62 - LEVEL OF QUALITY LIFE (QV), OF HYPERTENSION SENIOR CITIZEN ACCOMPANIED BY FAMILY HEALTHY PROGRAM (PHF) IN JUAZEIRO DO NORTE CITY-CEARÁ, BRAZIL

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INTRODUCTION:

High blood pressure is related to the quality of life of older people, according to Lorda (1990). The term "quality of life" rise up and iniciated to be used after World War II, the United States, where the concept of the "good life" was used, initially, to describe the achievement of material goods, characterized by the possession of home ownership, cars, electronics and other goods consumption. Next, this concept has been expanded, and economic growth and industrial, health, education, housing, transport, leisure, work, individual growth, safety, infant mortality, among others, came to incorporate it.

Thus, quality of life has been turned into a quantitative measure, enabling its use in economic models and clinical trials. These events would have caused an awareness of social conscience on the serious deficiencies arising from economic development, creating thus the term (RIBEIRO, 2006). In Brazil, hypertensive disease is one of the public health problems of higher prevalence in the population and represents the biggest and most dangerous risk factor for the progression and / or development of cardiovascular diseases. According to statistics, HAS is capable of bringing the death, approximately 40% of affected individuals (FAGARD, 2001), showing high rates of mortality by the involvement of so-called target organs, such as the brain, heart, kidneys and blood vessels, with increases in the incidence of acute myocardial infarction (AMI), brain strokes (AVE), heart failure and sudden death (CHOBANIAN et. al 2003).

High blood pressure affects between 10% and 15% of Brazilians. Of the 10 million elderly Brazilians, it is estimated that this rate is between 30% and 50%, and the majority do not know who has the problem. The early diagnosis of hypertension and appropriate treatment significantly reduce the occurrence of cardiovascular events (FRANSCISCHETTI, 1997). Study conducted by Cunha, et all (2007) with a group of elderly in the city of Barbalha-EC found to be in the classification of pressure levels, 64% had some form of hypertension.

According Roloim Brum (2005) and physical exercise causes changes hemodynamic and autonomic, in the hypertensive patient. The physical training can produce a prophylactic role on the incidence of hypertension, information such as this prompted the American College of Sport Medicine to recommend the physical training among the measures no pharmacological control of blood pressure. High blood pressure began to be associated with quality of life only in the 1980s. This openness has made possible the questioning with the effects of drugs on patients, what treatment improved their daily activity, and many other issues that, taken into consideration, help very certain aspects of the anti-hypertensive treatment (RIBEIRO, 2006).

Thus, a major challenge in the diagnosis and control of hypertension is knowing the impact of the disease and its treatment on the life of the patient. The course of asymptomatic disease until their discovery or even injuries that occur in target organ is important factor that hinders even more that.

It has been shown that hypertensive patients have a significantly reduced quality of life as compared to normotensive, mainly women with greater damage in the target organ, with high heart rate and over-weight (OSTENFELD, 1994)

With the advent of new drugs Anti-Hypertensive showing lower frequency of side effects, associated with the fact that a treatment to be extended, the concept of quality of life assumed significance as a factor to be considered in the treatment of hypertension. Concept much wider than the absence of health or the presence of side effects in a given treatment.

A quiet old age is the summation of all that benefits the body, such as physical exercises, healthy food, space for leisure, good family relationship, finally, we must invest in a better quality of life. Thus, live increasingly has important implications for the quality of life; The longevity can be a problem, with serious consequences in the different dimensions of human life, physical, mental and social. These years can be the most experienced years of suffering for individuals and their families, years marked by disease, functional decline, increased dependence, loss of independence, social isolation and depression. However, if individuals grow while being autonomous and independent, the increased survival may be full of meaning (PASCHOAL, 1996a).

The many problems that affect the quality of life of older people in a developing country, demand, in turn, emergency responses in several areas. Therefore, we consider of utmost importance for the clientele, shares more preventive in nature, mainly in the control of chronic diseases, such as hypertension.

METHODOLOGY

This study characterizes itself as a search descriptive, cross-field, with primary data and quantitative. The population was composed of hypertensive accompanied by the caminha Juazeiro registered in the Family Health Program-PSF put numbers 20 and 44 of Juazeiro do Norte - EC-Brazil. The sample of the study was composed of 24 elderly people, aged between 60 and 83 years, and 09 male and 15 female, This work meets the standards for the conduct of research on human Resolution 196/96, National Council of Health, October 10, 1996. The instrument used for classification of levels of quality of life questionnaire was the WHOQOL-focus version in Portuguese (Brazil) of the World Health Organization (1998). It is composed of two parts. The first - Sheet Information on the interviewer- characterizes the subject.

The second part consists of 26 questions. Two are general, and that one comes to life and the other to the HEALTH and are not included in the equations set for analysis of the results. The other 24 questions are related to four areas and their facets, as follows: Area I-physical; Field II-psychological; Area III-social relations; Domain IV-environment. For the field I-Physical, the raw score can vary between 16 (minimum) and 34 (maximum) with an average of 25; For the domain II-Psychological ranges from 08 (minimum) to 22 (maximum) with an average of 15; For the domain III-Social relations, ranging from 09 (minimum) to 15 (maximum) with an average of 12; and finally, for the domain IV-Environment, ranges from 19 (minimum) and 34 (maximum) with an average of 26. For the presentation of the data will be the minimum amount for Dissatisfied, and the maximum value for Satisfied, so individuals who have had above-average score will be classified as Satisfied and individuals that

took the score below average will be classified as Dissatisfied.

For classification levels of pressure was used to the chart of classification Blood Pressure (adults> 18 years) of the Brazilian Consensus of the Arterial Hypertension III, 1998. It is used for the data analysis the statistical program SPSS version 13.0 for descriptive statistics, average, standard deviation, maximum, minimum and test Spearman Correlation with the significance of 0.05. The data were analyzed descritivamente being presented in charts.

Results and Discussion:

The following will be presented data related to the levels of quality of life of elderly participants. The fundamental information for the understanding of these results relates to the clarification of the maximum and minimum possible to be found in the various scores, with the application of the equations. With regards to the physical domain realized that, 58.3% were classified as Satisfied, while 41.7% of respondents were classified as Dissatisfied.

On the second area was the psychological found that 50% were classified as Dissatisfied and 50% of those interviewed were classified as Satisfied.

One is that in the two areas presented, the majority of respondents considered themselves dissatisfied, it is believed that this result is related to age of the sample, or the elderly. The inactivity is a significant factor, which helps the elderly become dependent sooner, creating thus a vicious circle: the elderly tends to become less active, therefore, its physical capacity declines, triggering the feeling of old age, which in turn can cause stress, depression and lead to a reduction in physical activity (CADER et. al, 2006).

Regarding the third area, the results were exactly the same, finding out that 41.7% of respondents were classified as Satisfied, while 58.3% of respondents were classified as Dissatisfied already the fourth area related to the environment 58.3 % were satisfied and 41.7% not satified. On the latter area presented realize that the levels of quality of life are not only related to health or age, but also the social level where the population lives, financial matters, housing among others. For a better understanding of the level of quality of life of older people surveyed the 1º chart , is the results of the group studied.

01 chart: Classification of the Four Domains of the levels of Quality of Life of Elderly Participants.

classification	domains				
	I (physical)	II (psychological)	III (social)	IV (environment)	mean
Satisfied (%)	58,3	50,0	41,7	41,7	47,92
Not satisfied (%)	41,7	50,0	58,3	58,3	52,07

02 chart: report among classification of the PAS and Satisfaction with the domains

classification	domain I		domain II		domain III		Domain Iv	
PAS	S	NS	S	NS	S	NS	S	NS
optimum	100,0	0,0	50,0	50,0	100,0	0,0	50,0	50,0
Normal	28,6	71,4	42,9	57,1	28,6	71,4	28,6	71,4
adjacent	50,0	50,0	0,0	100,0	50,0	50,0	100,0	0,0
light	71,4	28,6	71,4	28,6	42,9	57,1	71,4	28,6
moderate	60,0	40,0	40,0	60,0	40,0	60,0	60,0	40,0
Severe	100,0	0,0	100,0	0,0	0,0	100,0	100,0	0,00

* values in percenptual **S** - satisfied **NS** - not satisfied

03 Chart: classification of the PAS

	frequency	Valid perceptual	Acumulated perceptual
optimum	2	8,3	8,3
Normal	7	29,2	37,5
adjacent	2	8,3	45,8
light	7	29,2	75,0
moderate	5	20,8	95,8
Severe	1	4,2	100,0
Total	**24**	**100,0**	

The chart below shows the correlation of sperman made between the classification of variable quality Physics in Fields with Arterial Pressure and Systolic Diastolic, having held the correlation can be stated that there was significant correlation between the physical and PAS domain of .628 and Psychological domain correlation with both PAS of 0.737 and 0.653 for PAD. In the field environment found themselves only with PAD correlation of 0.587. Therefore Ribeiro (2006) states that quality of life is subjective notion of the individual and their perception arises from the aspects related to physical and mental health, emotional and professional aspects, social activities and leisure, as well as his vision of life as a whole .

04 Chart : Sperman correlation

Variables	*Sig.
Classification of the I domain (physical) e PAS	0,628
Classification of the II domain (psychological) e PAS	0,737
Classification of the III domain(Social) e PAS	-0,178
Classification of the IV domain (environment) e PAS	0,261
Classification of the I domain (physical) e PAD	0,405
Classification of the II domain (phychocogical) e PAD	0,653
Classification of the III domain (Social) e PAD	0,405
Classification of the IV domain (environment) e PAD	0,587

*P<0,050

FINAL CONSIDERATIONS:

The analysis of data on quality of life with the group studied, showed that 47.92% of the elderly respondents are satisfied with their quality of life, while the majority 52.07% of the interviewees it is not satisfied with the quality of life, functional changes occurring with the elderly, over the years, have made the gerontes more dependent, that is, less autonomous. So these elderly unable to maintain its operational autonomy, and their quality of life compromised (CADER et. Al, 2006).

It can be argued that the group studied the levels of hypertension are being influenced in the quality of life in the physical, psychological and environmental, according to the correlation of Sperman. It is believed that the loss of autonomy and freedom of movement, directly undermines the quality of life of older people. Thus realize is that not only the disease will only interfere with the quality of life of the elderly. It is suggested that further studies are applied with a greater number of participants and with new variables for a greater contribution in the literature related to the particular group.

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LEVEL OF QUALITY LIFE (QV), OF HYPERTENSION SENIOR CITIZEN ACCOMPANIED BY FAMILY HEALTHY PROGRAM (PHF) IN JUAZEIRO DO NORTE CITY-CEARÁ, BRAZIL

ABSTRACT:

High blood pressure iniciated to be associated with quality of life only in the 1980s. This openness has made possible the questioning with the effects of drugs on patients, what treatment improved their daily activity, and many other issues that, taken into consideration, help very certain aspects of the anti-hypertensive treatment (RIBEIRO, 2006). The objective of the study is to identify the level of quality of life for elderly reported with the levels of hypertension accompanied by the Family Health Program (PSF) in the city of Juazeiro do Norte - Ce-Brazil. The sample was composed by 24 old aged, with average age of 68.3 ± 5.65. The instrument used for classification of levels of the quality of life questionnaire was the WHOQOL-focus version in Portuguese (Brazil) of the World Health Organization (1998). For classification levels of pressure was used to the chart of classification Blood Pressure (adults> 18 years) of the Brazilian Consensus of Hypertension Arterial III, 1998**.** Results: The analysis of data on quality of life with the group studied, showed that 47.92% of the elderly respondents are satisfied with their quality of life, while the majority 52.07% of the interviewees it is not satisfied with his quality of life and classification levels of systolic blood pressure of the elderly can see that more than 60% of the elderly are searched with indexes above normal according to the criteria established by research. To conclude, It can be argued that the group studied the levels of hypertension are being influenced in the quality of life in the physical, psychological and environmental, according to the correlation of Sperman performed with the variables studied in the group.

KEYWORDS: Quality of Life, Hypertension, Elderly

NIVEAU DE QUALITÉ DE VIE (QV) DÉS PÉRSONNES AGÉES HYPERTENDUES ACCOMPAGNÉES PAR LE PROGRAMME DE SANTÉ FAMILIALE DE LA VILLE DE JUAZEIRO DO NORTE-CEARÁ, BRÉSIL

RÉSUMÉ:

L' hypertension artérielle a commencé à être associé à la qualité de vie seulement dans les années 1980. Cette ouverture a rendu possible l' étude, avec le pacient, des effets des médicamento, quel traitement a amélibré son activitée quotidienne, et beau coup d' autres questions qui, prises en considération, ont aidé beau coup à déterminer les aspects du traitement anti-hypertensil (RIBEIRO, 2006). L' objectif de cette étude est d' identifier le niveau de qualité de vie de personnes agées en relation avec les niveuax d' hypertension suivis par le Programme de Santé Familiale (PSF) dans la ville de Juazeiro do Norte - CE - Brésil. L' échantillon a été constitué de 24 personnes agées d' age moyen de 68,3 ± 5,65.

L' instrument utilisé pour la classification des niveaux de qualité de vie a été le questionnaire WHOQOL-bref version portugaise (Brésil) de l' Organisation Mondiale de la Santé (1998). Pour la classification des niveaux tensoriels, il a été ulisisé la table de Classification de Tension Artériel (Adulte > 18 ans) du Conseil Brésilien d' Hypertension Artériel III de 1998.

Résultats: L' analyse des donées de qualité de vie du groupe étudié a montré que 47,92% des personnes agées interrogées sont satisfaites de leur qualité de vie, alors que 52,07% des interviewés se considérent insatisfait de la leur. La classification des niveaux de tension artérielle sistolique des personnes agées permet d' observer que plus de 60% d' entreeux ont des indices au-dessus du normal, suivant les critéres établis par lá récherche.

Conclusion: On peut affirmer que dans le groupe étudie les niveaux d' hypertension sont influencés par la qualité de vie dans les domaines, physique, psycologique et de l'environnement, en accord avec la corrélation de Sperman réalisée avec les variables étudiées dans le groupe.

MOTS-CLÉS: Qualité de Vie, Hypertension, Personne agé

NIVELADO DE CALIDAD DE VIDA (QV), DE PERSONAS MAYOR HIPERTENSIÓN ACOMPAÑADAS POR EL PROGRAMA SALUDABLE FAMILIAR (PHF) EN LA CIUDAD DE JUAZEIRO DEL NORTE-CE, BRASIL

RESUMEN:

La alta presión arterial comenzó a ser asociada con la calidad de vida sólo en el decenio de 1980. Esta apertura ha hecho posible el interrogatorio a los efectos de las drogas en los pacientes, qué tratamiento han mejorado su actividad diaria, y muchas otras cuestiones que, si se toma en consideración, muy ayudar a determinados aspectos de la lucha contra el tratamiento de pacientes hipertensos (RIBEIRO, 2006). El objetivo del estudio es determinar el nivel de calidad de vida de los ancianos relacinados con los niveles de hipertensión acompañada por el Programa de Salud de la Familia (PSF) en la ciudad de Juazeiro del Norte - Ce - Brasil. La muestra estaba compuesta por 24 altos, con una media de edad de 68,3 ± 5.65. El instrumento utilizado para la clasificación de los niveles de calidad de vida fue el cuestionario WHOQOL - centrará la versión en portugués (Brasil), de la Organización Mundial de la Salud (1998). Para la clasificación de los niveles de presión se utilizó para la tabla de clasificación de la Presión Arterial (adultos> 18 años) del Consenso Brasileño de Hipertensión Arterial III, de 1998. Resultados: El análisis de los datos sobre la calidad de vida con el grupo estudiado, mostró que 47.92% de los ancianos encuestados están satisfechos con su calidad de vida, mientras que la mayoría de 52,07% de los entrevistados es Haití con su calidad de La vida y la clasificación de los niveles de presión arterial sistólica de las personas de edad puede ver que más del 60% de los ancianos son buscados con índices por encima de lo normal de acuerdo a los criterios establecidos por la investigación.

Conclusión: Se puede argumentar que el grupo estudiado los niveles de la hipertensión está influido en la calidad de vida en los aspectos físicos, psicológicos y ambientales, de acuerdo a la correlación de Sperman realizado con las variables estudiadas en el grupo.

PALABRAS CLAVE: Calidad de vida, hipertensión, edad avanzada

NÍVEL DE QUALIDADE DE VIDA (QV), DOS IDOSOS HIPERTENSOS ACOMPANHADOS PELO PROGRAMA DE SAÚDE DA FAMÍLIA NA CIDADE DE JUAZEIRO DO NORTE-CE, BRASIL

RESUMO:

A hipertensão arterial começou a ser associada com qualidade de vida somente na década de 1980. Essa abertura tornou possível o questionamento junto ao paciente sobre efeitos dos medicamentos, qual tratamento melhorou sua atividade diária, e muitas outras questões que, levadas em consideração, ajudariam muito determinados aspectos do tratamento anti-hipertensivo (RIBEIRO, 2006). O objetivo do trabalho é identificar o nível de qualidade de vida de idosos relacinados com os níveis de hipertensão acompanhados pelo Programa de Saúde da Família (PSF) na cidade de Juazeiro do Norte - Ce - Brasil. A amostra foi constituída por 24 idosos, com Média de idade de 68,3±5,65. O instrumento utilizado para classificação dos níveis de qualidade de vida foi o questionário WHOQOL-bref versão em português (Brasil) da Organização Mundial da Saúde (1998). Para a classificação dos níveis pressóricos foi utilizada a tabela de Classificação da Pressão Arterial (adultos > 18 anos) do Consenso Brasileiro de Hipertensão Arterial III, de 1998. Os resultados da análise dos dados sobre qualidade de vida com o grupo estudado, mostrou que 47,92% dos idosos entrevistados estão Satisfeitos com a sua qualidade de vida, enquanto que a maioria 52,07% dos entrevistados considera-se Insatisfeitos com a sua qualidade de vida e a classificação dos níveis de pressão arterial sistólica dos idosos podemos observar que mais de 60% dos idosos pesquisados estão com índices acima do normal segundo os critérios estabelecidos pela pesquisa. Considerações Finais: Pode-se afirmar que no grupo estudado os níveis de hipertensão estão sendo influenciados na qualidade de vida nos domínios físico, psicológico e meio ambiente, de acordo com a correlação de Sperman realizada com as variáveis estudadas no grupo.

PALAVRAS-CHAVE: Qualidade de Vida, Hipertensão, Idoso