

72 - PHYSICAL ACTIVITY IN THE IMPROVEMENT OF QUALITY OF LIFE FOR THE CONTROL OF ARTERIAL PRESSURE OF HYPERTENSIVE INDIVIDUALS

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1 INTRODUCTION

Systemic arterial hypertension (SAH), commonly known as "high blood pressure", is a chronic multifactorial disease characterized by elevated blood pressure levels, with systolic pressure greater than or equal to 140 mmHg and / or diastolic pressure greater than or equal to 90 mmHg. values should be measured at least twice on different days and under appropriate conditions, individual in a quiet environment and in rest conditions (FARIA, 2010). Thus, systemic arterial hypertension is also related to people's life habits regarding poor health care, such as unbalanced eating as well as the lack of physical exercise.

Systemic arterial hypertension can cause changes in some organs (heart, brain, vessel and kidneys), in order to interfere in its functioning, resulting in an increase in fatal and non-fatal cardiovascular problems (RASO, 2013). Because it is associated with this issue, systemic arterial hypertension is one of the most important public health problems (VI Hypertension Guidelines, 2010).

According to Achutti (1997) apud Silva (2010, p.22), the development of arterial hypertension is linked to factors such as age, sex, genetic factor, race. Corroborating with this argument, Vaisberget al (2010) affirm that the predisposition of hypertension has as its main causes age, ethnicity, heredity, besides these they also add as triggers of high blood pressure, sedentarism, high salt intake, diabetes mellitus, high cholesterol, overweight and obesity, tobacco use, abusive use of medications and other anorectic substances such as anabolics, caffeine, cocaine, amphetamine.

In Brazil, systemic arterial hypertension is one of the main health problems affecting a considerable part of the population. According to Raso et al (2013), the occurrence of systemic arterial hypertension worldwide corresponds to 37.8% of men, while the percentage of women reaches 32.1%.

In Brazil, it is estimated that the disease reaches little more than 30% of the adult population, with prevalences varying from 22.3% to 43.9. This percentage increases with age, occurs more frequently among non-whites, in people with low level of education, overweight or obesity, sedentary, who consume alcohol or salt in an exaggerated way, and in individuals who already present genetic predisposition to HA (RASO et al, 2013).

However, it is remarkable, based on several researches published by the media, that lifestyle is a fundamental character of the prevention or the triggering of damages to health, having a close relation with the quality of life. Vaisberge collaborators (2010) emphasize that lifestyle, accompanied by genetic predisposition, is the main preventive agent or cause of diseases, being decisive for the emergence or development of diseases. In other words, the rhythm of life, besides necessarily including regular physical activities, must be within social conditions that allow good health, as evidenced by Faria (2010) when he affirms that quality of life is a multidimensional, subjective expression and is associated with aspects related to general well-being, among them, health, housing, education, relationship, income.

With emphasis on physical activity, it is pointed out that it leads to the reduction of arterial hypertension, even in prehypertensive subjects, and that it still leads to a reduction in the risk of death and the onset of cardiovascular diseases (VI Diretrizes Brasileira de Hipertensão, 2010). Thus, it is known that regular physical activity has a significant effect on the promotion of physical, emotional and social well-being, as well as preventing and / or reducing high blood pressure levels and the incidence of cardiovascular diseases, of diabetes mellitus, among other diseases (VAISBERG et al, 2010). Therefore, the VI Brazilian Guidelines on Hypertension (2010) also adds that the practice of aerobic exercise leads to a decrease in blood pressure and is indicated for the prevention and treatment of systemic arterial hypertension.

Thus, in order to maintain health and good quality of life, it is advisable for every adult to perform, on a regular basis, at least half an hour of moderate activity for five days a week (IV Guidelines for Hypertension, 2010) and people with hypertension, before initiating activity, should be submitted to a clinical risk and benefit assessment in order to determine the limits of the activity to be practiced (VAISBERG et al, 2010).

As has been shown above, the lack of physical activity, which deepens health problems, also produces a phenomenon that is closely related to the pressures of the world of work, which in most cases prevents people from having time to aerobic goals, or the sedentarismo. This villain is one of the main responsible for the high rate of mortality from all causes and the higher incidence of diseases of the circulatory system (VAISBERG, 2010). According to the V Arterial Hypertension Guidelines (2006), aparia Faria (2010, p.12), sedentary individuals are 30% more likely to develop hypertension, compared to those who are physically active, since, the regular practice of physical exercises promotes reduction of systolic and diastolic pressure in 6.9 mmHg and 4.9 mmHg, respectively.

Reflecting on the subjectivities that involve the procedures, the potentialities, in the case the difficulties of the arterial hypertension patients, arise questions about how to intervene positively, in the natural evolution of the behaviors of these people. Thus, in view of the high percentage of people with systemic arterial hypertension and the treatment they undergo, how does physical activity act in the control of blood pressure and interfere in the quality of life of these individuals?

Frente às colocações acima, este estudo tem como objetivo geral descrever, através da revisão de literatura, a importância do papel da atividade física na melhoria da qualidade de vida para o controle da pressão arterial de hipertensos.

In light of the above, this study aims to describe, through the literature review, the importance of the role of physical activity in improving the quality of life for the control of hypertensive blood pressure.

The choice for this issue was due to the growing number of people with hypertension, which is associated with the appearance of other diseases that aggravate the health situation of these people, which makes it a serious public health problem, necessitating an effective intervention or a sense of mitigating or controlling such a situation.

In this way, it is believed that the present study, together with other existing works on the subject, may offer subsidies to health professionals in order to try to alleviate the alarming numbers of people affected by systemic arterial hypertension and the indiscriminate use of drugs to contain it.

2 ASPECTS RELATED TO HEALTH AND ABDOMINATION OF CARRIERS OF SYSTEMIC ARTERIAL HYPERTENSION

2.1 THE IMPORTANCE OF QUALITY OF LIFE IN THE PROMOTION OF HEALTH AND WELL-BEING OF HYPERTENSIONS

Health promotion is a challenge for modern society, since people's daily lives are more dynamic because the innumerable obligations of individuals in the workplace produce a highly active and frenetic way of life and in many cases there is no availability of time to take care of health as it should, given that routine activities carried out by each individual, when they are not well planned, cause stress, sedentarism, illness, among other problems.

As regards the quality of life, it is understood that it is directly related to the socio-historical context in which the person lives, because, in order to obtain a good quality of life, it is pertinent that people are well conditioned socially, psychologically, nutritionally, and that they practice physical activity regularly, among others. In this sense, understanding what comes to be quality of life is quite significant as knowledge empowers society a correct perception of how to improve health as a whole. On this approach Vecchia et al (2005, p.248) states that:

The concept of quality of life is related to self-esteem and personal well-being and covers a series of aspects such as functional capacity, socioeconomic level, emotional state, social interaction, intellectual activity, self-care, support family, health status, cultural values, ethics and religiosity, lifestyle, satisfaction with employment and / or daily activities and the environment in which one lives.

In line with the above quotation, it is understood that quality of life has a direct association with the way of life of each person in modern society, given that social differences exist and are exactly those differences that culminate in directing individual life of people in general. On this point also adds Nicolazi (2009, p.429):

The WHO states that quality of life can be understood as "the individual's perception of their position in life, within the context of their culture and the value system of where they live and in relation to their goals, expectations, standards and concerns". This definition reflects the subjective nature given to the concept of quality of life that is inserted in the cultural, social and environmental context. This concept generally concerns the well-being of the individual associated with issues such life expectancy, peace of mind, security, work, education, housing.

In this context, the quality of life is also related to the vision and interpretation that each person has about their own life in the family, social and individual spheres. However, for a closer definition of reality about the meaning of quality of life, it is relevant to take into account, especially social and cultural issues. Complementarily, Vecchia et al (2005) emphasize that quality of life is conditioned to the individual characteristics of each person, to their sociocultural level, the age group in which they are.

In view of these settings, it is appropriate to add that quality of life should be understood as a priority issue, since when one leads a life in a healthy way, longevity is a consequence. Thus, in order for quality of life to be achieved in the best possible way, it is relevant that people have responsible attitudes towards health care, ranging from healthy food, access to leisure, culture, health services, sanitation, regular physical activity, as well as other actions that can be used to improve health.

2.2 MULTIPURPOSE OF SYSTEMIC ARTERIAL HYPERTENSION AND DAMAGE TO HEALTH AND WELL-BEING OF HYPERTENSIVE INDIVIDUALS

Hypertension is understood as a public health problem, as it affects several people around the world. It acts quietly and, in many cases, when the person does not take care of their health in a correct way, increases the incidence of deaths. According to the inferences of Lima and Silva (2006), arterial hypertension can be understood as a silent disease, since it does not present any type of symptom for a long time and, generally, the person with arterial hypertension only becomes aware of it when passing to feel discomfort in the body.

However, this type of disease can cause bigger problems, like the appearance of other diseases. According to Silva (2010), arterial hypertension is associated with the appearance of other chronic-degenerative diseases, reflecting negatively the quality of life. In addition to causing several other diseases, arterial hypertension is the product of several causes. According to Gus et al. (Borges et al., 2008), the main risk factors of HA are qualified as modifiable, lifestyle, smoking, inadequate feeding and other

In addition to the factors mentioned above, there are those considered non-modifiable, which, according to Faria (2010), cover the variables age, sex and family history, information added by Nobre et al. (2013), emphasizes that arterial hypertension is a polygenic disease and includes genetic, environmental and functional aspects of the organism, such as vascular, hormonal, renal and neural functions. On this same point adds Machado (2002, p.2):

The development of hypertension does not occur instantaneously, there are a number of factors that are associated with its evolution and injury. These factors are known as risk factors and, according to the VI Brazilian Guidelines for Hypertension, are: age, sex / gender and ethnicity, socioeconomic factors, salt intake, overweight and obesity, alcohol intake, genetics and sedentary lifestyle.

In an improved thesis by Silva (2010, p.22), quoting Teixeira et al. (2006), the author adds as one of the multifactor causes of arterial hypertension, the psychosocial aspects, the provision of health services to the population, socioeconomic condition and social inequalities. The Psychosocial Aspects relate to the beliefs about the disease, the changes in habits and habits that people with hypertension need, to better cope with social and family illness.

In this sense, it is understood that the hypertensive individual develops the picture of hypertension from a set of factors, that silently associate with each other and, later, causes the person to start to feel innumerable symptoms, whose development causes losses health and quality of life.

2.3 REGULAR PRACTICE OF PHYSICAL ACTIVITY FOR IMPROVED QUALITY OF LIFE AND CONTROL OF BLOOD PRESSURE IN HYPERTENSIONS

The continued practice of physical activity provides people with a better quality of life, because through this practice many health problems can be avoided and, consequently, there will be a promotion to the health of the practitioner. According to Silva and Costa Júnior (2011), the continuous exercise of physical activity promotes a relationship between disease prevention and health promotion, since it guarantees effective protection against the occurrence of future diseases.

In this way, it is observed that when there is a concern of the people to lead a healthy life, in relation to the practice of

physical activity, correct feeding, health monitoring by professionals of the area, they live better.

On this point of view, Silva and Costa Júnior (2011) points out that the practice of physical activity causes avoidance of many problems such as obesity, osteoporosis, cardiovascular diseases, sleep disorders and others. (BPH), which is the hypotensive effect, which is the reduction of blood pressure (BP) after exercise, known as post-exercise hypotension (HPE) (VAISBERG and MELLO, 2010).

Raso et al (2013) also adds that physical exercise is an important component of non-medication management of systemic arterial hypertension. However, before starting an exercise program, hypertensive individuals should be evaluated for cardiovascular risks and other factors that may be life-threatening. Those who do not present any complications or problems can start exercising normally (RASO et al, 2013).

On the subject, the VI Brazilian Guidelines on Hypertension (2010) adds that before the beginning of a program of physical exercises is recommended a medical evaluation, in order to ascertain the normality of the health situation of the subject. In situations involving hypertensive the systemic arterial pressures are greater than 160mmHg and / or 105mmHg, respectively, the training session should be interrupted. For individuals with AH, the recommendation is to practice at least 30 minutes of aerobic physical exercises, preferably every day, strength training (VAISBERG and MELLO, 2010).

Corroborating this idea, the VI Brazilian Guidelines on arterial hypertension (2010) state that aerobic exercises, supplemented by the resistidos, cause a decrease in blood pressure (BP), being indicated for the prevention and treatment of systemic arterial hypertension (SAH).

In view of the above, it is assumed that the adoption of a physically active lifestyle is a great ally in the prevention of various diseases, including hypertensive disease, in addition to improving the quality of life and overall well-being. Therefore, the regular practice of physical exercise promotes significant changes in pressure levels, being of fundamental importance in the prevention and treatment of systemic arterial hypertension.

3 METHODOLOGY

The present work consisted in a bibliographical review carried out in articles published since 2003. This is an exploratory-descriptive study with a qualitative approach. For the accomplishment of this research, works were selected in the electronic databases of Scientific Eletronic Library Online (SciELO), Lilacs and other sources, as well as several works by authors that deal with the subject. To access the electronic databases, the descriptors "quality of life", "physical activity" and "arterial hypertension" were used. Initially, the articles were selected based on their title and abstract related to the theme. Articles published in Portuguese language were chosen. Articles published in a language other than Portuguese (foreign languages) and texts that were not related to the theme were discarded.

4 FINAL CONSIDERATIONS

Systemic Arterial Hypertension (SAH) is a serious public health problem and is directly associated with other pathologies such as cardiovascular and cerebrovascular diseases. The regular physical activity becomes a provider of significant adaptations, both behavioral and systemic, that will influence the reduction of blood pressure and the promotion of a life with more quality. Therefore, the adoption of a healthy lifestyle with habitual practice of physical activity is an extremely important factor for the prevention and treatment of hypertension and for a consequent progress in the quality of life.

New studies about the relationship between physical activity and the quality of life of patients with systemic arterial hypertension may in the near future contribute to the knowledge of professionals and the elaboration of preventive practices in order to assist in the care and control of diseases and, avoiding the risk of death from heart disease and, especially, striving for health promotion in a satisfactory manner.

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PHYSICAL ACTIVITY IN THE IMPROVEMENT OF QUALITY OF LIFE FOR THE CONTROL OF ARTERIAL PRESSURE OF HYPERTENSIVE INDIVIDUALS

Systemic arterial hypertension (SAH) is a chronic multifactorial disease characterized by elevated blood pressure levels, with systolic pressure greater than or equal to 140 mmHg and / or diastolic pressure greater than or equal to 90 mmHg. Its worldwide occurrence corresponds to 37.8% of men and 32.1% of women. In Brazil, it is estimated that the disease reaches little more than 30% of the adult population, with prevalences varying from 22.3% to 43.9%. The objective of this work is to describe, through the literature review, the importance of the role of physical activity in improving the quality of life for the control of hypertensive blood pressure. It is an exploratory-descriptive study with a qualitative approach. Selected papers were selected from the electronic databases of Scientific Electronic Library Online (SCIELO), LILACS, as well as books on the subject as a research source. The adoption of a healthy lifestyle, with habitual practice of physical activity, is a factor of extreme importance for the prevention and treatment of hypertension and for a consequent progress of the quality of life. New studies on this subject can contribute to the care and control of diseases and avoid the risk of death from heart disease, aiming for health promotion in a satisfactory way.

ABSTRACT: Physical activity. Quality of life. Arterial hypertension.

ACTIVITÉ PHYSIQUE DANS L'AMÉLIORATION DE LA QUALITÉ DE VIE POUR LE CONTRÔLE DE LA PRESSION ARTÉRIELLE D'INDIVIDUS HYPERTENSIFS

L'hypertension artérielle systémique (SH) est une maladie multifactorielle chronique caractérisée par des niveaux de pression élevés, avec une pression systolique supérieure ou égale à 140 mmHg et / ou une pression diastolique supérieure ou égale à 90 mmHg. Sa présence dans le monde correspond à 37,8% des hommes et 32,1% des femmes. Au Brésil, on estime que la maladie atteint un peu plus de 30% de la population adulte, avec des prévalences variant de 22,3% à 43,9%. L'objectif de ce travail est de décrire, à travers la revue de la littérature, l'importance du rôle de l'activité physique dans l'amélioration de la qualité de vie pour le contrôle de la tension artérielle hypertensive, étude exploratoire-descriptive à approche qualitative. Des articles sélectionnés ont été sélectionnés à partir des bases de données électroniques de Scientific Electronic Library Library (SCIELO), LILACS, ainsi que des livres sur le sujet en tant que source de recherche. L'adoption d'un mode de vie sain, avec la pratique habituelle de l'activité physique, est un facteur d'une extrême importance pour la prévention et le traitement de l'hypertension et pour un progrès conséquent de la qualité de vie. De nouvelles études sur ce sujet peuvent contribuer à la prise en charge et au contrôle des maladies et éviter le risque de décès par maladie cardiaque, en visant une promotion de la santé de manière satisfaisante.

Mots-clés: Activité physique. Qualité de vie Hypertension

ACTIVIDAD FÍSICA EN LA MEJORA DE LA CALIDAD DE VIDA PARA EL CONTROL DE LA PRESIÓN ARTERIAL DE INDIVIDUOS HIPERTENSO

La hipertensión arterial sistémica (HAS), es una enfermedad crónico-multifactorial caracterizada por la elevación de los niveles presóricos, con presión sistólica mayor o igual a 140 mmHg y / o presión diastólica mayor o igual a 90 mmHg. Su ocurrencia a nivel mundial corresponde al 37,8% de los hombres y al 32,1% de las mujeres. En Brasil se estima que la enfermedad alcanza poco más que el 30% de la población adulta, con prevalencias variando del 22,3% al 43,9%. El objetivo de este trabajo es describir, a través de la revisión de literatura, la importancia del papel de la actividad física en la mejora de la calidad de vida para el control de la presión arterial de hipertensos. Se trata de un estudio de carácter exploratorio-descriptivo con abordaje cualitativo. Se seleccionaron trabajos en los bancos de datos electrónicos de Scientific Electronic Library Online (SCIELO), LILACS, se utilizó también libros, referente a la temática, como fuente de investigación. La adopción de un estilo de vida saludable, con la práctica habitual de actividad física, se configura como un factor de extrema importancia para la prevención y el tratamiento de la HAS y para un consecuente progreso de la calidad de vida. Los nuevos estudios sobre esta temática pueden contribuir al cuidado y al control de las enfermedades y evitar el riesgo de muerte por enfermedades cardíacas, buscando promover salud de manera satisfactoria.

Palabras Clave: Actividad Física. Calidad de vida. Hipertensión arterial.

ATIVIDADE FÍSICA NA MELHORIA DA QUALIDADE DE VIDA PARA O CONTROLE DA PRESSÃO ARTERIAL DE INDIVÍDUOS HIPERTENSO

A hipertensão arterial sistêmica (HAS), é uma doença crônico-multifatorial caracterizada pela elevação dos níveis pressóricos, com pressão sistólica maior ou igual a 140 mmHg e/ou pressão diastólica maior ou igual a 90 mmHg. Sua ocorrência a nível mundial corresponde a 37,8% dos homens e a 32,1% das mulheres. No Brasil é estimado que a doença atinja pouco mais que 30% da população adulta, com prevalências variando de 22,3% a 43,9%. O objetivo deste trabalho é descrever, através da revisão de literatura, a importância do papel da atividade física na melhoria da qualidade de vida para o controle da pressão arterial de hipertensos. Trata-se de um estudo de caráter exploratório-descriptivo com abordagem qualitativa. Selecionou-se trabalhos nos bancos de dados eletrônicos da Scientific Electronic Library Online (SCIELO), LILACS, utilizou-se também livros, referente à temática, como fonte de pesquisa. A adoção de um estilo de vida saudável, com a prática habitual de atividade física, configura-se como um fator de extrema importância para a prevenção e o tratamento da HAS e para um consequente progresso da qualidade de vida. Novos estudos sobre essa temática podem contribuir para o cuidado e para o controle de doenças e, evitar o risco de morte por doenças cardíacas, almejando promoção de saúde de maneira satisfatória.

Palavras-Chave: Atividade Física. Qualidade de Vida. Hipertensão Arterial.

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