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ORIGINAL ARTICLE

CHALLENGES EXPERIENCED BY PATIENTS WITH HYPERTENSION FOR ACCESSION TO THE DIETARY TREATMENT

DESAFIOS VIVENCIADOS POR CLIENTES COM HIPERTENSÃO ARTERIAL PARA ADESÃO AO TRATAMENTO DIETÉTICO

DESAFÍOS VIVIDOS POR PACIENTES CON HIPERTENSIÓN EN LA ADHESIÓN A EL TRATAMIENTO DIETÉTICO

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ABSTRACT

Objective: to describe the challenges experienced by users with hypertension attended in a family health unit for adherence to dietary treatment. ***Method:*** descriptive study of qualitative nature, with 14 customers registered in the hypertension service. We used semi-structured interviews with implementation of the Thematic Content Analysis technique. ***Results:*** about those surveyed, 13 were women aged from 25 to 77 years-old, no or low education and low socio-economic condition, identifying three categories: dietary compliance in the presence of forbidden food; difficulty in sodium intake restriction and/or lipids; other challenges. ***Conclusion:*** patients' adherence with hypertension to dietary treatment involves a number of factors, that when they are identified will enable the development of healthcare policies for greater control of the disease and prevention of its complications. ***Descriptors:*** Hypertension; Treatment; Food Habits; Diet.

RESUMO

Objetivo: descrever os desafios vivenciados por usuários com hipertensão arterial atendidos numa unidade de saúde da família para adesão ao tratamento dietético. ***Método:*** estudo descritivo e exploratório, de natureza qualitativa, com 14 clientes cadastrados no serviço de hipertensão arterial. Utilizou-se entrevista semiestruturada com aplicação da técnica de Análise Temática de Conteúdo. ***Resultados:*** dentre os pesquisados, 13 eram mulheres com 25 a 77 anos, nenhuma ou baixa escolaridade e baixa condição sócio econômica, identificando-se três categorias: cumprimento da dieta na presença do alimento proibido; dificuldade na restrição do consumo de sódio e/ou lipídios; outros desafios. ***Conclusão:*** a adesão do cliente com hipertensão arterial ao tratamento dietético envolve uma série de fatores, que identificados possibilitarão o desenvolvimento de políticas de saúde voltadas para um maior controle da doença e prevenção das suas complicações. ***Descritores*:** Hipertensão; Tratamento; Hábitos Alimentares; Dieta.

RESUMEN

Objetivo: describir los desafíos experimentados por los usuarios con hipertensión asistidos en una unidad de salud de la familia de la adherencia al tratamiento dietético. ***Método:*** estudio descriptivo de naturaleza cualitativa, con 14 clientes registrados en el servicio de la hipertensión. Se utilizó entrevistas semiestructuradas con la aplicación de la técnica de análisis de contenido temático. ***Resultados:*** sobre los encuestados, 13 eran mujeres de 25 a 77 años, sin o bajo nivel de educación y de baja condición socioeconómica, la identificación de tres categorías: cumplimiento de la dieta en presencia de alimentos prohibidos; dificultad de restricción de ingestión de sodio y/o lípidos; otros desafíos. ***Conclusión:*** la adhesión del cliente con la hipertensión de tratamiento dietético implica una serie de factores, identificado que permitirá el desarrollo de políticas de salud para un mayor control de la enfermedad y la prevención de sus complicaciones. ***Descriptores*:** Hipertensión; Tratamiento; Hábitos Alimentarios; Dieta.

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INTRODUCTION

The epidemiological and nutritional transition in Brazil brought socioeconomic and demographic changes that have contributed significantly to the morbidity and mortality increase for cardiovascular disease, including high blood pressure (hypertension) that is the one that has a higher prevalence.[1] This disease is characterized by high blood pressure, and the values equal to or greater than 140/90 mmHg, identified in two or more blood pressure measurements, diagnose the disease.[2]

It is estimated that the HP reaches about 20% to 25% of the world's population and in Brazil approximately in 17 million people, constituting a serious risk factor for the development of cardiovascular, cerebrovascular and renal diseases, turning it an important public health.[1,3-4]

This disease has quietly and slowly evolving. Its treatment requires dietary and behavioral changes, as well as accuracy in fulfilling medicine prescription[5], which is extremely important for preventing complications, as cardiovascular disease (CVD) are the leading causes of mortality in the Brazilian population.[6]

Adopting a healthy lifestyle is essential in the treatment of clients with HP and the main modifiable factors are poor eating habits, particularly excessive salt intake and low vegetable; sedentary lifestyle; obesity and high intake of alcohol.[7] Non-adherence to treatment, on the other hand, is revealed as one of the factors that interfere negatively in the maintenance of blood pressure levels within the limits recommend.[8]

It is emphasized that adherence to treatment is characterized as one of the biggest challenges in fighting arterial hypertension[6], being a complex behavioral process that is influenced by the environment, the health system, health care, among others.[2] Adherence to treatment of hypertension can be considered as the degree of coincidence in the user's behavior.

Due to the high prevalence of hypertension in the Brazilian population in recent decades, the implementation of actions aimed at controlling and reducing its complications is very important, such as health education, able to assist users in the construction of new knowledge enabling that they know about the disease, and the action of non-drug therapy, especially the nutritional treatment where the nutritionist should be inserted, seeking strategies with the client to increase his adhesion.[9-11]

Taking into account the difficulties to fulfill the nutritional treatment we elaborated the following question: What are the challenges that people with hypertension experience to adhere to dietary treatment? And aiming to find an answer to this question, it was established as objective of this study "to describe the challenges experienced by patients with HP treated at a health unit family for adherence to dietary treatment."

It is believed that this study is of fundamental importance, considering that its results will enable health professionals, especially dietitians and nurses, to develop therapeutic strategies that encourage customers to adhere to this type of treatment in order to control the disease as well as reduction or prevention of its complications.

METHOD

This is a descriptive study of a qualitative nature, developed a family health unit (FHU) located in a neighborhood of family with low income in Bahia. The sample consisted of 14 clients registered in the hypertension service of the unit, which for some reason were in the USF looking for assistance.

The inclusion criteria for this study were: to be aged over 20 years-old, to have the diagnosis of hypertension at any stage, difficult to comply the dietary treatment and the ability to understand and to answer questions.

Data were collected through semi-structured interview with support of recorder and a script composed of two parts. The first one containing questions that encompassed the sociodemographic aspects that allowed the characterization of informants, as described in the discussion of the results; and the second, issues relating directly to the object of study.

This study was approved by the Ethics Committee of Universidade Estadual do Sudoeste da Bahia – UESB/Jequié-BA, in the opinion n°703389 (CAE: 30816814.8.0000.0055). It is emphasized that the information was collected only

after approval by this Committee and signed the Terms of Free and Informed Consent Form (ICF) by the participants.

For the treatment and analysis of the information collected we used the content analysis technique that corresponds to a set of analysis techniques of communication[12], among which the thematic analysis.

Thus, it was initially made a floating reading of the contents of all the interviews after transcribed, aiming to form the corpus of the study. Then we carried out a reading in depth, allowing the identification and separation of the analysis units. Following these analysis units we coded and grouped according to their similarities obeying codes previously established, resulting in three categories: Diet Compliance in the presence of forbidden food; difficulty in restriction of sodium and/or lipids intake, and other challenges.

RESULTS AND DISCUSSION

• Characterization of informants

From the 14 interviews, 13 were with females and only one male, what shows that women have a greater attendance in the use of health services, as well as the feminine nature tends to prioritize the care of health more than man.[13] It is noteworthy that the study participants were between 25-77 years-old, mean age of approximately 52 years-old.

Literature shows that aspects such as age and gender can influence adherence of people with hypertension to therapy, and men and younger people are less adherent to treatment[14-5], although the females have greater tendency to present it because of changing eating habits combined with execution of professional duties associated with function carried out by the woman as a housewife, among others.[14] We can also add to menopause, weight gain and hormonal changes that possibly contribute to increased blood pressure in women.[15]

Some researchers say that with the advances of age the prevalence of this disease increases progressively, reaching over 60% of individuals over 60,[16-7] this is confirmed by another study which presented that most respondents with HP were aged 61 to 70 years-old.[15]

It is noteworthy that the prevalence of hypertension in the elderly is due to the anatomical and physiological changes of smooth muscle and connective tissue of the blood vessels related to aging, which leads to a progressive increase in the stiffness of the arteries, causing reduction of its distensibility and, consequently, a continuous increase in systemic blood pressure.[14-5]

However, the increased occurrence of hypertension with age and its magnitude depends not only on biological and demographic attributes but also the predominant lifestyle in each population, the psychosocial and physical environment of the organization features of the services and their interactions among these various elements.[16-7]

As to education, it was observed that the vast majority of interviewed had no or low education, six illiterate and seven with only incomplete primary education, corroborating another study that also addressed this issue, in which customers with low educational levels were classified as non-adherent to antihypertensive treatment, reflected in a survey where 86.3% of the participants had attended, at most, to the incomplete elementary school.[17]

The level of education is one of the determining factors on adherence, which is why education should be considered in the choice of strategies for guidance and consultation approach. The lack or low school education may generate difficulties for the assimilation of guidance dispensed by professionals, and influence the perception of the severity of the disease, leading to the acquisition of incomplete information on the aspects necessary to maintain or improve their well-being.[3]

It is also realized through the responses of study participants to issues involving the socio-demographic aspects that, in general, they have low socioeconomic status, since ten of them have family income of up to one minimum wage, and this condition is an influence factor for proper treatment of hypertension, which can be analyzed by level of wage income.[14]

In addition to socio-demographic factors to be often related to adherence to dietary treatment for hypertension, there are other factors that hinder this type of treatment, resulting in challenges faced by people with this disease, and some of them were expressed by informants in this study, as can be seen in the three categories presented and discussed below:

♦ Category nº 1 - Diet Compliance in the presence of forbidden food

Nutritional therapy focused on individuals with hypertension is often based on the DASH diet (Dietary Approaches to Stop Hypertension). It is a diet rich in fruits, vegetables, whole grains, nuts, chicken, fish, potassium, calcium, magnesium, fiber, protein and reduction in consumption of fatty dairy products, foods high in total fat, saturated and cholesterol, fatty red meat, sugar and simple, especially processed foods with high sodium content, as there is a strong correlation between salt intake and increased blood pressure.[18]

In this study there was the identification of units of analysis that point as one of the difficulties presented by informants to accomplish the diet is resisting these foods that should be avoided, here called forbidden foods, especially when they are readily available, constituting therefore a challenge to be overcome, as noted:

> *[...] I know I cannot eat. It's just very difficult to eat a drumstick, very hard (Int. 07)*
>
> *I reduced the salt enough, but when I go to other's house, I eat salty food. (Int. 10)*
>
> *[...] My husband is very thin, so he exaggerates and so I end up doing the same. He buys cheese bread and I eat it [...] if they buy I eat. [...] if there's in my house [...] I end up eating everything (Ent.12)*
>
> *[...] We cannot bear to see these things. Feijoada, those heavy things makes you want to eat (Ent.13) (Ent.13)*

In a survey of 72 (seventy-two) hypertensive enrolled and accompanied by a school health center it was observed that most of the respondents did not adhere to non-pharmacological treatment, mainly to encounter difficulties in dietary compliance and in practicing physical activity, which demonstrates that this challenge is not specific to this group of informants.[19]

People with hypertension have many difficulties to adhere to the behavioral changes necessary to treatment, it is important to adopt other behaviors inherent to health that go beyond the monitoring of prescription drugs. Therefore, it is necessary to think of a treatment to consider the issues and the difficulties for compliance, such as the characteristics and culture of patients.[19]

Therefore, in the case of non-drug therapy for this disease, diet and nutrition have a prominent place in changing lifestyle and habits of individuals affected and the family has a role of fundamental importance, so that the more committed is the family caregiver, the more consolidated will be joining to the treatment.[20-2]

By analyzing the aspects that may hinder the use of low-sodium diet, for example, it can be seen that the family can both contribute to limit or disable this process. So the fact to live with family members who do not participate in changing eating habits can contribute to non-adherence to diet.[22]

♦ Category nº 2 - Difficulty in restriction of sodium and/or lipids intake

It is recommended consumption of fruits, vegetables, use of dairy products, nonfat preference and reduced amount of sodium, saturated fats and cholesterol for people with hypertension, therefore, a healthy food-based diet, otherwise, we cannot control the disease [7,14]. However, in this study, most participants reported having difficulties to reduce dietary intake of foods rich in lipids and sodium, a challenge to be overcome by them:

> *Sometimes, even that we know that we cannot eat, but anxiety is too much. [...] My food is without salt, [...] it is tasteless. [...] It is difficult to adjust! (Int. 03)*
>
> *I think there is only salt, right? I do not like food without salt. We must not eat fat food! My food is fatty. I like those things like that (Int. 04)*
>
> *Foods that doctors say you to eat, we cannot change, there's no way to get used to. They say we must do not eat frying because of the fat. But what I like is frying (Int. 06)*

The food profile of the population is made up of foods high in salt, sugar and fat, which makes it difficult to follow a proper diet for people with HP[7]. Corroborating with the results emerged from this research, a study of elderly patients with hypertension showed that most reported having some difficulty in performing the treatment of hypertension, which are mainly related to living habits, including the difficulty in restricting salt.[17]

Sodium constitutes a powerful cardiac stimulant, and exercise hypertensive activity in peripheral blood vessels, which is why it should not be consumed by people

with HP[2]. Being a variable difficult to measure, most patients do not know the amount of sodium that is contained in food, making it important to follow up by a professional of nutrition.[23]

Adherence to treatment in relation to avoid fatty foods is not always well respected and should be careful with the intake of foods high in saturated fat and cholesterol present in animal foods such as meat. The consumption of a diet high in saturated fat levels determines the LDL level (Low Density Lipoproteins) in the blood that is accumulated on the artery walls to cause coronary heart disease, and lead to the onset of obesity, which raises BP values.[3,9,14]

So to change this reality it is necessary an educational work to clarify these people the characteristics of the disease and raises awareness about the importance of dietary treatment for the reduction of blood pressure levels. Although there is a difficulty with changes in lifestyle, people need to be encouraged to make changes in their habits of life through the implementation of health education proposals to understand the reality in which these individuals are inserted.[24]

Category nº 3 – Other challenges

This category included the units of analysis that does not generated a single category, but expressing important aspects related to the challenges faced by the participants to follow diet in order to control the HP.

Thus, the absence of an individualized nutritional counseling has also emerged as a challenge, as follows:

> *[...] I was prohibited of eating salty and fat food. The doctor never told me: you just eat this. (Ent.08)*

It is more evident when the respondents were asked whether they had received nutritional counseling by a nutritionist and only three responded affirmatively, adding that the monitoring was not often. Perhaps this will explain the lack of an adequate nutritional therapy, considering the understanding that no health professional has been better prepared to perform nutritional counseling to the client with HP than the nutritionist, who throughout their training acquired specific scientific knowledge of this modality of treatment. It is noteworthy that the in USF, setting of this study, only had a nutritionist at the Center for Support to Family Health (NASF), which has the role of educating the public and social facilities, raising awareness and promoting change in eating habits.[25]

It is emphasized that the influence of the health system and the team is an important aspect to be considered for membership to the treatment of patients with chronic diseases and that besides the medical focus, differentiated focus of the nurse, nutritionist, psychologist and social worker is also key to treating these diseases[5], so it would be very important that the nutritional guidelines stay under the responsibility nutritionist.

It is known that, in most cases, nutritional counseling of patients with HP is made by professionals from other areas, resulting sometimes in a rather detailed and superficial consultation, corroborating a study that addresses that some health professionals who are not trained in nutrition have difficulty in performing educational activities and nutritional guidance, considering that lack of adequate training for this function[20], because often they cannot correlate the guidelines to the socioeconomic conditions of individuals, not offering food replacement options.

So, the financial difficulty also emerged as a challenge for the right diet following, as below:

> *Money has been difficulty, stuff are expensive, still fruits (Ent.13)*

In fact, low family income constitutes a great challenge for promoting a limited capacity to acquire the resources needed for the treatment of a disease, such as food and medicines, and can hinder adherence to treatment. Thus, with respect to HP, the economic condition of the participants is a limiting factor for the monitoring of nutritional guidelines, especially regarding the purchase of certain foodstuffs, including fruits.[20]

Whereas most of the participants of this study present monthly family income of up to one (1) minimum wage, as described above, this leads us to reflect that the acquisition of adequate food for the treatment of hypertension cannot be a priority for them that with so little money to keep their families.

The change in behavioral patterns built over time was also evidenced by one of the informants as another challenge to be faced

for adherence to dietary treatment for this disease.

> *We are not used to it. To adapt is hard! [...] You are used during all life to do something and suddenly you must change! (Ent.01)*

Several reasons are mentioned as cause for resistance to change lifestyle habits, including the asymptomatic course of the disease, underestimation of its actual consequences and the difficulty of changing behavior patterns built over time.[20]

In a survey on adherence of clients with HP to the treatment it was found the hygiene and dietary behaviors are one of the difficulties faced by them, which involve changes in habits or lifestyle, this issue should be dealt seriously by the professionals, since the pleasure generated from the practice of desirable behaviors can determine the choice of lifestyle. Thus, the abandonment of a habit, like the use of a diet low in sodium "may mean the loss of a pleasure in a life context in which the opportunities for personal satisfaction are few" [24:308]

CONCLUSION

This study described some challenges for adherence to dietary treatment experienced by a group of people with hypertension, namely: Diet Compliance in the presence of forbidden food, difficulties in changing the eating habits and in restriction of sodium and/or lipids intake, financial difficulty in buying groceries that will compose a healthier diet for the patient, and the absence of an individualized nutritional counseling.

These results reinforce the need to implement health education strategies that can help people with HP to meet the challenges they face in their daily lives for the treatment of disease, especially with regard to compliance with the dietary guidelines provided by health professionals especially the nutritionist, who best knows the nutritional value of each food and how to replace it when the acquisition is unable for various reasons, such as lack of financial means to buy it.

Given these results, we concluded that the client's adherence to nutritional treatment constitutes a complex process and involves a number of behavioral and socio-demographic factors, to become known, will allow the development of actions that contribute to the control of disease and prevent its complications.

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