

Follow-up of adult patients with diabetes and hypertension in a Specialized Center: experience report of Pet-Health Interprofessionality

Acompanhamento de pacientes adultos com diabetes e hipertensão em Centro Especializado: a experiência do Pet-Saúde Interprofissionalidade

Monitoreo de pacientes adultos con diabetes e hipertensión en un Centro Especializado: la experiencia del programa PET-Saúde Interprofesionalidad

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REVISA

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RESUMO

Objetivo: Relatar a experiência do PET-Saúde Interprofissionalidade, no acompanhamento de pacientes adultos, com Diabetes e Hipertensão (HAS), de um Centro de Referência, do município de Feira de Santana (BA). **Método:** Trata-se de um relato de experiência, desenvolvido no Centro Especializado de Atenção ao Diabético e Hipertensos (CADH), de abril a novembro de 2019, por bolsistas, preceptores e tutores, integrantes de um projeto de extensão desenvolvido pela Universidade Estadual de Feira de Santana, em parceria com a Secretaria Municipal de Saúde. Os dados do diagnóstico situacional, coletados através da observação do serviço e conversa com a equipe, embasaram o planejamento atividades educativas, direcionadas à prevenção da diabetes, hipertensão e doenças cardiovasculares. **Resultados:** O serviço possui 3000 pacientes cadastrados, a maioria adultos, apenas 18 adolescentes, sendo 60% do sexo feminino. As ações educativas realizadas proporcionaram a socialização dos conhecimentos e troca de experiências, entre equipe e usuários, contribuindo para melhoria da qualidade de vida desses pacientes. **Conclusão:** Com a experiência vivenciada no diagnóstico situacional, percebeu-se a importância deste centro para pacientes e familiares, a necessidade de trabalhar a interdisciplinaridade com os profissionais do serviço e a importância da regularidade das atividades educativas, fortalecendo a prevenção de doenças cardiovasculares, endócrinas e a HAS.

Descritores: Prática profissional; Diagnóstico situacional; Gestão em saúde; Hipertensão Arterial; Diabetes Mellitus.

ABSTRACT

Objective: To report the experience of PET-Health Interprofessionality, in adult patients monitoring with Diabetes and Hypertension, in a Reference Center, in the Feira de Santana - BA city. **Method:** This is an experience report, developed at the Specialized Center for Diabetic and Hypertensive Care (CADH), from april to november 2019, by fellows, preceptors and tutors, members of an extension project developed by the State University of Feira de Santana and the Health Secretary of the city. The data from the situational diagnosis, collected through observation of the service and conversation with the team, supported the planning of educational activities, aimed at the prevention of diabetes, hypertension and cardiovascular diseases. **Results:** The service has 3000 registered patients, most of them adults, only 18 teenagers, 60% of whom are female. The educational actions carried out provided the socialization of knowledge and the exchange of experiences, between staff and users, contributing to improving the quality of life of these patients. **Conclusion:** With the experience of situational diagnosis, it was realized the importance of this center for patients and families, the need to work with interdisciplinarity with service professionals and the importance of regular educational activities, strengthening the prevention of cardiovascular and endocrine diseases and hypertension.

Descriptors: Professional practice; Situational diagnosis; Health management; Hypertension; Diabetes Mellitus.

RESUMEN

Objetivo: Describir la experiencia del programa PET-Saúde Interprofesionalidad en el seguimiento de pacientes adultos con diabetes e hipertensión arterial sistémica (HAS) en un centro de referencia en el municipio de Feira de Santana, BA, Brasil. **Método:** Este es un reporte de experiencia en el Centro Especializado para la Atención de Diabéticos e Hipertensos (CADH), de abril a noviembre de 2019, vivido por becarios, preceptores y tutores, miembros de un proyecto de extensión de la Universidad Estatal de Feira de Santana en colaboración con la Secretaría Municipal de Salud. Se recopilaron los datos del diagnóstico situacional mediante la observación del servicio y la conversación con el equipo de salud. Los datos respaldaron la planificación de actividades educativas destinadas a la prevención de la diabetes, HAS y las enfermedades cardiovasculares. **Resultados:** El servicio cuenta con 3.000 pacientes registrados, la mayoría adultos y 18 adolescentes, de los cuales el 60% son mujeres. Las acciones educativas realizadas proporcionaron la socialización del conocimiento y el intercambio de experiencias entre el equipo de salud y los usuarios, contribuyendo así a mejorar la calidad de vida de estos pacientes. **Conclusión:** La experiencia del diagnóstico situacional reveló la importancia de este centro para pacientes y sus familias, así como la necesidad de trabajar la interdisciplinariedad con los profesionales del servicio y la importancia de actividades educativas regulares, fortaleciendo la prevención de enfermedades cardiovasculares, endocrinas y HAS.

Descriptores: Práctica profesional; Diagnóstico situacional; Gestión de la salud; Hipertensión arterial; Diabetes mellitus.

Introduction

Diabetes Melitus (DM) and Systemic Arterial Hypertension (SAH), considered chronic non-communicable diseases, are the main causes of mortality and hospitalizations in the Unified Health System (SUS), because their acute and chronic complications cause high morbidity and mortality, causing high costs for the health system.¹

These diseases, in addition to being prevalent, are frequently associated.² Systematic literature review showed that in most studies with patients over 18 years of age and with diabetes, 50% or more also had associated hypertension. Likewise, among patients with hypertension registered in the SUS's Hypertension and Diabetes Mellitus registration and monitoring system, about 22% to 25% also had Diabetes Mellitus.

In this sense, to meet the demands and needs of these patients, knowing their characteristics is an important part of the organization of the work processes and the assistance of hypertension and diabetes in the services.³

Thus, the situational diagnosis acts as an important management tool, composed of the analysis of the health conditions and risk of a certain population, with subsequent planning of health actions.⁴ It consists of a possibility of analyzing information from both documents and sociodemographic data, related, for example, to the performance of Family Health Teams, through the collection of relevant data.⁵

In the context of interdisciplinarity, instruments like this emerge to highlight the role of the professional in the clinical, even administrative, routine and also seek to improve the quality of products / services and to value employees through participation. Interdisciplinarity reflects a challenging attitude towards the new, a conduct of involvement and commitment to the projects and people involved in them.⁶

The process of preparing health actions requires knowledge about the reality, dynamics and risks that the population / community is inserted in, as well as the way services and routines of the practice field and the teams that work in it are organized. Considering the concept of "field of practice" as a point of analysis, the multiplicity and coexistence, sometimes conflicting, of knowledge and practices in public health becomes understandable. Thus, it is necessary to know the reality of work and the community to which the work is destined, in order to be able to implement strategies and programs capable of correcting this (dis) organization and contributing to the improvement of working and service conditions.

In this sense, it is essential to highlight the importance of the Education through Work for Health Program (PET-Health) in the professional training of public school students through actions of promotion, prevention and health care in strategic and priority areas for SUS⁷, and committed to integrality and interdisciplinarity. From this angle, Fonseca and Rodrigues (2011)⁸, considers PET- Health as a power to qualify professional training, reorient practices and promote changes in conceptions and attitudes in order to qualify Primary Care at the local level.

This study aims to report the experience of PET-Health Interprofessionality members in monitoring adult patients with Diabetes and Hypertension in a specialized reference center in the municipality of Feira de Santana (BA).

Method

This is a descriptive study, type of experience report on the elaboration and development of the situational diagnosis of the Specialized Center for Diabetic and Hypertensive Care (CADH), in the municipality of Feira de Santana - Bahia, scenario of practice of the project of extension of the PET-Health Interprofessionality of UEFS.

PET-Health at UEFS has been implemented since April 2009, when activities started with tutorial learning groups at the Feira de Santana Family Health Network and is currently duly institutionalized by the Higher Education, Research and Extension Council of UEFS. The activities proposed and developed by the program prioritize real health problems (situation and organization of the service), identified in the context of the primary care network, with a view to contributing to the reorientation of health and management practices.⁸

The duration of the experiment was approximately 06 months (April 1st to November 1st, 2019). For the data collection, a script previously prepared by the tutorial group was used and counted on the performance of the scholarship holders of the Pharmacy, Dentistry and Medicine courses, in addition to the preceptors and tutors from the State University of Feira de Santana (UEFS) and service professionals. Members' meetings took place twice a week for four hours and eight hours a week.

The structured script was used in such a way as to include information about the service's functioning, physical structure, work team, routine, profile of the patients served, in addition to other information deemed important, allowing the construction of a report that made it possible to know the profile of the practice scenario.

Based on the local situational diagnosis, health education activities were carried out on November 14, 2020, during the celebration of the World Diabetic Day, through PET-Health Interprofessional of UEFS and in partnership with the Municipal Secretary of Feira de Santana / Bahia, Brazil. All the proposed actions were directed to patients registered in the CADH and family members, using participatory dynamics.

Results

The specialized center, considered a medium complexity unit, was founded in 2001 as a strategy to strengthen the care line in the municipality and aims to serve diabetic users with high cardiovascular risk, whose complexity cannot be solved only in Primary Care. The service operates in a rented office, managed by a nurse and currently has 3000 registered users, residing in Feira de Santana. The unit has a central location and good infrastructure, comprising: air-conditioned reception; 06 offices; rooms for physiotherapy, administration, dressing, pharmacy and 03 bathrooms.

The multidisciplinary team is composed of 02 endocrinologists; 01 cardiologist physician; 01 nephrologist doctor; 04 physiotherapists; 10 nurses; 07 nursing technicians; 05 administrative employees; 01 general services assistant; 01 social worker; 01 nutritionist and 01 psychologist.

For the user to have access to the service, he needs to be referred by a Primary Care physician, with a report of his health situation, with no spontaneous demand.

Hypertensive and diabetic patients are admitted after screening and admission nursing consultation, provided they meet the following diagnostic requirements: 1. Patients with Diabetes Mellitus (DM) (glycated hemoglobin above 9; type 1 diabetes, type 2 diabetes). hypoglycemic, without control during 6 months of treatment at the Unit; nephropathy; heart disease; revascularized patient; peripheral arterial disease and retinopathy). 2. Patients with Arterial Hypertension (Refractory Hypertension (uncontrolled), above 170x100 mmhg using 3 drugs of different classes without control, associated with some complication; heart failure; nephropathy and stroke). Patients must have at least three of the complications of DM and AH.

For user registering, the following documents are required: reference guide and counter reference duly completed, signed and stamped by the professional; result of recent laboratory tests (maximum 3 months); medical report with clinical history data; nutritionist report; identity card or birth / marriage certificate; SUS and family health card and proof of residence.

When admitted, the user receives a medical record number, with a dialogue about the patient's situation between the primary care HIPERDIA nurse and the specialist center nurse, who performs a full reassessment, initially and later by the multidisciplinary team, being recommended a frequency of quarterly reassessment with the nurse.

Nursing care consists of the initial and individualized assessment of the admission criteria, being performed by the screening nurse; reception, admission to the service and guidance on the operation and frequency of visits. Subsequent consultations are carried out by the Hiperdia nurse every 03 months, previously scheduled, and includes assessment, guidance on the disease, demonstration of the self-monitoring technique of blood glucose and therapy with insulin application, in addition to referrals to other professionals (endocrinologist, social worker, physiotherapist, nutritionist and psychologist).

In the Hiperdia nursing consultation, the user must submit new tests to monitor the treatment, evaluation of the lower limbs, injury prevention guidelines and, if there is an injury, will be treated at the unit by the Dressing Sector. The absence of user attendance for more than one year results in the cancellation of your registration.

A differential of the CADH was the implementation of the consultation for monitoring and dispensing of blood glucose tape, idealized in 2017 by the team and performed by the nurse. Its objective is the therapeutic approach with guidance and advice on the need for strict capillary blood glucose monitoring, theoretical-practical training on the technique for checking and filling the blood glucose control record, according to the prescribed scheme.

Another role of nursing is in the dressing room for the treatment of injuries resulting from complications of the disease and referrals for supporting treatment with hyperbaric oxygen therapy in cases of complex wounds. In this unit, the patient is welcomed and evaluated by the specialist nurse, performs the anamnesis and chooses the special coverages relevant to individualized and specific treatment. It is worth mentioning that the dressing room undergoes general disinfection at 11:00 am, daily, to receive patients for the afternoon shift.

The medical service includes a consultation every 06 months or depending on the user's evolution, it can happen in less time, where the medical evaluation will be made, the medication prescriptions will be updated and reports for ordering the blood glucose tapes. The physiotherapist is responsible for the

therapeutic procedures that include: stretching, motor physiotherapy and other orientations.

The social service is responsible for social assistance and carrying out an educational action to support users and family members for health promotion and education regarding adherence to treatment and changes in habits and lifestyle, whether in the CADH or in primary care. This service is offered after the user is discharged from the service, making it a great challenge for the team, as the majority are elderly, with impaired visual / hearing acuity, unaccompanied or without family members, being instructed about their disease, their treatment and need for follow-up. Thus, the great barrier that exists is the issue of health education to seduce the patient so that he wants to take care of himself.

The dispensation of medications in the CADH is done through the presentation of prescriptions; blood glucose tapes and supplies such as insulin syringe. It is worth remembering that the user does not need to be registered in the unit to receive the medications, since, bringing the prescription prescribed by a doctor from another unit, he will benefit. The dispensation is performed every 30 days and the validity of the prescriptions includes 03 dispensations counted from the date of the medical prescription. It is known that more than 18,000 blood glucose strips are dispensed to more than 400 registered patients and over 45,000 pills to control DM and SAH.

In addition to specialized assistance, the CADH also promotes various courses, lectures and social actions, both for the population and for the training of professionals; celebrations of festive dates such as São João, Christmas, New Year, DM and SAH day, tours, among others and also working as a practice scenario for different institutions of higher and middle level. In this context, as previously reported, in addition to the local situational diagnosis, the PET-Saúde Interprofessionality team in partnership with SMS had the opportunity to work collaboratively and study in a participatory, integrative and engaged manner, through educational workshops. Therefore, from the perspective of the IPE, the activities prioritized teamwork, the exchange of knowledge, shared responsibility in the planning and execution of actions, in addition to interdisciplinarity and comprehensiveness.

In educational workshops aimed at patients and family members, measurements of biological parameters were performed, including blood pressure measurement, heart rate, weight, height, waist circumference measurement, calculation of the participants' body mass index. Furthermore, through posters, posters and distribution of pamphlets, the role of physical exercise was addressed as one of the main therapies for hypertensive patients, associated with drug treatment and changes in eating habits. In this activity, the DASH (Dietary Approaches to Stop Hypertension) dietary pattern, rich in fruits, vegetables, fibers, minerals and dairy products with low fat contents, was also addressed, which has an important impact in preventing hypertension and / or reducing blood pressure levels.⁹

The financial resources allocated to the ACHR are bipartite and tripartite. Most of the resources offered from municipal sources are used to hire local staff, maintain materials and purchase some medications. The partnership at the state and federal level includes the supply of insulins to users monitored by the Center.

Discussion

Chronic diseases such as Diabetes and Hypertension are of great importance to public health, due to high prevalence rates and low control rates. These are diseases that can be controlled with changes in lifestyle, low-cost drugs and few side effects, in addition to being proven effective and easy to apply by Primary Care.¹

The prevalence, continuous care and possible complications associated with diabetes and hypertension make assistance to these diseases a great challenge. Knowing the characteristics of users, especially the stratification of cardiovascular risk, can help in the organization of the approach, assistance and care of these patients.³

In this sense, the Unified Health System (SUS) seeks to ensure systematic monitoring of individuals with chronic diseases that impact the population's morbidity and mortality, through the referral and counter-referral system. This integrality has the objective of guaranteeing health care to the population at all levels of care: primary, secondary and tertiary. Only Primary Care is unable to meet 100% of users' needs.¹⁰

The reference, according to the same author, would then be an administrative mechanism to acquire and effect integrality. Referencing means directing the patient to another level of care and care, of greater technological density. Counter referencing means taking the opposite path, that is, taking the user to a level of care with a lower technological density, being directed to the health unit closest to their home.

Regarding the service assessed in this study, although the CADH admission criteria are well defined, there is still a need for guidance from Primary Care professionals on the profile of patients to be referred. During the realization of the situational diagnosis, it was noticed the demand for patients for the service, who did not meet the inclusion criteria in the CADH, as they did not have comorbidities or aggravations of hypertension and / or diabetes, generating an unnecessary service demand, impairing the routine and the service proposal.

On the other hand, for users admitted to the service, being accompanied by a multidisciplinary team, makes all the difference in improving their health and quality of life, reducing the chances of presenting comorbidities. In this context, in the present work, the PET-Saúde team had the opportunity to work on cardiovascular health themes based on the local situational diagnosis and based on the integrality of the patient, understood as a principle that should guide the organization of health care.¹¹ Thus, EIP was possible, as strategies to promote health and risk prevention, having as reference

the reality in which students are inserted, as well as their knowledge, presentations and perceptions.

A study carried out in 2019 showed that the incidence of chronic kidney disease (CKD) has been increasing in recent years, associated with an increase in the prevalence of its underlying diseases, mainly arterial hypertension (33.8%), diabetes mellitus (28.5 %) and glomerulonephritis (12.6%), the main diseases responsible as causes of Chronic Renal Insufficiency (ESRD), with progression to Renal Dialysis.¹²

Self-care with the disease is complicated by the lack of adherence to treatment. Permanent health education arises in this context with the aim of causing changes in attitudes and / or behavior, allowing the acquisition of new knowledge about diabetes, awareness, qualification and updating of health professionals, aiming at improving the quality of life of diabetics.¹³

Some authors also reinforce the importance of health education as a priority strategy in raising users' awareness of self-care, considering the importance of physical exercise adjusted to the health condition and individual limitations.¹⁴

In this context, the performance of the members of PET-Health Interprofessionality in the CADH scenario, based on the knowledge of the situational diagnosis, enables approaches directed to the promotion and prevention actions, with a view to promoting the quality of life of registered users, reducing vulnerabilities and health risks related to their determinants and conditions, from contact in the waiting room, specific events, health fairs and meetings, educational workshops, among others.

To this end, in this context, the interprofessional team held participatory workshops, where it was possible to discuss widely with CADH patients and family members, expanded concepts of health and disease, as well as the various factors involved in the genesis of cardiovascular and endocrine diseases, mainly with regard to SAH and Diabetes.

Furthermore, it is believed that the activities carried out by PET-Health Interprofessionality in the ACHR scenario prioritize training more decisive professionals and committed to the knowledge and attitudes that enable them to work in SUS, with professional and humanistic maturity.

Conclusion

Based on the experience of the tutorial group with the specialized center on survey of the situational diagnosis and with a view to planning the activities to be worked on in this scenario, it is believed that it can contribute to reinforce the importance of specialized and multidisciplinary care, based on understanding professional practices.

The instrument for monitoring and evaluating the field of practice allowed, based on the information collected, the development of the group's experiences during this period and the

insertion of scholarship students, preceptors and teachers in this scenario. Thus, it was noticed the fundamental role of multidisciplinary in the planning of actions and in the search for improvements not only in the service, but also for the quality of life of users.

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