

Influencing Factors on Therapeutic Adherence of Hypertensive Elderly in Primary Health Care: Integrative Review

Fatores influentes na adesão terapêutica de idosos hipertensos na atenção primária à saúde: Revisão integrativa

Factores influyentes en la adherencia terapéutica de ancianos hipertensos en atención primaria: Revisión integrativa

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RESUMO

Objetivo: Identificar com base na literatura científica existente, quais fatores interferem na adesão terapêutica de pessoas idosas hipertensas atendidas na Atenção Primária em Saúde. **Método:** Revisão integrativa, com artigos coletados nas bases de dados Web of Science, Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), Medical Literature Online (MEDLINE) e SCOPUS, através dos Descritores em Ciências da Saúde (DeCS) pessoa idosa, hipertensão arterial, adesão terapêutica e atenção primária à saúde, com recorte temporal de 2014 a 2024, disponíveis na íntegra, nos idiomas português, inglês e espanhol. **Resultados:** Foram localizados 438 estudos, e após leitura dos títulos e resumos, restaram 32 estudos para leitura completa, destes, 23 formaram o escopo da revisão. Emergiram as categorias temáticas fatores psicológicos e comportamentais; fatores demográficos e socioeconômicos; fatores relacionados ao sistema de saúde e ao tratamento. **Conclusão:** A adesão terapêutica de pessoas idosas hipertensas atendidas na Atenção Primária é multifatorial, sendo as intervenções educativas e de suporte psicossocial, fortalecimento da atenção primária e simplificação do acesso aos serviços de saúde, elementos essenciais nesse processo. **Descritores:** Pessoa idosa. Adesão terapêutica. Hipertensão arterial. Atenção primária à saúde.

ABSTRACT

Objective: Identify based on existing scientific literature, which factors interfere with therapeutic adherence of hypertensive elderly people treated in Primary Health Care. **Methods:** Integrative review, with articles collected in the databases Web of Science, Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Online (MEDLINE) and SCOPUS, through the Health Sciences Descriptors (DeCS) person elderly, high blood pressure, therapeutic adherence and primary health care, with a time frame from 2014 to 2024, available in full, in Portuguese, English and Spanish. **Results:** Results/Integrative Review: 438 studies were located, and after reading the titles and abstracts, 32 studies remained for complete reading, of which 23 formed the scope of the review. **Thematic categories emerged:** psychological and behavioral factors; demographic and socioeconomic factors; factors related to the health system and treatment. **Conclusion:** Therapeutic adherence of hypertensive elderly people treated in Primary Care is multifactorial, with educational and psychosocial support interventions, strengthening primary care and simplifying access to health services being essential elements in this process. **Descriptors:** Elderly person, Therapeutic adherence, Arterial hypertension, Primary health care.

RESUMEN

Objetivo: Identificar, con base en la literatura científica existente, qué factores interfieren en la adherencia terapéutica de los ancianos hipertensos atendidos en la Atención Primaria de Salud. **Métodos:** Revisión integrativa, con artículos recopilados en las bases de datos Web of Science, Literatura Latinoamericana y del Caribe en Ciencias de la Salud (LILACS), Literatura Médica Online (MEDLINE) y SCOPUS, a través de los Descriptores de Ciencias de la Salud (DeCS) persona mayor, hipertensión arterial, adherencia terapéutica y atención primaria de salud, con un horizonte temporal de 2014 a 2024, disponible íntegramente en portugués, inglés y español. **Resultados:** Se localizaron 438 estudios, y luego de la lectura de los títulos y resúmenes quedaron para lectura completa 32 estudios, de los cuales 23 formaron el alcance de la revisión. Surgieron categorías temáticas: factores psicológicos y conductuales; factores demográficos y socioeconómicos; factores relacionados con el sistema de salud y el tratamiento. **Conclusión:** La adherencia terapéutica de los ancianos hipertensos atendidos en Atención Primaria es multifactorial, siendo elementos esenciales en este proceso las intervenciones educativas y de apoyo psicossocial, el fortalecimiento de la atención primaria y la simplificación del acceso a los servicios de salud. **Descriptores:** Persona mayor, Adherencia Terapéutica, Hipertensión arterial, Atención primaria de salud.

Introduction

Systemic arterial hypertension (SAH) currently represents a significant public health problem with multifactorial causes. It is an important risk factor for cardiovascular, cerebral, and renal issues, and has a significant impact on medical and socioeconomic costs due to its complications.¹

SAH, a chronic noncommunicable disease (NCD), requires constant monitoring and follow-up of the individual affected, with the purpose of preventing and reducing potential complications. Population studies indicate that 31.1% of the adult population is hypertensive, with an estimated rate of 31.5% in developing countries such as Brazil, where the control rate ranges from 10.4% to 35.2%.² According to the Vigitel report prepared in 2020 by the Brazilian Ministry of Health, the number of adults diagnosed with hypertension in Brazil increased by 3.7% over the last 15 years, from 22.6% in 2006 to 26.3% in 2021.³

Although SAH does not affect only the elderly, it is a chronic condition with high prevalence in this population, potentially contributing to the reduction of physical and biological capacity, leading to a decrease in independence and autonomy and compromising their quality of life (QoL).⁴ According to the Brazilian Guidelines on Arterial Hypertension, approximately 65% of individuals aged 60 and over present with SAH, a prevalence attributed to the epidemiological transition occurring in the country.¹

In older adults, this health deviation presents itself as the most significant modifiable cardiovascular risk factor, with a direct association between aging and its prevalence, related to the increase in life expectancy. Early diagnosis and effective treatment adherence are therefore essential to minimize complications.⁵

Considering that low adherence, combined with age and other biopsychosocial aspects, impairs disease management and control, Primary Health Care (PHC) plays a crucial role in providing therapeutic strategies and monitoring adherence. PHC encompasses individual, cultural, and environmental aspects, facilitating control of the disease and its potential complications.⁶⁻⁷

Given this issue, it becomes relevant to identify, based on existing literature, the factors that interfere with therapeutic adherence among elderly individuals with hypertension treated in Primary Health Care.

Method

This is an Integrative Literature Review (ILR), aimed at collecting, evaluating, and summarizing the results of already published research on a specific subject or topic. To achieve this, guidelines established by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) and the six-step review model were utilized.

In the first step, the guiding question of the research was formulated using the PICO strategy (Table 1), namely: What factors influence the therapeutic adherence (I) of elderly hypertensive patients (P) treated in Primary Health Care (Co)?

The search and selection of articles was conducted in secondary databases in the months of September and October 2024, applying the inclusion criteria: articles published in the last 10 years - a period marked by the redefinition of the Healthcare Network for People with Chronic Diseases, available in full online for reading, in Portuguese, English, and Spanish, and that addressed the guiding question. Articles for which it was not possible to identify a relationship with the theme through reading the title and abstract, duplicate studies, and gray literature were excluded.

Table 1 - Strategy for the development of the research problem.

Acrônimo	Elementos relacionados	Descritores (controlados e não-controlados) - DeCS
P	Idosos hipertensos	Pessoa idosa OR Pessoa de idade OR População idosa OR Idoso hipertenso
CONECTOR		AND
I	Adesão terapêutica	Cooperação e adesão ao tratamento OR Aderência ao tratamento OR Adesão ao tratamento OR Adesão terapêutica
CONECTOR		AND
Co	Atenção primária à saúde	Atenção primária à saúde OR Atenção básica de saúde OR Atenção básica a saúde OR Atenção primaria OR Atenção básica

For data collection, the databases used were Web of Science, Latin American and Caribbean Health Sciences Literature (LILACS), Medical Literature Online (MEDLINE), and SCOPUS, which were chosen for allowing the indexing of a significant number of national and international articles. The descriptors used for the search were consulted in the Health Sciences Descriptors (DeCS) and the intersections were made in the form of association, using the boolean operator AND, according to the search strategy presented in Table 2.

Table 2 - Systematized search strategies in the databases.

Data bases	Strategy
WEB OF SCIENCE	"elderly population" AND hypertension AND "adherence to treatment" AND "primary health care"
LILACS	"pessoa idosa" AND "hipertensão arterial" AND "adesão terapêutica" AND "atenção primária à saúde"
MEDLINE	elderly AND "arterial hypertension" AND "therapeutic adherence" AND "primary health care"
SCOPUS	elderly AND hypertension AND treatment

The level of evidence was determined according to the model proposed by Melnyk and Fineout-Overholt, which categorizes into: Level I - systematic review or meta-analysis of relevant clinical trials; Level II - well-defined randomized controlled clinical trial; Level III - well-defined clinical trial without randomization; Level IV - well-defined cohort or case-control study; Level V - systematic review of descriptive and qualitative studies; Level VI - descriptive or qualitative study; Level VII - expert opinion or committee report.

The studies were critically analyzed regarding their content, allowing for the extraction of the discussion of the results concerning the proposed theme. The information was categorized and presented in a table containing the profile of the publications and their methodological characteristics.

Results

A total of 438 studies were identified, and after a thorough reading of the titles and abstracts and the exclusion of duplicate articles, 32 studies remained for full reading; of these, 23 met the objective and formed the scope of the review. Of this total, 14 (60.8%) are Brazilian and 9 (39.1%) are of foreign origin (Figure I).

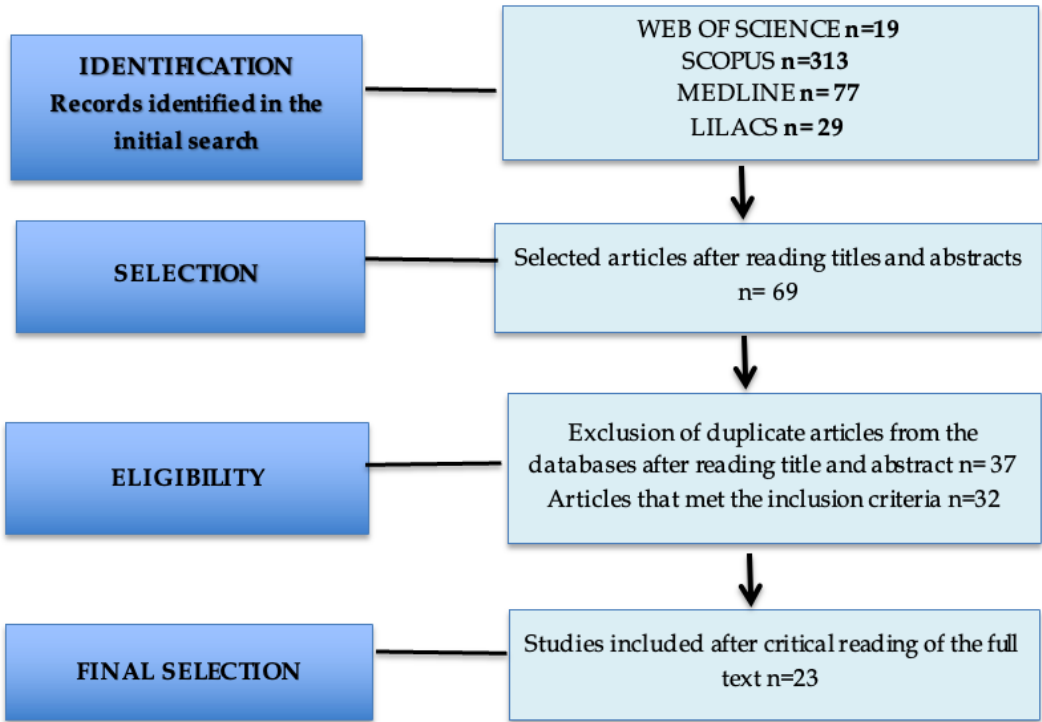


Figure 1 - Flow diagram of primary study selection. Boa Vista-RR, Brazil, 2024. Source: Adapted from PRISMA, by the authors, 2024.

The selected articles were categorized using an instrument consisting of: article title, authors, journal, publication year, language, country of research, study type, level of evidence, and research objective (Table 3).

Table 3 - Characterization of the articles selected in the databases. Boa Vista-RR, Brazil, 2024.

Title	Author/journal/year/ country/language	Type of Study/ Level of evidence	Objective
Adherence to Antihypertensive Treatment and Occurrence of Metabolic Syndrome	Silva et al., <i>Escola Anna Nery</i> , 2021, Brazil. Portuguese	Analytical study with cross-sectional cohort. Level IV	To analyze the association between adherence to antihypertensive treatment and the occurrence of metabolic syndrome in hypertensive patients at a primary healthcare unit.
Prevalence and Predictors of Non-Adherence to Clinical Consultation among Adults with Poorly Controlled Hypertension in a Primary Care Setting	Godpower et al., <i>Ghana Medical Journal</i> , 2021, Nigeria. English	Analytical cross-sectional study. Level VI	To analyze adherence to drug treatment and factors associated with cardiovascular health in Afro-descendant hypertensives living in urban quilombola communities.
Treatment and Adherence to Antihypertensive Therapy in France: The Role of Socioeconomic Factors and Primary Care in the ESTEBAN Survey	Vallée et al., <i>Springer Nature</i> , 2021, France. English	Analytical cross-sectional study. Level VI	To investigate the associations between different clinical and socioeconomic factors and primary care in relation to antihypertensive treatment and adherence in a French sample.
Therapeutic Adherence of Patients with Arterial Hypertension in Primary Health Care	Iancu et al., <i>Open Access Journals</i> , 2020, Romania. English	Descriptive cross-sectional study. Level VI	To assess the prevalence and predictors of non-adherence to clinical consultations in adult patients with poorly controlled hypertension.
Uncontrolled Blood Pressure among Elderly People Assisted by the Family Health Strategy	Luz; Silva-Costa; Griep, <i>Revista Brasileira de Geriatria e Gerontologia</i> , 2020, Brazil. Portuguese	Retrospective cross-sectional study. Level VI	To assess adherence to non-pharmacological and pharmacological treatment of hypertensive patients, identify blood pressure control rates, and evaluate knowledge

			about the disease.
Factors Associated with Adherence to Pharmacological Treatment among Afro-Descendant Hypertensives Living in Quilombola Communities: A Cross-Sectional Study	Souza et al., <i>Revista Cuidarte</i> , 2020, Brazil. English	Descriptive cross-sectional study with a quantitative approach. Level VI	To investigate the prevalence of uncontrolled blood pressure and associated factors in elderly hypertensives assisted by the Family Health Strategy in a municipality of Piauí, Brazil.
Medication Adherence to Hypertension Treatment in Two Health Care Models	Almeida et al., <i>Revista de Atenção Primária à Saúde</i> , 2019, Brazil. Portuguese	Quantitative cross-sectional study. Level VI	To compare the degree of medication adherence in individuals with SAH assisted in two care models: Family Health Strategy (FHS) and Basic Health Unit (BHU).
Factors Associated with the Adherence of Adults/Elderly to Hypertension Treatment in Primary Care	Barbosa et al., <i>Revista de Enfermagem da UERJ</i> , 2019, Brazil. Portuguese	Quantitative cross-sectional study. Level VI	To evaluate factors influencing adherence to hypertension treatment in adults/elderly in two BHUs.
Factors Influencing Adherence to Therapeutic Regimen in Hypertension and Diabetes	Parra; Guevara; Rojas, <i>Investigación y Educación en Enfermería</i> , 2019, Colombia. Spanish	Analytical cross-sectional study. Level VI	To determine factors associated with adherence to the therapeutic regimen in patients with hypertension and type 2 diabetes mellitus treated at basic health units.
Arterial Hypertension in the Elderly Assisted in Primary Care: Profile and Associated Factors	Santana et al., <i>Escola Anna Nery</i> , 2019, Brazil. Portuguese	Cross-sectional study. Level VI	To analyze blood pressure control in elderly hypertensives assisted by a BHU in the Federal District, determining sociodemographic profile and associated risk factors.
Antihypertensive Therapeutic Adherence in the Elderly	Boulí; Aguilar; Carbonell, <i>Revista Información Científica</i> , 2019, Cuba. English	Descriptive cross-sectional study. Level VI	To characterize antihypertensive treatment adherence in elderly patients at Arroyo

			Bueno Clinic in Guantánamo Province, Cuba.
Adherence to Treatment and Lifestyle of Hypertensives	Dallacosta; Restellato; Turra, <i>Cuidado é Fundamental</i> , 2019, Brazil. Portuguese	Cross-sectional study. Level VI	To analyze adherence to antihypertensive treatment and the lifestyle of hypertensive individuals.
Assessment of Antihypertensive Adherence and Its Determinants in Primary Health Units in Rural South Africa	Rampamba et al., <i>Becaris Publishing</i> , 2018, South Africa. English	Descriptive cross-sectional study. Level VI	To determine the level of antihypertensive medication adherence in practice and explore its relationship with factors affecting adherence levels.
Difficulties of the Elderly in Adhering to Hypertension Treatment	Resende et al., <i>Revista de Enfermagem UFPE</i> , 2018, Brazil. Portuguese	Descriptive qualitative study. Level VI	To analyze the difficulties faced by the elderly in adhering to systemic arterial hypertension treatment.
Lifestyle and Adherence to Systemic Arterial Hypertension Treatment in Elderly Men	Falcão et al., <i>Revista Brasileira em Promoção da Saúde</i> , 2018, Brazil. Portuguese	Descriptive cross-sectional study with quantitative approach. Level VI	To evaluate lifestyle and adherence to hypertension treatment in elderly men.
Hypertensive Disease and Treatment Experience: Adherence in Mapuche Ethnic Hypertensive Patients	Jaramillo; Nazar, <i>Ciencia y Enfermería</i> , 2018, Chile. Spanish	Qualitative study with phenomenological approach. Level VI	To explore the experience of hypertension and treatment adherence among Mapuche users of a cardiovascular health program in primary care.
Clinical-Epidemiological Profile and Treatment Adherence of Elderly with Hypertension	Machado et al., <i>Revista de Enfermagem UFPE</i> , 2017, Brazil. Portuguese	Quantitative descriptive study. Level VI	To describe the clinical-epidemiological profile and treatment adherence of elderly hypertensive individuals.
Adherence to Hypertension Treatment among Users of the Family Health Strategy in a Municipality of Piauí	Rocha; Borges; Martins, <i>Revista Atenção Primária em Saúde</i> , 2017, Brazil. Portuguese	Descriptive cross-sectional study. Level VI	To investigate adherence to hypertension treatment among users of the Family Health Strategy in the municipality of Floriano.

Adherence/Linkage of People with Hypertension to the Family Health Strategy	Rêgo; Radovanovic, <i>Revista Brasileira de Enfermagem</i> , 2017, Brazil. Portuguese	Cross-sectional study. Level VI	To evaluate adherence and linkage and associate them with blood pressure control and monitoring in hypertensive individuals within the Family Health Strategy.
Medication Adherence among Elderly Hypertensives	Aiolf et al., <i>Revista Brasileira de Geriatria e Gerontologia</i> , 2015, Brazil. Portuguese	Quantitative cross-sectional study. Level VI	To describe medication adherence in elderly hypertensives with cognitive deficits assisted by the Family Health Strategy (FHS) and identify associated factors.
Assessment of Blood Pressure Control and Therapeutic Adherence in Hypertensive Patients in the Cardiovascular Health Program (CHP). Association with Clinical, Socioeconomic, and Psychosocial Characteristics	Chacon et al., <i>Revista Chilena de Cardiología</i> , 2015, Chile. Spanish	Randomized study. Level II	To assess blood pressure control and pharmacological treatment adherence in hypertensive patients in the Cardiovascular Health Program and its association with clinical, socioeconomic, and psychosocial factors.
Factors Associated with Antihypertensive Treatment Adherence by Elderly in Primary Care	Silva et al., <i>Revista de Ciências Farmacêuticas Básica e Aplicada</i> , 2014, Brazil. Portuguese	Quantitative descriptive cross-sectional study. Level VI	To determine antihypertensive treatment adherence and associated non-adherence factors in elderly hypertensives enrolled in a Family Health Unit (FHU).

Discussion

Therapeutic adherence to the treatment of arterial hypertension is a global challenge, influenced by a wide range of factors. In this study, based on the analyzed sample, three main thematic categories emerged: psychological and behavioral factors; demographic and socioeconomic factors; and factors related to the health system and treatment.

Category 1: Psychological and behavioral factors

Among the factors highlighted in this category are fear of adverse reactions and drug interactions, discontinuation of medication when patients feel well, the belief that treatment can be stopped when symptoms improve, difficulty integrating the therapeutic regimen into the daily routine, and difficulty maintaining a regular medication schedule, especially among those who need to take multiple doses per day.¹¹⁻¹⁹

Other factors such as forgetfulness, low perception of hypertension risk—reinforced by lack of knowledge about the long-term benefits of treatment adherence—presence of cognitive deficits, lack of family and social support, and the coexistence of unhealthy lifestyle habits such as physical inactivity, alcohol consumption, smoking, and intake of high-fat foods and red meat, also emerged.¹²⁻²⁰

Fear of adverse reactions and drug interactions may, according to some authors, discourage treatment continuity, in addition to the erroneous discontinuation of medication when the patient feels well. They also highlight the difficulty of integrating the therapeutic regimen into the daily routine, especially among patients who need to follow complex medication regimens.¹²⁻¹³

On the other hand, low adherence is often associated with a lack of knowledge about the long-term benefits of treatment, as well as cognitive deficits that hinder understanding the severity of hypertension.¹⁶ In this context, forgetting to take doses, misreading labels, and lack of family and community support—especially in socioeconomically disadvantaged patients—emerge as equally relevant factors. The absence of a family and social support network worsens the situation, limiting patients' ability to maintain a consistent treatment routine.^{17,20}

The coexistence of unhealthy lifestyle habits, such as alcohol consumption, smoking, and physical inactivity, as well as a diet rich in fats and red meat, presents barriers not only to treatment adherence but also increases the risk of complications associated with hypertension. However, changing these habits depends more on educational interventions than on isolated behavioral factors, suggesting that the role of public policies and preventive health programs is crucial for improving therapeutic adherence.^{15,18}

Considering emotional aspects, depression and anxiety are identified as consistent predictors of poor therapeutic adherence.²¹ These psychological factors were not emphasized in the studies included in our review, although they are directly related to the adherence challenges observed in patients with multiple comorbidities, highlighting the importance of considering emotional well-being in the management of hypertension.

Category 2: Demographic and socioeconomic factors

In the analyzed articles, inadequate adherence is more frequently observed in elderly patients, particularly among women, reflecting a trend of greater vulnerability in this group. Furthermore, low income and socioeconomic difficulties, lower educational attainment, limited access to medications, and absence of social support are significant barriers to treatment adherence.^{13-14,19-20,22-25}

The greater vulnerability observed among elderly women can be explained by physiological, social, and cultural factors, with less autonomy over health decisions, making them more susceptible to complications and, consequently, to inadequate treatment adherence. In addition to aging, the higher frequency of comorbidities and dependence on others for daily medication management are factors that exacerbate this vulnerability, especially when combined with the absence of adequate social support.^{23-24, 26}

Regarding income and socioeconomic conditions, low-income patients face greater difficulties in adherence, particularly due to limited access to medications and lack of resources to afford the ongoing costs related to prescribed therapies.^{20, 24}

Lower educational attainment also plays a relevant role in treatment adherence. Patients with lower educational levels tend to have more difficulty understanding medical guidance and the importance of strictly following prescriptions, especially in marginalized communities where educational programs, access to qualified information, and social support are often insufficient.¹³⁻¹⁴

Category 3: Factors related to the health system and treatment

Considering the analyzed articles, factors such as the presence of adverse reactions to prescribed medications, lack of availability of combination drugs, ineffective communication between patients and healthcare professionals, lack of adequate guidance, lack of continuous support, organization of the healthcare system, complexity of the therapeutic regimen, poor understanding of the disease and treatment, not receiving information about the benefits of medication, and lack of regular access to healthcare resources present themselves as barriers to treatment compliance.^{7, 11-15, 17, 19, 22, 24-27}

The presence of adverse drug reactions is a major factor that discourages patients from continuing treatment, especially in complex regimens that require the use of multiple pills, particularly among those who do not receive continuous support and adequate guidance on how to manage side effects and hypertension itself.^{24, 27}

In addition, the lack of effective communication between patients and healthcare professionals, with clear and comprehensive guidance on treatment, is identified as a critical barrier. Limited understanding of the disease and treatment, and the lack of ongoing support, compromise treatment effectiveness, especially in poorly organized healthcare systems.¹³⁻¹⁴

On the other hand, research suggests that the role of the healthcare system in adherence can be partially compensated through intervention strategies and argues that improvements in accessibility and healthcare system organization can mitigate the negative effects of system gaps.^{17, 26}

Trust in the healthcare system also emerges as a determining factor, suggesting that in systems where patients have a higher perception of quality and trust, adherence tends to be significantly better, even in situations where physician-patient communication is not ideal. This contrasts with findings that emphasize poor communication as the sole barrier, suggesting that general trust in the system can mitigate some of these negative effects.²⁸

Therefore, tools such as telemedicine, health apps, and remote consultations can facilitate access to continuous guidance, improving communication and promoting better monitoring of therapeutic adherence, especially in remote areas or overloaded healthcare systems.²⁹

Furthermore, underfunded healthcare systems are less capable of implementing effective therapeutic adherence programs. In countries with insufficient healthcare funding, patients face deeper difficulties, such as intermittent access to medications and a lack of trained professionals.³⁰

Conclusion

The reviewed literature shows that the therapeutic adherence of elderly hypertensive individuals treated in Primary Health Care is influenced by a combination of factors. The analysis of the thematic categories highlights the need for educational interventions and psychosocial support to promote greater engagement in treatment, especially in vulnerable groups, such as the elderly. Furthermore, the promotion of specific educational programs, tailored to the reality of these populations, could mitigate the negative effects of lack of information and social support on therapeutic adherence.

Another relevant point concerns the strengthening of primary care, which emerges as a significant solution to overcome the identified barriers. Interventions focused on reorganizing treatment regimens, as well as simplifying access to health services, are essential to improve therapeutic adherence, especially in remote areas and weakened health systems.

In this context, the nurse, particularly those working in Primary Health Care, plays a fundamental role by coordinating comprehensive care, directly engaging in health education as a facilitator, providing clear and continuous guidance, as well as promoting necessary emotional support, ensuring ongoing follow-up for these patients, and facilitating access to information about treatment, helping to mediate the relationships between patients and the health system.

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References

1. Sociedade Brasileira de Cardiologia (SBC). Atualização das Diretrizes em Cardiogeriatría da Sociedade Brasileira de Cardiologia. Arq Bras Cardiol. 2019;112(5):649-705. Disponível em: <http://publicacoes.cardiol.br/portal/abc/portugues/2019/v11205/pdf/11205024.pdf>. Acesso em: 20 de junho de 2023.
2. Yugar-Toledo JC, Moreno Júnior H, Gus M, Rosito GBA, Scala LCN, Muxfeldt ES, et al. Posicionamento Brasileiro sobre Hipertensão Arterial Resistente – 2020. Arq Bras Cardiol [Internet]. 2020;114(3):576–96. Disponível em: <https://doi.org/10.36/abc.20200198>.
3. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Análise em Saúde e Vigilância de Doenças Não Transmissíveis. Vigitel Brasil 2020: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília: Ministério da Saúde; 2021. Disponível : <https://www.gov.br/saude/pt-br/cent-de-conteudo/publico/svsa/v/relato-vig-2-original.pdf>.
4. Rocha AS, Pinho BATD de, Lima EN. Hipertensão arterial entre idosos: comparação entre indicadores do Ceará, do Nordeste e do Brasil. Rev Bras Promoc Saúde [Internet]. 2021 16 de março;34. Disponível em: <https://ojs.uni.b/RBP/ar/ver/1>.
5. Malachias MVB, Souza WKS, Plavnik FL, Rodrigues CIS, Brandão AA, Neves MFT, et al. 7º Diretriz Brasileira de Hipertensão Arterial. Arq Bras Cardiol [Internet]. 2016 [citado 2017 jan 10];107(3 Supl 3):1-83. Disponível em: <https://www.scielo.br/j/abc/a/LtmRBQ7ZnJ88SQxL64yFRyy/?format=pdf>
6. Machado ALG, Guedes IH, Borges FM, Silva AZ, Machado ALG, Vieira NFC. Perfil clínico-epidemiológico e adesão ao tratamento de idosos com hipertensão. Rev. Enferm UFPE. 2017;11(12):4906-12. Disponível em: <https://per.ufpe.br/rev/rever/ar/visualizar/22996>.
7. Rêgo AS, Radovanovic CAT. Adesão de portadores de hipertensão arterial na Estratégia Saúde da Família do Brasil. Rev Bras Enferm [Internet]. 2018;71(3):1030-7. Disponível em: <http://dx.doi.org/10.1590/0034-7167-2017-0297>.
8. Souza MT, Silva MD, Carvalho R. Revisão integrativa: o que é e como fazer. Einstein (São Paulo). 2010;8(1 Pt 1):102-6. Disponível em: <https://journal.ei.br/pt-br/artigo/revi-integrativa-o-que-e-e-como-fazer/>.
9. Galvão TF, Pansani TSA, Harrad D. Principais itens para relatar Revisões sistemáticas e Meta-análises: A recomendação PRISMA. Epidemiol Serv Saúde [Internet]. 2015;24(2):335-42. Disponível em: <http://sc.iec.ir.br/s.php?escrever=s&pi=S>.

10. Fineout-Overholt E, Melnyk BM, Stillwell SB, Williamson KM. Prática baseada em evidências, passo a passo: Avaliação crítica das evidências: parte III. *Am J Nurs*. 2010;110(11):43-51. doi: 10.1097/01.NAJ.0000390523.99066.b5. Disponível em: [encurtador.com.br/aJmT2](https://e.br/aJmT2).
11. Luz AL de A, Silva-Costa A, Griep RH. Pressão arterial não controlada entre pessoas idosas hipertensas assistidas pela Estratégia Saúde da Família. *Rev bras geriatr gerontol* [Internet]. 2020;23(4):e200211. Available from: <https://doi.org/10.1590/1981-22562020023.200211>
12. González BY, Cardoso AE, Carbonell NA. Adherencia terapéutica antihipertensiva en adultos mayores. *Rev. inf. cient.* [Internet]. 2019 Abr [citado 2024 Nov 16]; 98(2): 146-156. Disponible en: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S102899332019000200146&lng=es.
13. Rocha MLF, Borges JW, Martins MFS. Adesão ao tratamento da hipertensão arterial entre usuários da Estratégia Saúde da Família em um município do Piauí. *Rev APS*. 2017;20(1):6-20. Disponível em: <https://doi.org/10.1808.v20.15749>.
14. Dallacosta FM, Restelatto MTR, Turra L. Adesão ao tratamento e hábitos de vida dos hipertensos. *J Res Fundam Care Online*. 2019;11(1):113-7. Disponível: <https://doi.org/10.2175/2175-5361.2019.v11i1.113-11>.
15. Resende et al. Dificuldades de idosos na adesão ao tratamento da hipertensão arterial. *Rev. Enferm UFPE*. 2018;12(10):2546-54. Disponível em: <https://pes.bv.org/po/r/pt/biblioteca--996189>.
16. Rampamba EM, Meyer JC, Godman B, Kurdi A, Helberg E. Avaliação da adesão anti-hipertensiva e seus determinantes em unidades de atenção primária à saúde na África do Sul rural. *J Comp Eff Res*. 2018 Jun;7(7):661-672. doi: 10.2217/ce-2018-0004. Disponível em: <https://doi.org/10.2217/ce-2018-0004>.
17. Jaramillo AR, Nazar G. Experiência de doença hipertensiva e adesão em pessoas hipertensas pertinentes ao povoado originário mapuche. *Ciência Enferm*. 2018;24:2. Disponível em: https://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0717-95532018000100201.
18. Aiolfi CR, Alvarenga MRM, Moura CS, Renovato RD. Adesão ao uso de medicamentos entre idosos hipertensos. *Rev Bras Geriatr Gerontol*. 2015;18(2):397-404. Disponível em: <https://doi.org/10.1590/1981-22562015.14035>.
19. Rajpura J, Nayak R. Adesão à medicação em uma amostra de idosos que sofrem de hipertensão: avaliando a influência das percepções da doença, crenças sobre o tratamento e carga da doença. *J Manag Care Pharm*. 2014;20(1):58-65. doi: 10.18553/jmcp.2014.20.1.58. Disponível em: <https://www.jmcp.org/doi/10.18553/jmcp.2014.20.1.58>.

20. Heisler M, Choi H, Rosen AB, Vijan S, Kabeto M, Hayward RA. Hospitalizações e mortes entre adultos com doença cardiovascular que subutilizam medicamentos devido ao custo: uma análise nacional. *J Gen Intern Med*. 2018;33(5):644-50. doi: 10.1007/s11606-017-4267-4. Disponível em: <https://lin.spri.com//arte/10/s11606-017-4267-4>.
21. Kronish IM, Moise N, Gould LA. Preditores de não adesão a medicamentos de prevenção secundária após uma síndrome coronária aguda: uma revisão sistemática. *J Am Heart Assoc*. 2017;6(5). Doi: 10.1161/JAHA.117.006116. Disponível em: <https://www.aajournals.org/doi/10.1161/JAHA.117.006116>
22. Almeida ALJ, Silva NS, Cardoso VF, Vanderlei FM, Pizzol RJ, Chagas EF. Adesão ao tratamento medicamentoso da hipertensão arterial em dois modelos de atenção à saúde. *Rev APS*. 2019;22(2):235-50. Disponível em: <https://pesq.b.org/portal//res/pt/biblio-1102798>.
23. Xu T, Wang H, Gu H, Zhang X, Yang X. Diferenças de gênero nas associações entre adesão à medicação autorrelatada e resultados adversos em pacientes com hipertensão: um estudo transversal. *BMC Public Health*. 2018;18(1):1-9. Disponível em: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5338-0>
24. Vallée A, Grave C, Gabet A, Blacher J, Olié V. Tratamento e adesão à terapia anti-hipertensiva na França: os papéis dos fatores socioeconômicos e da medicina de atenção primária na pesquisa ESTEBAN. *Hypertens Res*. 2021;44(5):550-60. Disponível em: <https://www.n.co/ar/s4-020-00603-z>.
25. Barbosa MEM, Vieira SP, Souza MH, et al. Fatores associados à adesão de adultos/idosos ao tratamento da hipertensão arterial na atenção básica. *Rev Enferm UERJ* [Internet]. 2019;27. Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1099958>.
26. Parra DI, Guevara SLR, Rojas LZ. Fatores influentes na adesão ao regime terapêutico em hipertensão e diabetes. *Investig Educ Enferm* [Internet]. 2019;37(3). Disponível em: <https://dialnet.unir.es/serv/ar?codigo=7330980>.
27. Iancu MA, Mateiciuc II, Stănescu AA, Matei D, Diaconu CC. Adesão terapêutica de pacientes com hipertensão arterial na atenção primária. *Medicina (Kaunas)*. 2020;56(11):631. doi: 10.3390/medicina56110631. Disponível em: <https://www.mdpi.com/1648-9144/56/11/631>.
28. McQuaid EL, Landier W, Estabrooks PA. O papel da confiança na melhoria da adesão aos tratamentos médicos para doenças crônicas: uma revisão sistemática. *Health Psychol Rev*. 2020;14(2):182-94. doi: 10.1080/17437199.2019.1669482. Disponível em: <https://w.bronzeado.co/doi/completo/10/174>.

29.Chan AH, Reddel HK, Apfelbacher C, Bosnic-Anticevich S. Monitoramento de adesão e intervenções para melhorar os resultados em pacientes com asma. J Thorac Dis. 2019;11(Suppl 14). Doi: 10.21037/jtd.2019.08.81. Disponível em: <https://jtd.amegroups.com/article/view/31899>

30.Sabaté E, editor. Adesão a terapias de longo prazo: evidências para ação. Genebra: Organização Mundial da Saúde; 2003. Disponível em: <https://ir.c.int/há/10665/42682>.

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