



## PARTICULARITIES OF HYPERTENSIVE ELDERLY PEOPLE TO MEDICINAL TREATMENT ADHERENCE

### PARTICULARIDADES DE IDOSOS HIPERTENSOS À ADESAO AO TRATAMENTO MEDICAMENTOSO

### PARTICULARIDADES DE ANCIANOS HIPERTENSOS A LA ADHERENCIA AL TRATAMIENTO DE MEDICAMENTOS

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#### ABSTRACT

**Objective:** to verify the particularities that involve adherence to the drug treatment in the hypertensive elderly people. **Method:** this is a qualitative, descriptive and exploratory study, with 20 elderly hypertensive individuals, participants of an Extension Project developed by a Private Education Institution, from a semi-structured interview analyzed by the Content Analysis Technique. **Results:** the elderly people are aware of hypertension and its repercussions in the body, as well as adherence to treatment before self-care and family care. **Conclusion:** understanding of the health and disease process allows therapeutic interventions to be performed in a less biological way, prioritizing the interaction between health professionals, the elderly and family members living with hypertension within a functional health system. **Descriptors:** Nursing; Hypertension; Chronic Disease; Old Man.

#### RESUMO

**Objetivo:** verificar em idosos hipertensos as particularidades que envolvem a adesão ao tratamento medicamentoso. **Método:** estudo qualitativo, descritivo e exploratório, com 20 idosos hipertensos, participantes de um Projeto de Extensão desenvolvido por uma Instituição de Ensino Particular, a partir de entrevista semiestruturada analisada pela Técnica de Análise de Conteúdo. **Resultados:** existe conhecimento dos idosos acerca da hipertensão e suas repercussões no organismo, como também há adesão ao tratamento perante o autocuidado e cuidados familiares. **Conclusão:** a compreensão em relação ao processo saúde e doença permite que intervenções terapêuticas sejam realizadas de forma menos biologicista, priorizando a interação entre os profissionais da saúde, idosos e familiares que convivem com a hipertensão dentro de um sistema de saúde funcional. **Descritores:** Enfermagem; Hipertensão; Doença Crônica; Idoso.

#### RESUMEN

**Objetivo:** verificar en ancianos hipertensos las particularidades que envuelven la adherencia al tratamiento medicamentoso. **Método:** estudio cualitativo, descriptivo y exploratorio, con 20 ancianos hipertensos, participantes de un Proyecto de Extensión desarrollado por una Institución de Enseñanza Particular, a partir de entrevista semi-estructurada analizada por la Técnica de Análisis de Contenido. **Resultados:** existe conocimiento de los ancianos acerca da hipertensión y sus repercusiones en el organismo, como también hay adherencia al tratamiento frente al autocuidado y cuidados familiares. **Conclusión:** la comprensión en relación al proceso salud y enfermedad permite que intervenciones terapéuticas sean realizadas de forma menos biologicista, priorizando la interacción entre los profesionales de la salud, ancianos y familiares que conviven con la hipertensión dentro de un sistema de salud funcional. **Descriptores:** Enfermería; Hipertensión; Enfermedad Crónica; Ancianos.

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INTRODUCTION

Population aging is currently a global phenomenon. Statistical projections from the World Health Organization (WHO) indicate that the number of people aged 60 years old and over corresponds to 12% of the Brazilian population, comprising about 18 million elderly people, with a population of 32 million in 2025, putting Brazil is the sixth largest population of older people in the world.<sup>1</sup>

On the other hand, this estimate is accompanied by chronic conditions, multifactorial diseases that require comprehensive health care, use of continuous medication and specialized assistance, factors that generate public health concerns, since the country, states and municipalities must be organized to meet this demand in the primary, secondary and tertiary segments.<sup>2</sup>

Chronic diseases are responsible for the major causes of disability and dependence in the elderly people. One of these problems is Systemic Arterial Hypertension (SAH), an important modifiable risk factor for cardiovascular disease, which, if untreated, can result in serious morbidity and mortality from cardiac, cerebrovascular and renal diseases. It is estimated that more than 62 million people in the United States have it and only 70% of these individuals know about their diagnosis, of which 1/3 carries out therapeutic treatment. In Brazil, the prevalence of hypertension in the adult population is 15 to 20%, and in the elderly people is 65%. About 30% carriers are unaware of being affected by the disease.<sup>3</sup>

SAH is characterized by the presence of elevated blood pressure levels, usually associated with changes in the body's metabolism, hormones, heart and vascular musculature. Any person with a systolic pressure value greater than 140 mmHg and a diastolic pressure above 90 mmHg, seen at two different moments, presented in a sustained manner, is considered hypertensive. SAH is a disease with a high social cost, responsible for about 40% of cases of early retirement and absenteeism at work. The potential for death and disability of this disease is high, posing a serious public health problem.<sup>4</sup>

Control of this disease is done through drug treatment and non-drug treatment. The drug treatment reflects on the continued use of potassium-sparing diuretics, loop diuretics, beta-blockers, central acting adrenergic inhibitors, calcium channel antagonists and angiotensin-converting enzyme inhibitors, angiotensin receptor blockers and

vasodilators. The non-drug treatment requires greater commitment of the hypertensive, referring to changes in lifestyle, such as physical activity practice, healthy eating, requiring lifelong control, hindering the adherence to treatment.<sup>5-6</sup>

The main factors that may interfere with adherence to treatment are related to the perception of arterial hypertension as an incapacitating disease and to the attitudes towards personal motivation to seek better health status. Adherence to treatment is defined as the correct execution of prescription medication and/or non-medication. It is the primary factor for therapeutic success, reflecting the stability of the disease. Non-adherence is identified as the main cause of significant risks for cardiovascular events, unnecessary hospitalizations, and may lead the hypertensive patient to death.<sup>7</sup>

The lack of adherence to pharmacological treatment is a frequent problem in the elderly population, being one of the main causes of inadequate BP control. Some determinants of poor adherence are lack of knowledge about the disease, poly-pharmacy, countless daily doses and side effects. One of the strategies to stimulate adherence consists in the participation of the elderly people in collective activities, such as living groups, for providing educational activities that increase knowledge about age-related health problems, disease management, encouraging greater adherence to treatment and greater participation of the individual in their health-disease process.<sup>1</sup> Therefore, the growing demand of the elderly population, the incidence of Arterial Hypertension and the need for control and care to avoid complications that may the elderly dependent are observed.

OBJECTIVE

- To verify the particularities that involve adherence to the drug treatment in the hypertensive elderly.

METHOD

This is a qualitative, descriptive and exploratory study, developed in a Private Education Institution, located in the municipality of João Pessoa, Brazil, linked to an Extension Project called “Healthy Aging”.

The study population consisted of elderly people who are part of the daily activities of the project, composed of 50 hypertensive elderly individuals and a sample of 20 participants. The following inclusion criteria were elderly people who are part of the

project and who are cared for by participants in the activities carried out at the institution. The exclusion criterion was the elderly people who were not present at the time of data collection. The data were collected in September 2016.

A semi-structured script was used for the data collection, applied as an interview with the active elderly people. The interviews were recorded with the help of a mobile audio capture device (cell phone) and transcribed integrally, opting for post-transcription so the reliability of the data could be preserved. They were carried out with the authorization and guarantee of confidentiality, as well as the privacy of the respondent's identity. Participants were identified by a sequential alphanumeric code, using the expression "Elderly", followed by the Arabic numeral for the interviews (for example, Elderly 1, Elderly 2, Elderly 3). The data collection was carried out on the day of the weekly meeting to carry out the activities of the programming of the extension project, at a suitable time, so as not to interfere in the course of the academic planning, in a preserved place and scheduled with the nursing course coordination and direction of the institution.

The data analysis was done through the Content Analysis technique, in the Categorical Analysis modality, which is an operation to classify constitutive elements of a set by differentiation and, then, by regrouping, with previously defined criteria. It was decided to adopt this technique because it is applicable to diversified discourses aiming at obtaining systematic procedures and objectives to describe the content of messages, allowing inference of knowledge regarding the conditions of production/reception of the messages.<sup>8</sup>

To carry out the research, the project was approved by the Research Ethics Committee, CAAE 59070216.4.0000.5179.

RESULTS AND DISCUSSION

Twenty elderly hypertensive patients participated in this study; The predominant age group was between 70 and 75 years old, 19 were women, 12 were widows, seven were married and one was single. As for education level, only one had completed High School, 17 had completed Elementary School and two were not literate; all had a family income of only one minimum wage. The elderly were neither alcoholics nor smokers.

Regarding the time of diagnosis of the disease, 12 elderly people reported knowing more than four years ago. As for the use of medications, nine of them used three or more

medications per day. Regarding the care for the control of the disease, six of them verified BP daily to observe pressure values and five performed physical activity and diet. When questioned about the difficulty in using the medication, eight said they forgot to take it. It is worth mentioning that six of the interviewees reported having difficulty using the drug because they did not know how to read.

Regarding the perception of the elderly people and the peculiarities of the adherence to the treatment of hypertension, after analyzing the content present in the reports, the following categories emerged: 1: Knowledge of the elderly people about hypertension and its repercussions in the body; and 2: Representation and adherence to treatment before self-care and family care.

♦ **Category 1. Knowledge of the elderly people about hypertension and its repercussions in the body**

The category shows the knowledge of the elderly interviewed about the chronic disease characterized by high-pressure levels and other symptoms, explaining that the participants consider it a potentially serious disease with the elevation of blood pressure values as its main characteristic and, besides, it physiopathologically causes repercussions on the body.

*Hypertension is the difficulty the heart has in pumping blood and so the pressure increases, bringing disease to the heart. (Elderly 1)*

*Hypertension is a disease that increases the pressure on blood vessels. (Elderly 16)*

*I understand that it is a disease that changes the metabolism and increases the levels of pressure. (Elderly 13)*

*It is a disease that raises blood "rates". (Elderly 14)*

It is noticed that the elderly people have a superficial knowledge about the disease, but it is considered important to the popular understanding on the development of the therapeutic process of health care and structuring for self-care.

*It is a disease that must be controlled not to develop complications or other diseases. (Elderly 4)*

*It is a disease that can also be developed through contraries, displeasure. (Elderly 9)*

*It is a disease that needs food and physical activity. (Elderly 6)*

*It is a silent disease that needs treatment to be better-taken care of it. (Elderly 5)*

*It is a disease that can lead to death and leave sequels. (Elderly 7)*

*Hypertension occurs due to stress, eating, and lack of physical activity. (Elderly 11)*



## ♦ Category 2. Disease representation and treatment adherence to self-care and family care

When questioned about the repercussion of the disease in the family and personal environment, during the course of life from the time of discovery of the hypertensive to the present moment in which the interview occurred, the interviewees stated that they have or had difficulties adhering to treatment and coping with the disease, besides being ameliorated by the family members' performance at opportune moments in the taking of antihypertensive medications.

*My family is very careful with me, it guides me about the treatment and about the medications.*

*(Elderly 8)*

*I was very sad when I discovered it {...} I'm still sad. (Elderly 2)*

*My family is always present in my treatment. (Elderly 10)*

*Life will be modified {...} direct medical monitoring. (Elderly 3)*

*When I discovered the disease, I had to change every routine in my life. (Elderly 12)*

*Always my daughter advises about medication. (Elderly 17)*

*My family advises me to have better control of the disease. (Elderly 18)*

*I already had a lot of trouble with the medicine, today my family helps a lot in the treatment. (Elderly 15)*

*I understand that failure to take more and more medicines will increase the problems. (Elderly 20)*

*The family is always present in the treatment guidelines. (Elderly 19)*

Together with the discourses of the elderly who were interviewed, regarding the definition and aspects pertinent to the disease and data inherent to the disease and its resourcefulness in the body, arterial hypertension is a multifactorial clinical condition characterized by high and sustained levels of blood pressure (BP) and, when associated with other factors such as diabetes mellitus, obesity, sedentary lifestyle and smoking, it makes blood pressure levels even higher, causing functional and/or structural changes in target organs (heart, brain, kidneys and blood vessels) and metabolic consequently a risk factor directly related to coronary artery disease and stroke, representing a great challenge for public health, since cardiovascular diseases are the leading cause of death in Brazil.<sup>9</sup>

The risk factors for hypertension are those characteristics or conditions that, when present, increase the probability of developing the disease, such as age - independent of gender, reaching 60% in the

age group over 65 years old; gender and ethnicity - the overall prevalence between men and women is similar, although they are higher in men up to 50 years old; color - it is twice as prevalent in blacks, Brazilian studies with a simultaneous approach to gender and color showed a predominance of black women by up to 30% in relation to white women; overweight and obesity - this is associated with higher prevalence since young ages. In adult life, even among physically active individuals, the increase of 2.4 kg/m, in the body mass index (BMI) carries a higher risk of developing this disease. Salt intake: the Brazilian population presents a food pattern rich in salt, sugar, and fats; the total fat should represent less than 30%, similar to the recommended for the general population; sedentary lifestyle: reduced physical activity provides the incidence of this disease even in pre-hypertensive individuals, as well as mortality and risk of CVD; genetics: about 30 to 40% of the BP increase is determined by this factor.<sup>11</sup>

After the diagnosis of hypertension, the individual is instructed to make permanent changes in the behavior, since the control of the disease depends on this re-adaptation of the lifestyle. Thus, these changes need to be discussed, analyzed and constructed with the participation of all (hypertensive, family, health professional) to facilitate the understanding of individuals about their influence in disease control. The factors that give rise to hypertension are non-specific and diverse, one of them may be stress and the other more common is inadequate nutrition. It is said that there are several ways to control or even prevent hypertension, but a large part of the population is unaware of the ways of prevention. The guidelines of the health team and family members are essential to avoid complications from hypertension, for example, deterioration of vital organs due to the onset of chronic diseases such as DM and renal insufficiency.<sup>10</sup>

When they talked about the meticulousness pertinent to the adherence of therapy, as well as about the repercussions that the disease brought in its vital scopes, the elderly compact with what the literature pertinent to the theme brings in questions focused on the importance of the treatment and adherence established through adequate professional conduct, family support and lifelong learning, sustained by strong educational relationships between nurses, family and the elderly.

The treatment for the control of hypertension has the reduction of the morbidity and cardiovascular mortality of the

hypertensive patient as the main objective increased due to the high blood pressure levels and other aggravating factors. For drug treatment, several classes of drugs selected according to the needs of each person are used, evaluating the presence of morbidities, lesion in target organs, family history, and age. Because of the multifactorial nature of the disease, the treatment of hypertension often requires the association of two or more antihypertensives.<sup>10</sup>

The most commonly used pharmacological classes are thiazide diuretics, low dosage (12.5 or 25 mg/day), alone or in combination, is the initial treatment option for elderly hypertensive patients. These drugs initially have a diuretic effect, but after about four weeks this effect tends to subside and the hypotensive result is maintained by reduction of peripheral vascular resistance. Even so, patients should be advised to continue the use of the drug, despite the decrease in diuresis. Accompanying the elderly in drug treatment is a great challenge because it presents multiple morbidities and uses several drugs, which can generate drug interactions.<sup>1</sup>

Thus, in the institution of treatment, especially in the case of elderly patients, the risk-benefit ratio should be weighed, and there should be a special attention to the choice of therapeutic agent, since hypertensive elderly people usually present several health problems, and it is necessary the use of many drugs, which increases the chances of side effects and undesirable pharmacological interactions, causing low adherence to the treatment. Therefore, for these patients, some aspects should be considered: starting treatment with smaller doses than those indicated for younger populations, gradually increasing doses and longer intervals, as well as gradual and slight reduction in blood pressure levels.<sup>13</sup>

There are different levels of adherence. At the highest level, there are the adherents, those who follow the treatment completely, and on the opposite side, those who abandon the treatment are classified as dropouts. In the non-adherent group, there are the persistent patients, who even attend the consultations, but do not follow the treatment. There are numerous variables related to adherence or abandonment, is a complex and multifactorial process with factors related to the sociodemographic profile, the patient, the health professional, the health professional/patient relationship, the disease, the treatment, the health service, substance use, social problems. In each of the factors, there are conditions that

characterize complexity, and there are no studies that help in understanding the situation, justified by the inexistence of practical, objective and comprehensive methods to evaluate adherence to drug therapy. The existence of non-adherence or abandonment factors is not only related to not taking the prescribed medication but also includes errors in compliance with the therapeutic regimen, such as dose reduction or excessive intake.<sup>9,12</sup>

Regarding the pharmacological therapy, adherence becomes difficult because it is a chronic disease, requiring lifelong treatment, causing this disease to be associated with feelings of sadness, anger, aggression, and hostility, and these feelings come from the lack of knowledge about the disease and treatment. To avoid this problem, Primary Health Care (PHC) professionals should create strategies for the prevention, diagnosis, monitoring and control of arterial hypertension because they have the opportunity to perform a closer, person-centered care and, consequently, to know the particularities individual and be able to involve hypertensive and family members in the implementation of strategies that involve self-care, sensitizing for a shared care.<sup>11</sup>

A study carried out with the purpose of describing the interpersonal relationships of patients with arterial hypertension with non-adherence to the treatment and health professionals demonstrated that the need to maintain an affective bond was manifested by the patients at the moment they require continuity of care by the same professional, that is, there is a need for continuity of established interaction, a basic requirement for adherence to the treatment of arterial hypertension.<sup>14</sup>

In the practice of care, the nurse must implement health education actions, which aim to motivate the person suffering from hypertension to verbalize their fragilities, feelings and share the existing problems that may be physical, social, family, economic and/or emotional. Most of the time, these people want not only clarifications for their doubts, but also for someone who can ease their desires. During the nursing visit, all people in treatment of chronic diseases should undergo anamnesis, physical examination, anthropometric evaluation and dietary habits for the diagnosis of nutritional status.<sup>15</sup>

By looking at these conditions, it is necessary to ensure that health professionals attend to patients with hypertension in a holistic way, verifying their social context, their commitments and life projects, as well

as knowing what the disease means for them. In this way, to find alternatives that favor adaptation to this new reality. Therefore, nurses have a fundamental role in the treatment of people with arterial hypertension, especially in the guidelines on aspects, management of the disease and therapeutic adherence.

In this perspective, it is important to remember that it is up to this professional to seek to integrate the interventions offered to the patients by administering the care offered, avoiding unnecessary duplication of exams, procedures, and medications, seeking to define the clinical diagnosis, conducting the therapeutic process informing and guiding the hypertensive person to administer the treatment. Also, it is important to emphasize the importance of the nurse to diagnose and implement behaviors based on the needs expressed by the hypertensive elderly people in self-care. Therefore, effective care is developed by both involved in the therapeutic process (nurse/elderly person).<sup>15</sup>

Adapting and coping with the adversities of the disease varies from person to person and depends on the many factors that encompass cultural, emotional, economic, previous experiences and personal characteristics.<sup>16</sup>

The greatest obstacle to the control of SAH remains non-adherence treatment, both drug, and non-drug (lifestyle), which justifies the fact that its existence is seen as a public health problem. Factors such as knowledge and adaptation of the patient to treatment are still responsible for the enormous resistance that professionals find for adherence to antihypertensive treatment. Studies in this sense emphasize that the involvement of family members in treatment is important because they strengthen and stimulate adherence to the care necessary to control the disease. However, for many family members, caring for an elderly individual with a chronic illness can be a constant threat, since this situation can be stressful.<sup>17</sup>

The family represents an important ally in the treatment of hypertension, perceived by many as a facilitating agent in the process of adherence to the treatment and incentive in the adoption of self-care practices, for example, in the performance of physical exercises, in the use of an appropriate diet, in addition to accompany them in their therapeutic itinerary.<sup>18</sup>

Given the context, family support has been pointed out as a very significant strategy, since it helps to conduct behavior for self-

care in people with chronic conditions in the control of disease risk factors, specifically contributing to the treatment of the individual. Changing the habit requires engagement by all those involved: the sick person, the family, the people who live close to them, as well as health professionals responsible, for example, for the teaching and learning process in promoting and maintaining health, and as a priority in the nursing work process, having the nurse as a leader and facilitator of information.<sup>19</sup>

CONCLUSION

Throughout the analysis of the speeches, it was possible to understand the simple view that the elderly people have about arterial hypertension and its peculiarities, as well as the fact that the adjustments in the lifestyle contribute in the lack of stimulus for the development of therapeutic care. However, for many elderly research participants, the family is a transforming agent of care for developing actions that guide and strengthen adherence to self-care, in this, inserted medication treatment.

It was noticed the importance that health professionals have in the therapeutic context. These findings may provide support for interventions in the care of patients living with SAH to increase the rate of adherence to treatment, but also to improve their quality of life more and more, in a less biological conception, prioritizing the interaction between health professionals, elderly people living with hypertension and family, within a functional health system. After all, the service only becomes effective when there is more adherence of individuals to the proposed treatment.

It is considered that the control and treatment of hypertension is a problem that requires effort and dedication of the patient, family participation and, above all, concern by the health service in looking for ways to better attend and support the patient during the disease. For this reason, more than ever, it is necessary to focus on the individual as a person, with all its singularities, difficulties, dispositions, perspectives and dreams. Only then, when it becomes available to take care of human beings, and not only of their diseases, will the patients and their families be seen as co-participants of the care process, giving space for a new action in the health sector.

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Sousa RC, Lucena ALR de, Nascimento WS do et al.

Particularities of hypertensive elderly...

Submission: 2017/07/28

Accepted: 2017/11/08

Publishing: 2018/01/01

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