietary changes necessary to control their blood pressure levels.⁸

Before explained, the question: What health promotion, developed by nurses of the Family Health Strategy, aimed at membership of people with hypertension treatment?

The conduction of this study made it possible to weave a discussion about the nature of health promotion practices developed by nurses working in primary health care, which aim to contribute to the accession process of people with hypertension to the indicated treatment.

The objective was to discussing the health promotion activities performed by nurses for membership of people with hypertension to treatment.

METHOD

Article drawn from the monograph << **Nurse's actions on the hypertensive user access to treatment** >> presented to the Postgraduate Course of Assistance and Management in Family Health, Faculty of Juazeiro/FJN. Juazeiro do Norte (CE), Brazil, 2011.

This is a descriptive exploratory study of a qualitative approach developed in the city of Juazeiro do Norte that make up the metropolitan region of Cariri, south-central of the State of Ceará, Brazil, precisely, in health facilities that are part of the Family Health Strategy. The study had a total duration of 16 months, starting in February 2010 and end in January 2012.

The study enrolled 25 subjects, ten nurses and 15 users with SAH. The following inclusion criteria were applied: the nurses should work to at least one year in the basic unit of selected health; users should attend nursing consultations at least once a month.

The exclusion criteria were adopted: participants who voluntarily declined to participate in the study; nurses at the time of survey data collection were not at the clinic.

The statements were taken by applying an interview that followed a semi-structured questionnaire that addressed the following topics: nursing activities for the promotion of health of people with systemic hypertension; difficulties in promoting the health of people with systemic hypertension; difficulties of users with Hypertension to adherence to treatment regimen.

During the data collection process it was observed between the theoretical saturation obtained from the speeches. The information collected was analyzed and dissected through the content analysis method.

The information collected during the field study phase were treated and processed from the guidelines expressed by the content analysis method, so that the similarities were observed and existing semantic differences between the collected speeches. Thus, it was possible to expose the material analyzed through the following thematic categories: Nursing interventions for the promotion of health of people with systemic hypertension; Barriers contrary to promoting the health of people with systemic hypertension; Eating habits of people with systemic hypertension; Difficulties of people with Hypertension to adherence to treatment regimen.

The mandatory requirement for participation in the study was the signing of free and informed consent by the participants. The research project was approved by the Research Ethics Committee of the Federal University of Ceará - UFC, Nº 049/2010, as hereinafter determines the 466/2012 Resolution of the CNS/SISNEP that regulates research with human subjects in Brazil.

RESULTS

It was observed that among participant nurses, most were females. Since the beginning of the careful practice of nursing human resources correspond, mostly women.⁴

It was found that most of these nurses had graduate in the broad sense modality in Family Health, and feature an actuation time under the Primary Health in the upper 2 years.

♦ Nursing interventions for the promotion of health of people with systemic hypertension

Nurses reported that during the healthcare practice performed promotion and health education to people with SAH about the benefits of regular physical activity, adherence to the treatment regimen, regular assessment of blood pressure levels and the practice of healthy eating habits.

I conduct health education, lectures, and guidances, control of blood pressure, diet maintenance, physical exercise practice, and medication intake verification. (Nurse 08)

I believe that the main actions are the lectures about the disease and the guidelines during consultations, thereby performing health education, by focusing on

healthy habits, low-sodium and low-calorie diet, diet rich in fruits and the practice of physical exercise. (Nurse 02)

I try to do lectures, general guidelines during the nursing consultations and health education. (Nurse 01)

♦ Barriers contrary to promoting the health of people with systemic hypertension

It was observed that there are some difficulties that compromised the quality and effectiveness of health promotion practices developed by nurses in favor of people with hypertension, namely: users' resistance to adhere to drug treatment, low patient participation in the activities of health education and little involvement of users in performing the recommended dietary changes.

The main difficulties that I found, is the indifference of patients to collaborate with the treatment, the non-attendance to the lectures, abstinence from foods that are contraindicated for hypertension and family support. (Nurse 09)

Disinterested patient in its treatment, elderly patient, patient who does not access to established therapy and do not change its eating habits. (Nurse 10)

The difficulties I found: lack of understanding of patients, medications and access to the chosen treatment. (Nurse 04)

♦ Eating habits of people with systemic hypertension

Participant users have assured that started to develop healthy eating habits from the health education activities carried out by nurses. However, these users showed difficulties to maintain a regular physical activity.

I do things that they say. They say not eating salt, it's bad but we get used to, I do not walk, so ... Only the same rush walks. (E1)

It's like, I don't do walking, and I just do these little walks day to day, I make a purchase, go to church. Power is well, thank God. It's good for health. I am not eating too much food. (E7)

Just little way that they tell me to do, I do not eat fat, oil, bread, salt, I do not eat fried food, just cooked, because if I do a little bit of art in food, it gives me dizziness and headache. Then I'd better not do, you know. (E11)

I keep doing the things that they say, but sometimes I do a little escape and do wrong. (E14)

♦ Difficulties of people with Hypertension to adherence to treatment regimen

People with SAH who participated in the study reported that the need for changes in their lifestyle, practicing healthy eating habits and regular physical activity development if they configured as difficulties for joining the selected treatment regimen.

I do not think anything easy, everything is bad because you have to pills the whole life, and still have the business cannot eat things. (E4)

The worst thing is that you cannot drink beer with friends at the weekend. (E8)

I do not like this business of having to do walk. I never liked! (E9)

DISCUSSION

The current coefficients of morbidity and mortality of SAH in Brazil have required the development of measures and assistance strategies to health promotion, well-being and raising significantly the quality of life of the disease carriers.¹⁰

From this perspective, health promotion and education actions are configured as efficient tools for preventing health diseases, early diagnosis of the disease and the achievement of nutritional and dietary changes necessary for the control of blood pressure levels of the person.¹¹

It is the role of active multidisciplinary teams within the primary health care setting, planning, implementation and evaluation of strategies for early diagnosis and prompt treatment of SAH, and the identification of risk factors to disease development presented by the enrolled population.¹¹

It becomes necessary to conduct a proper situation analysis considering the emergence and severity of SAH are determined by the socioeconomic conditions and the nature of the lifestyle maintained by the person.¹²

The presentation of risk factors such as alcoholism, smoking, heredity, sedentary lifestyle, genetic predisposition, obesity and the practice of a diet based on excessive consumption of sodium and fat favor the development of cardiovascular and cerebrovascular complications of the disease.¹³

Nurses should develop promotion and health education activities users with SAH to contribute for the adequate control of their blood pressure levels through adherence to pharmacological treatment instituted. Improper use of anti-hypertensive agents is considered as the main cause of the emergence of SAH decompensated.¹⁴

It is essential that the nurse can conduct a service capable to overcome the biological and prescriptive aspects of the disease occurs

so that the production of a health care to ensure the identification of the real care needs presented by the person with SAH.¹⁵

Making effective a care practice of that nature allows nurses to establish and implement nursing interventions that meet the identified health needs and contribute to the promotion of well-being and quality of life of the user assisted.¹⁶

Therefore, it becomes essential that nurses of primary health care act from an interdisciplinary and transdisciplinary approach by developing a service that involves actively the participation of multidisciplinary team of user family and the various social segments linked directly and indirectly to the treatment of SAH.¹⁷

It is necessary still that the nursing care provided to people with SAH consider principles such as listening, welcoming, ethics, dialogue, autonomy, respect, freedom, citizenship and creativity, so as to encourage the individual to make positive changes with regard their eating habits and lifestyle.¹⁸

It is considered that to promote appropriate clinical management of blood pressure levels is necessary for the user with SAH adhere to therapeutic, pharmacological and non-pharmacological recommendations given by the health professional who assists it.¹⁸

It is essential for nurses of Primary Health Care the effectiveness of a nursing consultation to understand promotion activities and health education capable of stimulating the individual to adopt healthy eating habits, characterized by reduced intake of sodium and fat and that favors the consumption of fruit and greens.¹⁶

CONCLUSION

Nurses of Primary Care studied developed activities of promotion and health education that favor users with SAH adherence to optimal treatment and the practice of healthy eating habits in favor of the control of their blood pressure levels.

The accession process of individuals to the treatment of SAH is impaired due to low participation of users in promotion and health education and their little commitment in carrying out the dietary changes recommended by the professional nurse.

It was observed that the participants users do not adopt a regular physical exercise, what is a risk factor for the development of cardiovascular and cerebrovascular complications of SAH.

It is suggested that the nurses improve their promotional activities and health education and to develop a nursing care truly capable of encouraging the practice of healthy lifestyle habits by people with SAH.

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