

Nurses and patient adherence to treatment for systemic arterial hypertension

O enfermeiro e a questão da adesão do paciente ao tratamento da hipertensão arterial sistêmica

El enfermero y la cuestión de la adhesión del paciente al tratamiento de la hipertensión arterial sistémica

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ABSTRACT

Objective: to identify the resources used by Family Health Strategy (FHS) nurses to encourage patient adherence to treatment for Systemic Arterial Hypertension. **Method:** qualitative approach. The project was approved by the research ethics committee. Data were collected between April and August 2017, through semi-structured interviews of 10 nurses working in FHS units in Rio de Janeiro state. The transcriptions underwent Bardin content analysis. **Results:** the nurses held nursing appointments thus fostering participants' adherence in group educational activities, such as talks and nursing guidance sessions. **Conclusion:** the treatment adherence system used is similar among FHS units, maintaining a pattern recommended by the literature.

Descriptors: Hypertension; family health strategy; nursing education; primary health care.

RESUMO

Objetivo: identificar os recursos utilizados pelo enfermeiro da estratégia saúde da família (ESF) para estimular a adesão do paciente ao tratamento da Hipertensão Arterial Sistêmica. **Método:** abordagem qualitativa. O projeto foi aprovado por Comitê de Ética em Pesquisa. A coleta de dados ocorreu no período de abril e agosto de 2017, por meio de entrevista semiestruturada com 10 enfermeiros atuantes em unidades de ESF localizadas no Estado do Rio de Janeiro. Os depoimentos dos sujeitos foram submetidos à análise de conteúdo de Bardin. **Resultados:** os enfermeiros realizam consultas de enfermagem garantindo a adesão dos participantes em atividades educativas de grupo, como palestras e orientações de enfermagem. **Conclusão:** o sistema utilizado na adesão ao tratamento é similar entre as unidades de ESF mantendo um padrão preconizado pela literatura.

Descritores: Hipertensão; estratégia saúde da família; educação em enfermagem; atenção primária à saúde.

RESUMEN

Objetivo: identificar los recursos utilizados por el enfermero de la estrategia de salud familiar (ESF) para estimular la adhesión del paciente al tratamiento de la hipertensión. **Método:** enfoque cualitativo. El proyecto fue aprobado por el Comité de Ética en Investigación. La recolección de datos ocurrió en el período entre abril y agosto de 2017, por medio de entrevista semiestructurada junto a 10 enfermeros que trabajan en unidades de ESF ubicadas en el estado de Río de Janeiro. Las declaraciones fueron sometidas al análisis de contenido de Bardin. **Resultados:** los enfermeros realizan consultas de enfermería garantizando la adhesión de los participantes en actividades educativas de grupo, como charlas y orientaciones de enfermería. **Conclusión:** el sistema utilizado en la adhesión al tratamiento es similar entre las unidades de ESF manteniendo un patrón preconizado por la literatura.

Descriptores: Hipertensión; estrategia de salud familiar; educación en enfermería; atención primaria de salud.

INTRODUCTION

The family health strategy (FHS), defined as a set of actions in the first level of care, aiming at health promotion and prevention of injuries, treatment and rehabilitation, has been highlighted as the field of work of the nursing professional. In the FHS, the nurse presents greater visibility, the approach is multiprofessional and interdisciplinary, and each professional carries out its evaluation and, later, in joint work, it is developed the strategies for the maintenance and recovery of health^{1,2}.

One of the difficulties of the FHS units is to control chronic-degenerative diseases, such as systemic arterial hypertension (SAH), which causes high economic and social costs, as well as the potential for the onset of cardiovascular, cerebrovascular and renal diseases³.

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The SAH is characterized by being multifactorial and presenting blood pressure levels ≥ 140 and/or 90 mmHg. It is associated with functional alterations and metabolic disorders, which may be aggravated by risk factors such as: dyslipidemia, abdominal obesity, glucose intolerance and Diabetes Mellitus (DM)⁴.

Blood pressure measurement is the key element among others for establishing the diagnosis of SAH. Thus, the earlier it is detected and treated in an adequate and continuous way, the more it will avoid the complications and the high social cost of its treatment, guaranteed by the Unified Health System (SUS). It is necessary to consider the severity of SAH as a major risk factor for stroke, acute myocardial infarction (AMI), heart failure (HF), retinopathy, nephropathy and DM⁴.

The SAH can affect both adults and children, among the risk factors related to its occurrence, we can highlight: age, gender, ethnicity, obesity, salt and alcohol intake, socioeconomic and genetic factors. However, low adherence makes treatment often inadequate, requiring the attention of health professionals^{5,6}.

During the time of training as a nursing student, after numerous technical visits to the FHSs, it was possible to observe the need for multidisciplinary integration of professionals, especially nurses, fundamental to stimulate adherence to the treatment of SAH.

The nurse must be aware of the predominant characteristics of the patients with SAH enrolled and followed up in the FHS. Through scientific knowledge and the role of educator, there is the possibility of exploit the patient with the disease for adherence to treatment, improving his quality of life⁷.

It was attempted to gather data/information in order to answer the research problem: What resources does the nurse of the FHS use for the adherence of patients to the treatment of SAH?

The relevance for the realization of this study lies in the search for information about the adherence approach for the treatment of SAH, aiming at suggestions for improving the service in the basic service for these users. It was defined as an object of study the resources used by nurses to stimulate patient adherence to the treatment of SAH.

In this sense, the issue in question is of fundamental importance for nursing practice, since it highlights an important challenge in the adherence and continuity of the treatment of SAH. The objective was to identify the resources used by the FHS nurse to stimulate the patient's adherence to the treatment of SAH.

LITERATURE REVIEW

The SAH is an altered health condition where blood pressure is above measures considered normal for a long period of time. This change is due to the increase in contractility of the smooth muscle layer constituting the artery wall. Due to circumstantial or structural factors that promote contractility of the arteries, the blood pressure inside the blood vessels increases. In general terms, arterial hypertension can be defined, such as measurements above 140 mmHg for systolic pressure and above 90 mmHg for diastolic pressure⁴.

The elevated blood pressure represents an independent, linear and continuous risk factor for cardiovascular disease (CVD). The SAH presents high medical and socio-economic costs, mainly due to its complications, being the main risk factor for the most common complications such as: AMI, stroke, HF, chronic kidney disease, as well as being responsible for at least 40% of deaths due to stroke, 25% of deaths due to coronary artery disease and, associated with DM, 50% of the cases of terminal renal failure, being considered as a serious public health problem in Brazil⁸.

In Brazil, data from the Vigitel survey, made annually by the Ministry of Health since 2006, by phone, in the 26 capitals and in the Federal District, question life habits such as alcohol abuse, smoking, physical activity and food. In 2011, 54,144 older adults were interviewed from January to December. According to this survey, 22.7% of adults in the country have SAH, while DM reaches 5.6%⁸.

A statistical study by the World Health Organization (WHO) includes data from 194 countries on high blood pressure and blood glucose levels in men and women. The data conclude that non-communicable diseases are currently the cause of two thirds of the world's deaths. That is why WHO works with a series of voluntary goals and periodic follow-ups to prevent and control the problem⁹.

In the daily routine of the nurse, the nursing consultation is linked to the educational process and must motivate the person in relation to the necessary care for the maintenance of his health. In practice, it represents an important instrument to stimulate adherence to primary health care actions and has been instrumental in the follow up of people

with borderline arterial pressure and those with SAH, raising awareness about their health condition and agreeing with them on health goals and plans of how to follow the care⁸.

It is advisable for the nurse to carry out individual consultations or collective educational actions to encourage the change of lifestyle to adopt healthy habits that should be stimulated for the entire population from childhood, respecting their respective regions, cultures and social and economic characteristics of the individuals⁸.

The nursing consultation for individuals with borderline blood pressure aims to stimulate the process of health education for the primary prevention of the disease, by encouraging the adoption of healthy habits of life and also of assessing and stratifying the risk for cardiovascular diseases. It should also be focused on the possibilities of secondary prevention, the maintenance of blood pressure levels below the target and the control of risk factors for those with SAH^{9,10}.

The therapeutic approach of SAH is based on drug and non-drug treatment. The hypertensive individual, in order to treat or prevent the complications of SAH, should, in addition to following the medication correctly, commit to behavioral change attitudes, lifestyle and a healthy eating plan are fundamental for the treatment or prevention of SAH⁷.

Adherence is directly linked to the acceptance and recognition of the disease, so that the individual can be aware of the importance of changing the lifestyle, adhering to healthy life attitudes and self-care, and thus, there is a positive adaptation according to the guidelines proposed by the health professionals, linked to drug therapy and behavioral changes¹¹.

The non-adherence establishes barriers in the treatment process, not minimizing the complications resulting from SAH. Factors such as difficulties in changing life habits and not following the prescription of therapy are considered problems in the treatment of the disease, but the lack of information is the main factor to cause non-adherence¹².

METHODOLOGY

This is a descriptive study with a qualitative approach. The descriptive research aims to describe the characteristics of populations, phenomena or experiences. It is considered the questions about the phenomenon to be investigated, which guide the research, and establish the relation among the variables proposed in the study¹³.

The qualitative approach is carried out through research that expresses interest in the comprehension of the personal experiences that the interviewees report; each person is seen as a singular individual by the researcher, and he will present a more detailed understanding of the situations experienced by the research individuals¹³.

The qualitative research responds to questions, whose answers can not be quantified, so it works with emotions, beliefs, attitudes and values, in a way that is pertinent to the present study, since they will be sought, in the individuals' speeches, the resources they use in each unit, and then categorize them¹⁴.

Data collection was performed in 10 FHS units in the State of Rio de Janeiro, between April and August of 2017, following the script of a semi-structured interview, recorded and later transcribed for analysis.

The selection of the individuals was random, respecting the inclusion and exclusion criteria and the saturation of the data. The criterion of inclusion was the participation of nurses responsible for FHS unit. As exclusion criterion, did not participate nurses with less than one year of experience in the FHS.

To analyze the data of the first step - characterization of the individuals - a database was created. For the second stage, the individuals' speeches were treated, using the thematic content analysis of Bardin¹⁵.

Regarding the characterization of the subjects, training and service time in the sector were included, as well as some training in hypertension or postgraduate courses. Analyzing the individuals' speeches, which emerged two categories entitled: Program used by nurses the treatment of SAH and strategies for adherence to the treatment of SAH.

Regarding the ethical question, all the nurses who were interviewed and who agreed to participate in this research signed the Informed Consent Form. They had their identity preserved, and to identify them were used acronyms Nur.1 to Nur.10. It is important to note that this study is based on Resolution No. 466/2012 of the National Health Council¹⁶, which deals with research involving human beings. The project of the present study was submitted to the Ethics Committee in Research, being approved by opinion nº 2,229,928.

RESULTS AND DISCUSSION

The average time of training of the participating nurses in the study is 9 years, with an average of 6.8 years. Among the interviewees, 50% have specialization in FHS. All nurses interviewed are aware of the number of patients with SAH in the area of their coverage, on average, 471.7 registered per unit. From the analysis of the data emerged two categories, discussed below.

Program used by nurses for the treatment of SAH

The analysis of the narratives showed, as to the control of hypertension, that there is a register and monitoring system used by the units to collect information and distribution of drugs in an organized and regular way.

When questioned about what programs currently exist in the FHT for the control of hypertension, the nurses included Hypertensive and Diabetics Patients (HYPERDIA), according to the following statements:

We work with hyperdia, which is one day aimed at monitoring the hypertensive and diabetic patient. It works every Friday, in consultation with the nurse where we check blood pressure and fasting blood glucose; the control is recorded in a book that is provided to the patient. (Enf1)

[...] hyperdia. Every Tuesday is the day for consultations of hypertensive and diabetic patients in this unit[...]. (Nur 4)

Here we follow the hyperdia program, which allows us to collect the hypertensive data and guarantee the receipt of the monthly medication. (Nur 2)

The system of registration and follow-up of patients with DM and SAH, a hyperdia system, is a useful tool for professionals in the basic service and for SUS managers in coping with these diseases, allows the monitoring of patients enrolled in the National Plan for Reorganization of Care to SAH and DM. With the increase in the life expectancy of the Brazilian population, the index of prevalent pathologies of this population, mainly the SAH and DM^{1,2,17}.

Hyperdia consists of an essential tool to exploit the practice of attending hypertensive and/or diabetic users by generating reports that make it possible to know the situation and map the risks to increase care to these people and to minimize the factors that determine the complications of the diseases, providing continuous and free supply of medication, in addition to monitoring the clinical conditions of each individual^{7,17}.

Studies also point out that patients' insufficient knowledge about the disease contributes to frailties in self-care, favoring complications of the disease, including cardiovascular, encephalic, coronary, renal and peripheral vascular diseases. The worsening of hypertension and its complications are related to the lack of adherence to treatment^{3,18}.

Strategies for adherence to the treatment of SAH

According to the study of the speeches, it was observed that the work in the FHS is multidisciplinary, the nurse presents direct interaction with the patient and controls the regularity of the nursing consultations and the necessary orientations to guarantee the patient's adherence to the treatment through conducting lectures, nursing orientations and encouragement of the participants of the groups.

The deponents reported the strategies used to stimulate adherence to the treatment of SAH, in the following sections:

Lectures, orientation in consultations, multidisciplinary care. (Nur 3)

The nurse follows the group of hypertensive patients, the consultations are remarked monthly and to the defaulters the active search is carried out. (Nur. 8)

We have groups of hypertensives and diabetics, consultations are made with nurses and doctors, we provide prescription drugs, we do daily blood pressure check, monitor the community health agent, lectures and educational actions. (Nur. 9)

For adherence to the treatment it is necessary that the patient is oriented and aware of the contributions of the preventive measures for the control of SAH, transmitted in the consultations and nursing orientations closely linked to the drug therapy and changes in the lifestyle. The importance of approaching patients contributes to greater adherence to therapy, especially in SAH, since it is a chronic-degenerative disease of prolonged treatment. The nurse is essential in the multiprofessional team, as it contributes to the achievement of therapeutic goals, favoring the treatment and recovery of these patients^{12,18}.

It is necessary to stimulate habits and attitudes that promote quality of life in order to prevent complications that may compromise the daily activities of those affected by SAH. Thus, strategies must be found that maximize the involvement of people with the changes in habits necessary for a healthy life^{8,11}.

The nurse is the professional who identifies the need for an active search for patients who are absent from consultations, designating the health agents for the home visit; it is necessary to know the reason for the absences and to stimulate them to the continuous treatment. In addition to the duties of planning, managing and coordinating FHS activities, he should develop patient health education, favoring knowledge and contributing to his greater participation and therapeutic adherence^{11,19}.

The educative aspect contributes to stimuli to the change of habits in order to control the disease and incorporation of the self-care. The identification of health problems, the planning and orientation of care through the Systematization of nursing care, motivates the changes in the lifestyle of the hypertensive¹⁹.

When the patient does not appear to the following consultations regularly, I already suspect that he has not understood the importance of treatment. (Nur 7)

I carry out an active search, in my area of coverage, when I feel that the individual does not demonstrate the understanding about the disease and does not come to get the medicine on the right date. (Nur 10)

The nurse plays a fundamental role in the FHS teams, since he is responsible for the nursing consultations, in which the profiles of hypertensive and/or diabetic patients who do not attend are identified, as well as the reasons for their absence, and thus, to promote better conditions for adherence to treatment^{10,20}.

The presence of a multidisciplinary team contributes effectively to the adherence and continuity of the treatment, guaranteeing to the population a better control over the pathology and its forms of treatment¹⁸.

Regarding the evaluation criteria to identify adult learning about the resources for the prevention of SAH, nurses emphasize that they value the return to individual consultations and the follow-up of the guidelines, according to reports:

After the lectures and individual and community educational actions, we verified the patient's level of learning by observing, in the individual's own speech, whether knowledge was established. (Nur 5)

I realize when the patient did not understand, through conversation with him, during the individual consultations. (Nur 6)

I perform an active search in my area of coverage, when I feel that the individual does not demonstrate understanding about the disease and does not come to get the drug on time. (Nur 10).

It is understood that the professional/individual relation must be based on health education, which enables individuals to learn to make decisions relevant to their health and well-being, based on the principle that every health professional should be an educator^{9,18}.

The SAH is a chronic-degenerative disease, whose control is a challenge for professionals, since its treatment requires the active participation of the population, in order to modify some habits of life harmful to health and to assimilate others that benefit their health condition^{7,17}.

The educational strategies are often difficult to achieve due to numerous factors, such as the overload of nurses with various administrative activities or even disbelief in the educational activities among the professionals and patients themselves. This makes adhesion more difficult. One proposal is to integrate the family and use strategies and audiovisual resources such as DVD, TV, as well as the realization of home visits. Thus, nurses' performance is determinant for achieving participation and adherence to health promotion and treatment of hypertensive patients²¹⁻²⁴.

CONCLUSION

From the discourse analysis of the 10 nurses participating in this study, two categories emerged: a program used by nurses to the treatment of SAH and strategies for adherence to the treatment of SAH.

It is important to emphasize that nurses are familiar with the hyperdia protocols, in order to implement activities that stimulate hypertensive and/or diabetic patients to practice self-care, aiming at improving their living conditions and health.

The reality lived in the FHS units, in relation to the SAH, is not far from the one recommended by the current protocols, despite the difficulties found, in the distribution and structure of the units, for the accomplishment of

orientation activities, lectures. Nurses need to be made aware of the demands of the individuals – listening to them and attending to their requests –, ensuring the completeness and quality of care, so that fewer cases of complications are found due to SAH.

The study had limitations, among them a small sample whose findings impede its generalization. However, it represents a local reality, serving as subsidies to improve nurses' performance in primary care.

In view of the results obtained, nurses are advised to implement these strategies and resources in FHS units to strengthen adherence of patients to the treatment of SAH and thus reduce their complications and costs.

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