

64 - KNOWLEDGE OF PATIENTS WITH HYPERTENSION ABOUT THEIR TREATMENT

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INTRODUCTION

Hypertension (HBP) is a multifactorial clinical situation, it is characterized by elevated blood pressure levels beyond determined by current guidelines, which represents a risk factor for cardiovascular and cerebrovascular diseases. (SOCIEDADE BRASILEIRA DE HIPERTENSÃO, 2006)

Risk factors for hypertension may be modifiable and non modifiable among the modifiable ones are included: dyslipidemia, overuse of salt, smoking, alcohol, stress, obesity and physical inactivity, and among non-modifiable: age, sex and race. (SIMONETTI, J. P.; BATISTA, L.; CARVALHO, L. R., 2005)

Arterial hypertension (HA) provides medical and socioeconomic high costs, mainly because of its complications such as cerebrovascular disease, coronary artery disease, myocardial infarction, heart failure, chronic renal failure and vascular disease of extremities. (SOCIEDADE BRASILEIRA DE HIPERTENSÃO, 2006)

In realization of the diagnosis it is necessary to accomplish the measurement of blood pressure (BP), a procedure that must be done in all health rating as a component of physical examination. Its measurement in clinical practice is performed by the method of indirect measurement, using the sphygmomanometer and stethoscope, requiring the combination of auscultation with the inspection.

Treatment of hypertension is aimed not only to reduce blood pressure levels, but also to prevent its complications, non-pharmacological measures are used, which in some cases is associated with drug treatment. The non-pharmacological measures are related to changes in lifestyle, such as weight reduction, physical exercise, dietary changes and smoking cessation. The classes of drugs used are diuretics, adrenergic inhibitors, direct vasodilators, angiotensin-converting enzyme inhibitors, calcium channel antagonists, receptor antagonists of angiotensin II. (NOBRE, F; SERRANO JR., C.V, 2005)

The knowledge of individuals upon hypertensive disease is of fundamental importance to provide the membership of the same treatment, whether medical or not, because the lack of adherence to treatment is a barrier to the achievement of therapeutic targets to combat this situation becomes necessary to know the motives that impel them to the withdrawal, their fears, their longings, and so it is necessary to know what the hypertension patients know about the disease and its treatment.

Thus, the aim of this study was to investigate the knowledge of hypertensive patients on the treatment adopted for the same.

METHODOLOGY

This is a field research, a descriptive exploratory quantitative character. Held in the city of Cajazeiras - Paraíba, Brazil.

The study population consisted of patients with hypertension, enrolled in Hiperdia, residents in the area of Family Health Units (UHF) José Leite Rolim Cajazeiras of the city and to make the monthly monitoring. The sample comprised 72 patients treated at the José Leite Rolim UHF, neighborhood Vila Nova, and had the inclusion criterion, taking treatment, perform monthly monitoring, and issue a desire to participate in the study and exclusion criteria was the existence of mental disorders. After completing the number of respondents (72) the search was terminated.

This sample was chosen in view of a sampling error of 10% and confidence level of 95%, thus statistically significant.

After authorization from the Municipal Health Secretariat and project approval by the Ethics Committee for Research with humans College Santa Maria, under no.508042010, began the process of data collection, which occurred in April and May 2010.

The instrument used for data collection was a structured interview specifically for this study consists of closed and open questions that will guide such research toward the goals of the study, bringing a focus on hypertension and its treatment.

RESULTS AND DISCUSÕES

Table 1 - Classification of the responses provided by patients on the definition of hypertension.

	f	%
"Heartbeat / racing heart / blood to circulate with difficulty"	6	8,33%
"Heart Problems"	5	6,94%
"Very thick blood / blood rising / blood shaken / racing heart"	14	19,44%
"Passing of 14, 14x10, 15x10 is already high, the pressure would be normal 13x8", "is when the maximum is up there"	18	25%
"Hypertension is bingeing on food, drink abuse, sleepless nights ... salt, solid food, the pressure rises, nervousness is .."	10	13,88%
"Kind of a valve rises, reaches a limit it explodes"	4	5,55%
Do not know	15	20,83%
Total	72	100%

Thus, understanding the meaning of the HA appears to be associated with both the values and beliefs of patients regarding their level of knowledge about the disease. The results of this study indicate an ignorance of concepts of hypertension and high blood pressure by patients, which can be assumed that at some point must have received some guidance from health professionals, they were not effectively absorbed or understood. This becomes a problem because, not knowing the basic parameters for the classification of hypertension, patients may become less vigilant about controlling the same. Although most of them should

Trentini, Silva; Leimann (1990) indicated that knowledge about the disease is more a task of the new tasks assigned to the chronically ill, including hypertension.

In this study a majority of patients wanted to know about the disease and the other did not seek information, explaining

that, although he wishes to stay informed, did not do so for fear of an undesired disease or not fond of asking.

By knowing the treatment of hypertension patients are able to do better treatment, more is needed both to put that knowledge into practice.

Table 2 - Methods known by the interviewees for treatment of hypertension.

	f	%
Drugs	72	22,78%
Reduction of dietary salt	72	22,78%
But exercise	32	10,12%
Consumption of lean meat	21	6,64%
Decrease the consumption of the masses	19	6%
Anti-smoking	43	13,6%
Combating alcohol	57	18%
Total	316	100%

Table 2 shows that the respondents have a reasonable knowledge regarding the treatment of hypertension. The use of drugs, and reduction of salt in the diet are known to all respondents, a smaller percentage have the fight against alcohol and smoking. The factors listed were the least physical activity, consumption of lean meats and reduced consumption of the masses. We realize that this may be the result of monitoring by professional staff of Family Health, which should guide in the consultations on the non-drug treatment in order to teach as many methods for performing the treatment.

The treatment of a chronic illness is more than one method to manage symptoms, cope with disabilities or adjustments for the psychological and social changes that a long-term incurable disease brings to the lives of those affected and their families, and a process of change very complicated. (WOOG, 1992)

Especially in the case of HA, so that their treatment will reach the desired effectiveness is the reduction of cardiovascular morbidity and mortality, it is necessary to adopt measures that interfere with the lifestyle of hypertensive patients and that are proven to promote the reduction of BP. Such measures are: reduction of body weight, intake of salt and alcohol consumption, physical exercise regularly, and no use of drugs that raise blood pressure. There are other reasons that make these changes in lifestyle useful addition to BP reduction that favors the control of other risk factors: low cost and minimal risk, increase the effectiveness of drug treatment and cardiovascular risk reduction. (Brazilian Society of Hypertension, 1998)

Understanding the table 2 we compare it with the table 3 shows that the method by which they make their hypertensive treatment.

Table 3 - Measurement taken for treatment.

	n	%
Medicated	20	27,77%
No drug	8	11,11%
Medicated and non-medicinal	44	61,11%
Total	72	100%

We can see through the data that the most used is the combination of drug treatment and nonpharmacological (61.11%), second (27.77%) only drug treatment, and in third place (11.11%) only non-medication treatment. This demonstrates that most hypertensive know how the treatment should be done, but do not as it should be done, for many it is easier to take medication every day and make a nonpharmacological treatment sporadic, even the ones that use only pharmacological method to do it.

Table 4 - Non-medication used to treat

	f	%
Reduction of dietary salt	36	31,85%
Physical activities	10	8,84%
Consumption of lean meat	5	4,42%
Decrease the consumption of mass	10	8,84%
Anti-smoking	26	23%
Combating alcohol	26	23%
Total	113	100%

When evaluated on non-pharmacological measures to control hypertension reducing salt in food (31.85%) was the most cited, followed by avoiding smoking and alcohol (23%). Factors less suitable and therefore perhaps less known to non-pharmacological measures have been increased consumption of lean meats (4.42%), the decrease of mass consumption (8.84%) and physical activity (8.84%) habits like smoking and drinking alcohol deserve attention in the treatment of a hypertensive population by its correlation with blood pressure levels and therefore should be rejected. Avoid smoking and alcohol consumption with physical activity and proper diet are regularly on important elements of non-pharmacological treatment. (MACIEL, 1997)

The major modifiable environmental factors of hypertension are inadequate dietary habits, especially excessive intake of salt and low vegetable intake, physical inactivity, obesity and alcohol abuse, which can be obtained by reducing blood pressure and reducing cardiovascular risk by controlling these factors. Occurs when the weight loss reduce blood pressure levels between 5 and 20 mmHg for every 10 kg of weight reduced, since the change in dietary patterns, consuming a diet rich in fruits and vegetables and foods with low caloric density and low in saturated fat and total leads to a reduction of approximately 8 to 14 mmHg, the reduction of sodium intake to no more than 100 mmol / day = 2.4 g sodium (6 g salt / day = 4 teaspoons salt shallow = 4 g + 2 g salt own food), resulting in a decrease of approximately 2 to 8 mmHg, limit consumption to 30 g / day of ethanol for men and 15 g / day for women brings a reduction of approximately 2 to 4 mmHg, Getting used to the practice of regular aerobic physical activity such as walking for at least 30 minutes per day, 3-5 times / week. (SOCIEDADE BRASILEIRA DE HIPERTENSÃO, 2006)

The National Institutes of Health, 1997 states that alcohol and smoking and eating fatty foods like fried foods or foods with too much salt is crucial to aggravate the problems caused by hypertension.

Table 5 - Questions about the treatment of hypertension

	f	%
"I do not quite understand why so much medication. Could I take some of them?"	9	9,47%
"How do you not forget the timing of medication?"	12	12,63%
"Those who have high blood pressure can take medicine for losing weight?"	5	5,26%
"Regarding the food, I can not eat anything like rice noodles?"	14	14,73%
"You do walk every day?"	8	8,42%
"I was told that a glass of wine at lunch is good for high blood pressure"	4	4,21%
"I have no doubt"	43	45,26%
Total	95	100%

When asked about the doubts, many reported not having any doubt (45.26%) with regard to treatment, except a few, mostly people over 50 years. The questions revolved around control of the schedule and dosage of medication, the use of some substance, or eating habits and physical activity or if they were not recommended.

Doubts about the treatment of hypertension usually arise in conversations, and are liable to be identified and addressed, thus avoiding that the treatment follow an incorrect path, a moment for it takes place in clinics or support groups, provided that open space for these discussions as if they are not informed are likely to change the treatment of hypertension

The way information is transmitted to people and their involvement as active participants in dialogue about the disease have a powerful impact on what they think, how they feel and react to medical guidelines. Without such recognition, the underlying tensions in the doctor-patient interaction remain unresolved and start to recognize that professionals offer little in the way of definitive solutions to their health problems. (STARFIELD, 2002)

FINAL

The HA is characterized as a serious public health problem, and being a silent disease, it provides for patients suffering complications to a certain exposure, since most only discovered to be hypertensive when presenting symptoms and their symptoms are a result of complications. That they will not occur and need to carry out preventive work.

Regarding the participants' knowledge on hypertension is important to emphasize that they do not know how one defines and classifies many of the respondents believed that HA is only changes in values, or related to popular beliefs, it makes the disease more dangerous, because neither learning nor its complications patients not treated with the respect it deserves.

We evaluate the habits that are used to keep your blood pressure checked, and we realized that hypertensive patients have the knowledge of what is needed, but do not. Some by financial constraints, others for pure indulgence, and this requires the contribution of a multidisciplinary team, which would require a psychologist for emotional support, nutritionist for the development of cheap and adequate income, physical educator to teach physical activities specific to each hypertensive. For all this can become a reality depends on the municipal managers, because they can create in their municipalities Nuclei Support Family Health, that this nucleus may offer all these professionals, in addition, managers can create places for the practice physical activity.

Importantly, the fact that people with hypertension are counseled on the disease and treatment does not imply effective monitoring of the proposed treatment, we proved that, when we had the answer that many have doubts about the treatment, but the same is there a lot of people who keep doing the treatment inappropriately. Health beliefs, behavioral and cultural aspects are not easy to use and modify, requiring all patient groups and health due diligence. We need a change of behavior, it is important for hypertensives to seek a healthier lifestyle, the hypertension must be aware and look for people who can inform and assist, as professionals in the health area.

The goals that guided this study were achieved, as we investigate the knowledge of hypertensive patients on the treatment adopted, the results showed that most had a good knowledge for the control of hypertension. But for that there are no more doubts about their treatment should be to deal with education of patients with hypertension.

With this information we can assemble groups of hypertensive patients, in order to answer questions and teach correct ways to combat hypertension. Moreover, this group can form self-help groups where they can discuss their difficulties in social integration and form new friendships cycles and can thus seek help from each other.

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KNOWLEDGE OF PATIENTS WITH HYPERTENSION ABOUT THEIR TREATMENT**ABSTRACT**

Hypertension is a major risk factor for death among non-communicable diseases, showing direct relationship with cardiovascular risk. However, despite progress in prevention, diagnosis and treatment is still an important public health problem. Investigate the knowledge of patients with hypertension on the treatment adopted for the same. Cross-sectional study in which the sample included 72 hypertensive patients. Data collection was through interviews, the Basic Health Unit José Leite Rolim Cajazeiras / CP, via structured interview. The data were analyzed quantitatively the light of relevant literature. The sample was characterized by a good percentage of hypertensive patients aged under 40 (34.71%), nearly half of the sample has a permanent relationship (49.99%), a large percentage of the level of schooling for high school and most (48.86%), the vast majority have incomes of up to two minimum wages (83.32%). The vast majority (75%) know the real meaning of hypertension, attributing concepts from their values and beliefs, a small minority (18%) found the disease in a routine visit and the treatment they are best known for the drug and decrease in diet (100%) of the sample, with a frequency (22.78%) as the measures adopted was the least valued physical activity (8.84%). (22.48%) said the main difficulty following the treatment and medication adjustment as easily purchase the medication through the clinic (48%) Many patients reported not have doubts as to the treatment (45.26%). It was found that hypertensive patients do not know for sure what is hypertension, but they have a good knowledge about their treatment, this is evidenced by the few issues that arose during the interviews. According to the findings have noticed the need for educational measures seek to influence, really, the behavior of hypertensive patients, the effect of changes in habits and lifestyle. Besides the creation of groups of hypertensive patients to doubts and difficulties are discussed, and the exchange of experience make possible the awakening of a better awareness of the disease.

KEY - WORDS: Hypertension. Questions. Treatment.

SOMMAIRE

L'hypertension est le facteur principal de risque majeur en cas de décès parmi les maladies non transmissibles, montrant la relation directe et positive avec le risque cardiovasculaire. Cependant, malgré les progrès réalisés dans la prévention, le diagnostic et le traitement encore est un problème important de santé publique. Enquêter sur les connaissances des patients souffrant d'hypertension sur le traitement adopté pour la même. Une étude transversale dans laquelle l'échantillon comprenait 72 patients hypertendus. La collecte des informations a été réalisée par des interviews, dans l'Unité de santé de base José Leite Rolim Cajazeiras / CP, par d'interviews structurées. Les données ont été analysées quantitativement, à la lumière de la littérature pertinente. L'échantillon a été caractérisé par un bon pourcentage de patients hypertendus avec l'âge de moins de 40 ans (34,71%), près de la moitié de l'échantillon a une relation stable (49,99%), un pourcentage important du niveau de scolarité pour l'école secondaire et plus (48,86%), la grande majorité ont des revenus allant jusqu'à deux salaires minimum (83,32%). La grande majorité (75%) inconnue la signification réelle de l'hypertension, l'attribution des concepts selon leur valeurs et leurs croyances, une petite minorité (18%) ont découvert la maladie dans une visite de routine et le traitement qu'ils sont surtout connus sont les médicaments et baisse de régime (100%) de l'échantillon, avec une fréquence (22,78%) par rapport les mesures adoptées les moins valorisé a été l'activité physique (8,84%). (22,48%) ont déclaré la principale difficulté de suivre le traitement l'adaptation de la médication et par rapport la facilité est acheter les médicaments dans une unité de santé (48%) Beaucoup de patients ont déclaré ne pas avoir des doutes par rapport au traitement (45,26%). Il a été constaté que les patients hypertendus ne sais pas avec certitude ce que est l'hypertension, mais ils ont une bonne connaissance par rapport leur traitement, cela se traduit par les quelques doutes qui ont surgi au cours des interviews. Selon les conclusions ont remarqué la nécessité de chercher mesures éducatives à influencer, en réalité, le comportement des patients hypertendus, l'effet des changements dans les habitudes et mode de vie. Outre la création de groupes de hypertendus pour que les doutes et les difficultés soit abordées, et par l'échange d'expériences soit possible l'éveil d'une meilleure conscience sur la maladie.

MOTS - CLÉS: Hypertension. Connaissance. Traitement.

RESUMEN

La hipertensión es un factor de riesgo importante de muerte entre las enfermedades no transmisibles, que muestra la relación directa con el riesgo cardiovascular. Sin embargo, a pesar de los avances en la prevención, el diagnóstico y el tratamiento sigue siendo un importante problema de salud pública. Investigar el conocimiento de los pacientes con hipertensión en el tratamiento adoptado para la misma. Estudio transversal en el que la muestra incluyó a 72 pacientes hipertensos. La recolección de datos fue a través de entrevistas, la Unidad Básica de Salud, José Leite Rolim Cajazeiras / PC, a través de entrevista estructurada. Los datos fueron analizados cuantitativamente a la luz de la bibliografía pertinente. La muestra se caracterizó por un buen porcentaje de los pacientes hipertensos menores de 40 años (34,71%), casi la mitad de la muestra tiene una relación permanente (49,99%), un gran porcentaje del nivel de escolaridad para la escuela secundaria y la mayoría (48,86%), la gran mayoría tienen ingresos de hasta dos salarios mínimos (83,32%). La gran mayoría (75%) conocen el verdadero significado de la hipertensión, la atribución de los conceptos de sus valores y creencias, una pequeña minoría (18%) se encuentran la enfermedad en una visita de rutina y el trato que son mejor conocidos por la droga y disminución de la dieta (100%) de la muestra, con una frecuencia (22,78%) como las medidas adoptadas fue la menos valorada la actividad física (8,84%). (22,48%) dijo que la principal dificultad de seguir el tratamiento y el ajuste de la medicación con la misma facilidad comprar el medicamento a través de la clínica (48%) Muchos pacientes no han reportado sus dudas sobre el tratamiento (45,26%). Se encontró que los pacientes hipertensos no sabe a ciencia cierta qué es la hipertensión, pero tienen un buen conocimiento acerca de su tratamiento, esto se evidencia en los pocos temas que surgieron durante las entrevistas. Según los resultados han notado la necesidad de medidas educativas tratar de influir, en realidad, el comportamiento de los pacientes hipertensos, el efecto de los cambios en los hábitos y estilo de vida. Además de la creación de grupos de pacientes hipertensos a las dudas y dificultades que se discuten, y el intercambio de experiencias hacen posible el despertar de un mejor conocimiento de la enfermedad.

PALABRAS - CLAVE: hipertensión. Preguntas. Tratamiento.

CONHECIMENTO DE PORTADORES DE HIPERTENSÃO ARTERIAL ACERCA DE SEU TRATAMENTO**RESUMO**

A hipertensão arterial é o principal fator de risco de morte entre as doenças não transmissíveis, mostrando relação direta e positiva com o risco cardiovascular. Entretanto, apesar dos progressos na prevenção, no diagnóstico e no tratamento ainda é um importante problema de saúde pública. Investigar o conhecimento dos pacientes portadores de hipertensão arterial sobre o tratamento adotado para o mesmo é necessário para saber se seus conhecimentos estão de acordo com as corretas orientação. Realizado estudo transversal em que a amostra totalizou 72 pacientes hipertensos. A coleta dos dados foi através da

realização de entrevistas, na Unidade Básica de Saúde José Leite Rolim Cajazeiras/PB, por meio de roteiro de perguntas. Os dados obtidos foram analisados quantitativamente, a luz da literatura pertinente. A amostra foi caracterizada por um bom percentual de hipertensos com faixa etária inferior a 40 anos (34,71%), quase a metade da amostra tem relacionamento permanente (49,99%), um grande percentual tem o grau de escolaridade para nível médio e mais (48,86%), a grande maioria tem renda de até 2 salários mínimos (83,32%). A grande maioria (75%) desconhece o real significado da hipertensão arterial, atribuindo conceitos a partir de seus valores e crenças; uma pequena minoria (18%) descobriu sua doença em consulta de rotina; o tratamento mais conhecido por eles são o medicamentoso e a diminuição da dieta (100%) da amostra, com uma frequência de (22,78%); quanto as medidas adotadas a menos valorizada foi a prática de atividade física (8,84%). (22,48%) referiram como principal dificuldade de seguir o tratamento a adaptação a medicação e como facilidade aquisição da medicação através da unidade de saúde (48%) Muitos pacientes relataram não terem dúvidas quanto ao tratamento (45,26%). Constatou-se que pacientes hipertensos não sabem ao certo o que é a hipertensão, mas eles têm um bom conhecimento a cerca de seu tratamento, isso é demonstrado pelas poucas dúvidas que surgiram durante as entrevistas. De acordo com os achados percebemos haver a necessidade de buscarmos medidas educativas que influenciem, verdadeiramente, o comportamento dos pacientes hipertensos, no sentido de mudanças nos hábitos e estilo de vida. Além da criação de grupos de hipertensos para que dúvidas e dificuldades sejam debatidas, e pela troca de experiência seja possível o despertar de uma melhor consciência sobre a doença.

PALAVRAS – CHAVES: Hipertensão. Conhecimento. Tratamento.