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Factors related to adherence to anti-hypertensive treatment: fundamentals from the theory of Imogene King

ABSTRACT | Objective: To know the perceptions of hypertensive users regarding antihypertensive treatment, relating them to the concepts of the interpersonal system of the Theory of Goal Achievement by Imogene King. Method: Descriptive and exploratory study, with a qualitative approach, carried out with 10 hypertensive users. Semi-structured interviews were conducted to collect the data and the Thematic Content Analysis proposed by Minayo was used to analyze the material. Results: It was possible to identify two thematic axes: Living with Systemic Arterial Hypertension; Difficulties with adherence to antihypertensive treatment. Conclusion: The need for continuous use of medication, changes in the daily lives of individuals and the lack of knowledge about the pathology, are factors that can influence adherence to antihypertensive treatment. It is noteworthy that the relationship between the nurse and the patient is understood as an aspect that contributes to therapy.

Keywords: Hypertension; Adherence to treatment; Primary Health Care.

RESUMEN | Objetivo: Conocer las percepciones de los usuarios hipertensos sobre el tratamiento antihipertensivo, relacionándolas con los conceptos del sistema interpersonal de la Teoría del Logro de Metas de Imogene King. Método: Estudio descriptivo y exploratorio, con abordaje cualitativo, realizado con 10 usuarios hipertensos. Se realizaron entrevistas semiestructuradas para recolectar los datos y se utilizó el Análisis de Contenido Temático propuesto por Minayo para analizar el material. Resultados: Fue posible identificar dos ejes temáticos: Vivir con Hipertensión Arterial Sistémica; Dificultades para la adherencia al tratamiento antihipertensivo. Conclusión: La necesidad de uso continuo de medicamentos, los cambios en la vida diaria de los individuos y el desconocimiento de la patología, son factores que pueden influir en la adherencia al tratamiento antihipertensivo. Es de destacar que la relación entre la enfermera y el paciente se entiende como un aspecto que contribuye a la terapia.

Palabras claves: Hipertensión; Adherencia al tratamiento; Primeros auxilios.

RESUMO | Objetivo: Conhecer as percepções de usuários hipertensos diante do tratamento anti-hipertensivo, relacionando-as com os conceitos do sistema interpessoal da Teoria do Alcance de Metas de Imogene King. Método: Estudo descritivo e exploratório, com abordagem qualitativa, realizado com 10 usuários hipertensos. Foram realizadas entrevistas semiestructuradas para a coleta dos dados e utilizou-se a Análise de Conteúdo Temática proposta por Minayo para análise do material. Resultados: Foi possível identificar dois eixos temáticos: Viver com Hipertensão Arterial Sistêmica; Dificuldades diante da adesão ao tratamento anti-hipertensivo. Conclusão: A necessidade de uso contínuo da medicação, mudanças no cotidiano dos indivíduos e o desconhecimento em relação à patologia, são fatores que podem influenciar a adesão ao tratamento anti-hipertensivo. Ressalta-se que a relação entre o enfermeiro e o paciente é compreendida como aspecto que contribui para a terapêutica.

Palavras-chaves: Hipertensão Arterial; Adesão ao tratamento; Atenção Primária a Saúde.

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INTRODUCTION

In 2013, about 72,6% of deaths in Brazil were attributed to Chronic Noncommunicable Diseases (NCDs) which, in addition to causing a

high number of premature deaths, declining quality of life with a high degree of limitation and disability, also lead to an important economic impact for the individual, family and society.^(1,2)

Among NCDs, cardiovascular diseases represent the main cause of death in Brazil, with more than 30% of registered deaths. There are about 43 deaths per hour, that is, 1 death every 90 minutes.⁽²⁾ In the monitoring of individuals with CNCD, Primary Health Care (PHC) plays an essential role in the success of the control and treatment of these diseases, since they develop actions aimed at the prevention of diseases, treatment, promotion and rehabilitation of health.⁽³⁾

A study carried out with the objective of identifying the health learning needs of hospitalized hypertensive patients, demonstrated that the patients had a high degree of dependence and severe disabilities, in addition to a lack of knowledge related to the pathology, leading to non-adherence to treatment, potentiating the occurrence of complications resulting from the disease.⁽⁴⁾

It is important that health professionals, especially the nursing team, maintain a constant interaction in the care of these individuals, encouraging adherence to the therapeutic process, helping to understand the need to adopt changes in their lifestyle.⁽⁵⁾

Considering that the interrelation between professional and patient occurs through the establishment of the interaction between both, the Conceptual Model of Open Systems (MCSA - Modelo Conceitual de Sistemas Abertos), proposed by Imogene King, in 1981, emphasizes that the individual is inserted in three interactive systems: the personal, the interpersonal, and the social. King's theory can be applied to hypertensive users, especially those who do not have adequate treatment adherence, due to the establishment of goals between the nurse and the patient, in order to face difficulties related to compliance with the proposed treatment.⁽⁶⁾

In this perspective, considering the asymptomatic and chronic character of arterial hypertension, the several challenges that involve the changes caused by the diagnosis and the importance of establishing the interaction between the health professional and the patient, the following question arose: What factors can influence adherence to antihypertensive treatment? Can the interpersonal relationship established between the nurse and the hypertensive user contribute to adherence to antihypertensive treatment? This research aims to know the perceptions of hypertensive users in the face of antihypertensive

treatment, relating them to the concepts of the interpersonal system of Imogene King's Goal Reach Theory.



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METHOD

This is an exploratory and descriptive study, with a qualitative approach,

carried out in a Family Health Unit (FHU) located in the city of João Pessoa-PB. The population was composed of hypertensive users registered in the referred FHU, and the sample consisted of 10 users who met the following inclusion criteria: being regularly registered and monitored at the FHU, being over or equal to 18 years of age, of both sexes and having diagnosis of arterial hypertension for at least one year. Those with cognitive deficits and with difficulties that could make communication and responses to the instrument unfeasible were excluded, as well as those who were not present at the institution at the time of data collection.

To make the data collection feasible, a semi-structured interview script was used, developed by the researchers, based on a script with questions pertinent to the objective of the study. The interview was recorded using an Mp4 recording system, with the consent of the participants.

Data collection took place from August to September 2019. Participants were presented with a free and informed consent form (ICF), guaranteeing them anonymity about their testimony and autonomy to remain in the research or not. The participants were also informed about the research objective. The interviews were conducted at the institution, with a previously scheduled time according to the availability of the participants, with an average duration of 20 minutes.

A análise dos dados ocorreu através da Análise de Conteúdo Temática proposta por Minayo⁽⁷⁾ which comprises three stages: pre-analysis, exploration of the material and treatment of the results obtained. The keywords and phrases were coded with the same meanings, which enabled the construction of the thematic categories.

In order to preserve the anonymity of the participants, the testimonies were identified by the names of Orchids. The ethical aspects were respected and the

research followed the recommendations established by resolution 466/12 of the National Health Council for research carried out with human beings, being approved by the Ethics and Research Committee (CEP - Comitê de Ética e Pesquisa) with CAAE number: 09075919.0.0000.5179.

RESULTS

It was observed that the majority of participants were female (90%) and aged between 30 and 77 years old. As for education, 60% of respondents had completed elementary school, 2% had incomplete elementary school and 3% were illiterate. Regarding marital status, 60% were married. From the analysis of the empirical information from the interviews, two thematic categories emerged: Living with Systemic Arterial Hypertension and Challenges in the face of adherence to antihypertensive treatment.

Living with Systemic Arterial Hypertension

When asked about the repercussion of the discovery of arterial hypertension, the participants revealed the presence of feelings such as fear in the face of the diagnosis, anguish and concern, as noted below:

[...] I was diagnosed 3 years ago, when I found out I was afraid [...] I had that shock [...] (Lilac Orchid)

[...] when I found out I had this disease more, I was very scared [...] (Orchid Violacea)

[...] I have hypertension for 5 years [...] I was very worried, I didn't even know what it was [...] (Butterfly Orchid)

Given the above, it is important to know the perceptions of hypertensive users regarding the disease and treatment. Aspects related to clinical manifestations, self-care and lack of

knowledge about the pathology were highlighted by the participants, as noted in the following statements:

[...] living with hypertension is terrible, I only live with a headache, unwell, tired, I have the courage for nothing, since I found out that I am like this [...] (Orchid Violacea)

[...] my blood pressure is only high, even today it's twenty, I'm really worried [...] (Yellow Orchid)

[...] then I understood that it was only taking care that it wouldn't get worse, I worry, because if I don't take care of myself I can get worse and have a much bigger problem in my heart [...] (Orchid Lilac)

Challenges in the face of adherence to antihypertensive treatment

Regarding antihypertensive treatment, users reported difficulties in adhering to therapy, highlighting: non-compliance with guidelines, changes in lifestyle, continuous use of medication, access to medication, lack of knowledge about the disease and the need for continuous monitoring of blood pressure values, as highlighted below:

[...] I have no guidance on my disease, nor do I know what the disease is like [...] (Orchid Violacea)

[...] the difficulty is that the person cannot eat what he wants and take, I don't even know how many medicines. It is very stressful [...] (Orchid Lilac)

[...] the medicine is often lacking, which hinders me because I have to buy it [...] (Butterfly Orchid)

[...] I have difficulty because I take three medications and get lost in the schedule (Butterfly Orchid)

[...] the only boring thing I find is

the medication every day, to see if the pressure is high or low [...] (Orchid Pipoca)

[...] what bothers me is the fact that I need to keep taking medication all the time, this is very bad. I know I need it, then I take it, I already took the insulin, now something else has arrived [...] (Iracema Orchid)

Considering the importance of the interpersonal relationship between health professionals, the nurse, the patient and the care in the health institution, it was possible to perceive the positive impact of the interaction between nurse and patient, in order to contribute to the treatment:

[...] My relationship with the nurse is wonderful, not only due to friendship, but she treats everyone well, she is very human, I have nothing to complain about [...] (White Orchid).

[...] I love her, she welcomed me very well when I arrived here, when I found out she was hypertensive, and she gave me a lot of guidance on what I should do [...] (Orchid Cherry)

[...] The nurse always asks how I'm doing, if I'm taking care of myself properly, that makes all the difference for me [...] If she didn't help me so much, I wasn't even taking the medication. [...] she never left me with doubts about what I need to do [...] (Butterfly Orchid)

It is clear that the participation and understanding of the patient in the treatment in his care plan for carrying out preventive actions jointly with the health professional and the consequent response obtained by an active and conscious search for resources can be the key to achieve the expected result.

DISCUSSION

The daily life of the user with hypertension is explicit in his (un) care for himself with the chronic disease and the feelings of sadness and anxiety are often expressed by the lack of control of the disease. Therefore, in order to prevent the risk of complications, there is a need for guidance on the use of medications and the empowerment of the chronic patient for self-care.⁽⁸⁾

The idea of the subject's autonomy related to his health, with regard to adherence to antihypertensive treatment, refers to the appreciation of the patient, regarding respect and vision to his limits, so that the therapeutic plan is established according to the individuality of each one. Thus, this adherence represents a complex process that can be influenced by several factors such as: the repercussion of the disease in the user's life, access to a health institution, therapeutic planning, the patient/professional relationship, in addition to the patient's culture and belief.⁽⁹⁾

Nursing care has a transforming role regarding the patient's disease orientations directed from an understanding of the complexity of the disease, since it involves the socio-cultural aspects that affect professionals, an integral, humanized approach that meets the subject's biopsychosocial dimensions. In this sense, nursing care must prioritize prevention and health promotion actions, guiding these people on the importance of physical activity, regular use of medication and healthy eating.⁽¹⁰⁾

The nurse has an indispensable role in orienting the patient about their disease, as well as a clinical look at the risk factors, providing a reduction in the possible problems caused by the disease. Attention should be paid to the patient's clinical history, investigating the occurrence of lesions in target organs and the observation of whether there is an inability of the patient to perform self-care, thus allowing to



Factors such as the diversity of drugs and the organization regarding dosage and schedule can make adherence to antihypertensive treatment difficult, and it is necessary to reinforce information about the importance of carrying out treatment on a continuous basis, even in the absence of symptoms.



identify the quality of the care provided, in addition to providing the reformulation of strategies to avoid possible complications.⁽¹¹⁾

The lack of medications in the health unit can act as a great barrier, as many patients do not have the financial condition to purchase medications, a fact that makes them a great ally with regard to the abandonment of antihypertensive treatment. (2) Another highlighted factor is the presence of continuous use of medications, as well as the use of various drugs for the treatment of pathology and associated comorbidities that can directly interfere with adherence to drug treatment.⁽¹²⁾

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The nurse, as the protagonist of the PHC, must be prepared to establish an effective communication that serves as an instrument, both in the health promotion process, as in the assistance care, bypassing their challenges in building the service bond with the user. The nurse-patient relationship occurs mainly in an interpersonal way and constitutes a favorable tool for the development of Inter-professional practice, enabling the best reception for the patient, based on the communication that is essential for the promotion of the user's health.⁽¹⁴⁾

In the nurse-client interaction, it is assumed that: the perceptions (objectives, needs and values) of the nurse and the client influence the interaction process; the goals, needs and values of the nurse and the client influence the interaction process; customers have the right to know about themselves and to participate in the decisions that influence their lives.⁽¹⁵⁾

According to the Imogene King Theory, the role of nursing can be defined

as an interaction between two or more individuals in a situation in which the nursing professional uses the knowledge, skills and values identified as pertinent to the identification of goals in each situation and to help individuals achieve them. ⁽¹⁶⁾

Such interaction occurs from a stimulus for reciprocal interaction in the establishment of a positive interpersonal system, being influenced by the performance of individual roles. It is necessary to investigate the perceptions of interactions between people, communicative information and the values of transactions in nursing situations. Knowledge of human interactions also helps to gather accurate and relevant information about the customer. ⁽¹⁷⁾

The population's lack of knowledge about the role of nurses in the UBS can influence their care process in the organization, making it difficult to implement health promotion actions. ⁽¹⁸⁾ Being cultural, users believe that only medical consultations are effective, studies in-

dicating that users are usually "satisfied" when they leave the health unit with a request for tests or prescribed drugs, and that care and self-care guidelines are underrated. ⁽¹⁴⁾

Imogene King's Theory emphasizes the presence of communication as a meaning of interchange between thoughts and opinions between individuals. It is considered a process by which there is an exchange of information between one person and another, whether it is transmitted directly or not. This information can occur verbally, through direct contact, or non-verbally, through gestures, facial expressions, actions and listening and feeling posture. ⁽⁶⁾

Thus, communication is fundamental for nursing care, since it requires communication skills and knowledge to gather accurate information about human behavior. In this way, the nurse has the responsibility to maintain open communication with the client to mutually set goals and achieve them. ⁽²⁰⁾

CONCLUSION

This study allowed us to know the factors that influence adherence to antihypertensive treatment, highlighting the challenges related to the proper compliance with medications, the needs for changes in the daily lives of individuals, in addition to the lack of knowledge regarding the pathology. It is noteworthy that, in view of the results listed, the relationship between the nurse and the patient is understood as a factor that contributes to the achievement of adherence to treatment.

The limitations of the study are related to the number of participants interviewed, as well as the conduct of the research in a single health institution. Therefore, it is necessary to conduct further research in the area, in order to expand the actions and goals that can contribute to health policies that can promote educational actions that meet the demands of users, as well as discussions about the role of nurses in the Primary Care context, with this population. 🐦

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