ISSN: 2230-9926

Available online at http://www.journalijdr.com

IJDR

International Journal of Development Research
Vol. 09, Issue, 12, pp. 32252-32256, December, 2019

RESEARCH ARTICLE OPEN ACCESS

FACTORS THAT INFLUENCE COMPLIANCE WITH THE TREATMENT OF THE HYPERTENSIVE PATIENT IN A BASIC HEALTH UNIT

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ARTICLE INFO

Article History:
Received 17th September, 2019
Received in revised form
21st October, 2019
Accepted 03rd November, 2019
Published online 30th December, 2019

Key Words:

Hypertension; Adherence to treatment; Primary health; Risk factors; Therapeutics.

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ABSTRACT

Objective: to identify factors that hinder adherence to the treatment of hypertension. **Method:** This is a descriptive, exploratory, quantitative approach. The sample consisted of 30 patients who underwent treatment at the basic health unity; patients over 18 years of age enrolled in the unit were included; patients with some neuropsychiatric deficiency were excluded. To collect data, a semi-structured questionnaire was used to evaluate the level of knowledge of the population about the pathology and to measure adherence to the treatment. **Results:** The main prevalence of hypertension was among female, individuals of high age, medium schooling, income less than two minimum wages. **Conclusion:** Obesity, sedentary lifestyle, drug treatment failures and lack of knowledge about the disease were presented as non-compliance factors.

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Citation: Leide Elane da Costa Silva, Maria Nauside Pessoa da Silva, Alisson Ferreira dos Santos *et al.* 2019. "Factors that influence compliance with the treatment of the hypertensive patient in a basic health unit", *International Journal of Development Research*, 09, (12), 32252-32256.

INTRODUCTION

Systemic Arterial Hypertension (SAH) today affects approximately one and a half billion people, is the main risk factor in the world for cardiovascular diseases, such as Stroke, Chronic Kidney Disease (CKD), Acute Myocardial Infarction (AMI). Even with the increase of actions taken, aiming to advance the knowledge of its pathophysiology, development of prevention strategies, detection and evaluation of diseases and their consequences, the increase of effective and modern drug treatment, with the reduction of the occurrence of events. Adverse effects, they become insufficient and unsatisfactory actions to reduce the poor prognosis of hypertension. Control of elevated blood pressure is considered insufficient, although in some countries such as Canada, a target of 65% of controlled hypertensive patients has been achieved (Sociedade Brasileira de Cardiologia, 2010). The gateway to the primary care of the population in Brazil is Primary Care (AB). PHC professionals are of prime importance in the execution of prevention, diagnosis, monitoring and control of hypertension, the teams are multiprofessional, the work process implies bonding with the community, taking into account social factors involved such as: culture, diversity racial and religious, always

focus on the principle of person-centered practice, and at the individual and collective level promote the involvement of users and caregivers in the process of controlling hypertension. It is recommended by the Ministry of Health that preventive measures are implemented to reduce risk factors such as: High salt, alcohol and fat intake, physical inactivity, smoking, to achieve the desired blood pressure levels. need to be adequately addressed and controlled, without which the desired blood pressure levels may not be achieved even with appropriate drug treatment (Brasil, 2013). Aiming at combating this public health problem, the Brazilian Ministry of Health created the program for the control of Hypertension (HAS) and Diabetes Mellitus (DM), entitled Hiperdia, promoting Pharmaceutical assistance, providing free and continuous supply of medicines, as well as monitoring the clinical health conditions of each user through scheduled appointments (Lopes, 2017). Aiming at combating this public health problem, the Brazilian Ministry of Health created the program for the control of Hypertension (HAS) and Diabetes Mellitus (DM), entitled Hiperdia, promoting Pharmaceutical assistance, providing free and continuous supply of medicines, as well as monitoring the clinical health conditions of each user through scheduled appointments (Silva, 2016). The changes that should be adopted to control hypertension are challenging for both hypertensive and professionals, making this a multidetermined problem. Given this, it is clear that nurses are fully qualified professionals to play a fundamental role in promoting adherence, incorporating specific skills to provide health promotion care, ensuring patients an understanding of the need for treatment and identifying the main barriers associated with this phenomenon (Nunes, 2015). Therefore considering the high prevalence of hypertension, the difficulties in adherence to treatment by the patient, and the multiple dimensions involved in this issue; It is important to know and highlight the factors that influence adherence to the treatment of hypertension. In this context, the objective of the present study was to identify factors that hinder adherence to the treatment of hypertension and to describe educational and health promotion actions for the prevention and control of hypertension.

MATERIALS AND METHODS

This is a descriptive research with a quantitative approach. Data collection was based on a semi-structured questionnaire with the objective of knowing the factors that influence the adherence of hypertensive patients to treatment. The research was carried out at the Vila Irma Dulce Basic Health Unit, in the municipality of Teresina PI, from July to October 2017. The research team consisted of a doctor, a nurse, a nursing technician and six community health workers. The team serves about 4,500,000 people, approximately 250 registered hypertensive patients. The sample consisted of 30 patients undergoing treatment at the BHU, including hypertensive adult patients over 18 years of age, enrolled in the team, who agreed to be part of the study by signing the Informed Consent Form. Patients with neuropsychiatric disabilities who had difficulty understanding and cooperating to answer the questionnaire, wheelchair users or bedridden were excluded. For data collection a questionnaire was applied where the following variables were collected. Sociodemographic Profile: Gender, Age, Schooling, and Marital Status. Clinical Profile: Abdominal Circumference, Blood Pressure. Diseases Associated with SAH (Diabetes Mellitus (DM), Stroke and Risk Factors (Smoking, Alcohol, Physical inactivity, Stress).

To measure treatment adherence, the independently adapted Batalla and Moriski Green questionnaire was used. Initially, the Batalla test aimed to assess patients' knowledge of hypertension. Subsequently with its use, the correlation between knowledge and adherence was verified, and it was then used as a predictor of treatment adherence6.

The test, consisting of three questions, measures adherence through the patient's knowledge of her disease. Adherence to drug therapy was assessed by the Moriski-Green test created in 1986, considering the following criteria: care, forgetfulness, treatment interruption depending on the symptoms7. The test consists of four questions, adherence and measured by the patient's attitudes towards the correct use of medication8. Users who answer positively to all questions from both tests are considered adherent. The data collection instrument was applied by the researcher in one step on the day of medical and nursing consultation in the waiting room of the UBS, respecting the availability of each participant to respond. Data collection was performed after the approval and authorization of the Ethics and Research Committee of the Mauricio Nassau University Center (Opinion: 093291/2017), (CAAE: 73657917.4.0000.5193). Participants received clarifications on the real purpose of the project. The informed consent form was informed that the information collected is confidential, for this the participants were given a numerical identification in order to avoid further embarrassment.

RESULTS

Thirty (30) hypertensive patients attended at the Vila Irma Dulce Basic Health Unit, in Teresina PI, participated in the research. When evaluating the age of the interviewees, it was found a variation between 39 (minimum age) and 79 (maximum age), with a mean age of 58.6 years. Between 31 and 40 years old there were 3 patients (10%), between 41 and 50 years old there were 7 patients (23,30%), in the age group between 51 and 60 years old there were 6 patients (20%), over 60 years old 14 patients corresponding to (46.60%) of the patients. Of the patients interviewed 12 (40%) were male and 18 (60%), which characterized a predominance of females. Regarding the marital status of the interviewed users 13 (43.30%) were single, 15 (50%) reported living with their partner, and widowers only 2 (6.60%). Regarding the level of education of respondents 2 (6.6%) reported being illiterate, 21 (70%) with complete or incomplete elementary school, 7 (23.30%) completed high school, regarding higher education there were no reports. on the part of the patients. As for income 2 (6.6%) of respondents reported having a wage income lower than one minimum wage, and 28 (93.30%) had wage income between one to three minimum wages. The assessment of waist circumference of male patients found that 4 (33.30%) had a waist smaller than 102, and 8 (66.60%) had a waist greater than 102. When checking the waist circumference of female hypertensive patients, It was found that 0 (0.00%) of women had waist lower than 88, considered normal value, and 18 (100%) had waist greater than 88, integrating to the group of overweight. Of the patients treated, only 6 (20%) had controlled systolic BP, and 24 (79.9%) were between Hypertension and Stage 1 and 2 Hypertension. In the diastolic BP measurements, it was found that most 17 (56.60%) had normal values, and 13 (43.30%) were between hypertension and stage 1 hypertension.Regarding diseases associated with hypertension, 11 (36.60%) reported having suffered stroke, most 15 (50%) reported having diabetes

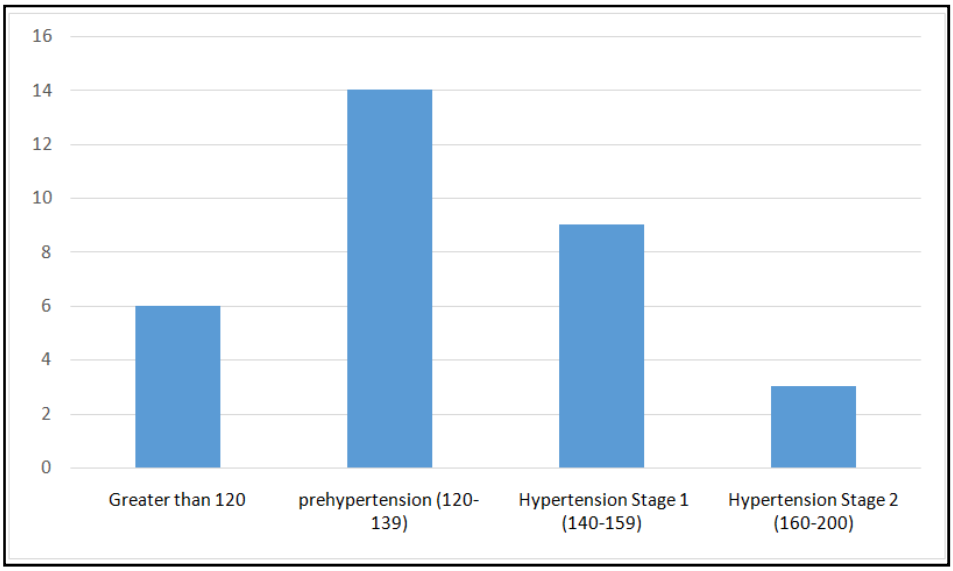

Figure 1. Classification of systolic BP measurements of hypertensive patients interviewed at the UBS Vila Irma Dulce. Teresina, PI, Brazil, 2018

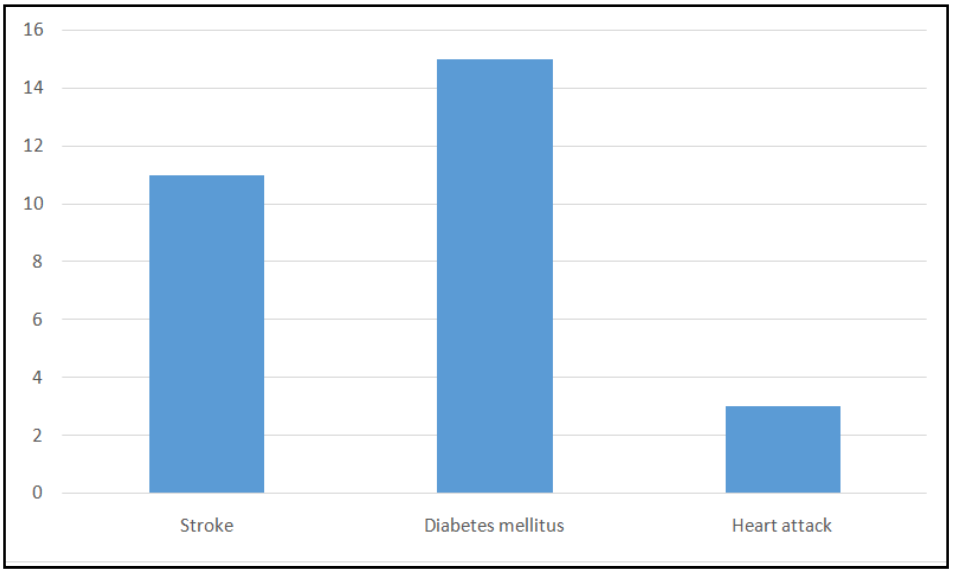

Figure 2. Associated diseases of hypertensive patients interviewed at the UBS Vila Irma Dulce. Teresina, PI, Brazil, 2018

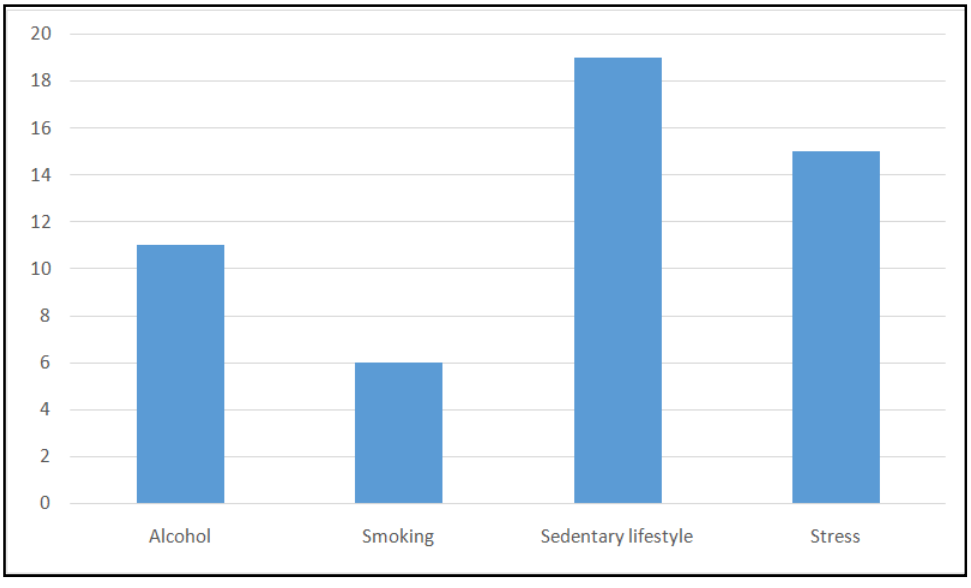

Figure 3. Risk factors associated with hypertension in hypertensive patients interviewed at the UBS Vila Irma Dulce. Teresina, PI, Brazil, 2018

mellitus in association with hypertension, and only 3 (10%) reported having had stroke. suffered acute myocardial infarction. Regarding the risk factors associated with hypertension, it was found that 11 (36.60%) users consume alcohol, 6 (20%) were smokers, most 19 (63.30%) do not practice any physical activity, and 15 (50%) reported experiencing stress at some point in their daily routine. Levels of treatment adherence assessed by the Batalla and Morinsk Green tests showed that 10 (33.30%) respondents do not forget to take the drug, meaning low adherence to drug therapy by most patients, 17 (56, 60%) reported taking the medicine always at the indicated time, 30 (100%) do not stop taking the medication when they feel well, 30 (100%) stated that the disease is lifelong and that SAH can be controlled with lifestyle habits. healthy eating and with medication. In the assessment of knowledge about the disease, only half of patients 15 (50%) know the normal blood pressure value, and 30 (100%) of respondents do not know the Hiperdia program in which they are inserted.

DISCUSSION

Regarding the sociodemographic characteristics of this study, it was found during the gender assessment of the interviewed patients, that most of them are female, this fact may be related to the concern that women have with their health, and the availability of attend consultations and participate in educational activities at UBS (Doner Lotenberg, 2013). The interviewed patients had a mean age of 58.6 years, which corroborates the prevalence of hypertension in older people, in contrast with a study that found the prevalence of hypertension in male users in the 50-year age group, and that the female population equals after menopause (Reiners, 2012). Regarding the marital status of users, it was observed that 43.30% were single and living with family members, only 6.60% widowed, 50% reported being married, this half reported that their spouse is a great encourager of their treatment and that accompany them in the appointments scheduled at UBS. With this, we can infer that living with a partner can help in adherence to treatment. This was shown in a study11 that reports that individuals classified in their study as separate, had a higher incidence of hypertension, and had greater adherence to treatment those with a partner. Studies have shown that low education is considered a factor that significantly compromises the patient's adherence to the treatment of hypertension, since the patient has difficulty reading the prescription, consequently he will not strictly follow the guidelines that were in it, as the number of recommended doses and times (Ramos, 2015). In this study, low education was not a relevant factor for low adherence, because even with low education the patients answered the questions positively.

It was observed in this study that the interviewees' salary income was not higher than two salaries, most reported income less than or equal to one minimum salary. Since these are people with low purchasing power, there may be difficulty in adhering to treatment, as regards maintaining a healthy diet and purchasing some medicines that are not available in the public network. Differing from other studies that showed higher income than the Brazilian population (Alves, 2012). When assessing the abdominal circumference of the interviewees, measures above those recommended by the Ministry of Health in both sexes were verified, coinciding with results presented by other studies (Araújo, 2016). Obesity is an important factor for the development of hypertension, it is necessary to adopt educational measures for weight control, such as healthy eating and physical activity, without this it is impossible to reach blood pressure levels. even with the use of appropriate drug treatment (Vancini-Campanharo, 2015). Regarding the blood pressure levels found, most respondents had high blood pressure, mean systolic pressure was 131.16 mmHg, and diastolic pressure 74.76 mmHg. In contrast to other studies, which obtained values lower than those found in (Borges, 2018).

In this study, the association between hypertension and diabetes mellitus was evident. These pathologies are, for the most part of their course, asymptomatic, difficult to diagnose, risk factors of great impact of cardiovascular morbidity and mortality in the Brazilian population, making it a major challenge for the public health system. as well as the development of educational actions for the promotion, prevention of chronic noncommunicable diseases (Cunha, 2012). As physical activity is an important management of non-medicated treatment of hypertension, and notable in this study the presence of physical inactivity among participants, 63.30%, said not to practice any physical activity. Drug treatment associated with a change in lifestyle, physical exercise and healthy eating reduces the incidence of cardiovascular disease and promotes the attainment of adequate blood pressure levels, and it is important to support family members, stimulate and guide them. multiprofessional team (Reck, 2010).

Regarding the verification of adherence by the Morinsk test, adherence to drug treatment was lower than the prevalence found, and said with recommendation (80%), in previous studies[19].Delay and forgetfulness in medication use were cited by respondents as the main reasons for non-adherence, not for intentional reasons, but involuntarily. An important factor for patient adherence to treatment is their knowledge of their disease, a finding that draws attention in this study and the fact that (50%) of the interviewed participants did not know what the normal blood pressure value is, and (100%) do not know the hyperdia program in which they are inserted. This fact shows what has been pointed out in other studies, that non-adherence is caused by multidetermined factors such as; Knowledge about the disease, the patient's commitment to treatment, family support and encouragement from the multidisciplinary team, among others, should not be attributed solely to the patient, and there is a need to investigate the factors that directly influence this process.

Conclusion

The results of our study showed that the highest prevalence 60% of individuals with hypertension were female. Individuals in the older age group, prone to obesity, with unhealthy lifestyle and diet, something that can be considered as risk factors for hypertension and its diseases. The findings also showed that the lack of knowledge about the disease, the delay and forgetfulness in taking the medications were important factors for non-adherence to treatment. The results reinforce the importance of developing interdisciplinary actions in primary care, necessary to achieve adequate blood pressure levels, treat the individual as a whole respecting their culture, targeting their environment and actions individually and collectively. As well as the addition of professionals to the basic health service that can contribute to better adherence such as nutritionist and physical educator, to encourage

hypertensive people in the adoption of healthy lifestyle, providing them with an improvement in quality of life.

REFERENCES

Alves BA, Calixto AATF. Aspectos determinantes da adesão ao tratamento de hipertensão e diabetes em uma Unidade Básica de Saúde do interior paulista. J Health Sci Inst. 2012; 30(3):255-60. Disponível em: https://www.unip.br/presencial/comunicacao/publicacoes/ics/edicoes/2012/03_jul-set/V30_n3_2012_p255a260.pdf

Araújo MDCF, Alves MS, Padre PMM,Andrade DM, Silva ACM, Barretto LP et al. Perfil de Não Adesão ao Tratamento de Usuários com Diabetes e Hipertensão em uma Unidade de Saúde da Família. Ensaios e Ciência: Ciências Biológicas, Agrárias e da Saúde.2016; 20(1). Disponível em: https://www.redalyc.org/html/260/26045778007/

Araújo MFM, Gonçalves TC, Damasceno MMC, Caetano JA. Aderência de diabéticos ao tratamento medicamentoso com hipoglicemiantes orais. Esc Anna Nery Rev Enferm. 2010; 14:361-7. Disponível em: https://www.redalyc.org/pdf/1277/127713099021.pdf

Borges JXP, Moreira TMM, Rodrigues MTP, Oliveira CJ. Utilização de questionários validados para mensurar a adesão ao tratamento da hipertensão arterial: uma revisão integrativa. Rev Esc Enferm USP. 2012; 46:487-94. Disponível em: https://www.revistas.usp.br/reeusp/article/view/40973

Borges LV, Carmo GV, Guerra MF,Lira CAB, Viana RB, Vancini RL et al. Prevalência de sobrepeso e obesidade em crianças e adolescentes de uma escola integral residentes em zona rural. Revista UNIANDRADE.2018; 18(3): 140-8. Disponível em: https://uniandrade.br/revistauniandrade/index.php/revistauniandrade/article/view/878

Brasil, Ministério da Saúde. Estratégias para o cuidado da pessoa com doença crônica: hipertensão arterial sistêmica. Brasília: Ministério da Saúde, 2013. (Cadernos de Atenção Básica, no. 37).

Cavalari E, Nogueira MS, Fava SMCL, Cesarino CB, Martin JFV. Adesão ao tratamento: estudo entre portadores de hipertensão arterial em seguimento ambulatorial. Rev enferm UERJ. 2012;20(1):67-72.Disponível em: http://www.facenf.uerj.br/v20n1/v20n1a12.pdf.

Cenatti JL, Lentsck MH, Prezotto KH, Pilger C. Caracterização de usuários hipertensos de uma Unidade Básica de Saúde da Família. REAS. 2013;2(1):21-31. Disponível em: http://seer.uftm.edu.br/revistaeletronica/index.php/enfer/article/view/346

Cunha PR, Branco DR, Bernardes AC, Aguiar MI, Rolim IL, Linard AG. Prevalência e causas de não adesão ao tratamento anti-hipertensivo de idosos na atenção básica. Rev Pesq Saúde. 2012;13(3):11-6. Disponível em: http://www.periodicoseletronicos.ufma.br/index.php/revistahuufma/article/view/1455

Doner Lotenberg L, Clough LC, Mackey TA, Rudolph AE, Samuel R, Foody JM. Lessons learned from a survey of the diagnosis and treatment journeys of postmenopausal women with hypertension. J Clin Hypertens (Greenwich). 2013;15(8):532-41. Disponível em: https://onlinelibrary.wiley.com/doi/full/10.1111/jch.12114

Lopes JHP, Oliveira AMG, Pereira AC, Meneghim MC. Adesão do paciente à terapia medicamentosa da hipertensão arterial: revisão da literatura. Rev Odontol Univ Cid São Paulo. 2017; 27(3): 235-43. Disponível em: http://publicacoes.unicid.edu.br/index.php/revistadaodontologia/article/view/254

Melchiors AC**.** Hipertensão arterial: análise dos fatores relacionados com o controle pressórico e a qualidade de vida. 2008. 156 f. Dissertação (Mestrado em Ciências Farmacêuticas) – Setor de Ciências da Saúde, Universidade Federal do Paraná, Curitiba, 2008

Nunes MGS, Silva AR, Bernardino AO, Oliveira LB, Barreto Neto AC. Prevalência e fatoresassociados a cooperação do paciente portador de hipertensãoarterial. Acta Paul Enferm. 2015;28(4):323-30. doi: 10.1590/1982-0194201500055.

Ramos JS, Carvalho Filha FSS, Silva RNA. Avaliação da adesão ao tratamento por idosos cadastrados no programa do hiperdia. Rev Gest Sist Saúde. 2015; 4(1):29-39. Disponivelem: http://www.revistargss.org.br/ojs/index.php/ rgss/article/view/127/151.

Reck LL, Silveiro SP, Leitão CB. Tratamento da hipertensão arterial no diabetes melito. Revista HCPA. 2010; 30,4: 400-6. Disponível em: https://www.lume.ufrgs.br/handle/10183/158266

Reiners AAO, Seabra FMF, Azevedo RCS, Sudré MRS, Duarte SJH. Adesão ao tratamento de hipertensos da Atenção Básica. Cienc Cuidado Saúde. 2012;11(3):581-7. Disponível em: http://ojs.uem.br/ojs/index.php/ CiencCuidSaude/article/view/16511

Silva AP, Avelino FVSD, Sousa CLA, et al. Fatores associados à não adesão ao tratamento da hipertensão arterial sistêmica: uma revisão integrativa. Rev Pesqui Cuid Fundam (online). 2016; 8(1):4047-55. Disponível em: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/5019/pdf_1834.

Sociedade Brasileira de Cardiologia, Sociedade Brasileira de Hipertensão, Sociedade Brasileira de Nefrologia.VI Diretrizes brasileiras de hipertensão. Arq Bras Cardiol. 2010;95(1 supl. 1):1-51. Disponível em: http://publicacoes.cardiol.br/consenso/2010/Diretriz_hipertensao_associados.pdf

Vancini-Campanharo CR, Oliveira GN, Andrade TFL, Okuno MFP, Lopes MCBT, Batista REA. Hipertensão Arterial Sistêmica no Serviço de Emergência: adesão medicamentosa e conhecimento da doença. Rev Latino-Am Enfermagem. 2015; 23(6). Disponível em: http://www.scielo.br/pdf/rlae/v23n6/pt_0104-1169-rlae-23-06-01149.pdf.

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