ABSTRACT

Objective: to analyze the health promotion actions for patients with heart disease in the scientific productions. Method: integrative review, with the research question: which health promotion actions are being carried out for patients with heart disease? It was conducted a searching in SCOPUS, MEDLINE, Lilacs, CINHAL and COCHRANE database, from April to June 2012. Data of articles on health promotion were identified, classifying them according to levels of evidence. Results: there were 18 articles meeting the inclusion criteria. They were synthesized by content similarity into three thematic categories: educational action, therapeutic/interventionist action and psychological action. Conclusion: actions aimed at promoting health in cardiac patients are important to improve their quality of life and reduce morbidity and mortality.

Descriptors: Health Promotion; Cardiology; Literature Review as a Subject.

RESUMO

Objetivo: analisar as ações de promoção da saúde para os pacientes com doença cardíaca nas produções científicas. Método: revisão integrativa, cuja questão norteadora da pesquisa foi: que ações de promoção da saúde estão sendo realizadas para os pacientes com doenças cardíacas? Realizou-se busca nas bases de dados SCOPUS, MEDLINE, Lilacs, CINHAL e Banco de dados COCHRANE nos meses de abril a junho de 2012. Identificaram-se os dados dos artigos, as ações de promoção da saúde, classificando-os segundo os níveis de evidência. Resultados: 18 artigos atenderam aos critérios de inclusão. Estes foram sintetizados por similaridade de conteúdo em três categorias temáticas: ação educativa, ação terapêutica/intervencionista e ação psicológica. Conclusão: é importante que sejam realizadas ações direcionadas à promoção da saúde em pacientes cardiopatas para melhorar sua qualidade de vida e diminuir a morbimortalidade. Descritores: Promoção da Saúde; Cardiologia; Literatura de Revisão como Assunto.

RESUMEN

Objetivo: analizar las acciones de promoción de la salud para los pacientes con enfermedades cardíacas en las producciones científicas. Método: revisión integradora, cuya pregunta de investigación fue: ¿qué acciones de promoción de la salud están siendo realizadas para los pacientes con enfermedades cardíacas? Se realizó una búsqueda en las bases de datos SCOPUS, MEDLINE, Lilacs, CINHAL y Banco de datos COCHRANE, de abril a junio de 2012. Se identificaron los datos de los artículos, las acciones de promoción de la salud, clasificándolos según los niveles de evidencia. Resultados: 18 artículos atendieron a los criterios de inclusión. Fueron sintetizados por semejanza de contenido en tres categorías temáticas: acción educativa, acción terapéutica/intervencionista y acción psicológica. Conclusión: acciones dirigidas a la promoción de la salud son importantes en pacientes cardiopatas para mejorar su calidad de vida y disminuir la morbilidad y mortalidad. Descritores: Promoción de la Salud; Cardiología; Literatura de Revisión.
Health promotion has been defined, as the Letter of Ottawa, written in 1986, as the process of people and communities training to exercise actively control over their health and modify the determinants of health for the benefit of their own quality of life.¹

Acting in health promotion demands reflections that pass four key areas: the concept of health, the management of the work and education process, training of health professionals’ participation and social control. The combination of the elements of these areas should aim the practices in cardiology health, printing the logic of the technical care model in constant construction and reconstruction. ²

Changes in care practices aimed at building health promotion can and should be present in all health care levels as an integrated service network of care for people.

Regarding to patients with chronic diseases, especially cardiovascular diseases, health promotion aims, especially, to improve mortality and reducing and/or eliminating the negative effects on patient’s life. Since it is a disease affecting a vital organ, the individual is faced with the reality that will never return to the conditions he had before and must assimilate new lifestyle habits.

It is confirmed that heart disease affects millions of people worldwide and constitutes one of the major public health problems, due to their high morbidity and mortality and impact on the lives of the affected.³

Patients with heart disease require health professional of clinical and educational care to be able to understand a practice of effective self-care. When the patient does not learn to live with the limitations imposed by the heart disease, he has difficulty adhering to treatment and can take him to the clinical decompensation of clinical picture and thus create conditions for the installation of complications.

The treatment is an important step in cardiovascular disease because it ranges from conducting preventive action, as the use of appropriate drugs and complementary examinations and surgical treatment when necessary.⁴

<table>
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<tr>
<th>Scopus</th>
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<td>215</td>
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Figure 1. Articles in researched database, according to controlled keywords: health promotion and cardiology. Fortaleza-CE, May/2012.

Ações de promoção da saúde a pacientes com doenças cardíacas.

Health professionals can act in the three health care levels, providing quality care through the development and use of health technologies in healthcare practice in order to encourage better performance of their role in monitoring people with heart disease, ensuring assistance with technical and scientific support. Thus, the question driver of this research has emerged: What health promotion actions are being carried out for patients with heart disease?

It is believed that the resolution of this question can promote and broaden the knowledge of health professionals about the actions to promote the health of patients with heart disease in order to implement these actions in their care practice, improving the care provided to these clients, as well as the quality of life of these patients.

This study aims to:

♦ Analyze the health promotion actions for patients with heart disease in the scientific productions.

**METHOD**

The study is an integrative review conducted in SCOPUS, MEDLINE, Latin American and Caribbean Literature in Health Sciences (LILACS), Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Cochrane Library databases, using the controlled keywords in Portuguese (“promoção da saúde” and “cardiologia”), as well as their English translations (health promotion and cardiology) and Spanish (promoción de la salud e cardiología).

There were 543 scientific articles from crossing these keywords, of which 18 met the following inclusion criteria: be available electronically in its entirety; be available in English, Spanish and/or Portuguese; be a research report and answer the question of the study.

English/Portuguese
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The total of 525 articles were excluded for the following reasons: 308 are not available in full, 134 do not address the issue of research, 83 not being scientific articles and has already been selected by another database.

After the selection of studies about the actions directed to health promotion carried out within cardiology, they underwent exploratory and selective readings. Then, the data collection was carried out through a form developed by the researchers, which included the thematic aspects and actions to promote the health of patients with heart disease.

Data analysis was performed in two steps. At first, article location data were identified, year and country of the research, authors, main results and conclusions. The results were presented in a Figure, to allow a better understanding. In the second step, the analysis of articles was held about the health promotion actions, the results of which were synthesized by similarity of content. Therefore, there was use of thematic analysis of content by reading and rereading of the studies, identifying actions that were repeated.

It is noteworthy that the studies were classified according to the level of evidence for the evaluation of studies proposed by Melnyk and Fineout-Overholt (2005), as follows:

- Level 1: evidence originated from systematic review or meta-analysis of randomized controlled clinical trials relevant or arising out of clinical guidelines based on systematic reviews of randomized controlled clinical trials;
- Level 2: evidence from at least one randomized controlled clinical trial clearly delineated;
- Level 3: evidence from well-designed clinical trials without randomization;
- Level 4: evidence from cohort studies and well-designed case-control;
- Level 5: evidence originated from systematic review of descriptive and qualitative studies;
- Level 6: evidence from a single descriptive or qualitative study;
- Level 7: evidence from opinion of authorities and/or report of expert committees.

The ethical and legal aspects were respected, since there were articles published in national and international journals, whose authors’ names were always referenced after their thoughts citations.

**RESULTS**

The survey of scientific articles held in the databases, selected 18 publications that were numbered in the order they appeared in the databases. Evaluation of articles consisted in reading the study in its full and, soon after, preparation of a Synoptic Figure, describing the reference, type of study, results (of health promotion actions) and conclusions. Then, the actions aimed at health promotion were described, so that categories were formed.

The health promotion actions for patients with heart disease were divided into three categories created by similarity of content: educational actions, therapeutic/interventionist actions and psychological actions. Following these actions, these actions are displayed in Figures 2, 3 and 4, according to the categories.

Description of health promotion actions for patients with heart disease, according to the category of educational actions (Figure 2).

Nine articles were included about health education actions directed to patients in order to provide knowledge and able to take an active role in their health-disease process. To this end, various strategies have been used, such as educational groups, dietary counseling, educational actions of nursing, lecture cycles, role plays, among others.

**Reference**

<table>
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<th>Level of evidence</th>
<th>Health action promotion</th>
<th>Results/ Conclusion</th>
</tr>
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<tbody>
<tr>
<td>Castinheiras-Neto AG, Turco VM, Venturim FO, Farinatti. Cardiac rehabilitation after hospital discharge in the public health system of the city of Rio de Janeiro.21(6):399-403, 2008/ Brazil</td>
<td>Level 6</td>
<td>Cardiac Rehabilitation Program: multidisciplinary assessment+supervised exercise.</td>
<td>When properly conducted, cardiac rehabilitation programs are safe and having a good cost/benefit, and should be offered to all patients.</td>
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<tr>
<td>Giannotti A. Prevention of coronary heart disease: psychological perspective in a multidisciplinary program.13(1): 167-195,2002/ Brazil</td>
<td>Level 6</td>
<td>Multidisciplinary program of prevention of coronary heart disease: lecture cycles; role plays; Genuine expressions of interest by the patient, the exchange of experience among</td>
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**Custódio IL, Oliveira SKP de, Lima FET et al.**  

Ações de promoção da saúde a pacientes com doenças...  

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English/Portuguese  
J Nurs UFPE on line., Recife, 9(7):8583-92, July., 2015  

8586

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<th>Level of evidence</th>
<th>Health promotion actions</th>
<th>Results/ Conclusion</th>
</tr>
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<tr>
<td>1</td>
<td></td>
<td></td>
<td>The interventions used included: self-monitoring, educational interventions directed to the patient and health professionals, and clinical care.</td>
</tr>
<tr>
<td>2</td>
<td>Monthly consultations with the nurse for six months.</td>
<td>The nurse’s guidance did not reduce the blood pressure of patients, but was associated with a lower waist circumference gain and lowering triglycerides. These results suggest an important role of nurses in reducing cardiovascular risk factors.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Use of sites with information available to the public on issues related to health promotion in cardiology.</td>
<td>The technology provides important health information at minimal cost and is increasingly used by health professionals. Information technology should be seen as part of a broader strategy, which includes conventional media.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Use of phone calls to collect information on the patient’s health.</td>
<td>The results have important implications for the development of health promotion strategies aimed at the Chinese population to fill knowledge gaps about heart disease.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Use of phone calls to collect information on the patient’s health.</td>
<td>Awareness of women for cardiovascular risk factors, in general, improves the actions to reduce the risk. Most women acted to reduce the risk of cardiovascular disease in family members and themselves. The highest intensity of exercise in patients with heart failure has no effect on mortality, but improves functional capacity and quality of life.</td>
<td></td>
</tr>
</tbody>
</table>

Figure 2. Relationship of health promotion activities for patients with heart disease, according to the category of educational action. Fortaleza-CE, junho/2012.

Articles verified in therapeutic/interventionist action category, in which the professional conducted an intervention to promote the health of patients with heart disease, such as: nursing consultation, telephone monitoring and exercise programs (Figure 3).

Reference


Exercise alone or exercise as part of the comprehensive Cardiac rehabilitation based on exercise is effective in reducing factors such as blood pressure and levels of total and LDL cholesterol.

It is concluded that an organized system combined with educational activities and care for the treatment of hypertension has improved blood pressure control.
The psychological action category included three articles that addressed psychological interventions aimed at promoting the health of patients with heart disease (Figure 4). However, it is noteworthy that more than one article pointed to the use of more than one action to promote the health of patients with heart disease, totaling 28 actions for health promotion found in the analyzed publications.

**Table 1.** Relations of health promotion actions for patients with heart disease, according to the psychological action category. Fortaleza-CE, June/2012.

<table>
<thead>
<tr>
<th>Reference</th>
<th>Level of evidence</th>
<th>Health promotion actions</th>
<th>Results/ Conclusion</th>
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<tbody>
<tr>
<td>Schneider RH, Walton KG, Salerno JW, Nidich SI. Cardiovascular disease prevention and health promotion with the transcendental meditation program and Maharishi consciousness-based health care. 2006 Summer;16(3 Suppl 4):54-15-26/ Irlanda.</td>
<td>Level 6</td>
<td>Transcendental Meditation program (MT) with Vedic approach.</td>
<td>Research has shown that practice of the MT program groups has beneficial effects on the health of individual and society participants.</td>
</tr>
<tr>
<td>Rozanski A. Integrating Psychologic Approaches Into the Behavioral Management of Cardiac Patients. Psychosomatic Medicine 67, 2005; 1:567-573/ NY-USA</td>
<td>Level 6</td>
<td>Application of psychological principles.</td>
<td>Application of psychological principles can help doctors implement the basic approaches to improve the management of the behavior of heart patients.</td>
</tr>
</tbody>
</table>

**Figure 4.** Relations of health promotion actions for patients with heart disease, according to the psychological action category. Fortaleza-CE, June/2012.

**DISCUSSION**

The development of studies focusing on patients who are affected by heart disease enables the improvement of health care quality, especially from nursing, for these clients. Detailed discussion of each category established in accordance with the strategies found in the articles are presented below.

- Educational actions

  Health professionals should provide assistance, enabling the autonomy of the patient, since each one is responsible for his own well-being and quality of life. Health promotion is important in this process, as individuals, communities and social networks share their knowledge with similar goals finding better health in a continuous search of rights and citizenship.6

  Health education as a process of awareness of the human being to seek quality of life, walking the path of autonomy and being effective is a solid foundation for the welfare of the individual and community.7,8,9 An education in effective health is a solid foundation for the welfare of the individual and the community. Teaching is an integrative tool that professionals use to assist clients and their families to develop effective health behaviors and changes in lifestyle patterns that predispose people to health risks. The importance of this approach lies in expanding the horizons of traditional care model. The progressive development of new medication and sophisticated therapeutic procedures, despite their important role in controlling...
coronary artery disease mortality morbidity, does not reach the causal factors of the disease of multifactorial etiology.

The construction of knowledge with appropriate guidelines conducted by trained professionals is critical for the prevention of health problems, especially encouraging awareness in changes of lifestyle and behavior. Given that health education also aims at the provision of knowledge to the individual to take care of themselves, studies show the importance of self-monitoring and highlight the need to prepare these people for this practice, as well as the health professional since it is scientifically grounded to program effective interventions and meet the actual needs of the carrier of a disease person, which can undergo the practice of self-control, such as the control of blood glucose at home, and therefore be encouraged among such people.

Understanding the importance of decision making in self-monitoring, it should be performed by a multidisciplinary team and based on detailed and individualized assessment of each person, respecting their subjective and cultural aspects.

- **Therapeutic/interventionist action**

The current context reflects the care act in a technological world. Reflecting on the care with health technology makes us rethink the capacity of human beings to seek innovations that transform their practice, to improve quality of care. The technologies can be mild when it comes to relationships, host, service management; in soft-hard when we refer to knowledge well-structured, as the nursing process; and hard when they involve technological equipment like machines, rules.

Among the technologies for nursing care to cardiac patients, the nursing consultation is a systematized and educational process highlighted. Nursing consultation helps to make care directed to the patient’s needs, as it enhances nurses’ ability to perceive and understand the patient’s problems, favoring a systematic, individualized and humanized planning. Several studies have demonstrated that the implementation of the nursing consultation in cardiology has provided the identification and understanding of patient responses to actual and potential problems, facilitating the choice of interventions that can help them maintain a healthier life and increase compliance treatment.

The use of telephone monitoring, besides being a low cost, is effective as proven in a study held, shown that from the educational nursing intervention through the consultations and regular telephone monitoring, a significant reduction was observed in hospitalizations, represented five hospitalizations (18.5%) of GI, and twenty-two (81.5%) of GC.

Another health promotion action for patients with heart disease was the physical exercise programs, one of the ways to ensure these patients better physical condition, mental and social, so they are able, through their own efforts, regain a position normal in the community and lead an active and productive life.

Exercise has many benefits for cardiac patients, such as hemodynamic, metabolic, myocardial, vascular, food and psychological improvement that are associated with better control of risk factors and improving quality of life.

Exercise combined with other changes in lifestyle, has proven beneficial in different circumstances related to cardiovascular disease. It is noteworthy that it is up to the professional involved in the process, the guidance on cardiovascular risk factors and changes in lifestyle. Conducting tests and examinations to evaluate the clinical response is required, hemodynamics, ECG and metabolic effort and to determine exercise capacity to be used in patient training, making the custom workout.

Cardiac rehabilitation programs were developed with the purpose of bringing these patients back to their usual daily activities, with emphasis on physical exercise, accompanied by educational activities aimed at changes in lifestyle. It is important to highlight the chronic effects of exercise depend fundamentally a peripheral adaptation, involving both better control and distribution of blood flow, as specific adaptations of skeletal muscles. Each patient performs physical activity according to his health status.

Regarding the home visit, in the current context of the organization of the health system, emphasized in family health, takes a prominent place, restoring the role of family for care. The practice of home visiting is not new, as well as remote home care since the beginning of history, but it is configured as part of care when teams plan and systematize their practice.

In a home visiting model, monitoring of families in a planned and systematic manner, contributes to the maintenance of links with the health unit. However, using the visit as a process of entering home of users requires
preparation, communication skills, work ethic, knowledge of the mechanisms for providing the family an educational nature of assistance, guided in prevention actions and particularly to promote health of the population.  

Psychological action

Psychological treatment often has been used parallel to the cardiac clinical monitoring. This has a wide class of targeted interventions for risky behavior, that is, smoking, sedentary lifestyle, poor eating habits. However, sometimes the mental suffering is forgotten. The results of a meta-analysis of psychological treatment of cardiac patients conducted in 2007 revealed that counseling reduced mortality for at least the first two years.

It is noteworthy that heart disease can cause emotional stress because the heart is considered the organ of life, as well as disease severity. Thus, the psychologist analyzes the adaptive emotional resources that the patient available to deal with the stressful situation, which investigates his feelings in hospitalization, medical and life history, family structure and support network, habits and routine, relationship with working life and possible secondary gains.

Psychological interventions aimed at the restructuring of the patient so they gradually resume their activities. They can also offer psychological support to the family, since they also experiencing sufferings and ruptures, need to reorganize and redistribute roles.

Nursing in this context need to know aggregate of nursing care, the guidelines of the Unified Health System, including health policy and legislation and the assumptions of the psychosocial model.

The transcendental meditation (TM) was a simple mental technique, taught in homogeneous and standardized and therefore lent easily to be the subject of serious scientific study. The studies carried out by various scientists have shown that TM lowered blood pressure, heart rate, lactate index, increased coherence and integration of brain functioning. There was also regulation of cortisol and other hormones associated with chronic stress, and a healthy regulation of serotonin (one neuro-transmitter associated with mood).

CONCLUSION

Searching for databases resulted in 18 scientific articles found in surveyed databases. Searching for the available scientific evidences on health promotion actions for patients with heart disease, met 28 actions used and described in the articles analyzed, divided into three categories created by similarity of content: educational action, therapeutic/interventionist action and psychological action.

It was also verified that most of the articles surveyed have proven effective actions, such as nursing appointments, phone calls, multidisciplinary assessment, exercise and educational intervention.

The articles showed that when health promotion actions used for patients with heart disease in healthcare practice, there was improvement in the quality of their lives, of their clinical condition and encouragement of self-care.

It is believed that this study may direct health professionals working directly in patient care with cardiovascular risk factors, to use these actions in practice. However, new studies are still needed to verify the effectiveness of actions aimed at patients with heart disease, and detect new actions that favor the promotion of health of patients with heart disease.

REFERENCES


Ações de promoção da saúde a pacientes com doenças...


Custódio IL, Oliveira SKP de, Lima FET et al.

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Corresponding Address
Ires Lopes Custódio
Rua Dom Sebastião Leme, 140 / Ap. 702
Bairro Fátima
CEP 60050-160 — Fortaleza (CE), Brazil