Profile of persons with hypertension seen at family health strategy of a municipality in northeastern Brazil

Perfil de pessoas com hipertensão atendidas na estratégia saúde da família em um município do nordeste brasileiro

Perfil de personas con hipertensión atendidas en la estrategia de salud familiar en un municipio del noreste de Brasil

Luana de Carvalho Oliveira Martins[1], Rodson Glauber Ribeiro Chaves[2], Iracema Santos Sousa Mourão[3], Julianna Oliveira e Silva[4], Harlon França de Menezes[5], Wenysson Noleto dos Santos[6]

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1. Universidade Estadual do Maranhão, Nursing Departament. Balsas, Maranhao, Brazil. Orcid

2. Universidade Estadual do Maranhão, Nursing Departament. Balsas, Maranhao, Brazil. Orcid

3. Universidade Estadual do Maranhão, Nursing Departament. Balsas, Maranhao, Brazil. Orcid

4. Universidade Estadual do Maranhão, Nursing Departament. Balsas, Maranhao, Brazil. Orcid

5. Universidade Federal Fluminense, Aurora de Afonso Costa Nursing School. Niteroi, Rio de Janeiro, Brazil. Orcid

6. Universidade Estadual do Maranhão, Nursing Departament. Balsas, Maranhao, Brazil. Orcid

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RESUMO

Objetivo: Avaliar o perfil de vida de pacientes com hipertensão arterial, levando em considerações as condições socioeconômicas e estruturas físicas e psicobiológicas. **Método:** Estudo descritivo-exploratório, de abordagem quantitativa, com 40 pessoas portadoras de hipertensão arterial, cadastrados numa unidade da Estratégia de Saúde da Família do município de Balsas, Maranhão. Os dados foram obtidos por meio da aplicação do questionário "Estilo de vida fantástico" e questionário sociodemográfico. Foi realizada análise descritiva. **Resultados:** Verificou-se que: 62,5% eram do sexo feminino e 37,5% do sexo masculino, que se encontram na faixa etária de 21 a 40 anos com 10%, 41 a 60 anos com 42,5%, 61 a 80 anos com 35% e 81 a 100 anos com 12,5%. Os domínios que mais necessitam de mudança são Afeto, Nutrição e Pressa. **Conclusão:** O perfil dos pacientes demonstrou que os mesmos influenciam na autoestima, na formação da personalidade, nas relações familiares e sociais de cada pessoa.

Descritores: Hipertensão arterial; Qualidade de vida; Saúde.

ABSTRACT

Objective: To evaluate the life profile of patients with arterial hypertension, taking into account socioeconomic conditions and physical and psychobiological structures. **Method:** Descriptive-exploratory study, with a quantitative approach, with 40 people with arterial hypertension, registered in a unit of the Family Health Strategy in the municipality of Balsas, Maranhão. Data were obtained through the application of the "Fantastic lifestyle" questionnaire and sociodemographic questionnaire. Descriptive analysis was performed. **Results:** It was found that: 62.5% were female and 37.5% male, who are in the age group of 21 to 40 years old with 10%, 41 to 60 years old with 42.5%, 61 80 years old with 35% and 81 to 100 years old with 12.5%. The domains that most need change are Affection, Nutrition and Hurry. **Conclusion:** The profile of the patients demonstrated that they influence self-esteem, personality formation, family and social relationships of each person.

Descriptors: Arterial hypertension; Quality of life; Health.

RESUMEN

Objetivo: Objetivo: evaluar el perfil de vida de los pacientes con hipertensión arterial, teniendo en cuenta las condiciones socioeconómicas y las estructuras físicas y psicobiológicas. **Método:** Estudio descriptivo-exploratorio, con enfoque cuantitativo, con 40 personas con hipertensión arterial, inscrito en una unidad de la Estrategia de Salud Familiar en el municipio de Balsas, Maranhão. Los datos se obtuvieron mediante la aplicación del cuestionario "Fantastic lifestyle" y el cuestionario sociodemográfico. Se realizó un análisis descriptivo. Resultados: Se encontró que: 62.5% eran mujeres y 37.5% hombres, que están en el grupo de edad de 21 a 40 años con 10%, 41 a 60 años con 42.5%, 61 80 años con 35% y 81 a 100 años con 12.5%. Los dominios que más necesitan cambios son afecto, nutrición y prisa. **Conclusión**: el perfil de los pacientes demostró que influyen en la autoestima, la formación de la personalidad, las relaciones familiares y sociales de cada persona.

Descriptores: Hipertensión arterial; Calidad de vida; Salud.

ORIGINAL

Introduction

The political, social, economic and cultural changes that have occurred in society over time have been reshaping the way people live. These changes often result in the lack of care for their own health and resonate in the variation in the patterns of illness, which reveal Chronic Noncommunicable Diseases (NCDs) as a serious public health problem. Among NCDs, Systemic Arterial Hypertension (SAH) stands out with a higher rate throughout the country, causing a lack of control in society, thus causing several chronic patients.[1]

SAH is a disease with a high prevalence in the general population and which is one of the main public health problems. It corresponds to a theme that involves many contrasts, because the diagnosis of the disease is based on the simple and low-cost procedure that is the measurement of blood pressure and its elevation translates changes in complex control mechanisms, subject to the influence of genetic and environmental factors not yet fully elucidated.[2]

As most of its course is asymptomatic, its diagnosis and treatment are often neglected, in addition to this, the patient's low adherence to the prescribed treatment. These are the main factors that determine a very low control of SAH at levels considered normal worldwide.[3]

Knowing that there is a huge challenge in adhering to the control of hypertension, to ensure the success of the treatment there are some extremely important measures that can be adhered to by patients with hypertension, such as: adequate nutrition, especially regarding salt consumption, weight control, practice physical activity, cutting contact with smoking and excessive alcohol use. It is worth mentioning that the disease has a sedentary lifestyle as the main factor among others that serves for its progression.[4]

The present study aims to assess the life profile of patients who have arterial hypertension, taking into account socioeconomic conditions and physical and psychobiological structures, with the following questions that guide it: Why is it necessary to evaluate and analyze the profile of the patient with hypertension? What are the behavioral factors that influence the life of a patient with SAH?

It is of utmost importance to know the quality of life, how the patient behaves in his daily life, to obtain a succinct and effective result. This reality is shaped to reaffirm the importance of the educational process for the self-care of the person with SAH. The great interest in the profiles of the patients is to aim at identifying the knowledge and attitudes in health care among them to take care of arterial hypertension, through interactive care interventions with patients and family members in the therapeutic context, based on the level of knowledge and attitudes of patients with hypertension, with a view to developing the process of education and health promotion.

Method

Descriptive-exploratory study, with a quantitative approach, which aimed to analyze the lifestyle of patients with SAH, in the municipality of Balsas, Maranhão. The research was carried out from August to September 2018 in a unit of the Family Health Strategy of the municipality.

40 people with SAH registered at the unit in the region participated in the research. Inclusion criteria were: patients with a history of SAH, people of both sexes, over 18 years of age, and who are able to communicate verbally, that is, lucid and without cognitive disorders. The exclusion criteria were those who are not able to communicate and who did not agree to participate in the research.

Two questionnaires were used to collect data: 1) sociodemographic questionnaire composed of gender, age group, marital status, number of children, education, occupation and life classification; and 2) the "Fantastic Lifestyle" questionnaire, which consists of willing questions that refer to relevant sociodemographic issues and habits and attitudes in the following domains: family and friends, physical activity, nutrition, smoking and drugs, alcoholism, sleep , stress, safe sex, type of behavior, introspection, work and satisfaction with the profession.[5]

After the application of the instruments, tables were created with the data, using descriptive statistics techniques, using the Excel® 2016 software as a creation tool. Data analysis was carried out using the methodological approach with a quantitative characteristic, where they are categorized by means of tables, which express the profile and lifestyle of patients with hypertension.

The study was approved by the Research Ethics Committee (CEP) of the State University of Maranhão (UEMA), under the number of opinion 2.789.191.

Results and Discussion

The sociodemographic data of the 40 patients highlight 62.5% females and 37.5% males, who are in the age group of 21 to 40 years old with 10%, 41 to 60 years old with 42.5%, 61 to 80 years old with 35% and 81 to 100 years old with 12.5%.

Study reports that knowing the sociodemographic profile of patients with hypertension, the use they make of the health service and the therapeutic strategies they know and use, is an important strategy to direct more effective disease control interventions.[6]

Furthermore, based on a study, there were similarities in the current study, as the prevalence of SAH in females was significantly higher than in males. This may be due to the fact that women seek health services more, increasing their chances of having a diagnosis of SAH, in addition to the fact that men often discover that they have hypertension only after suffering a serious clinical event, such as a heart attack or stroke, this demonstrates the need for investments in public health actions for information, prevention, diagnosis and treatment of the population, aiming to reduce the problems arising from SAH.[7]

The public health policy is offered for both genders, but the reality with greater extension and vulnerability is found in men, especially in chronic diseases, but because it is a genetic disease it is linked to sex, which disagrees with the present study, where have a higher percentage in women.[2]

Regarding the education of the interviewed patients, the results show that 32 patients studied from 0 to 05 years old representing 80%, and 08 patients from 06 to 10 years old concluding with 20%.

Study points to different results to the current study, since approximately half of the patients with hypertension (49.6%) reported having

studied up to the 3rd grade of elementary school, 42.6% mentioned paid work and 45.9% were classified in economic classes D or E.[8]

Adults with a lower level of education (without education or incomplete elementary education) had the highest rate of AH (31.1%). The proportion decreased in those who complete elementary school (16.7%), but in relation to people with a university degree, the rate was 18.2%.[9]

A study reported that the prevalence of AH reported in the population of adults living in Brazilian capitals and the Federal District, and concluded that this prevalence increased progressively with age and was higher among women and adults with less education (zero to eight years of study).[10]

Another data presented was that 35 of the 40 interviewees, corresponding to 85% of the people, said that almost never family and friends talk to them about the things that are important. However, about 5 people, or 15%, said that sometimes they have someone to talk to.

In this sense, they were also identified in relation to receiving and giving affection, about 87.5% corresponding to 35 people said that they almost never show these qualities and 10% stated that this happens sometimes, totaling 4 people. 2.5% commented that it happens relatively often, that is, only one person.

We noted that each patient needs affective support to maintain a balance with the family, building one of the pillars of that support, enabling them to share their concerns and hopes, so that their participation can bring feelings of security, comfort and trust.[11]

In addition, the patient's quality of life covers a level of difficulty, as not only physical health must be taken care of, but also psychological and emotional health, which are loaded with subjectivity that encompass the entire environment in which the patient is inserted, both family and friends.[5]

The current data allowed to affirm that 20 people, corresponding to 50% of the interviewees, opined that they are vigorously active for at least 30 minutes / day, whether through running, cycling or other method, at least once a week, and 8 people com (20%) about 1-2 times a week. Other participants said that they exercise activities about 3 times a week, resulting in 5 people with 12.5% of respondents and 5% practicing physical activities about 4 times a week and, finally, in relation to the time of vigorous activities only 5 people practice 5 or more times a week, in a percentage of 12.5%.

The research about some activities, such as gardening, walking and homework, noticed that 8 people practice these activities less than once a week (20%). And 1 - 2 times a week and 3 times a week only 2 people practice these activities, corresponding to 5%. And about 28 people a week 5 or more out of a total of 70% of respondents.

A study that addressed the relationship to factors associated with adherence found after controlling for confounding variables, regular physical activity was more prevalent in males, in agreement with the results of other studies.[8]

We emphasize that the high weekly working hours of women, which includes domestic activities, may justify these findings. It is worth remembering that physical activity, in addition to contributing to the control of hypertension, also contributes to the improvement of physical and psychological conditions, which goes beyond its benefits beyond the prevention of cardiovascular diseases.[12]

Data from a national survey indicate that insufficiently active individuals (adults who did not achieve at least 150 minutes a week of physical activity considering leisure, work and commuting) represented 46.0% of adults, the percentage being significantly higher among women (51.5%).[13]

Thus, regular physical exercise becomes an important alternative for the prevention and treatment of SAH, achieving reductions in systolic and diastolic blood pressure of 6.9 and 4.9 mmHg respectively.[6]

Regarding nutrition findings, such as the use of a balanced diet, 16 patients with hypertension, corresponding to 40% of the interviewees, say that they almost never eat as they should and 04 people corresponding to 10% say that they sometimes eat what is appropriate for them. your health and 20 respondents with a percentage of 50% almost always eat healthy and have a balanced diet.

A study finds that the preference for healthy foods can be linked to good or bad situations, with the family environment being one of the main spaces for good eating practices in the family's daily life, enabling the correct introduction of food in childhood.[13]

Respondents were also asked if they overeat, and those who said they eat three items in excess represent 03 people with a percentage of 7.5% and two items, totaling 12 people with an index of 30% , only 01 item, about 08 people, corresponding to 20% and the majority say that they do not eat any product in excess, 17 people affirm this with an index of 42.5%.

Study participants were also asked if they are in the range of pounds considered healthy, so the data allow us to state that about 8 people are 6 kg more than necessary, that is, with a percentage of 20%. With 4 kg, totaling 14 people with an index of 35%. And finally, with 2 kg, it is clear that the majority of respondents, about 18 people corresponding to 45%, agree that they are considered to be healthy.

Within the causes of hypertension, sedentary lifestyle and poor eating habits are one of the main reasons for the development of high blood pressure. Excessive consumption of salt in the diet, intake of fatty foods and lack of physical activity, contribute to the appearance of high blood pressure.[14]

Among the risk factors for cardiovascular diseases, obesity and physical inactivity deserve special mention, since excess body mass is a predisposing factor for hypertension, and may be responsible for 20% to 30% of cases; and 75% of men and 65% of women have hypertension directly attributable to overweight and obesity. Excessive body adiposity and physical inactivity have been highly prevalent among risk factors for cardiovascular disease.[14]

Research with people with hypertension registered in the Hiperdia program found that the restriction of salt consumption is the main dietary device used to control hypertension (63.0%), followed by a reduction in fat consumption (21.0%) and sugar and sweets (8.0%).[8]

Opinions of the interviewees were observed in relation to coping with the use of cigarettes and drugs. Therefore, 04 people said that they consume 1 to 10 cigarettes a day, with a percentage of 10%, in contrast, 12 people stated that they had not consumed any cigarettes in the last 06 months, with an index of 30%. The survey also identified that only 04 people did not consume any cigarettes in the previous year, corresponding to 10%. And of the 40 interviewees, it is clear that 20 of them, representing half, said that they had never smoked any type of cigarette, with a total of 50%.

Smoking is considered the leading predictable cause of death in developed countries. Tobacco use generally starts in adolescence and approximately one third of smokers try to quit smoking each year, but less than 10% succeed. Disorders of smoking parents are predictors of early smoking.[15]

According to the World Health Organization (WHO), 5.4 million deaths per year are caused by lung cancer, cardiovascular diseases and other causes associated with smoking, the same being the biggest cause of preventable deaths. Studies show that the daily reduction in cigarette use decreases the risk of these diseases.[15]

Smoking is a serious public health problem, as it compromises people's physical and mental status, in addition to impairing economic, social, educational and environmental development. Worldwide mobilizations are taking place to make the population aware of how to reduce cigarette use.[16]

The survey also shows that the interviewees stated that they had never had contact with drugs such as marijuana or cocaine, thus totaling a percentage of 100%. Drug users have more family problems than those who do not use any substance.[17]

In this sense, the research also contributed to the identification of drug abuse and 08 people, with an index of 20% using it almost daily. Of the interviewees, only 4 people (representing 10%) taking medicines with relative frequency and 21 of them said that they almost never resort to medicines reaching a percentage of 52.5% and finally, there are also those who never use drugs with exaggeration, in the case 7 people corresponding to a total of 17.5%.

Therefore, it is known that the consumption of various medications and the existence of several concomitant diseases can contribute to a worse state of mental health, leading the elderly to be medicated with drugs that help to improve psychological and behavioral aspects.[18]

The research deepens the questioning when asking about drinking caffeine-containing beverages (coffee, tea or "colas"). Only 02 people claim to consume 3 to 6 times a day for a total of 5%. And the other 1 to 2 times a day for a total of 36 people, corresponding to 90% of respondents. However, only 2 people stated that they never had drinks containing caffeine, with a total of 5%.

Other data presented sought to know about whether people consume alcohol or not. Thus, we found that 14 interviewees said they ingest 0 to 7 doses of alcohol per week, about 35%, and 26 people interviewed stated that they do not drink any type of alcoholic beverage, with a percentage of 65%.

However, when asked if they drink more than four drinks on one occasion, 15 people were emphatic in stating that 37.5% consume occasionally and 25 people interviewed said they never drank, with a percentage of 62.5%. And when asked the question if they go after drinking, all unanimously stated that they never committed this infraction with a total of 100%.

Alcohol is classified as a legal drug marketed legally with restrictions for minors under 18. Alcohol is a depressant drug in the central nervous system (CNS) and causes a decrease in global activity or certain specific CNS systems. As a consequence of this action, there is a tendency to reduce motor activity, reactivity to pain and anxiety, with an initial euphoric effect and, later, increased drowsiness. The pattern of alcohol consumption in the Brazilian population is 12.3% of people aged between 12 and 65 years, whose people

meet criteria for alcohol dependence and about 75% have already drunk at least once in their lives.[18]

High consumption of alcoholic beverages raises blood pressure consistently. 2012 meta-analysis, including 16 studies with 33,904 men and 19,372 women, compared the intensity of consumption between abstainers and drinkers. In women, there was a protective effect with a dose of less than 10g of alcohol / day and risk of SAH with consumption of 30-40g of alcohol / day. In men, the increased risk of SAH has become consistent from 31g of alcohol/day.[16]

When asked about sleep, seat belts, stress and safe sex, 16 people answered that they sometimes sleep well and feel rested, with a percentage of 40%. And the other 24 respondents said that they almost always feel that way, generating a percentage of 60%. Thus, it is understood that individuals with hypertension are more likely to develop emotional disorders, such as anxiety and depression, triggering changes in sleep, with hypertension being strongly related to the risk factor for sleep disorders.

Regarding whether they are able to cope with day-to-day stress, 12 people approached it only a few times, corresponding to 30%. And the majority of people with 70% of respondents said that they are almost always capable, out of a total of 28 people.

SAH can be controlled in some cases, with non-pharmacological treatment that includes dietary restrictions rich in sodium, lipids and simple carbohydrates; smoking cessation and alcohol consumption, weight and stress control, as well as physical activity and increased consumption of potassium intake, dyslipidemia control, calcium and magnesium supplementation and anti-stress activity.[15]

Facing the problem, respondents were asked about relaxation and enjoying leisure time, which resulted in 10 people claiming that they relax and enjoy leisure only a few times with a 25% rate. And 30 people said that they almost always make use of the time they have with a 75% use.

However, respondents were asked about the practice of safe sex, which resulted in 08 people saying that almost never, with a percentage of 20%. Another 12 people stated that they almost always practice safely, generating a rate of 30%. Finally, 20 people replied that they are no longer careful with a percentage of 50%.

Sexuality is expressed in values and behaviors, such as desire, pleasure and corporeality, which are often related to quality of life. Considering that, according to WHO, the good expression of sexuality depends on health seen in a broad way, and it can be said that health, quality of life and sexual function are closely related. In this context, the expression of sexuality contributes decisively to the quality and longevity of affective relationships.[19]

Regarding the types of behavior that people exhibit, the first question was whether people always seem to be in a hurry. About 28 people confirmed that this almost never happens, generating a percentage of 70%. And another 8 said that it happens sometimes, thus having a percentage of 20%. Finally, 4 people stated that they are almost always in a hurry, corresponding to 10%.

We found that, when asked if they feel anger and hostility, 4 of the interviewees pointed out that sometimes they feel that way, thus generating an index of 10%. And another 36 individuals interviewed almost never have feelings of anger, with a percentage of 90% of those interviewed.

Psychosocial stress factors and the reactivity of the concomitant sympathetic nervous system can play a role in arterial hypertension over time, as can emotions such as helplessness, anger, anxiety and depression. Furthermore, stress affecting blood pressure causes an increase in heart rate and contractile strength of the heart, as well as peripheral resistance, increasing the risk of coronary artery disease.[20-21]

Concerning the results on introspection, 27 of the interviewees, which corresponds to 67.5%, think almost always in a positive and optimistic way, 30% sometimes and 2.5% almost never. Regarding feeling tense and disappointed, 90% report that almost always, and 10% sometimes.

And in the last variable, we found that 32 people report that they almost never feel sad and depressed, the equivalent of 80%, where only 05 people (12.5%) sometimes and 03 people (7.5%), almost always.

A study reveals that the patient has a depressed mood most of the day almost every day, a marked decrease in interest in things that previously would give them pleasure, loss or weight gain (more than 5% of their body weight in a month), insomnia or constant hypersomnia, daily fatigue, feelings of worthlessness or guilt, difficulty in concentration and indecision almost always, recurring thoughts of death.[22]

The sum of feelings causes a rupture with the subject's daily life, as it ends up causing him a lot of pain and difficulty to perform the daily tasks in a satisfactory way, thus affecting his personal and professional life.[23]

Systemic Arterial Hypertension turns out to be one of the biggest problems and challenges in public health worldwide, due to its prevalence and because it can be modified by adopting a healthier lifestyle, from the perspective that information has the power to change previously established standards and the formation of new habits.

Notwithstanding the limitations of this study, is the fact of interviewing only people from one unit. It is suggested that further studies with other methodologies be carried out to establish this association between cause and effect.

Final Considerations

The present study provided the profile of patients with hypertension in both the social, physical and mental aspects, demonstrating that they influence self-esteem, personality formation, family and social relationships of each person.

Based on the results presented, arterial hypertension is more common in females and over 40 years old, and with an 80% representation below 06 years of schooling, these patients, due to lack of information or correct guidelines, correspond to the population most affected by the disease. It was also verified that the inadequate diet is an important risk factor for cardiovascular diseases, where there was a significant value regarding a balanced diet.

In this perspective, the first step is health education in an attempt to develop and stimulate the process of changing habits and transforming the way of life. This activity must be carried out continuously through individualized actions, and designed to meet the specific needs of each patient, in order to be maintained over time, as well as develop group work by the multidisciplinary team, patients and teams of health, which can be useful for the exchange of information, favoring the clarification of doubts and attenuating in the lifestyle.

References

1. Girão ALA, Oliveira GYM, Gomes EB, Parente-Arruda L, Freitas CHAA. The interaction in clinical nursing education: reflections on care of the person with hypertension. Rev. salud pública. 2015; 17 (1): 47-60. doi: 10.15446/rsap.v17n1.47789.

2. Araújo YB, Reichert APS, Oliveira BRG, Collet N. Rede e apoio social de famílias de crianças com doença crônica: revisão integrativa. Cienc. Cuid. Saúde. 2012; 10 (4): 853-60. doi:10.4025/cienccuidsaude.v10i4.18332

3. Oigman W. Sinais e sintomas em hipertensão arterial. Rev. JMB [Internet]. 2014 [cited Dec 12 2018]; 102 (5): 13-18. Available from: http://files.bvs.br/upload/S/0047-2077/2014/v102n5/a4503.pdf

4. Paz EPA, Souza MHN, Guimarães RM, Pavani GF, Correa HFS, Carvalho PM et al. Estilos Hypertensive patients' attended with the family health strategy lifestyle. Invest Educ Enferm. 2011; 29 (3): 467-476.

5. Añez CRR, Reis RS, Petroski EL. Versão brasileira do questionário "estilo de vida fantástico": tradução e validação para adultos jovens. Arq. Bras. Cardiol. 2008; 91 (2): 102-109. doi: 10.1590/S0066-782X2008001400006

6. Saad DS, et. al. Prevalência de hipertensão arterial com avanço de idade em mulheres. Rev. digital. Buenos Aires. [Internet] 2013 [cited Dec 12 2018]; 2 (3): 67-89. Available from: https://www.efdeportes.com/efd136/prevalencia-de-hipertensao-

arterial-em-mulheres.htm
7. Mendes GS, Moraes CF, Gomes L. Prevalência de hipertensão arterial sistêmica em idosos no Brasil entre 2006 e 2010. Rev Bras Med Fam Comunidade. 2014; 9 (32): 273-8. doi: 10.5712/rbmfc9(32)795
8. Girotto E, et al. Adesão ao tratamento farmacológico e não farmacológico e fatores associados na atenção primária da hipertensão arterial. Ciênc. saúde coletiva. 2013; 18 (6): 1763-1772. doi: 10.1590/S1413-81232013000600027.
9. Scala LC, Magalhães LB, Machado A. Epidemiologia da hipertensão arterial sistêmica. Sociedade Brasileira de Cardiologia. São Paulo: Manole; 2015.
10. Bloch KV, Klein CH, Szklo M, Kuschnir MCC, Abreu GA, Barufaldi LA et al. ERICA: prevalências de hipertensão arterial e obesidade em adolescentes brasileiros Rev Saude Publica. 2016; 50 (supl 1): 9s. DOI:10.1590/S01518-8787.2016050006685
11. Carreiro GSP, Ferreira Filha MO, Lazarte R, Silva AO, Dias MD. The process of becoming mentally ill among Family Health Strategy workers. Rev. Eletr. Enf. 2013; 15 (1): 146-55. doi: 10.5216/ree.v15i1.14084.
12. Dallacosta FM, Dallacosta H, Nunes AD. Perfil de Hipertensos Cadastrados no Programa Hiperdia de uma Unidade Básica de Saúde. Unoesc & Ciência. [Internet]. 2010 [cited Dec 12 2018]; 1 (1): 45-2. Available from: https://portalperiodicos.unoesc.edu.br/acbs/article/view/125/pdf_3
13. Malta DC, et al. Brazilian lifestyles: National Health Survey results, 2013. Epidemiol. Serv. Saúde. 2015; 24 (2): 217-226. doi: 10.5123/S1679-49720150002000004
14. Braunwald E, Fauci AS, Kasper DL, Hauser SL, Longo DL, Jameson JL. Harrison Medicina Interna. Rio de Janeiro: 2013.
15. Silva DF, Araújo NCS, Campos EAD. Perfil dos pacientes hipertensos e diabéticos atendidos na Atenção Básica. Rev. de Enfermagem da FACIPLAC. [Internet]. 2018 [cited Dec 12 2018]; 2 (2): 25-34. Available from: http://revista.faciplac.edu.br/index.php/REFACI/article/view/573/208
16. Andrade SSA, et al. Self-reported hypertension prevalence in the Brazilian population: analysis of the National Health Survey, 2013. Epidemiol. Serv. Saúde. 2015; 24 (2): 297-304. doi: 10.5123/S1679-49742015000200012
17. Nogueira IC, et al. Efeitos do exercício físico no controle da hipertensão arterial em idosos: uma revisão sistemática. Rev. bras. geriatr. gerontol. 2012; 15 (3): 587-601. Doi: 10.1590/S1809-98232012000300019
18. Oliveira LS, Rabelo DF, Queroz NC. Estilo de vida, senso de controle e qualidade de vida: um estudo com a população idosa de Patos de Minas-MG. Estudos e Pesquisas em Psicologia, [Internet] 2012 [cited Dec 12 2018]; 12 (2), 416-430. Available from: https://www.e-

publicacoes.uerj.br/index.php/revispsi/article/view/8274/6031
19. Carvalho G, Gonzáles A, Sties S, Lima D, Neto A, Carvalho T. Exercício físico e sua influência na saúde sexual. **Cinergis** [revista na Internet]. 2015 Jul 9; [citado 2020 Mar 31]; 16(1):[aprox. 0 p.]. Disponível em: https://online.unisc.br/seer/index.php/cinergis/article/view/6090
20. Quintana JF. The relationship between hypertension with other risk factors for cardiovascular disease and treatment for cognitive behavioral psychotherapy. Rev. SBPH [Internet]. 2011 [citado 2020 Mar 31]; 14 (1): 03-17. Disponível em: http://pepsic.bvsalud.org/pdf/rsbph/v14n1/v14n1a02.pdf
21. Pimenta AM, Assunção AA. Estresse no trabalho e hipertensão arterial em profissionais de enfermagem da rede municipal de saúde de Belo Horizonte, Minas Gerais, Brasil. Rev. bras. saúde ocup. 2016; 41: e6. Doi: 10.1590/2317-6369000113515.
22. Gomes RK, Oliveira VB. Depressão, ansiedade e suporte social em profissionais de enfermagem. Boletim de Psicologia [Internet]. 2013 [cited Dec 12 2018]; 63 (138): 23-33. Disponível em: http://pepsic.bvsalud.org/pdf/bolpsi/v63n138/v63n138a04.pdf
23. Barbosa KVS, et al. Sintomas Depressivos e ideação suicida em enfermeiros e médicos da assistência hospitalar. Rev Enferm UFSM. 2012; 2 (3): 515-522 2. Doi: 10.5902/217976925910

Correspondent Author
Harlon França de Menezes
Aurora de Afonso Costa Nursing School
74 Dr. Celestino ST. 4th floor. ZIP: 24020-091.
Niteroi, Rio de Janeiro, Brazil
harlonmenezes@hotmail.com