

# Saúde do homem e seus desafios: medicalização dos corpos com determinante expressivo em idosos hipertensos

**RESUMO** | Objetivo: Analisar as experiências dos homens idosos com o tratamento da Hipertensão Arterial Sistêmica e suas condições de adoecimento. Método: estudo descritivo, baseado em metodologia qualitativa, na cidade de Campos Sales-CE, na atenção básica em saúde. Utilizou-se a técnica de uma entrevista semiestruturada, com 21 homens idosos participantes. Resultados: na categorização temática, com citações de falas, com análise e interpretação dos dados, foram evidenciado a necessidade de implementar metodologias voltadas a promoção em saúde, assim como inovação dos cuidados prestados a equipe de saúde conforme as singularidades dos usuários do serviço. Conclusão: O estudo, portanto, contribui na discussão e reflexão das ações ofertadas à saúde do homem, e reafirma a importância do olhar para eles, para ter vida longa e envelhecer de forma saudável.

**Descritores:** Atenção Básica; Saúde do Homem; Idoso; Hipertensão; Autocuidado.

**ABSTRACT** | Objective: To analyze the experiences of elderly men with the treatment of Systemic Arterial Hypertension and their conditions of illness. Method: descriptive study, based on qualitative methodology, in the city of Campos Sales-CE, in primary health care. The technique of a semi-structured interview was used, with 21 participating elderly men. Results: in the thematic categorization, with citations of speeches, with analysis and interpretation of the data, the need to implement methodologies aimed at health promotion, as well as innovation in the care provided by the health team according to the singularities of the service users, was evidenced. Conclusion: The study, therefore, contributes to the discussion and reflection of the actions offered to men's health, and reaffirms the importance of looking at them, to have a long life and age in a healthy way.

**Keywords:** Primary Care; Men's Health; Elderly; Hypertension; Self-care.

**RESUMEN** | Objetivo: Analizar las experiencias de ancianos con el tratamiento de la Hipertensión Arterial Sistémica y sus condiciones de enfermedad. Método: estudio descriptivo, basado en metodología cualitativa, en la ciudad de Campos Sales-CE, en la atención primaria de salud. Se utilizó la técnica de entrevista semiestruturada, con 21 ancianos participantes. Resultados: en la categorización temática, con citas de discursos, con análisis e interpretación de los datos, la necesidad de implementar metodologías dirigidas a la promoción de la salud, así como la innovación en la atención brindada por el equipo de salud de acuerdo con las singularidades de los usuarios del servicio, se evidenció. Conclusión: El estudio, por lo tanto, contribuye a la discusión y reflexión de las acciones ofrecidas a la salud del hombre, y reafirma la importancia de mirarlas, para tener una larga vida y envejecer de forma saludable.

**Palabras claves:** Atención Primaria; Salud de los hombres; Anciano; Hipertensión; Autocuidado.

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## INTRODUÇÃO

The national policy of integral attention to men's health (PNAISH) is aligned with the national policy of primary care (PNAB) and with the principles of the unified health system (SUS), strengthening actions and services in care networks, highlighting the need to expansion of access to primary health care.<sup>1</sup>

One of the current challenges in PHC is the continued care of chronic diseases. Although most people who have these diseases know the basic guidelines for treatment, this has not been enough for adequate control. The abandonment of some habits often means the loss of pleasures in a context of life marked by

few opportunities for personal satisfaction. Thus, for proposals to be consistent with the reality in which the individual is inserted, it is important to consider what people think and feel in the face of a given health condition<sup>2</sup>.

In Brazil, chronic noncommunicable diseases (NCDs) have high morbidity and mortality rates and hospital costs. Systemic arterial hypertension (SAH) is considered a NCD, when not properly treated, it results in disabilities and loss of autonomy, characteristics that progressively increase with age. Among the main risk factors for the development of hypertension, age, sex, race, obesity, sedentary lifestyle, stress, and genetic predisposition stand out<sup>3</sup>.

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With regard to sex, men seek health services less and when they do, they have less adherence to treatment than women. This fact can be related to the social constructions of gender that influence the way they perceive health care. In general, men find it difficult to recognize their health needs, cultivating the thought that rejects the possibility of getting sick, characteristics that make adherence to treatment and self-care practices difficult <sup>4</sup>.

Despite the continuous growth in the production of knowledge on the subject of men's health and recent efforts to outline a public policy that considers the singularities of the male population, the implementation of actions aimed at men in health services is still configured as a great challenge <sup>5</sup>.

The above points to the scientific and social relevance of this study, confirming that men's low demand for PHC services may have multidimensional reasons and constitutes a challenge for the health team in the development of therapeutic plans and interventions that promote potential.

We believe that it is possible for nursing to contribute to changing this scenario and promoting men's adherence to ABS and the treatment of SAH. Nursing is a socially relevant, historically determined professional practice and is part of a collective work process with the purpose of producing health actions through specific knowledge, articulated with the other team members in the social political context of the health sector.

The performance of nurses in PHC in Brazil has been constituting an instrument for changes in health care practices in the SUS, responding to the proposal of a new care model that is not centered on the clinic and on the cure, but, above all, on the integrality of care, in the intervention against risk factors, in the prevention of diseases and in the promotion of health and quality of life, and which therefore guides the clinic towards a movement to expand the concept. In addition to the

possibility of expanding their autonomy through a sustained clinical practice in the perspective of comprehensiveness and care for families and communities throughout their life cycle <sup>6</sup>.

The article aims to analyze the experiences of elderly men with the treatment



No que tange ao sexo, os homens procuram menos os serviços de saúde e quando o fazem possuem menos adesão ao tratamento que as mulheres.



of Systemic Arterial Hypertension and their conditions of illness. The question that guided this study was: Knowing the experiences of elderly men with SAH/CVD, the factors that facilitate/difficult adherence to treatment, their meanings, and perceptions about their illness conditions, can contribute to the develop-

ment of care policies that promote greater adherence of men to the treatment of SAH ?

## METHODS

The study was carried out after sending and approving the project submitted to the Research Ethics Committee of the State University of Ceará (number-4,692,251), respecting the ethical aspects foreseen in the current legislation regarding research with human beings.

A descriptive study was carried out, based on methodology with a focus on qualitative research.

As a collection technique, a semi-structured interview was used, with a recorder, with the participant's permission, with open and closed questions previously established and applied individually.

The interview is taken in the broad sense of verbal communication, and in the narrow sense of collecting information on a given scientific topic, it is the most used strategy in the fieldwork process. It is a conversation between two people, or between several interlocutors, carried out on the initiative of the interviewer. It aims to build relevant information for a research object.<sup>8</sup>

The research was carried out in the city of Campos Sales, located in the interior of the state of Ceará, with an estimated population [2020] 27,470 inhabitants, with a demographic density of 24.48 inhab/Km<sup>2</sup>, according to data from the Brazilian Institute of Geography and Statistics (IBGE) 2010 <sup>7</sup>. The choice for this city was made because it does not have a study on the subject.

The choice of UBS Centro Dr. Francisco Vitorino de Luna for the study was done because it has, among the 11 UBS in the city of Campos Sales, the largest number of hypertensive elderly people, with a total of 397, according to data obtained through e-SUS with the municipal health department .

The research participants were 21 elderly men with SAH/CVD, registered

and assisted at UBS Centro Dr. Francisco Vitorino de Luna, oriented in time and space and in clinical conditions to participate in the study.

The collection was carried out during the months of June to August 2022. After conducting the research, the speeches were transcribed as an integral part of the methodological construction.

A visit to the UBS was carried out by scheduling a consultation for hypertensive patients to apply an interview to the male elderly, elderly people affected by SAH, as the demand for the UBS was small due to the current scenario of the COVID-19 pandemic, in order to obtain a greater number for data collection, home visits were made to the elderly belonging to the coverage area.

An exposition was made pointing out the result of the study, with the content of the data presented in a thematic categorization, with analysis and interpretation.

The expression most commonly used to represent the treatment of data in a qualitative research is Content Analysis, according to Bardin. However, the expression means more than a technical procedure. It forms a historical part of a theoretical and practical search in the field of social investigations. It concerns research techniques that make it possible to make replicable and valid inferences about data from a given context, through specialized and scientific procedures. Content analysis starts from a foreground reading of the speeches, testimonies, and documents, to reach a deeper level, going beyond the manifest meanings of the material<sup>8</sup>.

For quotations, the letter "P" was used, the initial of the name "participant", along with the numbering corresponding to the order of participation in the research.

**RESULTS**

Twenty-one open interviews were conducted with elderly hypertensive

men belonging to UBS Centro Dr. Francisco Vitorino de Luna, from the city of Campos Sales- CE Sampling of the population was done by saturation, with the collection phase being completed while the responses became repetitive

After closing the interviews, the content was separated according to the theme addressed, in order to guide the organization of the discussion.

For that, line-by-line reading was used, searching for simultaneous occurrence of facts, convergences, complementarities

The question was asked about what the elderly understand by adherence to treatment and what factors can facilitate and/or hinder it, and the following response was obtained:

...take the medicine every day, be careful with fat, salt... (P. 1).

...decrease salt, stay relaxed, calm, be nervous changes, anger, worry...(P. 5).

...follow the guidelines of the secretary's protocols... food without salt, fat, frying, eating healthy (P. 6).

...follow medical advice, food, medication, physical activity... accept, you have to comply with everything the doctor determines...(P. 8).

... the daughter takes her to do tests and take medicine... (P. 10).

...to improve health, go to the doctor more often/ take medication, eat right and walk... (P. 15).

... I am aware that I cannot live without this treatment... basic food

to control it...I'm already used to this disease... (P. 17).

...it's the best thing to be healthy, take medication, do tests and go to the doctor... (P. 18).

Regarding the factors that make it difficult, they answered:

...not being able to eat everything you want...even pasta the doctor forbade/not being able to drink, because I liked it... (P. 7).  
...stop eating salty, fatty foods... (P. 9).

...food not being able to eat what I want... (P. 19).

...I ride a bicycle, I drink a lot of water... (P. 21).

...bureaucracy in health centers, SUS system...it can facilitate with a policy of responsibility to improve the system, because there is a lack of medication, a constant lack...(P. 1).

...health agent not giving information/difficulty accessing what is public like the polyclinic... (P. 8).

...the medication is always missing, when there is no purchase, but they don't miss it, 20% take it at the pharmacy at the health center and 80% buy it... (P. 2).

...they run out of medicines, those who can buy, buy and the poor who cannot... (P. 6).

The question was asked about what services are offered to men by the UBS, and the following response was obtained:

... community health agent (ACS) tells them to go to the health center for a prostate exam, vaccines... there is no activity with men... (P. 2).

...never been invited...men have to look for the post...(P. 3).

...ACS does not provide assistance... there is a lot of difficulty, bureaucracy, when looking for the post they ask to look for another one, register... (P. 6).

...Little, blue November, nothing... (P. 8).

...I get a prescription from the doctor to get the prescription and the medicine...every year in November the CHA invites you to a lecture... (P. 12).

...nothing, no...I had a disappointment at the health center, I went to the consultation and they didn't find my file, they did another one, there was nothing written down... (P. 17).

When requesting suggestions to improve men's adherence to the health service, they mentioned:

...should make the CHAs visit the houses and set the day to come to the post to measure the BP...schedule a day in general at the health posts to meet the men... (P. 1).

... once a month campaign with men to advise on the problems that affect men, hypertension, it would be necessary to talk about it... (P. 2).

...there should be more commitment to health, going to the house, raising people's awareness, checking BP, calling the health center... (P. 6).

...better service, lecture, I've never been there, I don't think there ever was...the service needs to improve, it takes a long time, the person goes in the morning and is attended to in the afternoon.... (P. 11).

...better medication, at the posts...physical activity, relaxing, a lecture would be very good with a specialist... (P. 14).

...medication, transportation, appointments, exams... (P. 16).

...sometimes I don't go to the health center due to lack of transportation... (P. 18).

...having specialist doctors, exams, better medication... (P. 19).

## DISCUSSION

The following addressed subtitles point out the main issues mentioned during the interviews and the transcription of the main speeches considered most relevant and analyzed according to the study's approach.

Factors that facilitate and/or hinder adherence to the treatment of Systemic Arterial Hypertension: medicalization of bodies with a significant determinant

According to the responses collected about what the elderly understand by adherence to treatment and which factors can facilitate and/or hinder, there is awareness of the use of medication and the search for a medical professional, however, not all associate treatment with the non-pharmacological measures.

The excessive growth in the use of medicines in many countries has been identified as an important barrier to achieving rational use of medicines and is part of a phenomenon called 'pharmaceuticalization' of society, defined by the excessive use of medicines without a medical prescription to improve lifestyle, work, cognition and sexual performance among healthy people. Culturally grounded in a conception of health care directly related to the chemical interference of drugs on the signs and symptoms of diseases, male rural workers end up overvaluing the functions that such drugs can perform. There is also the production of a dependency due to the fact that they believe that, for any and all health problems, regardless of their severity or causal links, there will be the so-called 'savior pill' <sup>9</sup>.

The culture of medicalization is closely linked to the cure or treatment of diseases, in which the use of medication and the strong bond with the medical professional are emphasized.. Nursing has, as a daily challenge, to act in the deconstruction of the biomedical model, understanding the real difference between caring and treating, considering that treatment is constituted as something punctual, which has a beginning, middle and end, and care, as a more comprehensive practice, becoming an attitude. The biomedical model supports the idea of clinical rationality and standards of normality, emphasizing health care centered on the disease, on the treatment, on the medical professional and on the use of

medication, being prevalent both in health care and in common sense. The focus of nursing action is individual and humanized care, seeking, more than the cure of a certain disease, the improvement of QoL, providing support and subsidies so that the person is able to carry out self-care, thus maintaining health. of individuals, families, or community <sup>10</sup>.

In the finding of a study mentions that professional support is more perceived by patients in the figure of the doctor, and the prescription of drugs is configured as the relationship between both. With this, it is recognized that the main challenge to be faced by the multidisciplinary team is not to turn the work process towards an outpatient logic, centered on a profession and solely on assistance. For this, it is necessary to invest in permanent education for the improvement of the team, rethinking and transforming work processes based on daily life and interaction in service. Thus, to achieve comprehensive and quality health care, horizontal communication between professionals is necessary, with the sharing of objectives, decisions and responsibilities, always respecting the singularities of each profession. Thus, it is inferred that collaboration is essential for collective work, as it values specific roles and knowledge of each team member <sup>11</sup>.

Some mentioned the importance of non-pharmacological treatment, awareness about reducing sodium, seeking a healthy diet, exercising.

Evaluating the risk profile that impacts the prevalence of CNCs, such as SAH, exogenous factors, such as sedentary lifestyle, obesity, and intake of foods rich in fats and carbohydrates, depend on the type of behavior, lifestyle and diet of those who develop them. These conditions, in turn, depend not only on the individual's socioeconomic profile, such as income, occupation and education, but also on the time they are exposed to socioenvironmental conditions <sup>12</sup>.

The aforementioned authors present,



as a case, the availability and access to consumer goods, the facilities of modern life, such as industrially processed food and drinks, living spaces that encourage the use of motor vehicles and limit walking and use of bicycles. On the other hand, by the limits imposed by the precariousness of public equipment, mobility and the conditions in which work activities are carried out. In both cases, controlling the disease involves adopting healthy lifestyle habits, which range from controlling anxiety, depression, stress and agitation involved in modern life, to controlling body weight, suppressing consumption tobacco, alcoholic beverages, foods and beverages containing sugars in their most varied forms (glucose, sucrose, fructose, lactose), fats and flours and regular exercise.

There is proven effectiveness of habits related to a healthy lifestyle, inherent to non-drug treatment, in controlling blood pressure levels and reducing complications. This treatment involves changes in lifestyle, such as regular physical activity, weight reduction, lipid control, healthy eating, stress control, cessation of smoking and alcohol consumption, requiring these people to control them throughout their lives<sup>13</sup>.

The aforementioned authors add that physical inactivity has been considered one of the biggest public health problems because it is the most prevalent risk factor for SAH. Therefore, offering physical activity practices should be part of the work carried out by the basic health network, since regular physical exercise reduces BP and body weight, which is very useful for maintaining good cardiovascular health and QoL<sup>13</sup>.

As for the difficulties in adhering to the treatment, they addressed the issue of restricting food a lot, as if it were something pleasurable that they stopped doing, as well as ingesting alcoholic beverages, a renunciation that they miss.

It is pertinent to pay attention to evidence in the population that indicates the increase in comorbidities resulting

from chronic diseases, and the growth of the four main modifiable risk factors that demand intervention and expanded care in the face of health risks. These are tobacco, physical inactivity, alcohol abuse and unhealthy eating<sup>14</sup>.

According to the mentioned foods, it can be thought that patients need continuous food instruction, so that they can, if they want to make a food reorganization. The diet is the basis of the treatment, however, it is seen as a great challenge for the Family Health Teams, because most individuals have difficulties in modifying their eating habits, and this importance needs to be clarified, but always respecting their freedom of choice.

It is necessary to provide some precautions and instructions as many times as necessary, always advising the patient to use a minimum amount of salt in food preparation, in addition to avoiding the use of a salt shaker at the table during meals, and advising them to read or ask someone, from the labels of industrialized foods, in order to observe the presence and amount of sodium contained in them so that it can help to keep blood pressure (BP) under control.

Given its chronic and often disabling characteristics, poor adherence to treatment leads to emergency and often irreversible complications, directly affecting personal and family QoL. Low adherence justified by conditioning factors such as the inappropriate use of medications resulting from polypharmacy therapeutic schemes, guidelines regarding lifestyle changes that are not consistent with the individual's reality and poor nutrition<sup>14</sup>.

The population of elderly men requires a lot of attention, it is necessary to be well instructed, and simple attitudes can make the difference and get them to adhere to the treatment, such as: always using accessible, clear language, welcoming service, respect for verbalizations and questions of the patients, in a friendly way, always trying to convince them to adhere, but, trying to express the

lowest possible level of pressure, this is their right, whether or not to adhere to the treatment, and the duty of health professionals is to try to show the alternatives for gaining membership.

Still on the difficulties, they emphasized the bureaucracy to attend public departments, the difficulty in scheduling and carrying out exams, as well as the consultation with a specialist. They reported that they often arrive at the health center in the morning and are only attended to in the afternoon, a bureaucracy that leaves them discouraged to seek health services.

However, the vast majority mentioned the difficulty in accessing medication, reported that they always lack it, but they buy it, as well as talking about the financial difficulty to acquire the medication and not let it run out.

One of the components of pharmaceutical assistance in the SUS is the supply of essential medicines to meet the health needs considered a priority for the Brazilian population, through pharmacies inserted in the PHC units. There is evidence that public provision is the only way to access medication for low-income families. When the population does not get free access to medicines prescribed by the doctor, especially those for continuous use, this situation can lead to compromising the family budget. It is the abandonment of treatment due to the non-purchase of these drugs free of charge, which ends up further aggravating the state of health and increasing the number of these users returning to the services<sup>9</sup>.

In a study carried out, among the aspects that positively favor adherence to the treatment of SAH are the motivation to face the chronicity of the disease, attendance at scheduled appointments (medical and non-medical) and participation in educational activities. It should be noted, however, situations beyond the control of the patient, such as worse socioeconomic status, difficulty in obtaining medication from the pri-

mary care network, accessibility to health services, lack of knowledge about the disease, relationship problems between users and professionals, and another<sup>15</sup>.

Adopting habits related to a healthy lifestyle requires changes that are not easily accomplished, as they require discipline and patience to obtain results. As a result, non-drug treatment is the most difficult item to achieve in adherence to SAH treatment, as it requires greater commitment on the part of patients, generating a serious public health problem. As benefits of adherence to non-drug treatment, the following stand out: the control of blood pressure levels; the reduction in the incidence, or delay, in the occurrence of complications and the improvement of the elderly's QoL, the latter being the primary goal of the health teams' actions aimed at optimizing the elderly's adherence to treatment. Thus, promoting adherence to SAH treatment is essential for the elderly to achieve QoL, as it is easier for them to adhere to drug treatment than to make behavioral and lifestyle changes<sup>13</sup>.

Health professionals, especially nurses, should assist healthcare users with SAH in a continuous process, in which they can provide the individual with information about the evolutionary process of the disease and propose behaviors that help control and treat hypertension. Thus, to control BP and achieve success in the treatment of SAH, results from changes in lifestyle and adherence to drug treatment are required. Because it is a process in which subjects are in contact with a variety of factors that influence their continuity or discontinuity of their treatment, facilitating adherence to treatment and adherence to it are not easy tasks, they are challenges that suffer from oscillations, where continuous attention from health professionals is needed.

Therefore, it is considered that the QoL, collective or individual, is related to the man's feelings about his own health or other aspects of his life, and that

can be influenced by the perception that the subject has about his state of health, because their satisfaction assessment is influenced by their background of beliefs and values. And, for the Family Health Teams to be able to intervene in a positive way, it is necessary to know the perception of individuals in relation to their own QoL, which depends on their psychological state and self-esteem.

Adherence to non-drug treatment is fundamental for the development of strategies that optimize the involvement of the elderly with changes in lifestyle, contributing to the improvement of knowledge about treatment and prevention of complications<sup>13</sup>.

Among the NCDs, SAH and DM are the most frequent, and their management is based on lifestyle changes such as regular physical activity, nutritional education and weight loss. Thus, adequate guidance on treatment and knowledge of the late complications caused by these pathologies can improve the quality and life expectancy of these patients<sup>16</sup>.

### Services offered by UBS for men's health.

With the aging of the population, there is an increase in the prevalence of NCDs, especially SAH, due to the asymptomatic evolution for a long period of time and the difficulties in its control, especially in the case of men due to their resistance to changing their lifestyle<sup>13</sup>.

According to the aforementioned context, in order to find out the opinion of elderly men, a question was asked about what services are offered to men by the UBS. According to the acquired responses, there are no health actions, except during the month of November, as mentioned to address the issue of prostate cancer prevention. There is great dissatisfaction with the bureaucratic registration process or the delay in being attended to, a fact that discourages demand for the service. There were also complaints related to the CHAs, associating them with the responsibility for

warnings and scheduling appointments.

When asking for suggestions to improve men's adherence to the health service, according to the responses collected, the desire for health actions is expressive, such as lectures, meetings with men, they even mentioned topics that could be addressed, such as SAH and also carry out the BP measurement, a viable proposal for the detection of hypertensive patients, they even suggested scheduling a specific day at the health centers to attend to men, a pertinent proposal that could attract more men, it would be a meeting and they would organize their activities to have the time free on this day.

Actions carried out in groups, such as dynamics that provide reports of patients' experiences, allow for an integrating process between them, in which the situation of a patient helps the other to better understand the process of their disease and, often, helps in understanding the complications delays caused by SAH, alerting individuals to greater concern for their health<sup>16</sup>.

It was mentioned that the CHA visited the houses and scheduled the day to go to the health center, this strategy could be implemented through organization with the management and working professionals, to facilitate the service, monitor and/or track those who do not seek the service.

The work of PHC professionals refers to care to prevent injuries and promote health. It is noteworthy that one of the principles and guidelines of the PNAB is to coordinate comprehensive care through the team's interdisciplinary and multidisciplinary work. The diversity of professions is essential both to share actions and to strengthen the common field of competences, enhancing the offer of services<sup>11</sup>.

It is noticed that they need health actions, they mentioned physical activity, time to relax and talk with specialists, so this suggestion is also considered very viable to encourage men to do physical

exercises, to prevent diseases and consequently improve their QoL. And as for lectures by a specialist, it is considered a motivating and innovative strategy to encourage the presence of men who are driven by novelties and it would not become tiring and monotonous to always have the same professionals carrying out these actions.

The teams of the family health support center (NASF) for these users become fundamental, it would be important to make this materiality in the daily life of the health services, which are multidisciplinary teams whose action aims to expand the scope and scope of health care actions. ABS, with a view to increasing resolution at this level of care. In Brazil, studies about the NASF deal with the insertion of certain professional centers in the scope of PHC and about the health practices developed. Some have observed the predominance of individual clinical and assistance actions, in addition to practices with strong characteristics of the medical-assistance and sanitary models. Others have identified work processes based on matrix support and with less individualized care practices. Some studies have still found little clarity about the attributions of NASF professionals, in addition to difficulties related to health training, which remains fragmented and centered on the specific core of each profession<sup>17</sup>.

Strengthening the NASF and ABS as a whole is a strategy with great potential to expand access to health. In addition to reducing costs with investments in more dense and complex technologies, a strengthened ABS has the potential to reduce health-related inequities, consolidating a more democratic and universal model of access to health. In this sense, the implementation and monitoring of mechanisms that evaluate the performance of the NASF in their daily lives are essential to achieve significant results in strengthening the PHC. Through the analysis of appropriate indicators, one can base action strategies and measure

the practical impact of mechanisms such as the NASF<sup>18</sup>.

Faced with the need to implement self-care programs with the objective of minimizing late complications, the validation of a self-care program aimed at health teams can be useful insofar as it reduces the overload of services and rework of these professionals, which positively impacts health costs related to the treatment of complications generated<sup>16</sup>.

There is an appeal related to medication, because in addition to missing a lot at the posts, they still do not consider it to be good. As well as ease of access to specialized services, such as the polyclinic for consultations and exams, as they mention that there is a lot of bureaucracy and difficulty in getting care. Another factor mentioned was about transportation, some are dependent to get to the UBS and this service is not offered.

Having knowledge of the patient's health conditions is an indicator to be considered to guide the planning of interventions aimed at this public<sup>11</sup>.

The practice of health education in PHC should take place with greater or lesser depth, in all therapeutic relationships involving the health-disease process, that is, in the daily lives of the teams<sup>9</sup>.

Good management of the health of hypertensive patients is multifactorial and requires the involvement of patients, family members, the health system and the community. This includes patient and health professional awareness of the impact of the disease, appropriate changes in lifestyle, access to care, evidence-based treatment, high level of medication adherence, and adequate follow-up<sup>15</sup>.

It can be understood that health education should not be exclusively informative, but lead hypertensive patients to reflect on their lives, so that they perceive themselves as social, participatory beings who have rights, where they have the option of choosing in relation to their treatment, adapting it according to their

reality, but making them aware of the importance of correct adherence to treatment.

## CONCLUSION

After analyzing the experiences of elderly men with the treatment of Systemic Arterial Hypertension and their illness conditions, knowing their experiences with SAH/CVD, the factors that facilitate/difficult treatment adherence, their meanings and perceptions about their illness conditions, it was possible to conclude that they are of great relevance for the development of assistance policies that promote greater adherence of men to the treatment of SAH.

Among the difficulties observed in relation to hypertensive patients in achieving BP control are: lack of knowledge about the disease, little awareness of the consequences when not controlled, lack of adherence to therapy and inadequate treatment. The solutions to these problems would be to adopt guidelines, through primary care, with continuous monitoring and professionals committed to individual and collective health.

This analysis highlights the importance of implementing health promotion, the PNAISH, and the work of the NASF team. Because their reports show their needs: lectures with themes related to health promotion, activities that promote relaxation, physical exercise, improvement with care and reduction of the waiting list, accurate information, medication that is always present in the pharmacies of the UBS, transport and referral to specialized services.

PHC represents an opportune and very important scenario for the early identification of men's needs, as it is the gateway to the health system responsible for close and longitudinal follow-up. The identification of men's needs, within the PHC scope, is fundamental for the planning of actions, subsidizing the care practice of nurses and other professionals on the team who consider men's

needs through the early identification of risk determinants, a condition that predicts disabilities, institutionalization, hospitalization and death.

The study, therefore, contributes to

the discussion and reflection of the actions offered to men's health, and reaffirms the importance of looking at them, in order to live a long life and age in a healthy way, with regard to the rapid

screening of factors related to frailty in the context of ABS and encourage health professionals to adopt strategies to put the PNAISH theory into practice.

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