Challenges in the approach to Systemic Arterial Hypertension within primary care

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ABSTRACT

Primary Health Care (PHC) is the user's first contact with the Unified Health System (SUS) and is responsible for solving the most prevalent diseases in the population, such as Arterial Hypertension (AH). This condition is described as the prevalence of blood pressure values equal to or greater than 140 mmHg systolic and 90 mmHg diastolic. There are several reasons that frame this disease as a challenge in PHC, among which are the quality of the doctor-patient relationship, low adherence to treatment and the lack of effectiveness in multidisciplinary care. When outlining a profile of the users who seek this help, it was observed that the majority are elderly females, with less than or equal to 8 years of schooling, white, retired and with economic classification C. It is concluded that, to have an adequate management of this reality, it is necessary to have an integrated work, involving not only pharmacological prescription, but also the promotion of changes in lifestyle combined with the patient's health education to generate greater autonomy in the face of their disease.

Keywords: Arterial Hypertension, Primary Health Care and Chronic Disease.

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INTRODUCTION

Arterial Hypertension (AH) is a clinical condition characterized by elevated systolic and/or diastolic blood pressure measurements with values equal to or greater than 140 mmHg and 90 mmHg, respectively. This condition requires special attention in the Primary Health Care (PHC) approach. The impact of this disease transcends the individual sphere, and is reflected in the alarming statistics of hospitalizations in Brazil. According to data from DataSUS, in the period from 2008 to 2015, hypertension was responsible for more than 300 thousand hospitalizations of adults between 20 and 59 years old, indicating the magnitude of the challenge it represents for the health system (Dantas, 2019). The resulting consequences of hypertension are closely linked to the lack of adequate blood pressure control. These complications include stroke, acute myocardial infarction, angina, heart failure, and peripheral vascular disease, all of which are associated with the presence of arterial hypertension (Campos, 2022).

The challenges in addressing AH in PHC go beyond structure and demand an in-depth understanding of the barriers faced by patients and health professionals. The difficulty of adhering to treatment stands out as one of the biggest obstacles. The quality of consultations also emerges as a critical factor, directly influencing the trust established between professionals and patients (Dantas, 2019).

Healthcare is a vital element in reducing modifiable risk factors associated with hypertension. However, the effectiveness of this care depends, in part, on the functional health literacy of the patients. Inadequate functional health literature is associated with a series of adverse outcomes, highlighting the importance of educational and health promotion strategies in the management of hypertension (Costa, 2019).

The complexity of hypertension requires a multifaceted response, and the promotion of health practices and democratic management is essential to achieve blood pressure control. In this sense, collaboration among PHC professionals in teamwork is essential. The use of high-complexity and low-density technologies is advocated to optimize the care of hypertensive patients, being crucial to face the challenges presented by the condition (Dantas, 2019).

The treatment carried out through PHC consists of health promotion measures - which can be done through home visits - by the multidisciplinary team with the objective of changing the patient's lifestyle habits in relation to food and physical activity, in addition to pharmacological measures. In addition, prevention for hypertension is also carried out in primary health care units based on guidance from doctors and nurses (Campos, 2022).

It is imperative to develop effective PHC strategies for the control of AH. Internationally, protocol adoption has emerged as a valuable tool. In the Brazilian context, the Family Health Strategy (FHS) plays an important role, promoting monthly consultations and actions that cover

physical, educational and therapeutic aspects. The effectiveness of this model, however, faces challenges related to the insufficient provision of specific services for hypertension in many municipalities (Dantas, 2019).

The primary health care unit is the gateway for hypertensive patients and, therefore, is the object of study to understand the issues that hinder the resolution of hypertension in the context of public health. Overcoming challenges requires a holistic approach, integrating patient-centered care practices and strategies that foster trust and bonding.

METHODOLOGY

In order to understand the challenges from the perspective of the approach to Arterial Hypertension in relation to Primary Care, a search for theoretical references that contemplated the proposed theme was carried out for a literature review in order to build a descriptive study. Thus, the National Library of Medicine of the United States – PubMed was used as a database, in which the use of the Boolean operator "AND" was determined in the combinations of the English and Portuguese descriptors "Hypertension" and "Primary Care". As inclusion criteria, Portuguese-language articles were defined in the period from 2017 to 2023 which were fully available in the database, and 100 articles were found, which, after reading and thorough and detailed analysis, 5 full texts were selected. As an exclusion criterion, articles that did not include the proposed period, the chosen language, as well as works not fully available in the database were disregarded.

RESULTS

Despite being a major public health problem, hypertension has a low control rate. Theoretically, PHC has the function of solving 85% of the population's public health problems, however, due to lack of communication, professional interest and inputs, care, which should be primary, cannot solve one of the most common health problems: hypertension. (Dantas, 2019)

In Brazil, the protocol is used for hypertensive individuals assisted in PHC. In this protocol, 7 dimensions are analyzed: I – characterization of the patient, in order to draw a sociodemographic profile of the patient based on hypertensive data; II – health indicators, to identify cardiovascular and metabolic risk factors; III – psychosocial indicators, to assess social and mental well-being; IV – signs of hypertensive crisis, assessing high and uncontrolled blood pressures; V – occurrence of complications, usually due to uncontrolled blood pressure; VI – request for exams, where there are the main exams requested for follow-up; and VII – conducts, to record the care provided. (Dantas, 2019)

Contrary to the organization and effectiveness of the protocol, in 2019 the National Health Survey (PNS) obtained a sample of data on the self-reported diagnosis of hypertension collected in

households, in which it was recorded that only 59.5% of adults who reported hypertension reported going to the doctor or health service regularly for hypertension follow-up. Among these hypertensive patients, the majority of whom were female and elderly, 7.8% did not take the prescribed medications, and 95.3% were medicated, resulting in a lack of blood pressure control due to both neglect of medication and inadequate lifestyle habits. (Malta, 2019)

When it comes to uncontrolled blood pressure, there is a more common sociodemographic profile: elderly females, with less than or equal to 8 years of schooling, white, retired and with economic classification C. This public is the target of the strong association between weight gain and changes in blood pressure values, considering that they are, for the most part, hypertensive patients due to obesity. Excess fat increases blood pressure levels due to several factors, such as altered hemodynamics, compromised sodium homeostasis, renal dysfunction, autonomic nervous system imbalance, endocrine changes, oxidative stress, inflammation, and vascular injury. For this reason, when analyzing BMI and BP simultaneously, it can be seen that the higher the BMI, the higher the BP value. (Sousa, 2020)

In addition to the issue of obesity, functional health literacy, which consists of the ability to interpret texts and numbers present in test results, guidance leaflets and drug prescriptions, is extremely important for health promotion and the treatment of diseases. Thus, inadequate literacy is related to lower consumption of fruits and vegetables, lower level of physical activity, worse control of chronic diseases due to non-adherence to drug treatments, worse postoperative evolution, higher health care costs, and higher mortality. Specifically regarding hypertension, hypertensive patients who have inadequate literacy have a worse quality of life, worse adherence to drug treatment, worse control of arterial hypertension and a higher risk of cardiovascular accident. As a result, inadequate literacy is present in more than 50% of hypertensive patients, especially the elderly, and, consequently, more than 40% of these individuals have uncontrolled BP. (Costa, 2019)

When there is an uncontrolled BP, the ideal treatment becomes, more than ever, the association between medication and non-medication. However, commonly, the term "therapeutic adherence" is attributed only to pharmacological treatment, and not to the broad concept of lifestyle changes, such as weight control, adequate eating patterns, physical activity, and moderation of alcohol consumption. Making patients active in their own care is a challenge in PHC due to the limiting conduct of health professionals who, in the daily consultations, are limited to prescribing medication and renewing prescriptions, which hinders the interaction between professional and patient and, consequently, non-pharmacological therapeutic adherence. This fact keeps the majority of hypertensive patients as non-adherent to non-pharmacological treatment in PHC. (Birth, 2021)

DISCUSSION

In the midst of so many challenges in the approach to hypertension in PHC, in order to achieve control of blood pressure levels, it is necessary, first, a greater commitment of health professionals to teamwork and to the importance of establishing clear and welcoming communication with the patient, placing the patient at the center of the health care process. In addition, although the main complaint of patients about the malfunctioning of PHC is related to the quality of the consultation, the basic health units of most municipalities face the inefficiency of the provision of exclusive inputs for the provision of services/actions for hypertension, despite requiring longitudinal care. By establishing a bond of trust between professional and patient and ensuring the necessary conditions of high complexity and low density technologies, hypertensive patients will be efficiently cared for in PHC and, thus, there will be greater adherence to AH treatment. (Dantas, 2019)

The patient's contact with the physician in PHC is crucial for the diagnosis of hypertension and treatment adherence. The protocol for hypertensive individuals assisted in PHC was developed in order for the physician to obtain an instrument for consultation and follow-up of the patient by providing the collection of data that help in the clinical condition of the patient, in the risk stratification, in the conduction of treatment, in the control of BP and in the reduction of morbidity and mortality rates due to cardiovascular diseases caused by hypertension. This protocol also allows the monitoring of the patient's evolution and enables goals to be achieved. If properly applied, the protocol allows the patient to adhere to monthly consultations by the PHC health team. There is evidence that BP is more efficiently controlled if it is approached by a multidisciplinary team. (Dantas, 2019)

Normally, women seek health services more often than men and, therefore, have a greater opportunity for diagnosis of hypertension, in addition to having greater consistency in self-care. This fact explains the lower percentage of hypertensive women in relation to hypertensive men. Regarding age, hypertension is more prevalent in the elderly due to the progression of hardening of the arteries. Regarding schooling, hypertension is associated with low schooling due to the greater exposure of these individuals to risk factors and socioeconomic conditions, which limit access to health services and guidance on the appropriate lifestyle for BP control. All these factors hinder both access to PHC and adherence to drug and non-drug treatment. (Malta, 2019)

When it comes to the relationship between obesity and hypertension, there is the CI (Conicity Index), which corresponds to an anthropometric parameter on the distribution of adipose tissue that is effective and with good specificity in the identification of hypertension, DM, cardiovascular risk and metabolic syndrome. The CI is an extremely useful and low-cost monitoring instrument for blood

pressure control to be used in PHC. It contributes to identifying an accurate diagnosis with resolutive interventions in order to achieve a reduction in both BMI and BP. (Sousa, 2020)

Individuals who, in addition to obesity, do not have adequate functional health literacy are more likely to remain with inadequate BP control, as they do not have the basic condition of interpretation to understand what is requested by physicians. Functionally illiterate patients, who are mostly elderly, have poorer quality and more expensive health care. Even so, health professionals are not trained to identify this problem and are not prepared to deal with and manage functionally illiterate patients. It is common for professionals to limit themselves to schooling, but functional health literacy addresses an even greater dimension, as it is related to the patient's ability to obtain and understand information in order to promote their own health. (Costa, 2019)

When it comes to the treatment of hypertension, there is a limitation in the adherence of drug treatment, mainly due to functional illiteracy in health, and non-drug treatment, usually due to the devaluation of the importance or difficulty of access to a healthy lifestyle. Among the components of the non-pharmacological treatment of hypertension with low adherence are: control of waist circumference, weight control and practice of physical activity. Without weight control, there is a lack of control of the abdominal circumference, which, corresponding to inadequate anthropometric measurements, corresponds to a higher cardiovascular risk and increased BP. Such weight changes and, consequently, such risks can be avoided with the practice of physical activity, highlighting the importance of prioritizing a healthy lifestyle. (Birth, 2021)

CONCLUSION

Therefore, addressing Systemic Arterial Hypertension (AH) in primary care represents a complex and important challenge for health professionals. Effective management of this condition requires an integrated approach, involving not only blood pressure control but also the promotion of lifestyle changes, patient education, and effective work among health professionals responsible for the patient's prognosis. In addition, due to the high prevalence rates of hypertension and its associated complications, it is essential to strengthen and reformulate strategies for prevention, early diagnosis and continuous treatment within the context of primary care, which requires investments in infrastructure and resources from the support of public policies. Thus, the burden on primary care health professionals can also impact the ability to effectively monitor and manage patients with hypertension, making integrated patient care more challenging.

Thus, overcoming these challenges requires a continuous commitment to the training of health professionals, the development of comprehensive educational programs, and the efficient use of technologies for monitoring and treatment, as addressing these barriers requires collaborative

efforts between all spheres of health, together with the public authorities to effect the necessary changes.

REFERENCES

1. Costa, V. R. S., et al. (2019). Alfabetização funcional em saúde de idosos hipertensos atendidos na atenção primária à saúde. *Revista brasileira de enfermagem*, 72, 266-273.

2. Dantas, R. C. de O., & Roncalli, A. G. (2019). Protocolo para hipertensos atendidos na Atenção Básica à Saúde. *Ciência & Saúde Coletiva*, 295-306.

3. Malta, D. C., et al. (2019). Hipertensão arterial autorreferida, utilização de serviços de saúde e orientações para atendimento na população brasileira: Pesquisa Nacional de Saúde, 2019. *Epidemiologia e Serviços de Saúde*, [volume] (número).

4. Nascimento, M. O. do, et al. (2021). Fatores associados à adesão ao tratamento não farmacológico da hipertensão na atenção primária à saúde. *Revista Brasileira de Enfermagem*, 74.

5. Sousa, N. C. de, et al. (2020). Índice de conicidade em pessoas com hipertensão acompanhadas na Estratégia Saúde da Família do Brasil. *Revista Brasileira de Enfermagem*, 73, e20190484.