



HYPERTENSION: FACTORS THAT INTERFERE IN THE FOLLOW-UP TO THE THERAPEUTIC REGIMEN

HIPERTENSÃO ARTERIAL: FATORES QUE INTERFEREM NO SEGUIMENTO DO REGIME TERAPÊUTICO

HIPERTENSIÓN ARTERIAL: FACTORES QUE INTERFIEREN EN EL SEGUIMIENTO DEL RÉGIMEN TERAPÉUTICO

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ABSTRACT

Objective: to investigate, from the nursing consultation, the factors that interfere in the follow up of treatment recommended to hypertensive patients of a Basic Health Unit. **Method:** convergent-attendance research, with 25 hypertensive registered in HIPERDIA. Data collection occurred through a structured interview script. The data were analyzed in six aspects related to factors that interfere in the follow-up of the treatment regimen. The research project has been approved by the Research Ethics Committee, under Protocol No 1141/07. **Results:** the factors that will interfere with the therapeutic regimen are quite varied and may be related to aspects of the patient himself, psychosocial aspects, illness, life habits, treatment and the relationship that exists between the health team and the hypertensive. **Conclusion:** it is necessary health professionals to be alert regarding the development of strategies aimed at improving adherence to treatment. **Descriptors:** Hypertension; Therapy; Cooperation of the Patient; Refusal of the Patient to Treatment.

RESUMO

Objetivo: investigar, a partir da consulta de enfermagem, os fatores que interferem no seguimento do tratamento recomendado aos pacientes hipertensos de uma Unidade Básica de Saúde. **Método:** pesquisa convergente-assistencial, com 25 hipertensos cadastrados no HIPERDIA. A coleta de dados ocorreu por meio de um roteiro de entrevista estruturado. Os dados foram analisados em seis aspectos relacionados aos fatores que interferem no seguimento do regime terapêutico. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, sob o Protocolo nº 1141/07. **Resultados:** os fatores que passam a interferir no regime terapêutico são bastante variados e podem estar relacionados a aspectos do próprio paciente, aspectos psicossociais, à doença, a hábitos de vida, ao tratamento e ao relacionamento existente entre a equipe de saúde e o hipertenso. **Conclusão:** é preciso que os profissionais de saúde estejam atentos quanto ao desenvolvimento de estratégias que visem melhorar a adesão ao tratamento. **Descritores:** Hipertensão; Terapêutica; Cooperação do Paciente; Recusa do Paciente ao Tratamento.

RESUMEN

Objetivo: investigar, a partir de la consulta de enfermería, los factores que interfieren en el seguimiento del tratamiento recomendado a los pacientes hipertensos de una Unidad Básica de Salud. **Método:** investigación convergente-asistencial, con 25 hipertensos inscritos en el HIPERDIA. La colecta de datos fue una guía de entrevista estructurada. Los datos fueron analizados en seis aspectos relacionados a los factores que interfieren en el seguimiento del régimen terapéutico. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, Protocolo n. 1141/07. **Resultados:** los factores que pasan a interferir en el régimen terapéutico son bastante variados y pueden estar relacionados a: aspectos del propio paciente, aspectos psicossociales, relacionados a la enfermedad, a hábitos de vida, al tratamiento y al relacionamiento existente entre el equipo de salud y el hipertenso. **Conclusión:** es preciso que los profesionales de salud estén atentos al desarrollo de estrategias que sean para mejorar la adhesión al tratamiento. **Descriptores:** Hipertensión; Terapêutica; Cooperación del Paciente; Recusa del Paciente al Tratamiento.

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INTRODUCTION

Cardiovascular diseases have a prominent role among the morbid entities that affect the adult population worldwide.¹ They are disorders that cause millions of deaths in most countries and that have aroused particular interest by represent socio-economic costs. In Brazil, according to data from the Ministry of Health, they constitute the leading cause of death, with about 30% of deaths for all ages.²

In 2007, there were 308,466 deaths by diseases of the circulatory system, representing 70.6% of deaths occurred. Despite the observation of a slow and steady trend of reduction of cardiovascular mortality rates for the period from 1990 to 2006, are diseases with high possibility of causing disability in individuals and responsible for high frequency of hospitalizations, causing medical costs and high socioeconomic.³

Among the cardiovascular disorders, a high frequency is the Systemic Arterial Hypertension (SAH), which affects more than 30% of the adult population and more than 50% of the elderly, representing, due to great prevalence, an important public health problem. Considered one of the major modifiable risk factors, it is a disease of great relevance, because the mortality from cardiovascular disease increases progressively with the elevation of blood pressure, from 115x75 mmHg.⁴

The high morbidity and mortality from cardiovascular diseases concerned healthcare professionals and authorities related to the issue. Although observing a slow reduction but steady of the mortality, they have noted an increase in its incidence.¹ The increase in life expectancy, in conjunction with the problems arising from the change in the lifestyle of people, ultimately determine an increase in incidence of cardiovascular diseases, among them HAS.⁵

Facing the increasing number of cases related to the lifestyle of people, it realizes that the search for prevention, in order to lessen this impact and also actions addressed to people who already have the disease, in order to avoid recurrence and/or complications, should be the key piece of the performance of health professionals, among them those of Nursing.⁶

Nursing is directly linked to this perspective of prevention and health promotion, since all nursing care are intended to promote, maintain and restore health, prevent disease and watch people in their adaptation to the residual effects of the

disease.⁷ Thus, a nurse put into practice his role through the use of the nursing consultation, one of the steps of the Nursing Process.

By the nursing consultation is that the professional will identify health/disease problems, and will prescribe and implement measures of their competence which contribute to promoting, protecting, recovery or rehabilitation of client.¹ It is an independent activity whose objective promotes conditions to improve the quality of life through a contextualized approach and participatory.⁸ It can realize the importance of the use of nursing consultation for a quality performance by nurses in order to develop its role at all levels of care, especially in prevention and health promotion. However, is a challenge the development of strategies aimed at prevention and promotion and that really can help individuals suffering from cardiovascular diseases.

It is therefore essential that the nurse know his clientele, in all its aspects, being economic, social or cultural, because these characteristics are interfering in complying with recommendations or action plans which aim to prevent, control or retrieve cardiovascular problems. And precisely with the use of the nursing consultation is that the nurse will have a process of interaction with the assisted in the pursuit of health promotion, disease prevention and damage limitation.⁸

The percentages of blood pressure control are very low, and the abandonment rate is increasing as the time elapsed after the start of therapy. To prevent and treat SAH involves teachings to the knowledge of the disease, their interrelations, complications and implies, in most cases, the necessity of introducing changes in habits of life.³ In this way, the present study aimed at investigating, from the nursing consultation, the factors that interfere in the follow up of treatment recommended to hypertensive patients of a Basic Health Unit.

METHOD

Article elaborated from the monograph < < Hypertension: factors that interfere in the follow-up to the therapeutic regimen > > presented to Clinical Nursing Department of the Health Sciences Centre, of the Federal University of Paraíba-UEPB. João Pessoa/PB, Brazil. 2007

The methodological procedure used was convergent-assistance Research, which is a type of research being developed concurrently

with the assistance practice.⁹ It had as its field of study a Basic Health Unit (BHU), located in the neighborhood of Mangabeira, located on the south side of the city of João Pessoa, State of Paraíba.

The study population was composed of 25 individuals registered in the National Plan of Reorganization of the Attention to Arterial Hypertension and Diabetes Mellitus (HIPERDIA) of the Ministry of Health, on BHU in question, where 237 are individuals registered, among whom 172 are hypertensive. For sample selection of the study, the following criteria were adopted: find in BHU at the time of data collection and agree to participate in the survey, by signing the informed consent term (TFCC).

Data collection occurred in July and August 2007, in the days of attendance to hypertensive patients, where it was used a screenplay by structured interview, featuring questions regarding HAS open and multiple-choice, about the demographics of the interviewee. The interview was applied until the moment in which there was repetition of information, passing the sample size to be considered adequate.

The data was distributed on six aspects related to factors that interfere with following the therapeutic regime, based on the classification of the factors that may influence treatment adherence to anti-hypertensive¹⁰, which are: patient-related

aspects, psychosocial aspects, illness, beliefs, habits and cultural, treatment, relationship with the health team and concomitant conditions. Social demographic characteristics observed were related to the variables 'sex', 'age', 'ethnicity', 'marital status', 'education' and 'socioeconomic status', due to the possibility of exercising great influence on the follow-up of the treatment regimen for hypertension.

The search took into consideration the ethical observances advocated in resolution nº 196/1996, of the National Health Council (NHC), and was approved by the Research Ethics Committee of the Health Science Center (HSC), the Federal University of Paraíba (UFPB), under Protocol No 1141/07.

RESULTS

The results show that most customers in which nursing consultations were done, belonged to women (84%), while only 16% were male. The age of the participants ranged from 40 to 77 years, having as average 58.72 years. As for ethnicity, 92% belonged to the Brown race, being only 8% considered white. Among users, there was equality among individuals residing with children and spouses (36%) and those who live with children and without a spouse (36%) (Table 1).

Distribution of hypertensive participants of the study in number and percentage, according to sex, age, ethnicity and marital status. João Pessoa/PB, 2007.

Variables	Especifications	n=25	%
Sex	Male	04	16
	Female	21	84
Age	40 to 50 years	04	16
	51 to 60 years	09	36
	61 to 70 years	09	36
	71 to 80 years	03	12
Ethnicity	White	02	08
	Mulatto	23	92
Marital Status	Lives with other people without a partner	09	36
	Lives with partner and children	09	36
	Lives with partner, children and/or other	07	28

Analyzing the educational level of the population of the study, it was noted that 64% had only incomplete elementary school, relevance factor for the treatment of hypertension, since it influences the understanding that the individual possesses about the disease and its consequences. On the socio-economic level, the study noted

that 96% of participants had monthly income between one and three minimum wages. When it was watched the origin of income, it has been found that 52% of income was arising out of retirement, 24% for autonomous income 20% due to the monthly aid of children and 20% due to the ex-husband's pension (table 2).

Table 2. Distribution of hypertensive participants of the study in number and percentage, according to education and socioeconomic level - João Pessoa/PB, 2007.

Variables	Especifications	n=25	%
Education	Not literate	03	12
	Incomplete elementary school	16	64
	Complete elementar school	04	16
	Incomplete High school	-	-
	Complete High School	02	08
	University	-	-
Socioeconomic Level	< 1 salary	-	-
	1 to 3 salaries	24	96
	4 to 5 salaries	01	04
	> 5 salaries	-	-

Analyzing the feeling of collaboration that the users had to help following the treatment regimen, it was detected that all (100%) reported being able to help in the control of the PA. However, when they were asked in what way would that help, the majority (46%) revealed that it would be through the use of prescribed medication.

Another factor that contributes to treatment adherence refers to the presence or absence of symptoms. It was realized that 76% of users reported the existence of any symptoms, headache as the most described.

Eating habits, cultural and related to beliefs become determining factors in the treatment of diseases in populations, particularly in the less favored regions. To identify the food standards is of great value to establishing guidelines that contribute to the control of the disease. Indeed, what it was realized during the survey was that 64% of participants were not doing any kind of diet. Of those who reported conducting some kind of food restriction, 30% revealed, in the course of the study, unintentionally, that they did not do the restrictions mentioned above.

In order to follow or not follow a proper diet, it was evaluated if body weight presented by individuals suffered changes between a query and another. The result was that 56% of participants showed increase in weight over a period of one month of difference between appointments. This increase in weight ranged from 200 g to 6000 g, having an average of 1546g. It is considered a significant weight increase for a short interval between consultations, suggesting greater attention to nutritional approach of these individuals. It is known that excess body weight is a predisposing factor for SAH and may be responsible for 20% to 30% of cases.³

Considering physical activity as one of the contributors to the reduction of blood pressure, as well as acting for the reduction of weight and measures, it was sought to identify the behavior of users in hypertensive treatment with respect to the practice of physical activity. Therefore, only 32% reported conducting some kind of physical

activity, being the walk more exercise referred to (87.5%).

With regard to cultural factors, it was detected that 56% of hypertensive research made use of homemade measures to lower levels of blood pressure, intend taking the teas a great use. Various types of teas were cited, and that predominated in the responses was the tea of chayote (32%), followed by fennel (16%).

Another factor analyzed to verify the follow-up treatment was the observation of blood pressure between an appointment and a follow-up. A balance has been found between individuals who have managed to decrease the blood pressure levels of a previous appointment for the appointment updated with those who had high blood pressure levels (40%). It is worth mentioning that the period between an appointment and another had an average of one month.

A strong indication of how the proposed treatment for SAH is through attendance of users to follow-up appointment. Thus, it was found that 72% of participants attend monthly to appointments in the health unit. The information would be of great joy if the reason for attendance wasn't just the delivery of medication.

DISCUSSION

Aspects related to interference following the therapeutic regime, based on the classification of the factors that can influence the adhesion of antihypertensive treatment referred to, were analyzed:

• Aspects related to Patient

With respect to the patient, social demographic characteristics may contribute to non-adherence to treatment. Analyzing the variable ' sex ', it realizes that one of the individuals who follows the treatment for hypertension, women can adhere more to treatment than men. One of the possible explanations is related to an increased demand of women for health service or even the increased availability of the hours of operation of health services, as is the case in

the study where the vast majority of interviewees is retired or housewife.¹¹

The literature implies that sex is not a risk factor for HAS, however, global estimates suggest higher hypertension rates for men until 50 years old and for women from the fifth decade of life.³ When analyzed the sex, among individuals who follow the treatment for hypertension it realizes that women manage to adhere more to treatment than men. This is related to the greater concern that women possess in relation to health.¹¹

Despite the prevalence of SAH be larger in males, men use less healthcare services offered and, therefore, the researches women end up prevailing in the results. Resistance to seeking medical help and the coincidence between the working and functioning of UBS are probably the two most important factors for this difference¹².

As for the variable 'age', there is evidence that the incidence of SAH grows with the advancement of age. There is direct and linear relationship of blood pressure and age, being the prevalence of HAS more than 60% in the age group above 65 years.³ Due to its high prevalence in elderly individuals, HAS become an important factor of morbidity and mortality in this population. This becomes even more relevant when it considers the increasing number of elderly throughout the world.¹³

To observe all individuals registered in the HIPERDIA of the BHU, it was noticed that the vast majority is composed of elderly individuals. One of the hypotheses that we can raise for this result is that HAS significantly affected individuals over 40 years in this community, along with the low socioeconomic status of the population that reflects directly as a result of healthy eating and perception of the consequences of an uncontrolled HAS.

Allied to this hypothesis, it is considered that the younger is the hypertensive, tougher he would be at treatment measures, including the demand for health services, which perhaps can be explained by the fact that he did not feel vulnerable to the disease, while the elderly, in addition to feel vulnerable, is more concerned with the health, being this a form of prolongation of life.¹⁴

With regard to issues involving the 'ethnicity' and adherence to antihypertensive treatment, it was found that in studies conducted in the United States the prevalence of SAH is more common in blacks than in whites, and the differences are greater for the more severe and complications related to

the disease, particularly chronic kidney failure, stroke and left ventricular hypertrophy.¹⁵

Brazilian studies with concurrent approach of gender and color demonstrated a predominance of black women with excess HAS up to 130% compared to whites.³³ However, is not known with accuracy, the impact of miscegenation on SAH in Brazil. Nevertheless, it is known that the most serious forms of HAS and/or early weight bearing PA elevation, less adherence to treatment and increased barriers to good quality medical follow-up may contribute to the higher prevalence of updates to target organs in patients blacks and mulattoes. Fact that turns out to not determine accurately if racial differences have anything to contribute to the occurrence of injury of target organs by HAS.¹⁵

When the 'educated' individuals interviewed, and it is known that schooling is a factor of great importance for the treatment of hypertension, since from that given one can ascertain the understanding that the individual possesses about the disease and its consequences, the lack of user education hypertension can be reflected during antihypertensive drugs or medications taken in fulfillment of healthy habits for life, making the treatment and providing non-accession.

Studies found that, in hypertensive patients with higher education level, adherence to drug treatment was greater, because it has been seen that while 46% of hypertensive patients with top-level training were within the range of normal weight, only 24% of the patients with lower educational level were within those standards.¹¹ It is important that the health care professional, to pass information, learn of their educational level, because the understanding of the information transmitted is striking factor for adherence to the pharmacological treatment, as well as on changing habits of life essential to the control of the disease and prevention of complications.¹⁷

About the 'socioeconomic level', there is information that the lower the standard, the less significant interference in adherence to the recommendations made by health professionals for the follow-up of the treatment regimen, because changing some habits, such as food, entail costs that the neediest population does not have. The financial issue is not only related to purchase adequate food, but also the educational, cultural and social aspects.

• Psychosocial aspects

Psychosocial factors like self-efficacy, self-esteem and perception of the benefits of treatment also may be associated with non-adherence of therapeutics in the context of chronic diseases. Self-efficacy factor refers to individual perception or beliefs about the ability of the individual has to participate in certain activities in order to maintain behaviors to reduce risk. 10 is related to the personal conviction that the subject has that is able to carry out successfully the health recommendation.¹⁶

It is this ability to collaboration with therapeutic measures that users really need to have in order to have an efficient participation in treatment. However, a large proportion of users transferring all responsibility of disease control for the pharmacological treatment prescribed and end up not relating the other non-pharmacological therapeutic measures as important in the control of HAS, as well as their participation in them. Antihypertensive drugs medications are of great value for the control of HAS, however, its exclusivity as a treatment may not be effective in patients with uncontrolled illness.

The self-esteem factor relates to the self-efficacy and becomes important in the redefinition of self-concept and changes in roles and lifestyle.¹⁰ The hypertensive individual, when aware of his illness and knows how to live with it in order to get better quality of life, tends to follow the treatment more effectively. However, to achieve a continuity of treatment, it is necessary that individuals are determined to continue with the care, and if they are to remain care requires a motivated individual.

Motivation is very important factor in an individual's life with a chronic disease, due to the extension of the care that should be provided in order to keep the body in proper functioning and living harmoniously with the disease. The will to know aspects of disease and also contributes to the therapeutic adherence to antihypertensive treatment. To this end, it is necessary that the user has access to information about their disease and its treatment in order to be motivated enough to feel able to contribute to its progress.¹¹

The perception that the user has on the disease and the benefits that the antihypertensive treatment brings a good coexistence with it is important for the prevention of complications from a disease poorly controlled. Therefore, it is crucial that the hypertensive possesses knowledge about what actually is happening to him, as without

guidance on the disease, its risks and possible complications can hamper their participation in treatment.¹⁸ To meet the disease is of extreme importance to quality treatment for orienting about the risks that can occur before an uncontrolled HA, motivating the user to treatment adherence.

• Aspects related to disease

To analyze the factors that may interfere in the treatment of hypertension, it is necessary to observe how these individuals live with the disease. It is therefore important to analyse the following aspects: chronicity and symptoms HAS incurred as a result of this pathology. The chronicity of the disease and the absence of often specific symptoms, as well as to long-term complications, influence in the process of treatment adherence.¹⁰

The chronicity of SAH tends to hinder the acceptance of users to follow treatment for life, that's because many still consider it a passing illness and stop the treatment, either pharmacologic or not, from the moment they start to not feel more symptoms or even when they are "healed". When it comes to chronic disease, the patient's perception of their State of health and the relationship between symptoms and disease control by handling spend to influence and facilitate adherence to therapeutic scheme. However, the difficulty of the treatment of HAS is due to the fact that it is a predominantly asymptomatic disease and that does not have a strong relationship between therapeutic success and the disappearance of any symptoms, if present.¹⁹

Studies with patients with chronic diseases have shown that there are greater adherence to treatment if the disease easily recognizable and unpleasant symptoms that are mitigated by following the requirements. On the contrary, lower adhesion occurs when the disease is asymptomatic and there is no immediate adverse consequences to non-adherence, or when the medication is prophylactic.¹⁶ There is a great difficulty in if you can establish a preventive treatment for people with chronic diseases, because often these diseases go to silent mode. Therefore, health professionals need to encourage carriers of such diseases to realize his illness and risk behavior.

• Aspects related to beliefs, habits d=of life and cultural

Several factors may be interfering in the correct adherence to antihypertensive treatment and health professionals need to know to identify them in order to succeed on health recommendations. Guide to tax not mode is the secret to get attention of a

population, since correct or modify life habits is an extremely difficult task and that will be enough resistance.

Among living habits that end up influencing the course of SAH is healthy food, physical exercise practice and perception of the seriousness of the problem. Because of his influence in the treatment proposed for SAH, sought out in this research to see whether participants had knowledge about the influence of these habits in the course of his illness, as well as search the follow-up recommendations provided for the accession of the non-medicated treatment.

What if noted during the interviews was that the service users own notions about the healthy life habits measures necessary for the contribution to the control of HAS. Furthermore, it was showed interest in acquiring greater knowledge on the subject, and the diet was the preference in order to acquire more information. Keep being informed about habits conducive to better quality of life is essential for the user to realize the importance of adherence to antihypertensive treatment as the main factor for the control of the disease.

This interest is quite important due to the fact that the majority of hypertensive patients not search followed dietary recommendations advocated for the treatment of HAS, which is a negative factor for the prevention of possible complications and for a harmonic coexistence with the disease. Nutritional intervention is assuming a key role in the prevention and control of HAS and its consequences. The changes in lifestyle, including the process of (re) food education, are indispensable procedures in order to reach a better result in the control of blood pressure and other cardiovascular risk factors.²⁰

The literature demonstrates that, in addition to the need to food (re) education, is essential to realization of physical activity in the lives of every individual, and especially those with HAS, acting preventively and intensively. The regular practice of physical exercises results in a number of health benefits, including the control of blood pressure in hypertensive subjects and the control of other cardiovascular risk factors typically associated with obesity, diabetes, hypertension, dyslipidemias and stress.¹⁰

As few individuals reported engaging in physical exercise, it was sought to identify what are the reasons for non-adherence to the activity. So, the justifications for the resistance in relation to the exercise were related to lack of company to practice

exercise, weather conditions and the precariousness of the streets and sidewalks in the environment. The paving is a concern that should be considered due to the majority of the population in question is composed of elderly individuals. It is necessary to practice physical activity, but it must be done safely.

It is not yet clear what the best type and level of physical activity that should be developed by individuals, but it is known that the exercise should be individualized and easy implementation to achieve good adhesion. One of the most performed exercises is walking, practice of easy access, at no cost and can be used by the majority of the population, in addition to fulfill the criteria necessary for there to be an individualized activity, because the route and speed can be adapted continuously according to the reply of the practitioner.²¹

The influence of the life habits of individuals shall be decisive in the correct practice of antihypertensive treatment. Factors such as beliefs and culture also influence intensively the follow-up treatment, because the popular knowledge often comes from these beliefs that are determined by the culture of a population. However, No scientific study HAS pointed to the effectiveness of these homemade measures proves. The use of teas to treat diseases is frequent in the population. However, are not recognized by the scientific literature as active participants in the treatment of diseases.

• Aspects related to treatment

Failure in the implementation of the recommendations provided to disabled people HAS occur. Because of this, it is necessary to identify which antihypertensive treatment own contribution to these failures. Seeking to evaluate how was the relationship between the user and the treatment of hypertensive disease, it was sought to analyze the following characteristics: the PA of these individuals, comparing with PA checked on your last appointment; the period between an appointment and another; pharmacological treatment used by these individuals.

In addition, it was observed that among the participating users there a is big irregularity PA levels, and may be due to several reasons, such as, for example, the incorrect use of antihypertensive medication, not sufficient doses of medication non-compliance of non-pharmacological treatment, emotional factors, among others. Therefore, it is difficult to determine the cause of the great variability of arterial pressures from users,

however, it is important that these pressures are observed and evaluated as a factor to analysis of effectiveness of treatment. Even with the use of antihypertensive medications, it was found that users cannot keep their PA at levels recommended and stabilized. Basic health units make use of several classes of medicines provided by the Ministry of health to control HAS, being a great combination for the regularization of the levels you intend, however in many individuals this is not being obtained.

The rates of hypertensive patients with controlled PA have been shown to be low, considering how control target values less than 140 mmHg systolic pressure or 90 mmHg diastolic pressure. Therefore, it is important that health professionals be aware of measures to assess users' PA the effects of the proposed treatment.¹⁹

The presence of the user on a monthly basis to monitor the blood pressure, weight, waist circumference and effects of antihypertensive medications is one of the actions envisaged by the program of follow-up of individual hypertensive, which was developed by the Ministry of Health. The observation on the continuity of treatment and its effectiveness are fundamental for obtaining a satisfactory treatment.

One of the possible indirect ways to infer on one of the facets of adherence to antihypertensive treatment proposed is the observation of attendance scheduled appointment.¹⁹ This simple measure can highlight the patient's desire to treat his illness and reveal the perception of their consciousness of having a health problem that needs care.

However, it was realized that the demand for the service's main objective is nothing more than the receipt of prescribed medications, getting the desired larger search guidelines, effective participation in treatment planning and monitoring of its evolution. Users recognize as important source for the control and treatment of his illness only pharmacological medications and end up leaving aside general recommendations for pharmacological treatment of SAH.

It is necessary that health professionals who work directly with users are aware that hypertensive only medication delivery for SAH is not sufficient for the control of the disease. It must always orient, educate and raise the awareness of users the importance of treatment and their participation in it.

• Aspects related to relationship of users with a health group.

The professional attitude with respect to the individual and to the proposed treatment serves as a big influence on the understanding of the user in relation to their disease. The behavior and attitudes of health professionals may have both positive and negative effects on patient adherence.¹⁶ The relationship between members of the health team and the hypertensive person deserves attention, and this relationship can be the basis of support for the effectiveness of treatment success.

The satisfaction of hypertensive care, coupled with the acquisition of professional confidence, is crucial to acquiring good levels of membership and HAS control. Typically, patients are cooperating more with the therapeutic plan when maintained good relationship with their carers. By participating in the planning of their treatment, people assume responsibility for him, increasing the likelihood of their upkeep; still, when discussing the questions and concerns with the professionals involved, generally obtain better results with the therapeutic plan.²²

The multi-disciplinary approach in the treatment of hypertensive person is essential in obtaining satisfactory adhesion. The members of a multidisciplinary team must work in accordance with the limits and peculiarities of its formation³ and respected this specificity, require knowing the individual action of each of the other members. The team will work to offer the patient and the community a broad vision of the problem, giving them knowledge and motivation to overcome the challenge and adopt attitudes of changes in life habits and real accession to the proposed treatment based on global cardiovascular risk.

CONCLUSION

On the various factors that can interfere with the therapeutic regime established for tracking individuals with hypertension, it was observed that it is necessary that health professionals who deal directly with these individuals are vigilant regarding the development of strategies aimed at improving adherence to treatment. The nurse, through consultation, nursing has an important means of analyzing the characteristics of the individuals with whom they are dealing.

During the search, it was found the need of educational measures that seek to show individuals the importance of their participation in treatment and its continuation to the control of the disease. However, the

approach to the patient goes beyond the identification of their needs and problems; requires a demonstration that he is an active member of the team and therefore has functions to play to promote the success of the therapy. It is known to generate motivation for change and permanence of them is very difficult task and, therefore, lacks an educational process that not only seeks the transfer of information, but also the transmission of knowledge to manage learning.

The study comes to contribute in order to demonstrate that health services need to ensure quality of care and investing in educational activities to improve the control of HAS, showing the hypertensive treatment benefits, stimulating its membership and ensuring that without their participation the disease control targets are not achievable. It is also necessary to highlight the health professionals who need to observe the hypertensive process as an intrinsic network of individual, socioeconomic and cultural events, which require enormous integration between team and carrier of the disease.

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