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The importance of health education in the rescue of patients registered in HIPERDIA: an experience report

A importância da educação em saúde no resgate do paciente cadastrado no HIPERDIA: um relato de experiência

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Abstract

Systemic arterial hypertension and diabetes mellitus constitute serious public health problems throughout the world. After the creation of HiperDia, prevention and health promotion actions involving hypertensive and diabetic users were implemented in primary care. During academic experience in basic health units, a group of students realized the need to rescue users of this program with low adherence to medication treatment. After carrying out strategic actions with these users through conversation circles, glycemic screening and blood pressure measurement, users were more motivated to adhere to treatment.

Keywords: Diabetes mellitus; Primary health care; Systemic arterial hypertension.

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Resumo

A hipertensão arterial sistêmica e o diabetes mellitus constituem graves problemas de saúde pública em todo o mundo. Após a criação do HiperDia, ações de prevenção e promoção a saúde envolvendo usuários hipertensos e diabéticos foram implementadas na atenção primária. Durante vivência acadêmica em unidades básicas de saúde, um grupo de estudantes percebeu a necessidade de resgatar os usuários deste programa com baixa adesão ao tratamento medicamentoso. Após a realização de ações estratégicas junto à esses usuários por meio de roda de conversa, triagem glicêmica e aferição da pressão arterial, foi observado uma maior motivação dos usuários na adesão ao tratamento.

Palavras chaves: Diabetes mellitus; Atenção primária à saúde; Hipertensão arterial.

INTRODUCTION

Systemic arterial hypertension (SAH) is a non-communicable chronic disease defined by pressure levels, in which the benefits of treatment (non-pharmacological or pharmacological [or both]) overcome the risks. This disease is multifactorial and is characterized by persistent high blood pressure.[1] About 40 million people in Brazil suffer from this problem, consuming time and resources from the Unified Health System (SUS). Additionally, diabetes mellitus (DM) (i.e., increased glycemic levels) is a disease as serious as SAH. It causes sequela and leads to death when not properly treated.[1]

Despite being diseases with a significant genetic influence, other predisposing factors are relevant. Although incurable, they can be adequately controlled, providing quality of life to the affected individuals. In the primary health care of SUS, users can find autonomy, integrality, and longitudinally in care, which are fundamental for managing individuals with chronic diseases (SAH and DM).[2]

The SUS ensured closer care to users by creating the family health strategy and basic health units (BHU) nationwide. The care is centered on family and collectivity, aiming at to prevent and control diseases, especially non-communicable chronic diseases.[3] In this context, aiming to promote interventions for detecting, controlling, and reducing these diseases, the Brazilian Ministry of Health created HiperDia, a program for registering and monitoring individuals with SAH and DM, and the National Pharmaceutical Care Program for SAH and DM.[4,5]

Regarding control and treatment, implementing an individualized care plan by the BHU healthcare team is essential; users and healthcare professionals have goals to achieve, and results to be evaluated.[3,6] Therefore, interventions are crucial to strengthen the care of DM and adult SAH, such as rescuing HiperDia users with low adherence to pharmacological treatment. These data were presented by medical students and the healthcare team in the BHU of Olinda and Paulista (Pernambuco).

METHODS/EXPERIENCE REPORT

This study was an experience report on the applicability of an intervention based on the problem-solving methodology, which encompasses the observation of concrete reality, identification of key points, theorization of the theme, solution hypotheses, and the practical application of reality.[7]

A group of medical students visited the BHU of Olinda and Paulista as part of theoretical-practical activities of the Academia-Service-Community Integration. They observed a high number of individuals with SAH and DM needing continuous medication, besides the low treatment adherence and difficulties in planning treatment. The students discussed with the healthcare teams and planned a brief intervention using banners and leaflets containing information on the topic. Community health agents played a crucial role in this phase.

On the planned day, the students and the nurse welcomed individuals, conducted screening, and checked capillary blood glucose levels. Then, they discussed with users, addressed their queries, filled in individual medication cards (with recommended dosages), and provided support for organizing medications according to days of the week.

A total of 30 middle-aged individuals (80% women and 20% men) participated in the actions. Women are more present in the BHU because they often seek health services, providing greater opportunities for diagnosis and self-care.[8]

During the reception of each individual, they answered whether they presented any disease and the medications taken (and their frequency). The students recorded all this information on a card to facilitate adherence to medications, distributed medication holders for each day of the week, and recorded blood pressure and capillary glucose values to help the appointment with the physician (Figure 1 and 2). Low adherence to medication therapy is the main cause of failure in SAH control.[3]

Figure 1. Activities with patients during HiperDia intervention

Figure 2. Distributed material to patients during HiperDia intervention

Last, the final conversation with the individuals focused on promoting healthy habits and lifestyles and preventing and treating SAH and DM. Topics included healthy habits, proper food choices, and physical activity. Regarding medication treatment for SAH and DM, individuals were reminded that medications are provided by the SUS and distributed at the BHU. Currently, SUS offers at least one medication among the seven classes of most used antihypertensive drugs in clinical therapy.[9]

CONCLUSION

In summary, individuals with SAH and DM must be encouraged to have healthy habits and lifestyles, and raise their awareness of the proper prevention and treatment to improve quality of life. Treatment adherence (pharmacological and non-pharmacological treatment) is essential in this context. During the HiperDia, the students observed that non-adherence to treatments occurred due to lack of time. In addition, the individuals did not perform physical activity, and were not aware that they need to use drugs even in the absence of symptoms. Therefore, the intervention was crucial to turn these individuals into protagonists of their treatment, health, and quality of life.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

AUTHOR CONTRIBUTIONS

LCS: conceptualization, data curation, visualization, and writing of the original draft. **ACOA:** investigation, data curation, visualization, and writing of the original draft. **DTCN:** investigation, data curation, visualization, and writing of the original draft. **ECS:** investigation, data curation, visualization, and writing of the original draft. **GLASF:** investigation, data curation, visualization,

and writing of the original draft. **JLVS:** conceptualization, formal analysis, project administration, supervision, and writing (review and editing). All authors approved the final version.

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