ABANDONMENT OF ANTI-HYPERTENSIVE TREATMENT IN ELDERLY: KNOWING ITS CONDITIONERS

ABANDONO AO TRATAMENTO ANTI-HIPERTENSIVO EM IDOSOS: CONHECENDO SEUS CONDICIONANTES

ABANDONO AL TRATAMIENTO ANTIHIPERTENSIVO EN ANCIANOS: CONOCIENDO SUS CONDICIONANTES

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ABSTRACT

Objective: to identify the reasons which lead the elderly client with systemic arterial hypertension to abandon antihypertensive treatment. **Method:** it is a qualitative, descriptive, exploratory study, in a Family Health Strategy. The study was composed by elderly people enrolled in the HIPERDIA program who stopped attending the health unit. A focal group was collected for data collection, and later, in August 2017, the speeches were then analyzed through the Collective Subject Discourse. **Results:** it was observed after the application of the research that the main reasons that led the elderly with SAH to abandon their treatment were forgetting to take medication, the side effects of medications and also the absence of symptoms such as the main ones factors. **Conclusion:** it is necessary to use methods, by the professionals of the FHS, for the recruitment of hypertensive elderly people, for the continuity of their treatment, in health promotion actions aimed at reducing harm and maintaining a better quality of life, highlighting the importance in the adequate use of antihypertensive medication. **Descriptors:** Hypertension; Family Health Strategy; Aged; Health Promotion; Therapeutics; Public Health.

RESUMO

Objetivo: identificar os motivos que levam o cliente idoso com hipertensão arterial sistêmica a abandonar o tratamento anti-hipertensivo. **Método:** trata-se de estudo qualitativo, descritivo, exploratório, em uma Estratégia Saúde da Família. Compôs-se a pesquisa por idosos cadastrados no programa HIPERDIA que deixaram de frequentar a unidade de saúde. Realizou-se, para a coleta de dados, um grupo focal e, posteriormente, no mês de agosto de 2017, em seguida, analisaram-se as falas por meio do Discurso do Sujeito Coletivo. **Resultados:** percebeu-se, após a aplicação da pesquisa, que os principais motivos que levaram os idosos com HAS a abandonarem seu tratamento foram o esquecimento em tomar a medicação, os efeitos colaterais dos medicamentos e, ainda, a ausência de sintomas como os principais fatores. **Conclusão:** faz-se necessária a utilização de métodos, por parte dos profissionais da ESF, para a captação de idosos hipertensos, para a continuidade do seu tratamento, em ações de promoção da saúde que visem à redução de danos e à manutenção de uma melhor qualidade de vida, destacando-se a importância na utilização adequada da medicação anti-hipertensiva. **Descritores:** Hipertensão; Estratégia Saúde da Família; Idoso; Promoção da Saúde; Terapêutica; Saúde Pública.

RESUMEN

Objetivo: identificar los motivos que llevan al cliente mayor con hipertensión arterial sistémica a abandonar el tratamiento antihipertensivo. **Método:** se trata de un estudio cualitativo, descriptivo, exploratorio, en una Estrategia Salud de la Familia. Se compuso la encuesta por ancianos catastrados en el programa HIPERDIA que dejaron de frecuentar la unidad de salud. Se realizó, para la recolección de datos, un grupo focal y, posteriormente, en el mes de agosto de 2017, a continuación, se analizaron las palabras por medio del Discurso del Sujeto Colectivo. **Resultados:** se percibió, después de la aplicación de la investigación, que los principales motivos que llevaron a los ancianos con HAS a abandonar su tratamiento fueron el olvido en tomar la medicación, los efectos colaterales de los medicamentos y, además, la ausencia de síntomas como los principales factores. **Conclusión:** se hace necesaria la utilización de métodos, por parte de los profesionales de la ESF, para la captación de ancianos hipertensos, para la continuidad de su tratamiento, en acciones de promoción de la salud que apunte a la reducción de daños y al mantenimiento de una mejor calidad de vida, destacándose la importancia en la utilización adecuada de la medicación antihipertensiva. **Descriptor:** Hipertensión; Estrategia de Salud Familiar; Anciano; Promoción de la Salud; Terapéutica; Salud Pública.

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INTRODUCTION

Systemic arterial hypertension (SAH) is defined as a relevant public health problem in the country, considering that it represents a well-established risk factor for cardiovascular complications, responsible for presenting a high morbidity and mortality rate, and also for the high index cessation of treatment. It is also observed that this disease is a considerably high disease, mainly in the elderly population, because the disease increases significantly in relation to age, being its prevalence in the population in debate superior to 60%.¹⁻³

It contributes to the elevation of pressure levels by means of several identifiable factors and is therefore a multifactorial disease and, among these factors, advanced age, sedentary lifestyle, obesity, dyslipidemia, excessive alcohol use and smoking, and excessive sodium intake in the diet.² It is therefore considerably important to maintain control of arterial hypertension, in addition to adequate treatment, control of its risk factors.⁴⁻⁵

The effectiveness of the drug treatment of arterial hypertension is demonstrated by means of studies, being able to reduce blood pressure levels substantially for the treatment and control of arterial pressure, however, the drug treatment has precise indications; thus, the adoption of practices such as a healthy and balanced diet with less sodium intake and adherence to regular physical exercises are indicated for all patients.^{4,6}

In addition to the adverse effects of several drugs, financial difficulties, as well as the asymptomatic characteristic of the disease, are strongly related to the non adherence of the treatment and, consequently, to its abandonment.⁶

Based on this scenario, in 2002, the Ministry of Health (MH) launched the System for Registration and Monitoring of Hypertensive and Diabetic - HIPERDIA. It is also directly related to the health of the patient with SAH and Diabetes Mellitus (DM), with the purpose of monitoring these patients and, therefore, linking it to the Family Health Strategy (FHS), apart from maintaining continuous and quality care and, in the same way, provides the necessary medication to users on a regular basis.⁷

In this context, Primary Care (PC) is the gateway to users in the Unified Health System and, in view of this, it is necessary to put into practice the principles of health promotion that lead to the continuous care of patients and, in the case of hypertensive patients, it is necessary to put into practice the guidelines

that contribute to the management of therapeutic actions necessary for the health of the individual in the scope of health promotion and protection.

It is this public, when considering that hypertension is a pathology that affects a significant portion of the elderly, deserving special attention, for finding that the adherence to the treatment of the pathology is considerably low and also because the client only seeks care at the health unit when it has health complaints.

OBJECTIVE

- To identify the reasons which lead the elderly client with systemic arterial hypertension to abandon antihypertensive treatment.

METHOD

It is an exploratory, descriptive and qualitative approach. As a scenario for the development of the research, the Hermenegilda Paulino de Sousa FHS, located in the urban area of the municipality of Umari in the State of Ceará.

The survey was composed by elderly people enrolled in the HIPERDIA program who stopped attending the health unit from the last three months, for the scheduled and / or scheduled appointments, and also for not attending even to get their respective medicines in the unity.

Inclusion criteria were adopted: being in the age group from 60 years of age; reside within the attached area of the FHS Hermenegilda Paulino de Sousa; agree to participate in the research by reading the Free and Informed Consent Term (FICT) and signing the Informed Consent Term. They were listed as exclusion criteria: those elderly who could not move or had some senile disability to participate in the focus group (FG).

The data was collected in August 2017. The subjects of the research were identified through the Community Health Agents (CHA), inviting them and the researcher during a visit to their home to participate in a FG, where the place, date and time for the proposed activity were defined. This mission was guided by the CHA, on the grounds that the subjects could be intentionally chosen, respecting their diversities, besides the fact that they knew the desired profile for the focus group.

There was only one focal session, since there is only need for other meetings when there are pending issues or matters, not clarified or according to the purpose of the study.⁸

FG data was collected in the Hermenegilda Paulino de Sousa FHS meeting room, where the participants were placed in a semicircle around the moderator and an observer, staying on the outside of the semicircle, with the intention of making the necessary notes to study.

During the section, the speeches of the members of the research were recorded as a way of guaranteeing and trustworthiness of the answers in the debate and, later, they were transcribed in order to guarantee the confidentiality and the anonymity. For this purpose, codes identified by the letter I (elderly) and enumerated according to the placement sequence of the chairs in the place were used, and later, the files were saved in a renamed FG folder.

The information was obtained through the FG technique, characterized by previously planned sessions in the sharing of specific moments with the users, through meetings and group discussions during which subjects related to the interests of both the researcher and the participants were discussed. It is a research technique, in the qualitative approach, in which the question of the factors that direct the formation process to the focus groups is analyzed, and, as a purpose, it presents the veracity of their results during the group interactions when discussing the suggested by the researcher.⁹

It was counted in the FG with the moderator and an observer. The audio recording was transcribed and transcribed into narrative by the moderator. Opinions were discussed by the subjects of the research returning them to them and reinforcing the idea that a greater and more comprehensive sense can be rescued by means of a posture

based on bilaterality and effected in the social bond.¹⁰⁻¹¹

The data was transcribed after the FG discussion, in order to facilitate the analysis and discussion of the results. Central ideas (CI) were initially assigned to initiate the discussions, and then the reports were organized according to the Collective Subject Discourse (CSD), analyzing them later in the relevant literature.

For the organization of the data, the CSD was used, which is a methodological technique used to organize qualitative data, being based on the Theory of Social Representation. The CSD is a discourse-organized synthesis, for discourses of similar meaning, through systematic and standardized procedures.¹²

After the complete transcription of the collected material, one proceeded to the fluent reading of the speeches to guarantee the filtration of the contents, which allowed the development of registration units that gave rise to the sources of discussion of the study.

RESULTS

The FG was composed of ten individuals who had, as a specifying characteristic, the abandonment of the consultations of the HIPERDIA / MH program at Hermenegilda Paulino de Sousa FHS, leading to the hypothesis of abandonment of antihypertensive treatment. The data collected in Table 1 and Figure 1 were grouped and organized to conduct the discussions.

Table 1. Socio-demographic data of the participants who composed the focus group. Umari (CE), Brazil. 2017. (N = 10)

VARIABLES	N	%
Sex		
Male	05	50
Female	05	50
Age group		
60 - 64	02	20
65 - 69	02	20
70 - 74	02	20
75 - 79	02	20
> 80	02	20
Marital status		
Married	06	60
Divorced	02	20
Widow	02	20
Education		
Illiterate	03	30
Incomplete Elementary school	05	30
Complete Elementary school	01	10
Complete Highschool	01	10
Family income		
1 minimum wage	03	30
1 to 2 minimum wages	07	70

Reasons for abandoning antihypertensive treatment

In this context, the main difficulties raised by the participants regarding adherence to

drug treatment are discussed, when they were questioned about the main reasons that led them not to use drug therapy for SAH.

CI 1	CSD 1
Forgetfulness	Forgetfulness.
CI 2	CSD 2
Side effects	The stomach, every medicine I take, due to taking so much medicine, I have a strong gastritis.
CI3	CSD 3
Absences of symptoms	Because I think I'm good. No, I'm not going to lie, right, because the truth is, we're talking.

Figure 1. Main reasons related to the abandonment of drug treatment. Umari (CE), Brazil. 2017.

CSD-1 testimony is forgotten as the main difficulty in giving adequate continuity to the antihypertensive treatment.

In this perspective, the patient does not use the antihypertensive medication or does it irregularly because he does not remember to take the medication. However, forgetting is one of the greatest obstacles faced by the group in debate, due to its various problems presented as a result of its advanced age and, more often, not having a family member or caregiver in its day by day.

Considering the CSD-2 user's discourse as the main difficulty that leads the patient to abandonment in the treatment of hypertension, the problems related to the ingestion of several drugs that lead to the side effects.

It is briefly inferred that there is a great fragility in the use of the drugs by the elderly, mainly due to their reports on the adverse effects and, because it is an asymptomatic disease, most of them, for example, abandon treatment because they do not present symptoms due to the elevation of arterial hypertension and, consequently, because they feel well.

From CSD-3, the approach of not using medication therapy due to the absence of symptoms can be observed, a fact that is worrying because, in the absence of symptoms for a long period, it is treated improperly or even the complications of the disease begin to appear.

In view of this reality, due to the absence of symptoms, several patients abandon treatment, resuming it after a hypertensive crisis, some complication due to SAH or even when it is another health problem in which monitoring of blood pressure if necessary.

Elderly people are predisposed, due to old age, to some fragility, involving an interaction of biological, psychosocial and social factors, leading to a greater degree of vulnerability and also associating with a greater risk of impaired mobility, falls, besides the

significant increase in morbidity and mortality, also highlighting the relevance in the number of hospitalizations by this group.¹³

It is assumed that advanced age reaches a higher level of vulnerability, in line with high rates of illness, and, therefore, it is important to emphasize that these indexes refer to chronic diseases, among them, mainly the cardiac ones, being hypertension is one of the main.

It is analyzed, therefore, that the SAH reaches more and more elderly people and is classified as a serious public health problem due to the risk, the difficulty of control and its prevalence, being verified that these factors are each time in the debate.¹⁴

DISCUSSION

It is believed that the group's low level of schooling may be related to the lack of understanding on the part of some participants regarding certain subjects related to SAH, a fact that highlights the need for a more detailed and clarified understanding.

It is understood that there is a direct relationship between the educational level and the thematic, since the disease presents a higher prevalence in people with less education and less socioeconomic power. It is added, however, that hypertension is inversely proportional to schooling and income, and this means that the lower the socioeconomic condition and the lower the level of education, the higher the incidence, and this is equivalent to lower levels of care with the health.¹⁵

The family income is presented with a prominent role by the association of greater needs, since a higher income leads to a better quality of life, since a low income can leave much to be desired, and the financial need does not meet the needs, in the case of those who survive with only one minimum wage.¹⁶

The hypertensive person experiences his / her own pathology and, in the course of time, he / she acquires proper forms of living with

it, as well as changes in daily habits, lifestyle, etc., which can lead to factors related to non-adherence to treatment, as well as the abandonment of treatment.

It is noted that such changes, when not well accepted, where there are changes and resistances, are capable of giving rise to factors capable of leading to the difficulty of adequate control, and among the most frequently encountered difficulties is forgetting to take medication and, consequently, the irregular use of the same, until the complete abandonment of its treatment.

The literature confirms that many hypertensive patients do not use antihypertensive medication due to their forgetfulness to use medications, and this is related to the natural process of aging, which presents, as a characteristic, lapses of memory or their own condition of involvement with the therapeutic conduct. In this process, innumerable health problems can arise as a result of physiological and functional changes, making the elderly more vulnerable to chronic diseases.¹⁷

It is presumed that forgetfulness of taking medication for the treatment of SAH becomes a major factor related to the difficulty of controlling blood pressure, since when forgetting to take the medication, there is a high risk of having high blood pressure, which can lead to serious health problems.

This problem becomes the focus of the existing literature, where it is approached that, among the main reasons for the abandonment of antihypertensive treatment, forgetfulness is mainly followed by the absence of symptoms, the lack of motivation and the large amount of medication used daily, as well as the lack of financial resources.¹⁸

It is believed, in a way, which the oblivion is pointed out by several patients who do not do the antihypertensive treatment adequately by the fact that this forgetfulness leads to the irregular use of the same and generates serious complications.

It is necessary, in a similar way to this problem, for the follow-up of control of a chronic disease, of an adaptation by its users, since the changes in the routine of life are quite important in the maintenance of the control of its disease, which makes the adjustment of their condition of the carrier of a disease with its limitations and the obligation imposed on its carriers, ways to overcome them emotionally.¹⁹⁻²⁰

In analyzing this fact, we can see that the side effects of the drugs are considered as a great ally in the abandonment of the treatment, since the undesirable effects caused by the drugs cause certain discomforts; however, the need for the use of the medication should suppress the adverse effects, thus serving to motivate the continuation of treatment.

A number of factors are related to the development of gastritis, which is considered to be an inflammatory disease of the gastric mucosa, and there are several factors for its formation, among which are the use of various medications.²¹ However, it is admitted that this fact is a worrying case, since it is directly related to non-adherence to treatment abandonment due to chronic diseases.

Hypertensive patients are told about the need for them to use various medications and do not understand why they present so many adverse effects of the medication, since they have been prescribed to improve a problem of health, but that they present others.²²

This fact is very worrying, considering that this public needs to understand that the use of medication becomes a great ally in their day to day due to their need, since it needs to understand the importance of the same, aiming at its benefits and accepting that you are carrying a disease that needs proper treatment.

It is evident from the foregoing that the presence of side effects by antihypertensive drugs is of great concern, since this problem reduces the chances of a hypertensive elderly patient to abandon treatment for about seven times. However, its disease starts with small failures in drug therapy adherence, leading to total abandonment of the use of medicines.²³

It is portrayed by this finding that the usual lack of symptoms associated with hypertension is one of the main factors for treatment abandonment, which may lead to the development of serious problems for these patients, such as some type of target organ damage, cardiopathies and cerebrovascular accident, mainly.²⁴

The need to support these patients, both family members and professionals, is essential, and it is up to them to engage and motivate them in the search for strategies that facilitate the continuity of therapeutic behavior, in addition to cooperation and awareness of the importance of follow-up treatment.

CONCLUSION

Throughout the research, several aspects related to the elderly hypertensive client to the abandonment of antihypertensive treatment were identified, including the main reasons that lead them to stop taking the drug therapy, besides other points considered of extreme importance.

It has been shown by the research that the main causes that lead to the abandonment of antihypertensive treatment in the elderly are the forgetfulness to take the medication, the absence of symptoms that lead them to feel that they do not need the medication and also the presence of the side effects because they do not understand the fact that hypertension is a chronic disease and that there is a need for the use of drug therapy.

It can be noticed that the patients of the study need attention of the professionals of PC because it is verified that their presence in the unit is becoming frequently low. It is intended, therefore, that the commitment in such an action causes the individual to have a greater attendance in the unit, causing less complications, less going to hospitals due to aggravations and favoring the better quality of life.

It is noted the need to expand health education in primary care, since this is the gateway of users in the determinant UHS for the elderly with chronic diseases. Thus, through these actions, it is possible to directly link the client to the FHS, since there is a significant reduction in relation to clients who abandon antihypertensive treatment.

It is believed that this study may contribute to research on the abandonment of antihypertensive treatment in the elderly, seeking the insertion of educational measures that lead them to understand the importance of drug therapy in the use of an active search of these patients to the unit to perform their consultations assiduously, leading the individual to adequate follow-up and aiming, therefore, to reduce the damages and complications arising from the elevation of the pressure levels of arterial hypertension.

This research was relevant, given the facts presented, in that it sought to fill in, with information, the various gaps that exist on the subject. It is hoped that this study will significantly contribute to the improvement of the quality of life of the hypertensive elderly, serving as a subsidy in measures and strategies that may link the elderly individual with SAH to FHS.

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