



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

INTEGRATIVE REVIEW ARTICLE

HEALTH PROMOTION ACTIONS TO PATIENTS WITH CARDIOVASCULAR DISEASES: INTEGRATIVE REVIEW

AÇÕES DE PROMOÇÃO DA SAÚDE A PACIENTES COM DOENÇAS CARDIOVASCULARES: REVISÃO INTEGRATIVA

ACCIONES DE PROMOCIÓN DE LA SALUD A PACIENTES CON ENFERMEDADES CARDIOVASCULARES: REVISIÓN INTEGRADORA

Ires Lopes Custódio¹, Sherida Karanini Paz de Oliveira², Francisca Elisângela Teixeira Lima³, Ana Paula Oliveira Queiroz⁴, Mirian Conceição Lavina⁵, Marli Teresinha Gimeniz Galvão⁶

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, CINHALL 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, CINHALL 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, CINHALL 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.

¹Nurse. Master degree in Health Promotion. Hospital of Messejana Dr. Carlos Alberto Studart Gomes. Fortaleza (CE), Brazil. E-mail: iresl.custodio@gmail.com; ²Nurse. Ph.D. in Health Promotion, Federal University of Ceará/UFC. Fortaleza (CE), Brazil. E-mail: karanini@yahoo.com.br; ³Ph.D., Professor, Nursing Department, Federal University of Ceará/UFC. Fortaleza (CE), Brazil. E-mail: felisangela@yahoo.com.br; ⁴Nurse, Master degree in Health Promotion, Federal University of Ceará/UFC. Fortaleza (CE), Brazil. E-mail: paula.oliveiraqueiroz@hotmail.com; ⁵Ph.D., Professor, Nursing Department, Federal University of Ceará/UFC. Fortaleza (CE), Brazil. E-mail: mlavinas@fortalnet.com.br; ⁶Ph.D., Professor, Nursing Department, Federal University of Ceará/UFC. Fortaleza (CE), Brazil. E-mail: marligalvao@gmail.com

INTRODUCTION

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

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 Porguese “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.

	Scopus	Medline	Lilacs	Cinahl	Cochrane	Total
Found	252	215	8	4	64	543
Excluded	247	211	6	4	57	525
Included	6	4	2	0	7	18

Figure 1. Articles in researched database, according to controlled keywords: health promotion and cardiology. Fortaleza-CE, May/2012.

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 stap, 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)⁵, 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	Level of evidence	Health promotion action	Results/ Conclusion
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	Level 6	Cardiac Rehabilitation Program: multidisciplinary assessment+supervised exercise.	When properly conducted, cardiac rehabilitation programs are safe and having a good cost/benefit, and should be offered to all patients.
Giannotti A. Prevention of coronary heart disease: psychological perspective in a multidisciplinary program.13(1): 167-195,2002/ Brazil	Level 6	Multidisciplinary program of prevention of coronary heart disease: lecture cycles; role plays;	Genuine expressions of interest by the patient, the exchange of experience among

		group dynamic; relaxation techniques and recreational procedures.	them and the group's cohesive force, contain a considerable regeneration potential and contribute to improving the quality of life of those who were willing to invest emotionally in the program.
Eshah NF, Bond AE, Froelicher ES. The effects of a cardiovascular disease prevention program on knowledge and adoption of a heart healthy lifestyle in Jordanian working adults. 2010;9(4):244-53/ USA.	Level 4	Intervention program (Pender's Health Promotion Model): education group + individual counseling, behavioral + building skills techniques.	Individuals who participated in intervention programs have improved significantly their health, eating habits and interpersonal skills.
Wood D, Kotseva K, Connolly S, Jennings C, Mead A, Jones J et al. Nurse-coordinated multidisciplinary, family-based cardiovascular disease prevention programme (EUROACTION) for patients with coronary heart disease and asymptomatic individuals at high risk of cardiovascular disease: a paired, cluster-randomised controlled trial. 2008, 371 (9629): 1999-2012/ UK.	Level 2	EUROACTION program: multidisciplinary assessment + education group + supervised exercise.	Patients who participated in the program decreased the risk of cardiovascular disease compared with those who had usual care, mainly through changes in behavior, weight reduction, central obesity and better control of blood pressure and cholesterol.
Lupón J, González B, Mas D, Urrutia A, Arenas M, Domingo M et al. Patients' self-care improvement with nurse education intervention in Spain assessed by the European heart failure self-care behaviour scale. 2008 Mar;7(1): 16-20/ Espanha.	Level 6	Educational actions of nursing.	The improvement in self-care behavior was reached with the educational intervention of nurses in heart failure patients.
Shah E, Beswick A, Burke M, George DS. Multiple risk factor interventions for primary prevention of coronary heart disease. Cochrane Database of Systematic Reviews. In: The Cochrane Library, Issue 4, Art. No. CD001561. DOI: 10.1002/14651858.CD001561.pub2/2009/UK	Level 1	Counseling interventions and educational methods in multiple risk factors for cardiovascular disease.	Changes in risk factors were relatively modest and related to the amount of drug used. Individual counseling or family intervention and education are more effective in reducing risk factors and consequent reduction of mortality in populations at high risk for hypertension.
Taylor SJC, Bestall JC, Cotter S, Falshaw M, Hood SG, Parsons S, Wood L, Underwood M. Clinical service organisation for heart failure. Cochrane Database of Systematic Reviews 2005, Issue 2. Art. No.: CD002752 / UK	Level 1	Interventions: multidisciplinary; process management (intense monitoring of patients after discharge telephone monitoring and home visits); and clinical (monitoring in a clinical heart failure).	There was weak evidence that processes management interventions may be associated with a reduction in hospitalizations for heart failure.
Brunner E, Rees K, Ward K, Burke M, Thorogood M. Dietary advice for reducing cardiovascular risk. Cochrane Database of Systematic Reviews. In: The Cochrane Library, Issue 4, Art. No. CD002128. DOI: 10.1002/14651858.CD002128.pub4/2009/UK	Level 1	Dietary advice for healthy adults.	Dietary advice appears to be effective in bringing about beneficial changes in diet and cardiovascular risk

			factors such as blood pressure and levels of total and LDL cholesterol.
Glynn LG, Murphy AW, Smith SM, Schroeder K, Fahey T. Interventions used to improve control of blood pressure in patients with hypertension. Cochrane Database of Systematic Reviews 2010, Issue 3. Art. No.: CD005182. / 2005 / UK	Level 1	The interventions used included: self-monitoring, educational interventions directed to the patient and health professionals, and clinical care.	It is concluded that an organized system combined with educational activities and care for the treatment of hypertension improved blood pressure control.

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	Level of evidence	Health promotion actions	Results/ Conclusion
Tonstad S, Alm CS, Sandvik E. Effect of nurse counselling on metabolic risk factors in patients with mild hypertension: A randomised controlled trial. 2007 Jun;6(2):160-4/ Oslo, Norway	Level 2	Monthly consultations with the nurse for six months.	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.
Jabbour S, Nishtar S, Prabhakaran D, Chockalingam A, Achutti A, Agrawal A et al. Information and communication technology in cardiovascular disease prevention in developing countries: Hype and hope. Report of the International Collaboration on Information Use in Cardiovascular Health Promotion in Developing Countries. 2003 Dec; 92 (2-3):105-11/ Canadá.	Level 6	Use of sites with information available to the people on issues related to health promotion in cardiology.	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.
Chow CM, Chu JY, Tu JV, Moe GW. Lack of awareness of heart disease and stroke among Chinese Canadians: results of a pilot study of the Chinese Canadian Cardiovascular Health Project. 2008 Aug;24(8): 623-8/ Canadá.	Level 6	Use of phone calls to collect information on the patient´s health.	The results have important implications for the development of health promotion strategies aimed at Chinese population to fill the knowledge gaps about heart disease.
Mosca L, Mochari H, Christian A, Berra K, Taubert K, Mills T, Burdick KA, Simpson SL. National study of women's awareness, preventive action, and barriers to cardiovascular health. Circulation. 2006;113:525-534/ USA.	Level 6	Use of phone calls to collect information on the patient's health.	Awareness of women for cardiovascular risk factors, in general, improve the actions to reduce the risk. Most women acted to reduce the risk of cardiovascular disease in family members and themselves.
Zuazagoitia A, Grandes G, Torcal J, Lekuona I, Echevarria P, Gómez MA et al. Rationale and design of a randomised controlled trial evaluating the effectiveness of an exercise program to improve the quality of life of patients with heart failure in primary care: The EFICAR study protocol. 2010 Jan 25;10:33/ Espanha.	Level 2	Aerobic exercise + supervised strength training.	The highest intensity of exercise in patients with heart failure has no effect on mortality, but improves functional capacity and quality of life.
Jolliffe J, Rees K, Taylor RRS, Thompson DR, Oldridge N, Ebrahim S. Exercise-based rehabilitation for coronary heart disease.	Level 1	Exercise alone or exercise as part of the comprehensive	Cardiac rehabilitation based on exercise is effective in reducing

Cochrane Database of Systematic Reviews. In: The Cochrane Library, Issue 4, Art. No. CD001800. DOI: 10.1002/14651858.CD001800.pub4		cardiac rehabilitation program.	mortality. It is not clear in this review what is more beneficial: if only the exercises or a comprehensive cardiac rehabilitation intervention.
--	--	---------------------------------	--

Figure 3. Relationship of health promotion actions for patients with heart disease according to therapeutic/interventionist action category. Fortaleza-CE, June/2012.

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.

Reference	Level of evidence	Health promotion actions	Results/ Conclusion
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):S4-15-26/ Irlanda.	Level 6	Transcendental Meditation program (MT) with Vedic approach.	Research has shown that practice of the MT program groups has beneficial effects on the health of individual and society participants.
Rozanski A. Integrating Psychologic Approaches Into the Behavioral Management of Cardiac Patients. Psychosomatic Medicine 67, 2005; 1:S67-S73/ NY-USA	Level 6	Application of psychological principles.	Application of psychological principles can help doctors implement the basic approaches to improve the management of the behavior of heart patients.
Barth J, Critchley JA, Bengel J. Psychosocial interventions for smoking cessation in patients with coronary heart disease. Cochrane Database of Systematic Reviews. In: The Cochrane Library, Issue 4, Art. No. CD006886. DOI: 10.1002/14651858.CD006886.pub1/2009/UK	Systematic Review	Psychosocial interventions such as behavioral counseling, telephone support and self-help interventions to help people with coronary artery disease to quit smoking.	Psychosocial interventions for smoking stop are effective in promoting one year abstinence.

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.¹⁰

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.¹¹

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.¹²

Among the technologies for nursing care to cardiac patients, the nursing consultation is a systematized and educational process highlighted.¹³ 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.¹⁴ 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.^{3,15,16}

The use of telephone monitoring, besides being a low cost, is effective as proven in a

study held¹⁵, 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.¹⁷

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.¹⁸

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.¹⁹

♦ 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.²⁰

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.²¹ 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.²²

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).¹³

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

1. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Política nacional de promoção da saúde / Ministério da Saúde, Secretaria de Atenção à Saúde. Brasília: Ministério da Saúde; 2006. 60 p. ISBN 85-334-1198-7.
2. Silva B. O Enfermeiro como Educador. 3rd ed. Porto Alegre: Artemed; 2009.
- Cavalcanti ACD, Correia DMS, Queluci GC. A implantação da consulta de enfermagem ao paciente com insuficiência cardíaca. Rev Eletr Enf [Internet]. 2009 [cited 2012 May 23];11(1):194-9. Available from: <http://www.fen.ufg.br/revista/v11/n1/v11n1a25.htm>.
4. Souza ACC, Moreira TMM, Borges JWP, Andrade AM, Andrade MM, Almeida PC. Caracterização clínico-epidemiológica da clientela com crise hipertensiva atendida em um serviço de emergência de um hospital municipal de fortaleza-Ce. Rev Min Enferm [Internet] 2009 Jan/Mar [cited 2013 May 10];13(1):13-18. Available from: http://www.enf.ufmg.br/site_novo/modules/mastop_publish/files/files_4c0e47a93ae90.pdf
5. Melnyk BM, Fineout-Overholt E. Making the case for evidence-based practice. In: Melnyk BM, Fineout-Overholt E. Evidence-based practice in nursing & healthcare - a guide to best practice. Philadelphia: Lippincot Williams& Wilkins; 2005. p. 3-24.

6. Büchele F, Coelho EBS, Lindner SR. A promoção da saúde enquanto estratégia de prevenção ao uso das drogas. *Ciênc. Saúde Coletiva* [Internet]. 2009 [cited 2012 June 14];14(1):267-273. Available from: http://www.scielo.br/scielo.php?pid=S1413-81232009000100033&script=sci_abstract&tlng=pt
7. Vieira LJS, Barroso GT. A interdisciplinaridade no ensino da educação em saúde. In: *Educação em saúde no contexto da promoção humana*. Fortaleza: Edições Demócrito Rocha; 2003. p. 49-54.
8. Smeltzer SC, Bare BG. Brunner & Suddarth Tratado de Enfermagem Médico-cirúrgica. 11th ed. Rio de Janeiro: Editora Guanabara Koogan; 2009.
9. Giannotti A. Prevenção da doença coronária: perspectiva psicológica em um programa multiprofissional. *Psicol USP*. [Internet]. 2002 [cited 2012 June 20];13(1):167-95. Available from: <http://dx.doi.org/10.1590/S0103-65642002000100009>. ISSN 0103-6564.
10. Silva RA, Custódio IL, Pereira CMC, Porto LMM, Moreira TMM, Lima FET. The ludic in the promotion of occupational health and in defense of life. *J Nurs UFPE on line* [Internet]. 2010 May/June [cited 2012 June 14];4(spe):1246-253. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewFile/762/pdf_99
11. Teixeira CRS, Zanetti ML, Landim CAP, Becker TAC, Santos ECB, Franco RC, Citro R. Automonitorização da glicemia capilar no domicílio: revisão integrativa da literatura. *Rev Elet Enf* [Internet]. 2009 [cited 2012 May 10];11(4):1006-17. Available from: <http://www.fen.ufg.br/revista/v11/n4/pdf/v11n4a27.pdf>
12. Rocha PK, Prado ML, Wal ML, Carraro TE. Cuidado e tecnologia: aproximações através do Modelo de Cuidado. *Rev Bras Enferm* [Internet]. 2008 Jan-Feb [cited 2012 May 24];61(1):113-6. Available from: <http://www.scielo.br/pdf/reben/v61n1/18.pdf>
13. Schneider RH, Walton KG, Salerno JW, Nidich SL. Cardiovascular disease prevention and health promotion with the transcendental meditation program and maharishi consciousness-based health care. *Ethn Dis* [Internet]. 2006 [cited 2012 June 14];16(Suppl 4):S4-15-26. Available from: <http://www.ncbi.nlm.nih.gov/Medline/16938913>
14. Lopes MHB. A experiência de implantação do processo de enfermagem utilizando os diagnósticos de enfermagem (taxionomia da NANDA), resultados esperados, intervenções e problemas colaborativos. *Rev. Latino-Am. Enfermagem* [Internet]. 2000 July [cited 2012 May 24];8(3):115-8. Available from: <http://dx.doi.org/10.1590/S0104-11692000000300017>
15. Bento VFR, Brofman PRS. Impacto da consulta de enfermagem na frequência de internações em pacientes com insuficiência cardíaca em Curitiba-Paraná. *Arq. Brás. Cardiol.* [Internet]. 2009 June [cited 2012 June 24];92(6):490-6. Available from: <http://dx.doi.org/10.1590/S0066-782X2009000600013>
16. Lima FET, Araújo TL, Serafim ECG, Custódio IL. Protocolo de consultas de enfermagem ao paciente após a revascularização do miocárdio: influência na ansiedade e depressão. *Rev. Latino-Am Enfermagem* [Internet]. 2010 [cited 2012 May 24];18(3):34-41.
17. Gardenghi G, Dias FD. Reabilitação cardiovascular em pacientes cardiopatas. *Integração*. 2007;13(51): 387-92.
18. Moraes RS, Nóbrega ACL, Castro RRT, Negrão CE, Stein R, Serra SM, et al. Diretriz de reabilitação cardíaca. *Arq Bras Cardiol*. 2005;84:431-40.
19. Santos EM, Kirschbaum DIR. A Trajetória histórica da visita domiciliária no Brasil: uma revisão bibliográfica. *Rev eletr enf* [Internet]. 2008;10(1):220-7. Available from: <http://www.fen.ufg.br/revista/v10/n1/v10n1a20.htm>
20. Linden W, Phillips MJ, Leclerc J. Tratamento psicológico de pacientes cardíacos: A Meta-Análise. *European Heart Journal*. 2007;28(24):2972-84.
21. Candido SES, Kisboa ML, Silva GR, Becker LB. Intervenção Psicológica com pacientes cardiopatas. *Anais da 6ª Semana de Ensino, Pesquisa e Extensão da Universidade Federal de Santa Catarina*; 2007.
22. Damásio VF, Melo VC, Esteves KB. Nurse's attributions in the mental health services into context from the psychiatric reform. *J Nurs UFPE on line* [Internet]. 2008 [cited 2012 June 24];2(4):425-33. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewFile/329/pdf_404.

Submission: 2014/12/22
Accepted: 2015/06/17
Publishing: 2015/07/01

Corresponding Address

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