

**Nursing and research in arterial hypertension**

Arterial hypertension is a multifactorial chronic disease characterized by high levels of sustained pressure (>140/90 mmHg in adults). This high levels cause organs alterations, especially in: heart, brain, kidneys and blood vessels, as well as metabolic alterations<sup>(1)</sup>. Thus, increases the risk of fatal and nonfatal cardiovascular events which represents the leading cause of morbidity and mortality, in our environment. In 2006, in Brazil, 302,682 deaths occurred due to diseases of the circulatory system, which corresponded to 29.4% of total deaths<sup>(2)</sup>. Most of the time, the arterial hypertension is asymptomatic, and the only way of identifying this disease is by measuring blood pressure. Despite the proven efficacy of drug and non-drug treatments, the control of hypertension remains as a challenge to be overcome. Only about one third of hypertensives have their blood pressure levels controlled, probably due to poor treatment adherence. Faced with this reality, we wonder: How nursing contemplates the context of caring for hypertensive people?, or What has been produced by researches that addresses the needs, contextualizes the problems and presents proposals?

Analyzing the production published, on arterial hypertension, in four national magazines, rated by CAPES as Qualis A, we found 58 articles. Most articles (47) were descriptive and exploratory studies, only two interventions tests aimed to assist hypertensive patients, and the others were literature review articles and descriptions of experiences. It was identified that the main issue studied was the identification of hypertensive patients' characteristics, and the objective of studies was to identify patients' needs and draw a profile including variables such as: structural, socioeconomic, psycho-emotional, knowledge of the disease and its treatment, quality of life, among others. It is emphasized that the theme "adherence to treatment", most of the time, was not the main researched focus; but, it is believed that the quest to identify and learn, is more closely related to factors that hinder the process than those who facilitate the adherence.

The expression "treatment adherence" refers to the degree of compliance with prescribed therapeutic measures, which can be medicinal or not, aiming at maintaining blood pressure levels controlled. Adherence is a complex behavioral process strongly influenced by the environment, by health professionals and by the given assistance care. Non-adherence is a major obstacle to translating treatment efficacy in the desired therapeutic objectives and may be a source of frustration for health professionals. Social variables should be considered in treatment adherence, such as age, sex, race, education, socioeconomic status, occupation, marital status, religion, lifestyle, cultural aspects and beliefs about health. The knowledge about the disease and treatment is also a variable to be highlighted, since it has been verified that, most of the time, hypertensive people have information about their health problems but, they aren't properly controlled. The discrepancy between having information regarding the disease and its treatment and achieving blood pressure control points out that exists an essential difference between knowledge and adherence. While knowledge is rational, adherence is a complex process that involves emotional factors and real barriers, of practical and logistics origin. The disease chronicity and absence of specific symptoms, as well as the long-term complications, also deserve attention. In addition, the relationship established with health-team members may be the base for an effective treatment. Characteristics of treatment with drugs can influence adherence, among them, it can be highlighted: cost, undesired side effects, complex treatment regimens, and life during treatment, besides the access to health services.

I believe that we already have enough knowledge, in our milieu, about the problematic surrounding the context of hypertensive individuals. The next step should include the proposition

for performing studies of implementation and evaluation of strategies that can be useful to modify the current scenery. The literature indicates numerous resources that may be useful, however, the nurse should test and adequate them to the real needs of hypertensive patients.

## **REFERENCES**

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