

23 - ABANDONMENT OF TREATMENT IN HIPERDIA PROGRAM AT THE TRIPLE FRONTIER

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INTRODUCTION

The world population has undergone several transformations over the last century, especially when it comes to food and life expectancy. Socioeconomic and cultural changes reflected poor eating habits, physical inactivity and consequently higher incidence of overweight and obesity in the world population. These factors combined with aging population favor the occurrence of chronic conditions like high blood pressure (HT) and diabetes mellitus (DM) (BRAZIL, 2010b).

DM and HT have been characterized as a very important problem in many countries. When diagnosed early, DM and HA can be controlled, thus avoiding future complications.

A proper medical care and strict control of these diseases may prevent or delay the onset of acute and chronic complications through relatively simple preventive and curative measures. In this regard it is worth investing in the prevention of these diseases to provide better quality of life and cause a decrease in high cost hospitalizations (CARVALHO, 2012).

In Brazil, the System for Registration and Monitoring of Hypertensive and Diabetic Patients (HIPERDIA) was created by the Ministry of Health in 2002 as an information system on health care that is aimed at generating information for the purchase, dispensation and distribution of medicines to registered patients, and provide subsidies for the planning of health care of diabetic and hypertensive patients (BRAZIL, 2010b).

According to Borges and Caetano (2005), the abandonment of treatment is a common problem and probably the biggest challenge faced by authorities for the adequate control of HT and DM.

JUSTIFICATION

The proper care and control of these diseases can prevent or delay the onset of acute and chronic complications. Therefore, knowing the causes of treatment abandonment is essential to develop strategies for good compliance with and continuity in HIPERDIA program.

OBJECTIVES

To identify the conducts of patients towards health care and the reasons that lead them to abandon the HIPERDIA program in a basic health care unit (community health centers) in Foz do Iguaçu-PR.

MATERIALS E METHODS

Morumbi III is one of the first settlements of the city. It is composed of former blue-collar workers of Itaipu and employees of the civil construction who currently work in the tertiary sector. It is the most populous region in the city that encompasses a small industrial district, an electricity substation and small farms.

This is an exploratory and qualitative research whose sample consisted of 20 users registered in the HIPERDIA program, based on a survey on the patients who did not attend follow-up in the Morumbi III Basic Health Care Unit (BHCU) of Foz do Iguaçu-PR for more than 4 months.

Ethical aspects of Resolution 466/12 were respected and the data collection occurred in 2013 after approval by the Ethics Committee of the State University of Western Paraná.

The data analysis was performed through the "Editing Analysis" style content, in which the most significant segments were interpreted and classified by the researchers of this study and their codes used to organize the data, both for presentation in their original form processed for the calculation of their representation, and as a percentage of responses (POLIT et al., 2004).

RESULTS

Based on the analysis of records and registration forms of the HIPERDIA program at Morumbi III Basic Health Care Unit (BHCU), it was observed that among the 517 people registered in team 052, 198 (38.29%) did not attend the HIPERDIA program for approximately 4 months. Treatment abandonment is a common problem and it is probably the biggest challenge faced now for an adequate control of hypertension and diabetes mellitus.

In Table 1, there are difficulties encountered by the respondents to go to the BHCU. Only 7 (35%) respondents reported no difficulty to go to the community health center. Six (30%) reported not having enough time and three (15%) said they do not like to go there.

Table 1. Categorization and representative answers obtained from respondents registered in the HIPERDIA referring to the difficulties to go to the health care center, Morumbi III BHCU - Foz do Iguaçu, 2013.

Do you have any difficulty going to the health center? What kind of difficulty?	
Categorization (n; %)	Representative answers (respondent)
No difficulty (7; 35%)	"I have no trouble going there" (P20)
Lack of time (6; 30%)	"I don't have much time to leave, complicated because I take care of the grandchildren and my old man" (P10)
Does not like to go to the unit (3; 15%)	"I have no trouble at all, I just don't like it, and I told the nurse sometime that she made my blood pressure high, and she looked at me with that face, why me?" (P15)
Health problems (2; 10%)	"My problem is that I have memory loss, I am forgetting things, you know? I end up not coming" (P9)
No answer (1; 5%)	"Geez it's too much, this week I even cried there because my appointment was set to 25th and I went there and she set it to 7:30 so I arrived at 7:30 and Dr. Ricardo called before 7 and I wasn't there" (P8)
Undetermined (1; 5%)	"No. Not now" (P16)

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Table 2 shows the answers of respondents regarding the necessary care for the treatment of diabetes and/or hypertension. From the 20 respondents, 13 identified low salt intake as the main form of treatment and only one respondent did not know any treatment measures. Nine respondents mentioned physical activities as a self-care.

Table 2. Categorization and representative answers obtained from respondents registered in the HIPERDIA referring to HT and/or DM self-care - Morumbi III BHCU - Foz do Iguaçu, 2013

In your opinion, what are the necessary care measures for the treatment of Diabetes and/or Hypertension?	
Categorization (n; %)	Representative answers (respondent)
Take care with salt (13; 65%)	"I know. I take care with salt! Here nobody likes salty food, but taking all out I can't, but you know when you eat and it tastes like salt? Here in my house if we feel that way, we don't like it" (P4)
Exercise (9; 45%)	"Yes. Always take walks because it is necessary, go on diets is something I don't do, for god's sake, it is the hardest part" (P6)
Not to be nervous (2; 10%)	"Not to be nervous" (P13)
Not to eat deep fried food (2; 10%)	"Salt and deep frying is also forbidden that I know" (P8)
Not to have alcoholic drinks (1; 5%)	"And not to have alcoholic beverage, my daughter was 13 year -old when I left alcohol, she is 49 now. Since then, never more" (P2)
Use medication (1; 5%)	"I have my medication correctly, this I know that helps blood pressure not to increase" (P20)
Does not know (1; 5%)	"No. I don't know" (P12)
Undetermined (1; 5%)	"The doctor told me, and I do it right the way she said..." (P16)

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Table 3 shows the answers of respondents regarding the treatment measures they follow to control Hypertension and/or Diabetes. Taking care with salt intake as the main form of treatment has been reported by 13 patients (65%), 5 (25%) mentioned avoiding deep fried food and 5 mentioned they take medication (25%).

Only 3 patients mentioned they do physical activity.

Table 3. Categorization and representative answers obtained from respondents registered in the HIPERDIA referring to ways of controlling hypertension and/or diabetes adopted by them, Foz do Iguaçu, 2013

What treatment measures do you take to control your Hypertension and/or Diabetes?	
Categorization (n; %)	Representative answers (respondent)
Avoid salt (13; 65%)	"I only avoid salt, lately I can't even exercise and my medicine I don't take anymore because my blood pressure was fine these days" (P3)
Avoid deep fried food (5; 25%)	"we try to avoid salt, no deep frying, take care of nutrition, but that's it" (P15)
Take medication (5; 25%)	"I take care with salt, and take my pills" (P2)
Physical exercise (3; 15%)	"I attend the elderly stretcher, some weeks I go every day, some weeks I don't even go" (P6)
Eat vegetables (1; 5%)	"I take my pills, I eat more vegetables than meat" (P16)
Does not follow any treatment (1; 5%)	"Doing this, I don't, it's been 4 months since I don't walk, I used to blame lack of help with the children, but now my dizziness does not leave me alone, it's getting worse" (P19)
Avoid being nervous (1; 5%)	"I try not to be nervous" (P13)
Undetermined (1; 5%)	"Yes I am doing everything"(P1)

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In Table 4 there are answers obtained from the respondents regarding the advices they have received to follow an appropriate treatment. All 20 (100%) respondents said they received guidelines from the BHCU for the treatment of their disease.

Table 4. Categorization and representative answers obtained from respondents registered in the HIPERDIA referring to advice provided by the BHCU for adequate treatment, Morumbi III BHCU - Foz do Iguaçu, 2013

Does the health center you attend give you advice about the treatments needed?	
Categorization (n; %)	Representative answers (respondent)
Yes, it does (20; 100%)	"It does, I've been there once and they told me about it, that walking is very good, but I don't do anything, because I have no time" (P4)

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In Table 5 there are representative answers from the respondents regarding the difficulties encountered to follow the treatment for hypertension and/or diabetes. Of the 20 patients interviewed, 9 (45%) mentioned lack of time as a reason and 5 (25%) said that the greatest difficulty to follow the treatment is laziness. Three patients (15%) mentioned they do not like going to the clinic. One patient (5%) mentioned he does not need to follow the treatment because he feels nothing. Only 4 patients said they have no difficulty in following the treatment (20%).

Table 5. Categorization and representative answers obtained from respondents registered in the HIPERDIA referring to difficulties in following the treatment - Morumbi III BHCU - Foz do Iguaçu, 2013

What difficulties do you encounter in following the treatment?	
Categorization (n; %)	Representative answers (respondent)
Lack of time (9; 45%)	"I don't have time to go to the health center and get my medication, so I ran out of pills for a long time" (P8)
Laziness (5; 25%)	"It's really laziness" (P16)
No difficulty (4; 20%)	"No difficulty, I do everything" (P10)
Does not like to go to the health center (3; 15%)	"I think it's really boring having to go to the health center and keep waiting, that's what I don't like" (P18)
Does not like the doctor (1; 5%)	"I've been lacking time and I don't like that doctor, so I don't even bother attending the appointment to get medication, and I think I'm fine" (P3)
Did not answer (1; 5%)	"This diet stuff for example, and I had to see the nutritionist in the morning, and then I couldn't go in the morning, I would have to go in the afternoon, but then when it's in the afternoon, I can't, it's too complicated" (P6)
Reduce salt intake (1; 5%)	"The difficulty is not to eat salt in the food, I don't like that" (P7)
No need (1; 5%)	"I actually think I don't need any treatment, I don't feel anything, how come I have it if I don't feel it?" (P12)

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DISCUSSION

In this study the prevalence of female users registered in HIPERDIA corroborates the official figures published by DATASUS, in which women have greater access to health services due to the female sense of self-care and perception of their health-disease state (Carvalho et al., 2012).

The study of Francisco and Bortolotto (2015) indicates high blood pressure as a NCD that strikes more men than women aged up to 55 years old, with a significant increase occurring after this age in the number of women with hypertension. In the population studied herein, there was a greater number of female patients with hypertension than male patients.

In a study by Ribeiro et al., (2015) there was also a predominance of women among those registered in the HIPERDIA program.

A sedentary lifestyle is a vulnerability that maintains their current condition and even the worsening of their disease. Physical activities should be developed at least three times per week with duration of 15 to 60 minutes (ARAUJO et al. 2013).

The change in lifestyle impacts the treatment of chronic diseases, thus hampering the compliance with the treatment. Regarding salt intake patients report a reduction in the taste of food and they do not like it that way (Lopes et al., 2015).

Forgetfulness and delay in the use of medicines were identified as the main causes of non-compliance with the treatment. Studies point out that there is a correlation between the type of disease and the compliance with the treatment, which can be seen as the way patients see their condition and understand their illnesses (BEN, MENGUE, 2012).

According to the World Health Organization the term compliance with treatment is considered as an "extent to which a person's behavior - taking medication, following a diet, executing lifestyle changes – follows medical advice" that were recommended in agreement with the health team (WHO, 2005). The type of illness directly influences the compliance with treatment, which can be seen as the way the patients see their condition and understand their illnesses (ASSAN REMONDI, ODA, CABRERA, 2015).

Treatment abandonment is a common problem and probably the biggest challenge we face today for the proper control of hypertension and diabetes mellitus. Reasons for non-adherence: financial problems followed by the need to continuously take many pills and execute physical activity (GUEDES et al., 2011). According to Toledo et al. (2007) the abandonment of treatment has reached 50% of patients with hypertension and diabetes, thus overloading the health care system costs. It increases the social costs with absenteeism, medical leave, early retirement due to disability, hospitalizations, deaths and poor quality of life of the most vulnerable social groups.

FINAL CONSIDERATIONS

It was identified the need for knowledge improvement among the population served by Morumbi III BHCU on the importance of controlling HT and DM, as it was notorious a lack of information among the patients who have abandoned their treatment, most of whom could not explain the consequences of non-compliance. In contrast, respondents reported they might have received advice from health professionals, which generate divergences in the results.

Lack of time was identified as the main difficulty to follow the treatment of HT and DM, followed by laziness. During the interviews it was observed that individuals put several other activities as a priority but health, which is a major concern revealed by this research.

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ABANDONMENT OF TREATMENT IN HIPERDIA PROGRAM AT THE TRIPLE FRONTIER**ABSTRACT**

The changes in the last century in our society and the world, socio-economic and cultural changes have reflected the occurrence of chronic conditions like high blood pressure (HT) and diabetes mellitus (DM), both an issue of extreme importance in several countries that need to be early diagnosed, for they can be controlled to avoid future complications. In this context, knowing the causes of abandonment of treatment is essential to develop strategies for compliance with and continuity in the HIPERDIA program. The objective is to identify the reasons that lead to the abandonment and the approaches adopted by patients regarding their health in the HIPERDIA program in a basic health unit of Foz do Iguaçu PR. This is an exploratory and qualitative research, and its sample consisted of 20 users registered in HIPERDIA based on a survey with patients who did not attend follow-up in the Morumbi III Basic Health Care Unit (BHCU) of Foz do Iguaçu PR for more than 4 months. The data collection tool questionnaire was about questions on the reasons that led to the abandonment of treatment and procedures adopted to control the disease. From the patients enrolled in the program, 198 (38.29%) did not attend the HIPERDIA program for nearly four months. Treatment abandonment is a common problem and probably the biggest challenge faced now for adequate control of hypertension and diabetes mellitus. It was possible to identify the need for knowledge improvement among the population served by the Morumbi III BHCU, most of which could not explain the possible consequences of non-compliance with the treatment. Lack of time was the main difficulty to follow the treatment of HT and DM as individuals set several other activities as priority.

KEYWORDS: Strategy, Family health care, Nursing, Primary health care.

ABANDON DE TRAITEMENT DANS LE CADRE DU PROGRAMME « HIPERDIA » DANS LA TRIPLE FRONTIÈRE**RESUMÉ**

Les transformations dans notre société et dans le monde au cours du siècle dernier, les changements socio-économiques et culturels reflètent et favorisent l'apparition de conditions chroniques comme l'hypertension artérielle (HA) et le diabète mellitus (DM), les deux étant un problème d'extrême importance dans plusieurs pays, requérant d'être diagnostiqués le plus tôt possible afin d'être contrôlés évitant ainsi de futures complications. Dans ce contexte, connaître les causes de l'abandon de traitement est essentiel pour définir des stratégies pour l'adhérence et la continuité du programme Hiperdia. Identifier les motifs qui mènent à l'abandon et les conduites adoptées par les patients en relation à leur santé dans le cadre du programme Hiperdia dans une unité de santé standard de Foz do Iguaçu, Paraná. Il s'agit d'une recherche exploratoire et de nature qualitative, l'échantillon était composé de 20 membres du programme HIPERDIA, sélectionnés à partir du relevé de patients qui ne sont pas venus à leur rendez-vous de suivi à l'unité de santé standard Morumbi III de Foz do Iguaçu pendant plus de 4 mois. L'instrument de collecte de données traitait de questions relatives aux motifs qui menèrent à l'abandon et aux conduites adoptées pour le contrôle de la maladie. De tous les patients qui participent au programme, 198 (38,29%) ne venaient pas au programme pendant plus de 4 mois. L'abandon du traitement représente un problème fréquent et est probablement le défi le

plus important rencontré aujourd'hui pour le contrôle adéquat de l'hypertension artérielle et du diabète mellitus. Il a été possible d'identifier la nécessité de perfectionner les connaissances relatives à la population traitée à l'USS Morumbi III, la majorité ne savait pas expliquer les conséquences possibles de l'abandon du traitement. Le manque de temps fut la difficulté principale que les patients mentionnèrent pour ne pas participer au traitement de l'HA et du DM, les personnes ont élu d'autres activités comme priorités.

MOTS-CLÉS: Stratégie Santé de la Famille, infirmerie, attention primaire à la santé.

ABANDONO DEL TRATAMIENTO EN EL PROGRAMA HIPERDIA EN LAS TRES FRONTERAS RESUMEN

Las transformaciones en nuestra sociedad y en el mundo, en el último siglo junto a los cambios socioeconómicos y culturales incidieron para favorecer el apareamiento de condiciones crónicas como la hipertensión arterial (HA) y la diabetes mellitus (DM), ambas condiciones representan un problema de extrema importancia en varios países y precisan ser diagnosticados de forma precoz, pudiendo ser controlados, evitándose futuras complicaciones. En este contexto, conocer las causas del abandono del tratamiento es esencial para definir las estrategias de adhesión y continuidad en el Programa Hiperdia, identificando los motivos que llevan al abandono y a las conductas adoptadas por los pacientes en relación a su salud del Programa Hiperdia en una Unidad Básica de Salud de Foz do Iguaçu-PR durante 4 meses. El instrumento de recolección de datos estaba dirigido a cuestiones sobre los motivos que llevaron al abandono y conductas adoptadas para el control de esta enfermedad. De los pacientes cadastrados en el Programa, 198 (38,29%) no se presentaban en el programa Hiperdia hacia aproximadamente 4 meses. El abandono del tratamiento constituye un problema frecuente y tal vez es el mayor desafío que se enfrenta actualmente para el control adecuado de la hipertensión arterial y la diabetes mellitus. Fue posible identificar la necesidad de perfeccionar los conocimientos de la población atendida por la UBS Morumbi III. La mayoría no sabía explicar las posibles consecuencias de la no adhesión al tratamiento. La falta de tiempo fue la principal dificultad para seguir el tratamiento de la HAS y de la DM. Las personas colocaban otras actividades como su prioridad.

PALABRAS CLAVE: Estrategia. Salud de Familia. Enfermería. Atención primaria a la salud.

ABANDONO DO TRATAMENTO NO PROGRAMA HIPERDIA NA TRÍPLICE FRONTEIRA RESUMO

As transformações no último século em nossa sociedade e no mundo, mudanças socioeconômicas e culturais refletiram favorecendo a ocorrência das condições crônicas como a hipertensão arterial (HA) e o diabetes mellitus (DM), ambas um problema de extrema importância em vários países, precisam ser diagnosticadas precocemente, podem ser controladas evitando-se complicações futuras. Neste contexto conhecer as causas do abandono do tratamento é de essencial para definição de estratégias para adesão e continuidade no programa Hiperdia. Identificar os motivos que levam ao abandono e as condutas adotadas pelos pacientes em relação à sua saúde do Programa Hiperdia numa unidade básica de saúde de Foz do Iguaçu- PR. Trata-se de uma pesquisa exploratória e de natureza qualitativa, a amostra foi composta por 20 usuários cadastrados no HIPERDIA a partir do levantamento de pacientes que não compareceram ao acompanhamento na Unidade Básica de Saúde Morumbi III de Foz do Iguaçu- PR por mais de 4 meses. O instrumento de coleta de dados versava sobre questões acerca dos motivos que levaram ao abandono e condutas adotadas para controle da doença. Dos pacientes cadastrados no programa 198 (38,29%) não compareciam no programa Hiperdia há aproximadamente 4 meses. O abandono do tratamento constitui um problema frequente e provavelmente é o maior desafio que se enfrenta hoje para o controle adequado da hipertensão arterial e do diabetes mellitus. Foi possível identificar a necessidade de aperfeiçoar os conhecimentos da população atendida pela UBS Morumbi III, a maioria não sabia explicar as possíveis consequências da não adesão do mesmo. A falta de tempo foi a principal dificuldade para seguir o tratamento da HAS e do DM, indivíduos colocavam várias outras atividades como prioridade.

PALAVRAS-CHAVE: Estratégia Saúde de Família, Enfermagem, Atenção primária à saúde.