



INFLUENCE OF HYPERTENSION AND TREATMENT IN THE QUALITY OF LIFE OF ELDERLY

INFLUÊNCIA DA HIPERTENSÃO ARTERIAL E O TRATAMENTO NA QUALIDADE DE VIDA DE IDOSOS

INFLUENCIA DE LA HIPERTENSIÓN Y TRATAMIENTO EN LA CALIDAD DE VIDA DE LAS PERSONAS MAYORES

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ABSTRACT

Objective: to understand how the Hypertension treatment and influence the quality of life of seniors. **Method:** a descriptive study, qualitative in nature, carried out among 22 elderly hypertensive patients attending a Basic Health Unit in Maringá/PR/Brazil. Data collection was conducted in November 2011 through recorded interviews. For data processing we used the technique of content analysis type Thematic analysis. The study was approved by the research project by the Standing Committee on Ethics in Human Research, State University of Maringá, Opinion No. 658/2011. **Results:** from the analysis of the reports emerged two categories: New lifestyle: influences and changes resulting from the Hypertension and reflexes of silent condition of the disease on quality of life of seniors. **Conclusion:** Health professionals need to develop intervention strategies in assisting the elderly hypertensive. **Descriptors:** Old Age Assistance; Hypertension; Quality of Life; Nursing.

RESUMO

Objetivo: compreender como a Hipertensão Arterial Sistêmica e o tratamento influenciam na qualidade de vida de idosos. **Método:** estudo descritivo, de natureza qualitativa, realizado junto a 22 idosos hipertensos que frequentavam uma Unidade Básica de Saúde no município de Maringá/PR/Brasil. A coleta de dados foi realizada em novembro de 2011 por meio de entrevistas gravadas. Para tratamento dos dados foi utilizada a técnica de Análise de Conteúdo do tipo Análise temática. O estudo obteve aprovação do projeto de pesquisa pelo Comitê Permanente de Ética em Pesquisa com Seres Humanos da Universidade Estadual de Maringá, parecer nº 658/2011. **Resultados:** a partir da análise dos relatos emergiram duas categorias: Novo estilo de vida: influências e mudanças decorrentes da Hipertensão Arterial Sistêmica e Os reflexos da condição silenciosa da doença na qualidade de vida de idosos. **Conclusão:** os profissionais da saúde necessitam desenvolver estratégias de intervenção na assistência ao idoso hipertenso. **Descritores:** Assistência a Idosos; Hipertensão; Qualidade de Vida; Enfermagem.

RESUMEN

Objetivo: comprender cómo el tratamiento de la hipertensión y de influir en la calidad de vida de las personas mayores. **Método:** Se realizó un estudio descriptivo cualitativo, realizado con 22 pacientes ancianos hipertensos que asisten a una Unidad Básica de Salud en Maringá/PR/Brasil. La recolección de datos se llevó a cabo en noviembre de 2011 a través de entrevistas grabadas. Para el procesamiento de los datos se utilizó la técnica de análisis de contenido de tipo temático análisis. El estudio fue aprobado por el proyecto de investigación por el Comité Permanente de Ética de la Investigación en Seres Humanos de la Universidad Estatal de Maringá, Opinión N ° 658/2011. **Resultados:** del análisis de los informes emergieron dos categorías: nuevo estilo de vida: influencias y los cambios resultantes de la hipertensión arterial y los reflejos de la condición silenciosa de la enfermedad en la calidad de vida de las personas mayores. **Conclusión:** los profesionales de la salud deben desarrollar estrategias de intervención para ayudar a los hipertensos ancianos. **Descriptores:** Asistencia vejez; Hipertensión; Calidad de Vida; Enfermería.

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INTRODUCTION

The current stage of the demographic transition in Brazil resulted in changes in the age structure of the population, increase in life expectancy, and even increased in 45.9% of the population aged over 60 years, from 1980 to 2000, which caused changes in the incidence and prevalence of disease, as well as the high rates of deaths caused by chronic diseases (DC).

Among DC, stands hypertension (HBP) as one of the most prevalent diseases in the country. It is characterized by high and sustained levels of blood pressure (BP), often associated with metabolic abnormalities, hormonal and phenomena of the organism itself. It is considered as one of the main risk factors for developing renal complications, heart disease and stroke, presenting high medical costs and socioeconomic factors. Given the chronic condition, treatment indefinitely and the possibility of acute and chronic complications, quality of life (QOL) of hypertensive person is substantially affected by the disease.

In this perspective, some studies have demonstrated that the QOL of hypertensive people is not equal to the NCP. At diagnosis, for example, the decrease in perceived QOL is due to the discovery of a DC and the changes that accompanies it.

Nevertheless, during the cohabitation with a person has hypertension repercussions of the disease in their daily lives, which could take him to isolation and loneliness, or even to experience difficulties, attempts to changes in lifestyle necessary to adherence to non-pharmacological treatment, which may be compromised or even not occur, favoring the emergence of health problems.

The context of QV for elderly people with hypertension is even more complex because living with a chronic condition is continuous threat to the individual, affecting his life at different levels. Incorporate chronicity is a challenge to be faced in day-to-day, requiring consecutive increases, assessments and reassessments due to dynamically city of appearance and progression.

In health becomes increasingly important to preserve the QV of subjects, through early diagnosis, treatment of disease and disease prevention, particularly for health promotion as well as for conducting research that attempts to determine which factors that permeate, influence and shape the complex context of QV. Given this reality, we question whether the elderly, hypertension and its

treatment influence on their QV? So from there, we decided to conduct this study in order to understand how the Hypertension treatment and influence the quality of life of seniors.

METHOD

A descriptive, qualitative, conducted with 22 elderly hypertensive patients attending the Basic Health Unit (BHU) Guaipó-Requião, located in northern Maringá-PR/Brazil.

The city has a population of approximately 357,000 habitantes¹⁰, assisted in primary care for 25 UBS, organized into five regional, all of which have teams of the Family Health Strategy (FHS) referenced. The UBS-Guaipó Requião is located in Requião and Housing was established in 2003. According to the Information System of Primary Care (SIAB) in August 2011 the area in UBS was composed of eight districts, serving enrolled in your area, through three FHS teams, divided into 18 micro-areas, a population of approximately 10,885 people, of whom approximately 1,100 are elderly hypertensives.

In the UBS study of three meetings occur weekly HIPERDIA. The researchers participated during the month of November 2011, seven meetings, which were explained in the research objectives for the population. The subjects older than 60 years who have shown interest in participating in the study and had no cognitive problems and / or mental, which was verified with mini mental test application (mini mental state examination - MMSE), were invited to make inquiries to a private room on the premises of UBS where respondents were the following question: would you say that your high blood pressure and treating it have affected your quality of life? How? Why? The search for new informants occurred until the time when the data became repetitive and the study objective had been achieved.

The interviews were recorded and transcribed in their entirety, respecting the reliability of the statements. For data processing we used the technique of content analysis type Thematic analysis, following the pre-established steps, namely: pre-analysis, material exploration, processing the data with the systematic organization of them into thematic units and building inferences and interpretation of meaningful categories.

The development of the study occurred in accordance with the requirements of Resolution 196/96 of the National Health Council, with project approval by the Standing Committee on Ethics in Human Research,

State University of Maringá (Opinion No. 658/2011). Before starting the interview, all the information ethics of the study were explained by the researchers, with subsequent signing the Informed Consent Form (ICF) in two ways, if the elderly were illiterate, was asked to digital right thumb.

To protect the identity of respondents were organized and the lines identified by the letter "H" when referring to the respondent male (man) and "M" for female (woman), followed by age.

RESULTS AND DISCUSSION

We interviewed 22 elderly hypertensive patients, more than half of females (12). As shown in another study to look more for the elderly group activities that occur in health care, is a major concern with the state of health or the greater availability of time.

Nine seniors were aged 60 to 69 years, eight in 70 to 79 years and five at 80-89 years. With regard to schooling, seven were illiterate, eight had incomplete primary education, five completed high school and two teaching degree. In terms of occupation, twelve seniors were retired, eight had employment and, two were devoted exclusively to home activities. Most participants lived in a nuclear family type (15), and six in the extended family, said an elderly resident alone. In addition, 18 seniors had co-morbidities, which are: Diabetes Mellitus (nine cases); Osteoporosis (four cases), arthritis (two cases), cardiovascular problems (two cases), and anemia (one case).

Through discourse analysis emerged two categories: New lifestyle: influences and changes resulting from hypertension and reflexes of silent condition of the disease on quality of life of seniors.

● New lifestyle: influences and changes resulting from SAH

SAH influences the way individuals lead their ways of living. After diagnosis, there is an emphasis on the change in lifestyle, producing several changes, which certainly influence the QOL of people. With discourse analysis, it was found that the disease can lead to modifications in work activities including:

The high pressure interferes with life, change yourself, because you can not forget to take your medicine. You sometimes have trouble working, because if you do not take the medicine the next day is bad [...] willy nilly, is a disease (M9, 61).

The high pressure disrupts the lives of those who are hypertensive, because everything

revolves around that gives you giddiness and is no longer normal, feels something, it looks like your body is falling sideways, you will step seems that stepping wrong [...] I think it hinders the work, I'm a driver and I was in a car accident, I think it was because of that (hypertension). I hit a car, did not see, was coming up the avenue slowly, suddenly I did not see anything, woe hit [...] gone my senses (H6, 60).

Under the influence of values, beliefs and culture, any socially DC affects the function or role the individual plays before the other, which consequently impacts on different social sectors like economy, education, work and leisure. It is expected, therefore, that the individual try hypertensive effects of the disease on their daily lives and in their QV.

The signs and symptoms of the disease when they occur often prevent individuals perform their routine activities satisfactorily. Failure to maintain the employment activities, for example, can be understood as a form of damage resulting from hypertension and their complications. The loss of professional autonomy and financial, in many cases, generates states of sadness, anxiety and depression, with consequent decrease in QV. Moreover, the work, especially one who is perceived as pleasant by the elderly, in addition to providing a physical activity, intellectual and social, as well as a source of income, has been described as a factor that positively influences on QV.

In the first speech can observe a contradictory effect of the influence of hypertension in the elderly when QOL refers to medication, suggesting a positive implication to mention that the use of drugs able to control the pressure levels, which in turn will allows you to perform work activities, without major problems. However, in contrast, shows his dissatisfaction with the daily addiction of drugs.

Study in Jequié (BA) with 117 seniors showed that the vast majority of them (93.1%) had health problems, especially hypertension, which was the most frequently reported DC (23.1%). Most seniors (78.6%) revealed making use of continuous medication, including the antihypertensive was the most cited (47.8%). In the same study, it was found that hypertension and its treatment were considered as factors that had a negative impact on the QOL of the elderly, and the aggravation of the disease, described as triggers of family care.

Another change frequently reported by participants was the need for change in lifestyle, consisting primarily by diet

modification and the need for physical exercises, as can be seen in the statements below:

I started walking more than money (laughs). I eat with a little salt and do these daily walks, and taking my medicine every day, so I do not facilitate for pressure! (H1, 81 years).

You can not eat salty food but the pressure rises. Bacon, payola stuff I do not use anymore. These tanned and smoked foods, do not use because they use pressure when attacking. I take care of the food, I make food more bland, with pouquinha fat (M20, 66 years).

It was found that the health education carried out by teams of FHS agenda is basically on a single axis: change in lifestyle, as recommended by the Ministry of Health in various ordinances and manuals about tema15, emphasizing the importance of changing one diet high in sodium and fats, to another characterized by higher consumption of foods like fruits and vegetables, as well as physical exercise regularly. In this study it was evident knowledge of older people about the importance of these changes in lifestyle because of the 22 respondents, 16 reported changes in their daily lives under the HBP.

The development of actions for the non-pharmacological treatment, represented by changes in lifestyle of hypertensive patients is valid and necessary. However, other factors also deserve attention FHS, such as the need for adherence to medication and health education in order to inform the hypertensive and her family about the disease and the consequences of inadequate blood pressure control.

Qualitative study conducted in Fortaleza (CE) found that 21 institutionalized elderly during the day and accompanied by municipal health team, correlated healthy lifestyle for BP control only the consumption of wholesome foods, as recommended by professionals health. It is observed from this result that the performance of the ESF in order to empower the user with concomitant improvement in their QV, is limited because the treatment is non-farmacologic only a mainstay of treatment of hypertension, so professionals need to seek other ways to work with the hypertensive population in order to sensitize them, including regarding adherence to pharmacotherapy.

Still, not only the elderly hypertensive patient must be the subject of targeted education activities for health FHS teams, but also the whole family, for representing link help and trust, facilitating the

management of adverse situations that occur during the cohabitation with a DC. In turn, the following report is an important example of the difficulty that the elderly face in adopting a healthy lifestyle due to non-participation of the family:

The food has changed a lot, even more I have high blood pressure and woman. But it is difficult to follow certain this change, because we have two "feet" who always want the food more seasoned, more salty and sometimes my wife goes there and puts more salt. I think it's wrong, but I have to eat (H19, 60 years).

It is important to consider that the responsibility for the elderly is the whole society and not just the family. However, it is essential that the family engages positively in relation to health care for the elderly. It is evident the importance of participation by all - seniors, families and professionals - in caring for the elderly with DC. In this context, it is up to the professionals, the role of agents of transformation of reality that is presented, showing the necessity of involving the family in the process of care for the elderly.

Sometimes, failure to follow the recommendations of the health team is not for lack of information or support the family, but the need for the elderly to feel and share the healthy lifestyles of others, as reported by one respondent that even aware about the importance of healthy eating to control hypertension and Diabetes Mellitus (DM) not followed strictly:

In the feeding diseases interfere much. Sometimes I want to eat some things, but I can not because I know I have to content, but the pressure rises and blood glucose. Although sometimes I'm kind of relaxed a little as I take soda, sometimes I take a coffee with sugar in service. We know that this is not right, but if we stop for all things just to meet the pressure and diabetes, there is going to stop you, oh who loses the quality of life you live to do just that (H6, 60 years).

Follow a diet regimen is presented as a difficult task for people with hypertension and diabetes, because as can be seen in the story, the elder believes follow all recommendations about feeding him would cause impairment in QV. One can also see that it is through restrictions on eating behavior that the chronic patient becomes aware of its limitations. Therefore, the conflict between the desire to eat and explicit need to contain him is always present in their daily lives. The desire to eat does the individual suffer, repress, salivary forget, transgress, lie, deny, admit, feel pleasure, control and guilt. At the

same time, this desire makes you happy in a way that only he knows how to describe.

In the study mentioned Aquiraz (EC), it was also found that some elderly people in the study chose to continue with the incorrect eating habits, although they had knowledge of those considered healthy by understanding that the change would result in worsening food QV. Thus, for proper treatment of SAH professionals should conduct health education in order to adopt practices that minimize the risk factors, however, also need to consider the way of life of individuals and their determinants, such as, culture, beliefs, values, myths and financial condition, that they decrease the "empowerment" that some health professionals have towards patients, precisely because of their concepts guided only on scientific knowledge.

Thus, it is believed that health professionals should consider the concept of QV that each of the patients under their care have, weighing between technical and scientific knowledge and the situation that presents itself, it is observed that the focus is on improving QV of the subjects, however, often the interests and objectives outlined by the professionals do not match the real needs of the clientele.

Another factor that appeared as interfering in QV was the experience of stressful situations because stress is perceived as the triggering agent of elevated blood pressure levels.

[...] Emotion! If you pass an already nervous pressure rises, then everything changes, have to be careful. Already, if you have high blood pressure problems, may receive bad news, you can stand firm and strong there (M20, 66 years).

It emphasizes the emotional factor as a barrier in maintaining good blood pressure levels as M20 expressed concern about stress management. After the diagnosis of hypertension, this change occurred, possibly because it was seen as necessary for good living with the disease. A study conducted in northwestern Paraná, revealed that elderly hypertensive women after diagnosis of the disease, reported that BP control was related to control strong emotions and stressful situations.

Besides the different modifications stemming from the diagnosis of SAH, resulting in a decrease in QV, there was the story of an elderly man who puts the diagnosis of the disease as something that impacted positively on their QV:

After he learned of high blood pressure, many things have changed for the better, is

changed for good! Because when I had high blood pressure and not know it seems that was agony, weird and now after controlled with medication, always'm calmer, more peaceful [...] I speak too which was good because I drank too much, took some drink (laughs), and was the first thing the doctor forbade, said I could not take more, just do not believe it and kept going, that's when I fainted and ended up in hospital. Then I saw that he had no way, I had to stop drinking, or was it because I was the booze or (H8, 78 years).

Individuals who perceive an improvement in their QV after diagnosis of a DC can be great allies of health services by better understand the importance of proper continuity of care and also serve as examples to be followed, because when participating in group activities at UBS expose private experiences with the disease, and contribute to the awareness of others, facilitating coping with situations involving healthy living with the disease.

Broadly, the health care implies stimulate and encourage greater autonomy and independence of the elderly possible, so that he feels able to perform their activities. The health team must ensure that the elderly can maintain healthy habits, reduce and offset the inherent limitations of age and live with the anguish and weakness of old age. It is important to emphasize the relevance of targeted assistance for the elderly patient from attitudes, gestures, looks, language and touch, in an attempt to enhance your life and produce a healthy old age, happy and with quality.

• The consequences of silent condition of the disease on quality of life of elderly

This category showed that some elderly people perceived hypertension as a condition usual in their lives, requiring no adjustments and changes to improve it and this is related to the fact that the same be silent.

I think that high blood pressure does not hurt anybody's life. Anemia is much worse than high blood pressure. Had time was two times a day in local hospital because of anemia. The period I took the drugs for anemia my pressure went up, reached 200, 220 (mmHg), I felt nothing! (M4, 60 years).

High blood pressure does not stop me from doing anything not because they have always worked on the farm from under the hot sun, weeding, clearing the land where I grew up in deals, ai after that (diagnosis of hypertension) kept working, not working on the farm but now I do housecleaning, do

some cleaning per day Monday through Friday. Very hard to pick a day that you're down, feeling something, but if I'm not well take another pill to pressure at rest a bit and then I'm good ... Ready for another (M14, 72 years).

In some cases, inadequate blood pressure control is because of hypertensive patients do not adhere faithfully to their therapy, which causes sometimes self-medication, as can be seen in the speech of M14. Self-medication, a practice common in the population, can be understood as a form of self-care health, but without limitation, counseling or medical monitoring, it becomes a dangerous situation.

Study in Campinas (SP) with 1515 seniors revealed that 80.4% of them reported having made use of self-medication in the last three days. In this sense, the FHS nurse must be alert to the possibility of this fact, not only the risks that this practice brings, but also the involvement of the subjectivity of the social and psycho-emotional dimension of the process of self-medicating. The calve then, the FHS team, shall develop intervention strategies that lead to hypertensive patients correctly adhere to their treatments.

Another problem is the fact that many people find themselves with only hypertensive disease when complications arise early, that happens sometimes due to hypertension is a chronic condition that can progress silently for a long period of time without showing any sign or symptom, which is interfering factor in adherence to antihypertensive treatment. In this perspective, show the need and request the hypertensive person to conduct daily treatment with drug use and change in lifestyle, but are not exhibiting symptoms of the disease is a challenge for health professionals in primary care.

A qualitative study was performed with ten elderly people in Rio de Janeiro (RJ) showed that despite them having a DC, considered themselves healthy and reported being in good health. It was evident also that the functional capacity, autonomy and independence were the main factors highlighted as unchanged after the diagnosis of CD. This reality is because many DC do not have severe symptoms and hardly changed substantially affected the daily life.

As mentioned, for the control of hypertension is recommended to adopt a healthy lifestyle, in addition to the frequent association with the use of antihypertensive medications. However, few people are adherent hypertensive, and those who adhere, makes for a short period of time and often inappropriately. This occurs due to lack of

symptoms early in the disease, so that most individuals shape their concerns and care in relation to the present moment, not being aware of the possibility of future injuries. Thus, the lines below show the intention of some seniors to abandon drug therapy, since, according to them, SAH does not interfere in their QV:

High blood pressure does not hurt. There are times when I even think about stopping taking the drugs, but says he can not, have to take because if it rises and then worse, gives a stroke or something, but I feel like giving (M4, 74 years).

Most elderly hypertensive patients have other comorbidities such as diabetes, dyslipidemia and obesity, which bring important implications in terms of management of the therapeutic actions necessary to control chronic conditions, whose treatment requires perseverance, motivation, continuing education and lifestyle changes of life. In this perspective, it is necessary that the health team seeks to motivate the continuity of hypertensive treatment, avoiding future complications arising from inadequate monitoring of health.

Sometimes, the abandonment of drug treatment, also stems from popular beliefs, the side effects of medication and lack of information about the chronicity of hypertension, causing serious consequences for the individual.

I feel nothing with high blood pressure, whit! [...] I think I'll stop taking the medicine pressure the doctor came, I started to take about three months, but we're going to the bathroom a lot (M7, 73 years).

I knew I had to take the medicine, but I thought it was good, that the pressure was good, ai stopped taking because I did not feel anything, but then gave me a stroke, makes about six years [...] Many things have changed in my life, because this side here all paralyzed. I could not work anymore, is willing to work hard and not be able to, today I take medicine every day! (H15, 63 years).

In speaking of H15, draws attention to the fact that even informed by the health team that noncompliance with treatment could cause difficulties for the control of hypertension, the respondent chose to discontinue use of the medication. We believe that the population awareness about the harm caused by the untreated hypertension is necessary. The work of health education in UBS and groups Hiperdia become a reference for the modification of the current situation, through the elaboration of actions that

address the complexity of the disease and the importance of their treatment.

FINAL THOUGHTS

Notably, several influences on QV were reported by elderly patients after diagnosis of hypertension and its treatment institution. The aspects that influenced QV were most frequently mentioned changes in eating habits and the need for physical exercises. It was also found that the lack of knowledge about the disease, a chronic condition and their injuries and motivation for continued treatment were the factors that were presented as potential dampening the QV of elderly hypertensive lead them by the worsening state of health.

Furthermore, it was found that the prolonged course of the disease and asymptomatic, causes the elderly consider the possibility of adherence. It becomes necessary then to develop strategies to assist the elderly with hypertension in order to motivate you to monitor the health and also to sensitize them to the importance of treatment even in the absence of symptoms. We believe that the inclusion of the family in this process is a way to increase the confidence of the elderly in the health service, and the family organization and their interactions directly influence the success of treatment of AD, in particular hypertension.

The training of health professionals to develop actions of health education should be valued, so that they can better assist the elderly and their families in the treatment of hypertension. The development of actions aimed to understand and extend the concept for elders with DC is required, the need for knowledge of each subject, their perceptions and experiences may contribute to the transformation of reality, but in a manner consistent with the socio-cultural environment in which they live and thus favoring the improvement of QV of subjects.

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Sources of funding: No
Conflict of interest: No
Date of first submission: 2012/02/09
Last received: 2012/11/11
Accepted: 2012/11/12
Publishing: 2012/12/01

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