



ISSN: 2230-9926

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

IJDR

International Journal of Development Research

Vol. 11, Issue, 04, pp. 46556-46558, April, 2021

<https://doi.org/10.37118/ijdr.21731.04.2021>



RESEARCH ARTICLE

OPEN ACCESS

RELEVANCE OF PATIENTS' ADHERENCE TO NON-PHARMACOLOGICAL TREATMENT IN A PRIMARY HEALTH CARE UNIT

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ARTICLE INFO

Article History:

Received 27th January, 2021

Received in revised form

10th February, 2021

Accepted 17th March, 2021

Published online 30th April, 2021

Key Words:

Adherence; Primary Attention;
Health Promotion; Public Health.

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ABSTRACT

Given the history of medicine, we realize that it goes from a practice focused on the patient and self-care to a centralized pharmacological treatment. Given the above, this article aims to highlight the importance of changing lifestyle habits in the management of diseases through an experience report by medical students from the Christus University Center in their internship practice in a primary health care unit (UAPS) in Fortaleza-CE, Brazil, regarding the discipline of Integration Health Teaching Community III (ISEC III) through a qualitative writing study. As demonstrated in several scientific articles, the adoption of healthier practices leads to a lower incidence of symptoms such as anxiety and even remission of certain diseases such as type II diabetes mellitus. However, the vast majority of patients do not adhere to non-medication practices, often believing that medication is enough to promote the definitive cure of their respective illnesses. Soon, the importance of developing appropriate physical exercise and dietary practices is evident. However, there is much to be desired regarding patient compliance, making intervention necessary through educational activities to promote greater awareness of the disease and the importance of self-care.

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Citation: Thomas Samuel Simonian; Matheus Neves Araujo; Ana Letícia Lira Paulino; Anderson Brito dos Santos Júnior; João Davi Diógenes Lourenço; Leobruno Revil Torres Ferreira; Sílvia Barbosa Benevides; Ethnary Monteiro de Melo and Mylena Andréa Oliveira Torres. 2021. "Relevance of patients' adherence to non-pharmacological treatment in a primary health care unit", *International Journal of Development Research*, 11, (04), 46556-46558.

INTRODUCTION

Hippocrates, known as the father of medicine, for more than 2,000 years, treated patients with medicine focused on the person and lifestyle changes, with several quotes such as: "Before healing someone, ask him if he is willing to give up things that made you sick" and "May your medicine be your food and may your food be your medicine" (Junior Bloch, 2012). However, over the years and the development of medicine, this practice has become increasingly distant and focused on pharmacological treatment, forgetting its essence despite the efforts of some professionals to recover this focus of care taught by Hippocrates (Gusmão, 2004). Most hypertensive patients know about non-drug treatments, however, less than 60% adopt dietary changes and only 11% perform regular physical activity. (Weber et al., 2014), which corroborates the study carried out by (Santos et al., 2020), which shows that less than 30% of patients with type 2 Diabetes Mellitus adhered to the necessary lifestyle changes, excluding drug therapy.

Also, today we know that pharmacological treatment is not always necessary, as demonstrated in Giroto et al. (2013) and comorbidity control guidelines such as the Brazilian hypertension guideline warn not only that depending on the stage of the disease, treatment can be done only with a lifestyle change, but as an indispensable complement when using pharmacological treatment. After all, despite the benefits of medications, they are often accompanied by side effects, especially when used for an extended period (Coelho, 2021). Taking this into account, this article aims to highlight the importance of comprehensive health care according to the experience of medical students in a primary health care unit (UAPS) in Fortaleza-CE, Brazil.

METHODS

The current study is a qualitative descriptive study of the type of experience report, carried out through the experience of a group composed of eight students from the medical course of the Christus

University Center (Unichristus) taking the discipline of ISEC III, as part of the curriculum they carried out a visit to a UAPS in the city of Fortaleza-CE on 24/11/2021 under the supervision of the teacher, dentist and unit manager. During the visit, the academics were divided into groups of two between follow-ups in the screening room, vaccinations, consulting rooms, and shelters to complement the training of academics, generating more qualified and humanized professionals to meet the population's demands integrally, contemplating the definition of health referred to by the World Health Organization "health is a state of complete physical, mental and social well-being, and not just the absence of disease or infirmity" (Santos et al., 2020).

Due to the Sars-CoV-2 pandemic, hygiene-related care was doubled and carried out by all students, health professionals, and patients who attended the Basic Health Unit, following the guidelines of the World Health Organization (WHO) and, also, from the Ministry of Health of Brazil. Hygiene actions were carried out at all UBS locations to prevent COVID-19, such as: wearing a full-time mask and replacing it every two hours, alcohol gel at each appointment, between others (World Health Organization, 2020). During the assisted consultations, it was noted that, during the observation and practice period, many patients had chronic diseases, such as hypertension and diabetes mellitus, and were monitoring and accompanying the disease at the UAPS. In the follow-up, it was noted that many of them had decompensated blood pressure and blood glucose. Because of this, academics observed, from the clinical analysis, the present circumstances due to low adherence to pharmacological and non-pharmacological treatment, such as the unregulated use of medications, poor diet, and sedentarism. Thus, the activity was divided into stages: initial reception and presentation of the problem by the patient, observing the patient's demand and, finally, questions were asked related to adherence to pharmacological and non-pharmacological treatment to focus on solving these observed problems. Therefore, it was evident to patients, during the consultation, the extreme importance of adherence to treatment concerning the prevention of disease complications and the progress of the current pathology. Besides, the improvement in quality of life-related to pharmacological and non-pharmacological treatment has been demonstrated. As an example, the students emphasized the need for a balanced diet, practice of physical exercises, quality of sleep, and the patient's psychological care. Finally, the information and data related to each consultation were collected for use in the present study.

RESULTS AND DISCUSSION

During the follow-up of office visits, one of the pairs of students reported that they observed seven patients, among whom they had mainly SAH, diabetes mellitus (DM), and anxiety. However, among them, only one of the patients, with type I diabetes mellitus, reported having adhered to lifestyle changes in conjunction with pharmacological therapy. In addition, among patients, cases like that of a lady with anxiety using benzodiazepines in search of renewing the prescription and requesting more potent medications despite not adhering to non-drug therapies such as physical exercise and psychological care despite medical guidelines in Previous consultations are unfortunately quite common. Most patients consider that medications solve their problems when, many times, they only deal with the causes and not the origin of their illnesses. Therefore, some patients experience the development of a chemical dependency. The World Health Organization considers that more than 50% of medicines are prescribed or dispensed inappropriately and that 50% of patients take medicines incorrectly, causing a high rate of morbidity and mortality (WHO, 2006). Netto et al. (2012) analyze that medicines, as part of the medical-industrial complex, influence the perception of health and disease, starting to be seen as a magic solution to human problems, assuming the concept of consumer goods in detriment to that of social goods. Thus, one of the interventions that can best contribute to the management of diseases is prevention and information on drug dependence. In addition,

similar cases were reported by the other pairs in their respective activities as several patients with DM and SAH in search of renewing their prescriptions, however without adhering to non-drug therapy maintaining the same practices that made them sick. Nowadays we know that chronic non-communicable diseases (NCDs) are a global health problem of which about 72% of the causes of death in the world are represented by this group of diseases, with SAH and DM being the most frequent and their due management. through changes in lifestyle habits such as physical practice, dietary re-education, among other complementary practices, such as adequate sleep and stress control, since stress can be present both as one of the triggering factors, as a maintaining factor, and, for this reason, it plays such a crucial role in patients with chronic diseases (Novaes Malagris, 2019;Pereira et al., 2021).In this perspective, Selye (1956) used the term "stress" to represent the effects of anything that seriously threatens homeostasis, noting that the severe and prolonged response to stress can cause tissue damage and disease. Therefore, psychological therapy can help manage the patient's stress, such as Acceptance Commitment Therapy, being associated with the reduction of stress-related to NCDs. When used in patients with diabetes, this approach was effective in reducing stress, in addition to facilitating self-management for these patients, for whom medication administration, blood monitoring, diet, and exercise are often difficult, in part due to stress and, ironically, these managements leading to higher levels of stress (Schneiderman et al., 2010; Morris et al., 2011).

In addition, the prevalence of sleep disorder in the general population is between 10% and 48%. In several studies, this disorder has been associated with NCDs, such as SAH, obesity, dyslipidemia, insulin resistance, diabetes mellitus, chronic pain, low back pain, osteoporosis, osteoarthritis, osteoarthritis, and depression. sleep, Chang et al. (2014), when examining the relationship between the perception of sleep quality and depression, demonstrated that sleep quality was associated with depression, increasing the chances of depression by 31.9%. In addition, it has been seen that sleep disorders are associated with higher spending on health in Brazil, as they are related to higher consumption of medicines. However, the practice of physical activity seems to be associated with better quality of sleep, being a non-medicated management of prevention and treatment for sleep disorders (De Moraes et al., 2017). At the same time, numerous studies have reported the benefits that the practice of physical activity associated with a balanced diet promotes health. According to a randomized clinical trial following patients with type 2 diabetes mellitus with systemic arterial hypertension and patients with decompensated hypertension, it demonstrated that the "Dietary Approaches to Stop Hypertension" (DASH) linked to physical activity, from mild to moderate intensity, for 4 weeks significantly reduced the blood pressure (BP) of these patients, observing a reduction of around 15 mmHg in the 24-hour and daytime systolic BP (Paula et al., 2015).

Such practices are so fundamental that they can bring significant health benefits and may even lead to regression of illnesses as presented in Leslie et al. (2016), showing that physical exercise associated with adequate eating practices is capable of leading to remission of the diagnosis of type II diabetes mellitus and McDowell et al. (2018), which shows that regardless of age, sex or social class, people who exercise regularly have 57% less chance of developing anxiety, among several other studies. In addition, studies such as Meditation and Cardiovascular Risk Reduction demonstrate how practices, such as transcendental meditation, can help to reduce blood pressure levels by reducing up to 5 mmHg in systolic BP and 3 mmHg in diastolic BP compared to the control group. Overall, meditation studies suggest a possible benefit on cardiovascular risk promoted by this activity, given the improvement in several factors, such as the physiological response to stress, smoking cessation, lowering blood pressure, and insulin resistance. Thus, meditation instruction and practice, being widely accessible and inexpensive, can be a potentially attractive and low-cost complement to more traditional medical therapies(Baker et al., 2018). Then, at the end of the internship practice in a meeting with the unit manager, she

reported how difficult it is to get patients to adopt healthier practices. However, when carrying out educational activities aimed at raising awareness of the disease and self-care such as that of 11/24/2020, they invited patients with glycated hemoglobin greater than 9 and promoted nutritional guidelines, regarding the use of insulin, polypharmaceuticals, revision of medications and care for diabetic foot, patients showed greater adherence to changing lifestyle habits, which corroborates the study carried out by Sousa et al (2019), which, based on health education practices with the active participation of patients, provided an improvement both in adherence to self-care and non-pharmacological measures, as well as establishing a bond with the community, which helped in the monitoring and clinical management of these patients.

CONCLUSION

Adherence to non-drug therapeutic measures in conjunction with pharmacological treatment has been shown to promote a better quality of life and, often, the remission of the disease and the use of drugs. However, it is necessary to develop more therapeutic strategies and approaches to the patient, to achieve better adherence by patients and the population enrolled. Therefore, educational practices focused on changing lifestyle become fundamental, especially in the long run, for health promotion and improvement in the therapeutic acceptability of patients, in addition to providing a greater understanding of the health-disease process and its possible complications.

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