

Adhesion or adhering to treatment: what is the greatest challenge in the care of patients with arterial hypertension?

Adesão ou aderindo ao tratamento: qual o maior desafio para o cuidado às pessoas com hipertensão arterial?

Adherencia o adherencia al tratamiento: ¿cuál es el mayor desafío para el cuidado de las personas con hipertensión?

Cleise Cristine Ribeiro Borges Oliveira¹, Carla Tatiane Oliveira Silva¹, Carlos André Silva Lopes¹, Elieusa e Silva Sampaio¹, Cláudia Geovana da Silva Pires¹

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1. Universidade Federal da Bahia. Nursing Department. Salvador, Bahia, Brazil.

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Hypertension (AH) is a non-communicable chronic disease considered as one of the main risk factors for cardiovascular disease. Uncontrollability is a major public health problem given its economic, social, cultural and biological implications. Despite advances in diagnosis and treatment, AH is still responsible for most mortality and disability worldwide.¹

In Brazil, 24.7% of people living in the state capitals reported being diagnosed with the disease by telephone survey (Risk Factors Surveillance and Protection System for Chronic Diseases by Telephone Survey²) reaching 60.9% of the population aged over 65 years old. It is a disease with no definite cause and 90% of cases are diagnosed late due to the absence of symptoms.

Early detection, treatment and control of AH are fundamental to minimize the harmful effects of complications, often disabling or limiting, caused by cardiac, cerebral, peripheral vascular and renal ischemic involvement. The major challenge to be met by health professionals, family members and patients is adherence to treatment, as it is an incurable disease, but can be controlled. Adherence can be understood as broad patient involvement, active, voluntary and collaborative, generating behaviors that will influence the therapy and control of the disease.³

The World Health Organization⁴ understands adherence as a multidimensional phenomenon taking into account factors that interfere with treatment, namely: socioeconomic factors (gender, age, ethnicity, marital status, education and income), health systems and services

(health policy, health, access, distance, waiting and attendance time), patient-related factors (perceived seriousness of the problem, lack of knowledge, experience with the disease, family context, health-illness concept, self-esteem), treatment-related factors (costs, undesirable effects, complex regimens, quality of life) and factors related to disease (chronicity, asymptatology), as well as the relationship with the health team (inadequate involvement and relationship).

Given the definition of adherence and its complexity, since it requires the influence of various factors for effective control of treatment, people with the disease not only need normalization of blood pressure through constant measurement of blood pressure, as well as make continuous use of medication, but in addition, recognize the need for continuous treatment, taking into account the understanding of the disease and the factors that influence follow-up, such as access to health services, financial condition to fit the plan healthy eating, the purchase of medicines that are not available in health services and also to family problems. These aspects also constitute obstacles to maintenance and regularity of treatment.

Anthropological studies⁵⁻⁹ focused on this investigation, even if rare, draw attention to the importance of emotional and family problems that are also responsible for the uncontrolled hypertension, leading to negative repercussions for these people's daily lives, interfering one of the main factors for low therapeutic adherence.

However, care focused on hypertensive people with a view to controlling the disease and improving adherence rates, is becoming more and more challenging for health professionals, as they permeate the will and desire of the person to follow or not the therapy. The health professional should make efforts that the person with hypertension recognizes the importance of self-care, taking into account their autonomy to choose the best control therapy for risk factors for the disease. Thus, there are several factors listed above that contribute to adherence and effectively, it does not happen. It is believed that the term that most closely matches the daily lives of people with hypertension is ADHERING, something fluctuating and uncertain because it depends on a complexity of factors as well defined by ADHESION.

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Correspondent Author

Cleise Cristine Ribeiro Borges Oliveira
Universidade Federal da Bahia
Dr Augusto Viana Filho av., SN, Campus Canela,
Canela, BA, Brazil.
cleisecristine@gmail.com