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Rescue of the Hiperdia in a Basic Health Unit in the state of Pernambuco: experience report

Resgate do Hiperdia em uma Unidade Básica de Saúde no estado de Pernambuco: relato de experiência

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Abstract

Objective: Diabetes mellitus and systemic arterial hypertension are characterized as a global epidemic. This study aimed to report the experience of students regarding the return of activities of the Hiperdia program created by the Brazilian Ministry of Health. This descriptive study (experience report) with a critical and reflective approach regarding a theoretical and practical activity was conducted in May 2022 at a Basic Health Unit from Igarassu (Pernambuco, Brazil). A health education action was performed to inform the Basic Health Unit users on the importance of healthy eating habits, practicing physical activity, and therapeutic and drug monitoring to control and treat diabetes mellitus and systemic arterial hypertension. Thus, we observed that the population had poor knowledge regarding these diseases.

Keywords: Systemic arterial hypertension; Diabetes mellitus; Health promotion and primary care.

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Resumo

O Diabetes mellitus e a Hipertensão Arterial Sistêmica se caracterizam como uma epidemia global. Objetivou-se relatar a experiência de acadêmicos em relação ao retorno das atividades do grupo Hiperdia, programa criado pelo Ministério da Saúde. Trata-se de um estudo descritivo, tipo relato de experiência, de abordagem crítico reflexiva de uma atividade teórico-prático realizada em maio de 2022, na Unidade Básica de Saúde, Igarassu, Pernambuco. Através de uma ação de educação em saúde, orientou-se acerca da importância de hábitos alimentares saudáveis, aumento da prática de atividade física e do acompanhamento terapêutico e medicamentoso para o controle e/ou tratamento dessas doenças crônicas. Por fim, constatou-se um déficit em relação ao entendimento das patologias em questão.

Palavras-chave: Hipertensão arterial sistêmica; Diabetes mellitus; Promoção da saúde e atenção básica.

INTRODUCTION

According to the Brazilian Ministry of Health, Brazil is the fifth country in the incidence of diabetes mellitus (DM) worldwide (16.8 million people aged 20 to 79 years) after China, India, United States, and Pakistan. Also, its incidence is estimated at approximately 21.5 million until 20301. The guideline of the Brazilian Diabetes Society highlights that the classification of DM allows its adequate treatment and development of strategies for screening comorbidities and chronic complications. Type 2 is the most common DM and is often associated with obesity and aging. It has an insidious onset and is characterized by insulin resistance or partial secretion deficiency by ß-pancreatic cells (or both) and changes in cretin secretion[1].

According to the International Diabetes Federation[2], 6.7 million people died worldwide in 2021 due to DM. In Brazil, more than 214,000 people aged between 20 and 79 years died from this disease, representing 2.8% of deaths of people aged under 60 years in the country. Maeyama et al.[3] described DM as a metabolic disorder with a permanent increase in blood glucose caused by different etiologies (e.g., deficiency in insulin secretion or action or long-term excess consumption of carbohydrates). In this sense, pharmacological (hypoglycemic drugs) and non-pharmacological treatments (physical activity and nutritional diet) are effective for this disease[3].

Systemic arterial hypertension (SAH) affects 30% to 40% of people worldwide, ranging from 22.3% to 43.9% in Brazil[4]. The Mortality Information System of the Brazilian Ministry of Health (2017)[5] reported 141,878 deaths due to SAH or related causes, and most deaths could have been prevented since about 37% of these occurred prematurely. Dantas et al.[6] highlighted that SAH is a multifactorial clinical condition and requires controlling measures to avoid possible complications, such as hypertensive heart disease, heart failure, and cerebrovascular changes.

Primary health care is the main gateway to the Brazilian Unified Health System (SUS) and ensures the autonomy of care, integrality, and longitudinality, essential for monitoring people with

chronic diseases (e.g., SAH and DM)[7]. In this context, Santos et al.[8] emphasized the importance of this health care for people with DM and the follow-up and monitoring as efficient measures to avoid possible complications or interferences in their well-being. Also, DM and SAH should be periodically monitored through monthly consultations with a multidisciplinary team of the Family Health Strategy (FHS)[9].

In this sense, the Brazilian Ministry of Health created the Plan for the Reorganization of Attention to SAH and DM (Hiperdia) in 2002[10]. The program registers and monitors patients with these diseases at the primary health care through health professionals. Based on these data, the Brazilian Ministry of Health develops health promotion strategies to expand actions for preventing, diagnosing, and treating SAH and DM.

The Hiperdia meetings were suspended due to the COVID-19 pandemic in 2020, returning only in late 2021 and early 2022 due to greater flexibility of health actions. According to Almeida and Neto[11], the Ministry of Health recognized that this scenario directly impacted the Hiperdia functioning and user assistance. Thus, FHS services needed to be restructured to fight against the pandemic and maintain primary health actions[12].

In this sense, this study aimed to describe the experience of students in contributing to the return of activities of the Hiperdia with the FHS team and guide and monitor users registered in this program at a Basic Health Unit from Igarassu (Pernambuco, Brazil).

METHODS

This descriptive study (i.e., experience report) occurred during theoretical and practical activities of the curricular subject of teaching-service-community integration in May 2022. This activity aimed to reestablish the Hiperdia in a Basic Health Unit from the municipality of Igarassu, Pernambuco.

The following descriptors were initially selected in the Health Sciences Descriptors (DeCS) database for a theoretical basis: systemic arterial hypertension, diabetes mellitus, health promotion, and primary care. Next, relevant literature reviews and scientific researches published between 2018 and 2022 in Portuguese and English were analyzed using the Virtual Health Library, Lilacs, and Scielo databases.

RESULTS

The activities partially reestablished the Hiperdia and improved the health of the Basic Health Unit users by changing eating habits, physical activity, therapeutic and drug monitoring, and adherence to the Hiperdia meetings, which had been suspended for two years due to the COVID-19 pandemic. These activities also helped estimate the percentage of people with DM and SAH in the covered area and allowed users to be protagonists in the health-disease process

by understanding the disease severity.

Users were asked about the definition of SAH and DM (Figure 1). Next, these diseases were briefly explained, including the main aspects, risk factors, diagnosis, treatment, and possible consequences (Figure 2).

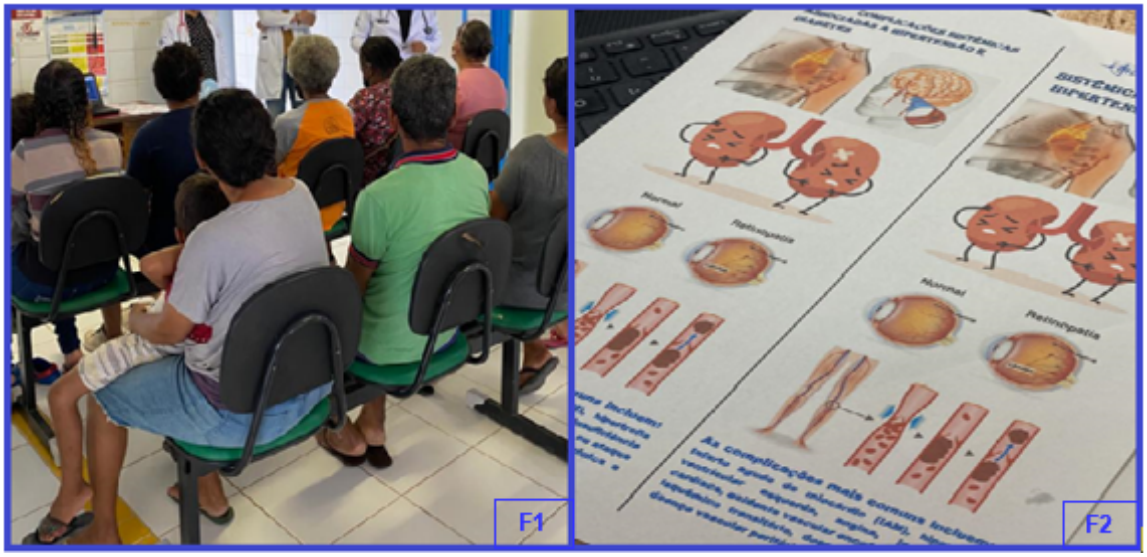

Figure 1 – Health education action for users of the Hiperdia. Source: personal archive.

Figure 2 – Pamphlet developed by the students on the main aspects of systemic arterial hypertension and diabetes mellitus. Source: personal archive.

Users received individual care to verify difficulties in controlling comorbidities, and doubts about the ideal time to use their main medications and side effects were clarified. Most users also questioned the technique for insulin administration and its storage. Considering that the multidisciplinary team and students observed poor knowledge about these diseases and treatments, the doubts were explained to all users to ensure a clear understanding.

CONCLUSION

Actions for users registered in the Hiperdia should occur as a preventive measure and individual monitoring based on existing comorbidities. Also, a lack of knowledge was observed on SAH and DM aspects, such as possible risk and protective factors, impacts on systemic health, and treatment adherence. Some limitations included several uncovered micro-areas due to insufficient community health agents, high replacement of physicians, and lack of support from the multidisciplinary team of the Expanded Family Health Center (e.g., nutritionist, psychologist, and physical education professional), which would be crucial for the Hiperdia actions. Despite the efforts of the Basic Health Unit team and municipal management, the Hiperdia still needs to be fully reestablished with activities planned and executed periodically.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

AUTHORS CONTRIBUTIONS

CNGM: supervised the article development and participated in the writing of the final version; **LFO**: participated in developing the theoretical basis of the study and writing the final version of the abstract; **FAA**: participated in writing the results, conclusion, and abstract; **KMRS** and **WBCN**: participated in developing the study methodology and structuring the abstract and references. All authors approved the final version of the article.

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