Objective: to describe the profile of the users accompanied by HIPERDIA program in a Family Health Unit. Method: a descriptive, exploratory study with a quantitative approach. Data collection was performed by means of structured interviews with a sample of 152 users aged between 60 and 65 years-old, in 2009. Results: 62% of female; the sedentary lifestyle was prevalent (30%) and 13.5% are obese. As for risk factors smoking was the majority, with 56.5%. Concerning the complications of hypertension 5.2% had experienced stroke and 8.3% had AMI. About medications, 80 users use hydrochlorothiazide, 65 use captopril, 34 glyburide, 12 metformin and 15 propranolol. Conclusion: there is a need for action of a dietitian with the help of a physical trainer in order to encourage the study population to adopt a healthy lifestyle and improve quality of life by reducing the incidence of hypertension and diabetes. Descriptors: Hypertension; Health Unit; Hiperdia.

Objetivo: traçar o perfil dos usuários acompanhados pelo programa HIPERDIA em uma Unidade Saúde da Família. Método: estudo descritivo, exploratório, de abordagem quantitativa. A coleta de dados foi realizada por meio de entrevista estruturada, com amostra de 152 usuários com idades entre 60 e 65 anos, no ano de 2009. Resultados: 62% do sexo feminino; o sedentarismo foi prevalente (30%) e 13,5% apresentam obesidade. Com relação aos fatores de risco evidenciou-se o tabagismo, com 56,5%. No que diz respeito às complicações da hipertensão, 5,2% já sofreram AVC e 8,3% IAM. Acerca das medicações, 80 usuários usam hidroclorotiazida, 65 captopril, 34 glibenclamida, 12 metformina e 15 propranolol. Conclusão: há a necessidade da atuação de um nutricionista com o apoio de um preparador físico, no intuito de incentivar a população estudada a adotar um estilo de vida saudável e melhorar a qualidade de vida, reduzindo a incidência de hipertensão e diabetes. Descriptores: Hipertensão; Unidade Saúde da Família; Hiperdia. 

Objetivo: el perfil de los usuarios acompañados por el programa Hiperdia en una Unidad de Salud de la Familia. Método: estudio descriptivo, exploratorio con enfoque cuantitativo. La recolección de datos se realizó por medio de entrevistas estructuradas con una muestra de 152 usuarios de edades comprendidas entre los 60 y los 65 años, en 2009. Resultados: 62% mujeres; el estilo de vida sedentario era frecuente (30%) y el 13,5% son obesos. En cuanto a los factores de riesgo tabaquismo se evidenció, con un 56,5%. En cuanto a las complicaciones de la hipertensión, 5,2% había sofrido accidente cerebrovascular y 8,3% IAM. Acerca de medicamentos, 80 usuarios utilizan hidroclorotiazida, 65 captopril, 34 gliburida, metformina 12 y 15 propranolol. Conclusion: hay una necesidad de una acción de un dietista con la ayuda de un preparador físico con el fin de alentar a la población de estudio a adoptar un estilo de vida saludable y mejorar la calidad de vida mediante la reducción de la incidencia de la hipertensión y la diabetes. Descriptores: Hipertensión; Unidad de Salud; Hiperdia.
INTRODUCTION

Over the years, there was change in the profile of morbidity and mortality of the population, with a prevalence of diseases and deaths due to Chronic Non-communicable Diseases (NCDs), among them there’s cancer, cardiovascular disease, hypertension and diabetes. The aging population and the adoption of unhealthy lifestyles as physical inactivity, poor diet, overweight, obesity and smoking, are largely responsible for the increased incidence and prevalence of these diseases.

Demographic, nutritional and epidemiological transitions occurred in the last century have determined a risk profile that chronic diseases such as diabetes and hypertension assumed growing and worrying burden. Both are prevalent conditions and important public health problem in all countries, regardless of their degree of development.\(^1\)

Systemic Arterial Hypertension (SAH) is also a common chronic problem; its prevalence is high, with higher incidence in older age groups. Brazilian epidemiological studies have estimated prevalence of 40% to 50% in adult population over 40 years-old, from the casual pressure measurement. Even if it is asymptomatic, hypertension is responsible for cardiovascular, brain, coronary, renal and peripheral vascular complications.

The HIPERDIA system was developed with the main purpose of enabling the monitoring of patients treated and registered in the outpatient network of the Unified Health System (SUS), and generate information for purchasing, dispensing and distribution of drugs in a systematic way for these patients. The focus of the study is to show the point of view of health professionals that accompanied the study users, and the main characteristics of hypertensive patients for the program. It is expected, therefore, to enable the adoption of effective strategies to facilitate the incorporation of health promotion practices and prevention of diseases of the population studied.

OBJECTIVE

- To evaluate the profiles of users accompanied by HIPERDIA program of the Family Health Strategy.

METHODOLOGY

Article compiled from the research project developed in the Institutional Program for Scientific Initiation of Volunteers (PIVIC), presented to the Pro-Rector for Research and Extension, the Research Coordination of the Center for Life Sciences and Health - CCBS, Universidade Federal de Campina Grande/UFCG. Brazil. 2012.

It is a descriptive study with a quantitative approach, performed with the use of secondary data obtained from the Health Unit Family of the Brazilian Northeast, located in the rural area of the municipality of Paraíba.

Data were analyzed in the register of hypertension and diabetes. Despite being a computer program of database in the Municipal Health Bureau, it was chosen analysis of Record Sheets filed with the Health Unit with a view to obtaining more detailed data, considering the interest in the studied variables and availability of information. The hypertensive and diabetic users were included exclusively, aged between 60 and 90 years-old.

The sample found 152 entries of users followed in 2012 by HIPERDIA program, as 118 are hypertensive and 34 diabetic. To obtain the data through the HIPERDIA Program, the information was grouped and tabulated, allowing an analysis of the data found and comparing them with the literature.

The ethical aspects were taken into consideration in obedience to the principles set forth in Resolution 196/96 of the National Health Council, in which it calls for the confidentiality and use of information collected\(^3\). The project was submitted and approved by the Research Ethics Committee of Universidade do Estado da Paraíba (UEPB) under Opinion No. 0743.0.133.000-11. The study was developed from the research project developed in the Institutional Program for Scientific Initiation of Volunteers (PIVIC), presented at the Research Coordination, Biological Sciences and Health Center/CCBS, Universidade Federal de Campina Grande/UF CG in 2012.

RESULTS AND DISCUSSION

In the data relating to the registration of users, it is evident with respect to sex and age group, the prevalence of ages between 60-65 years-old and it is highlighted the female group with 62% in a population of 152 hypertensive people.

The profile of age and sex above is consistent with the literature, which shows a higher rate of hypertension in the elderly. The same one refers to research conducted in Singapore in 2004, which has an incidence female with a percentage of 71.27%. It should
be noted that at this Fortaleza research, the health unit is located in the urban area.4

Our study shows more women enrolled in HIPERDIA program because the demand is greater for women. It is believed that women attend the health service both to take care of their own health, and to accompany a loved one. This is how the vaccination phase of the children, culminating in a visit to the pediatrician, and during gestation, which includes prenatal visits and other programs aimed at prevention and treatment related to women's health.

Regarding blood pressure, there was a variation in systolic blood pressure (SBP) of 110-200 mmHg and diastolic blood pressure (DBP) of 70-120 mmHg. Blood pressure levels showed a need for review of diagnosis and/or drug withdrawal, because of some entries have SBP of 100 mmHg and DBP equal to 70 mmHg (5.5%), values considered too low to characterize hypertension. In contrast, a percentage of 8.9% had high blood pressure classification Stage 3, considered severe hypertension as the Care Notebook Basic No 15, which refers SBP greater than 180 mmHg and DBP greater than 110 mmHg, and therefore, need a specialized attention.

To have value necessary and reliable diagnosis, the blood pressure should be measured using techniques adapted, reliable equipment and properly calibrated, respecting the recommendations for this procedure.

For the presence of complications evidenced Stroke (stroke), with 5.2% and Acute Myocardial Infarction (AMI), with 8.3%. A stroke with a small percentage of the sample, with hypertension is a risk factor for the onset of cardiovascular disease.

The IAN was another complication noted in the study sample, which according to literature is associated with risk factors such as smoking, sedentary lifestyle, physical inactivity, obesity and dyslipidemia. To avoid these diseases is needed some preventive measures that are linked to healthy lifestyle, particularly in diabetics.

Currently, there are 371 million people with diabetes around the world. According to the International Diabetes Federation, the number is expected to reach 552 million by 2030.

The third place is occupied by the United States and the fourth in Brazil, with about 13.4 million diabetics. Poor eating habits and sedentary lifestyle prominently occupy this increased incidence of disease.9

As evidenced risk factor in the study, obesity was found in 13.5% of the sample considering the body mass index. According to the literature, obesity is a risk factor for hypertension and diabetes, as well as contributing to the onset of the cardiovascular system, resulting in the overload cardiac function by increasing the weight and fat.5

Obesity, according to WHO, is a major public health problems early this century. It is estimated that its prevalence has almost doubled in the period from 1980 to 2008, affecting half a billion men and women over 20 years-old. This increase is the result of the modification of social habits, with the replacement of traditional diets in other higher energy content, combined with a reduction of physical activity.9

In Brazil, about half of the adult population carries excess weight - overweight or obese people, it is calculated that 1% to 2% are morbidly obese (BMI over 40). Obesity can reduce the life expectancy of a person in ten years. One way to combat this epidemic is to make a suitable combination of physical activity and nutrition, especially in the early years of childhood.9

To reduce the weight monitoring by the health staff is necessary, particularly by a nutritionist, so that the individual get into the habit of a diet low in calories and start a physical activity program with accompanying physical trainer and cardiologist. This is not an easy task, since it first requires the awareness on the part of the individual.

The rapid growth of obesity reinforces the need for prevention programs, having an impact in reducing the incidence of hypertension and diabetes. These programs should incorporate behavioral changes such as adopting healthy eating habits and performing regular physical activity, but also include population interventions such as legislation and infrastructure, aimed at reducing obesogenic environments to which the population is currently exposed. Sedentary lifestyle leads to disuse of important systems such as cardiovascular, leaving the individual with undesirable physical fitness and exposed to various diseases.6

In the case of complications from hypertension and diabetes, recognition as priority health problems in monitoring the quality of primary care has justified its inclusion in the intergovernmental pacts of SUS.7

With regard to the investigated lifestyle, it is a sedentary lifestyle with 30% prevalent in the sample, indicating the absence of exercise, which may be associated with advanced age of the users, making it

Epidemiologic characterization of users with...
impossible, in part, the practice of physical exercises, due to the morbidity caused by age. This scenario suggests the inclusion of body practice such as hiking. Because it is rural, it is inexpensive and easy activity acceptability, as well as being a low-impact exercise.

It is noteworthy that the combination of proper diet and physical activity reduces the levels of cholesterol, triglycerides and glucose, when associated with risk factors can induce the emergence of cardiovascular diseases responsible for most deaths. The high-calorie diets and sedentary lifestyle are the main factors related to the increased prevalence of obesity, another major risk factor for diabetes type 2.8,9

With a sedentary lifestyle there is smoking, present in large-scale (56.5%), knowing that it is a risk factor for both cardiovascular disease and for respiratory. Nicotine impairs blood circulation and increases the heart rate and blood pressure by the autonomic nervous system stimulation, triggering vasoconstriction.

Thus, it becomes necessary a Tobacco Control Program, considering that the smoke induces resistance of drugs used for hypertension, among others harms.5,10,11

To this end, it recognizes the need for reorientation of health practices, as well as renewal of commitment to links between health services and the population, considering primary care as a privileged context for the development of educational practices in health. The actions of Plan to Combat DCNTs (non-transmissible chronic diseases) in Brazil, according to the life-cycle, approach to encouraging healthy lifestyles such as diet, regular physical activity, smoking cessation, prevention of harmful use of alcohol, and encourage the creation of healthy spaces for physical activity and healthy eating at workplace.12-18

As for the main drugs used as anti-hypertensive drugs we found in the prescription of users: hydrochlorothiazide (80), captopril (65), and propranolol (15). The antihypertensive hydrochlorothiazide, widely used by users of the study, was related to 80 people. Considered a thiazide diuretic, it should be used for initial therapy of hypertension in most people, as monotherapy or in combination with other anti-hypertensive, with a dose of 25 mg to reduce blood pressure.13

The antihypertensive mechanism of action of diuretics relates initially to its diuretic and natriuretic effects, with a decrease in extracellular volume. After about four to six weeks, the blood volume is normalized and resistance reduction in peripheral vascular occurs. They are effective in the treatment of hypertension, with evidence in reducing morbidity and mortality cardiovascular.5-14

Captopril is the most widely prescribed antihypertensive in the HIPERDIA program where 65 users utilize this drug as part of treatment, which reduces the blood pressure on clients with essential hypertension and vascular disease. Its action occurs by the inhibition of angiotensin converting enzyme (ACE), blocking the conversion of angiotensin I to II in the blood and tissues, although other factors may be involved in this mechanism of action. They are effective in the treatment of hypertension by reducing the cardiovascular mortality in hypertensive patients. The captopril was the first drug of this type developed for the treatment of hypertension; the reduction of BP is related to the reduction of total peripheral resistance.5-15

Propranolol is evident in the study in a reduced number, with 15 users. It is a drug of group of the antagonist non-selective B-adrenergic, which works to decrease the frequency and cardiac output, it is very used in the treatment of primary hypertension16 and it is considered a well tolerate antihypertensive treatment by presenting fewer side effects.

For the pharmacological treatment indicated for diabetic patients is evidenced glibenclamide as the most used hypoglycemic at health unit. According to the survey data, 34 of the surveyed customers make use of this drug for diabetes - type 2 and it is not suitable for the type 1. Its action happens by stimulating insulin secretion from pancreatic B cells, causing a reduction in the concentration of plasma glucose and may also decrease glucose production by liver.13

We evidenced another drug which is indicated for diabetes in the study: Metformin, with 12 users. From the group of the biguanides, used for blood glucose control, this drug reduces glucose levels primarily by reducing hepatic glucose production and enhancing insulin action in muscle and adipose tissue. This drug has no effect on the pancreatic insulin production in order to standardize the glycemic control.17

**FINAL REMARKS**

With the result of this study we can highlight the importance of diagnosis and control of hypertension and diabetes mellitus in primary care, for they are considered
worrying to trigger other cardiovascular, renal diseases, among other health problems.

Knowing that it is very important to reduce the risk factors, there is a clear need for lifestyle change, through guidance and information during the consultations in primary care unit, which makes the control more difficult because it is a silent disease and, in most cases, there are no signs and symptoms.

The situation of attention to this population group can represent the parameter of attention provided by health teams, understood as a strategy of change in educational practices, it is imperative to family context where they live, giving possibility to extend professional limits action in the prevention and promotion of health.

The incorporation of community health workers on the team attend an organizational demand, having as main activities the registration and monitoring of families and to this purpose, a monthly visit to a health unit should be scheduled.

It is perceived that the practice of supervision of community worker and the appropriation of data by health staff are the basis for evaluating the improvement of quality of care, and it is a regular activity.

The dynamics proposed by the health unit, focused on promoting quality of life and action of the factors that put them at risk, allows a more accurate identification and better monitoring diabetic and hypertensive individuals.

The study suggests the implementation of Care Protocol to Hypertensive Diabetics, proposed by the Ministry of Health, with an emphasis on educational practice, as well as the inclusion of complementary and integrative practices, and the intervention of other health professionals such as nutritionists and counselors physicists.

Believing that the contribution of these professionals in the Control Program for Hypertension and Diabetes comes in addition to the work of nurses and other members of the health team, in the preventive sense to adopt a healthy lifestyle and a better quality of life, the protocol assistance becomes an essential tool in nursing care, providing the customer a humane, comprehensive and continuous care in the pursuit of excellence in care. Therefore, it is appropriate to point out that a protocol has become established because of the sensitivity of the municipal health team of study, to be deployed later.

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Correspondence
Rosângela Vidal de Negreiros
Rua Vigário Calisto, 1753
Bairro Catolé
CEP 58410-340 – Campina Grande-PB, Brazil