

THE LIFE EXPERIENCE OF SENIORS AND THEIR FAMILIES DEALING WITH ARTERIAL HYPERTENSION

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ABSTRACT

The objective of the study was to understand the seniors' life experience and their family dealing with the arterial hypertension (AH). This is a study of qualitative nature, developed in Maringá - PR, using Grounded Theory as methodological referential. The data were collected from March to July 2007, through open interviews and observation, carried out with 14 families living with this condition in different stages. The results show that high value is given to the medicinal treatment, to the adoption, although incipient, of some healthy practices that aid in the control and the presence of habits, attitudes and beliefs that interfere positive and negatively in the care of hypertension. It is considered that the study brings better understanding of the experience lived by the seniors and their families regarding the care required by the AH, favoring the reflection, and consequently, possible changes in the professional attitudes concerning the assistance given to the families that experience this illness.

Keywords: Hypertension. Health of the Elderly. Old Age Assistance. Family. Family Nursing.

INTRODUCTION

Technological advances in recent decades have contributed to radical changes in the way and style of living. Increased longevity, wished since most ancient civilizations, is a reflection of these developments and their results have demonstrated the increase in life expectancy ⁽¹⁾.

One of the impacts verified in increase in the number of older people is more frequent use of health services, often due to chronic diseases ⁽²⁾, which include diabetes *mellitus*, obesity, high blood pressure (hypertension), cancer, cardiovascular and respiratory diseases among the leading causes of death worldwide ⁽³⁾. Among these diseases HA has emerged as a considerable problem, with prevalence in the population.

Hypertension is a multifactorial chronic aggravation that when untreated can be a precursor to other diseases, as cerebral vascular accident, myocardial infarction, vascular compromise, among others. It is estimated that 40% of early retirements are due to this illness, and that 60-80% of cases can be treated in the public health system ⁽⁴⁾. The presence or installation of pathological processes, especially in the elderly, may lead to changes in the functional capacity and lead them to some situations in which the individual hitherto totally

independent passes for dependence condition ⁽⁵⁾.

In a study conducted in Maringá-PR, the prevalence of hypertension, in 2004, was, on average, 14.6%, and the teams of the Family Health Program in their respective areas covered, identified rates ranging from 6.93 to 25% in the population over 20 years-old, and in discriminating the prevalence by age group we observed rate of over 41.1% in the population over 80 years-old ⁽⁶⁾. Studies with other populations also showed a higher incidence of hypertension in the elderly ^(7,8,9).

The control of this condition is closely linked to changes in lifestyle: adequate food, regular exercise, smoking cessation, and the use of medications ⁽⁴⁾. However, these behaviors are not easy to be adopted in daily life. According to the literature, there are difficulties in the process of changing habits, even when people receive guidance and are encouraged to perform them ⁽¹⁰⁾. Nevertheless, monitoring cases and preventive and educational actions is still the center of the strategy to reduce injury ⁽⁴⁾.

The use of drugs is an element of the treatment and control of hypertension that also needs the attention of health professionals. Often, for a more effective treatment, it is necessary to associate multiple medications, which can lead to the possibility of iatrogenic complications and hospitalizations, especially in cases of elderly people, because often they

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themselves need to manage their medications at home ⁽¹⁰⁾. Moreover, there are still many hypertensive patients who have difficulty in adhering to treatment and one of the reasons for this to happen is in the conception that people with hypertension have on hypertension. In one study, they do not consider themselves ill because, for them, being sick is something that manifest clinical symptomatology and hypertension is often silent, a characteristic that may cause them not to conceive sick and hence not make use of the medication. ⁽¹¹⁾ Other reasons are: lack of motivation, forgetfulness ⁽¹²⁾, poor access to basic health unit and consider unnecessary medication ⁽⁹⁾.

It is observed that the elderly are majority in necessity of family support; they may present difficulties in the use of medications and still to perform care which aims disease control. In this sense, family support can minimize the risk for the development of other debilitating diseases associated with hypertension, because the family is a co-participant in the treatment of hypertensive elderly, both in encouraging medication adherence as the changing habits ^(13,14,15). However, some studies have shown that family participation in the treatment of hypertensive elderly patients is little and sometimes absent, especially when there is dependence associated ⁽⁸⁾.

Given the growing number of elderly, the possibility of development of hypertension in this age group and their families have to live with their elderly having a chronic illness, whether they're at home or not, this study aims to understand the experience of the family in caring for the elderly with hypertension. Understanding the process of family involvement in the care of hypertensive individuals can contribute significantly to professional practice, encouraging reflection and changes in professional attitudes regarding hypertensive person and his family, as well as providing subsidies to support new ways of seeing and meet the family, based in conceptions, ways for caring and needs that these families present ⁽¹⁵⁾.

METHODOLOGY

The study is qualitative, using the assumptions of Grounded Theory (GT) to guide

the collection and analysis of data. GT consists of a method for constructing theoretical models and theoretical reflection based on data of a given investigated reality, deductive or inductive manner that allows the explanation of this phenomenon led through the organization of data into conceptual categories. To work with this method it is recommended to have involvement with the object of study, availability of time, creativity, mastery of the precepts of GT, inductive and deductive ability and theoretical sensitivity ⁽¹⁶⁾.

The survey was conducted in Maringá - PR, and data collected in the period from March to June 2007, among 14 families who lived with the HA, contacted from the provision of some health facilities in the municipality. To collect we used open interview, directed by the question: "How has the experience of the family been in relation to hypertension?" Study informants were patients with hypertension and/or their families. With the consent of the participants, the interviews were recorded and later transcribed. Data analysis allowed the identification of the central phenomenon called "Family living with hypertension", it consists of five conceptual categories. In this paper we present one of the categories of the study, which describes the interaction of the elderly and their families in dealing with hypertension and we found in 11 of the 14 families studied. To ensure anonymity, the interviewees were identified by the letters C and H to denote caregiver (C) or hypertension (H), and the letter F followed by a number to indicate the family and the order of the interviews.

The development of the study complied with all ethical research involving humans established by Resolution 196/96 of the Ministry of Health. So the project was approved by the Standing Committee on Ethics in Human Research, State University of Maringá (Opinião nº 034/2007). All members of the families who participated in the interview signed the Informed Consent Form (ICF) in two ways.

RESULTS AND DISCUSSION

When investigating the experience of the elderly in dealing with the hypertension two categories emerged: The elderly and the care with blood pressure, and difficulties to control blood pressure.

The elderly and the care with blood pressure

The elderly revealed that to control hypertension, they have drug and non-drug treatment, and correctly follow this treatment, considering all the professional guidelines regarding the use of the drug:

[...] With the blood pressure: you may forget to eat, but you cannot forget to take the medicine. If you want the blood pressure stay normal you have to take medicine at the right moment [...] (Caregiver Husband and Hypertensive – F5).

Some interviewees demonstrated do not understand why they have developed some complication, because, according to their perceptions, the use of the medication was regular:

I took the medicine at the right time [...] (Hypertensive - F7).

It is interesting to note that most seniors and family in study demonstrated valuing the medicine to control blood pressure, which may contribute to medication adherence, what is essential for adequate control of blood pressure levels. This appreciation is also shared by people who have suffered a cerebrovascular accident (CVA):

Then I was worried about this there, the doctor said: the medicine has to be taken every day, and then eventually I started taking the medicine, and I must not stop taking it. Because this is the problem: if you stop [the drug] and say: Oh, I'm good, I'll stop. The problem comes and fells us. So, it is worse. (Husband C and H - F3).

I think we have to be careful, to take the medicine just right. (Wife C and H - F1).

On the other hand, the emphasis on drug treatment can be seen by the individual as a miracle formula for blood pressure control, because of other equally essential practices for the maintenance of blood pressure at optimal values - the change in eating habits, conducting physical activities that promote a healthy lifestyle, with space for rest, leisure and living in family⁽¹⁷⁾.

In families living with stroke, the continued use of the drug seems to be done more rigorously, as the families show greater concern in regard to the need of using correctly and regularly the antihypertensive medication:

So, having this medicine, it is easier to avoid these things, stroke, myocardial infarction, all these things. There will depend on the care of us. (Husband C and H - F5).

This fact corroborates the data from a study of hypertensive people affected by stroke, which highlighted better adhesion of hypertensive people to forms of treatment after the occurrence of this complication⁽¹⁸⁾.

In regarding to adherence to non-pharmacological treatment, the seniors revealed that the elderly care with factors that affect blood pressure, in most cases, is more pronounced after the hypertension has developed. In this sense, the families said they needed to change some habits and customs to help keeping the pressure at appropriate levels:

The oil is very little, because the doctor said you cannot eat more than a can of oil per month. I'm doing (Husband C and H - F5).

I take care of what I eat. When I taste it and it's salty, I don't eat [...] (H - F11).

[...] I've been eaten without salt for a long time. I don't eat salty food. And I never drink alcoholic beverages [...] (H - F12).

By participating actively in the care, the family members have a significant role in patient adherence to hypertension treatment –in base of drug or not - and that family involvement is highly relevant to the acquisition of habits, changes in lifestyle and in following the pharmacological treatment, demonstrating that it is extremely important that professionals are in contact with the family for adhesion of a person to treatment⁽¹⁸⁾.

Some families reported that they had some previous eating habits that may have contributed to the onset of hypertension and its complications. In this regard, they emphasized the difficulties faced to change them:

The food is not delicious. In the country, we only ate fat food. (Husband C and H - F5).

I'm able to control only with pill and diet, but it is difficult to control (Wife C and H –(F1).

The changing habits, especially food, is perceived as a major problem in the control of hypertension^(14,15). This happens because families are exposed to a great diversity of foods considered unhealthy. On the other hand, the

lack of adherence of all family members to changes in eating habits can also hinder the control ⁽¹⁸⁾, because there is a tendency for hypertension to be taken to eat without restriction, some foods that do not make well or have a different diet, but far less attractive than the ingested by other members of the family, even by being prepared by just one person.

Finally, another great difficulty experienced mainly by women - they usually prepare meals - is that they need to resist the urge to taste the food during or after its preparation:

Sometimes I make pudding, because he [her husband] likes, but many sweets I stopped doing because if you do, you'll want to eat a piece. And the group says that is the mouth, but not the mouth, is the eye, because if you see, you want to eat. (Wife C and H - F1).

The participation of the whole family in the diet is important to stimulate the adherence of the family with hypertension to new eating habits ⁽¹⁹⁾. Consuming a healthy diet for the whole family prevents or delays the onset of chronic conditions in family members who are healthy, promote blood pressure control and, therefore, prevent complications in those who have the grievance:

For my brother and us I use less salt, for everybody[...](Daughter C - F2).

Nowadays he eats (salty food), but it has less salt. Here nobody eats salt [...] (H - F13)

The physical activities were also reported by elderly interviewed, being conceived as an important resource for weight control and, consequently, blood pressure levels:

He used to go walking. I had to go with him because he used to lose equilibrium.(Wife C - F4).

I had started to go walking [...]. It lasted one hour and twenty minutes, one and a half hour. I was walking 10 kilometers.(H - F7).

I used to go walking a lot [...] (H - F9).

I've been walking, I walk a lot. These last days I stopped because of bleeding (H - F11).

I used to walk and ride bike, and then I was getting fatter, having fibromyalgia, which attacks the joints; nor the bike I could not stand to ride anymore, then walking is worse [...] (H - F12).

Nevertheless, physical activity is still uncommon among the elderly people interviewed, because only five of them reported performing them, and, in most cases, they go walking. This is a free activity that can be performed in accordance with the availability of individuals and which offers no major health risks people.

In the relates of C-F4 it is noted the involvement of family in physical activities. It is highlighted that the monitoring of a family member in these activities is manifested as a stimulating factor for hypertension ⁽¹⁴⁾, feeling supported by family for the treatment of hypertension.

Another caution often mentioned by respondents is the measurement of blood pressure in order to monitor the pressure levels and outcomes of care provided:

I checked on Monday, Wednesday and Friday [...]. There you do not enter without checking the pressure...(Husband C and H - F5).

I was verifying the pressure at home. I have the gadget[...] (Esposa C e H - F1).

[...] Every day I check my pressure (H - F7).

The routine examinations were also highlighted between verbal reports of families. They were considered a form of care constantly performed to verify the condition of the physical health of the elderly:

[...] Until nowadays, every year he has a check up.[...] (Esposa C e H - F1).

[...] So, he always has to take care, have a check up to know if there's something or not[...] (H - F8).

I had examinations, I didn't have problems, I checked my heart, I took the electrocardiogram and everything was normal [...] (H - F12).

However, only two respondents reported participation in organized groups of hypertensive patients by health teams, and poor adherence to these groups proves to be a cause of concern for health professionals ⁽⁸⁾. They considered these aid groups to control the pressure, as they receive professional guidance and also medication:

[...]I started to participate in the meetings. They explained: the high pressure is due to salty food - and they have explained for us(H - F7).

I started going to the meeting [...]. It was good because they check blood pressure, weighed, and, in my case it is difficult, but that's Ok. We would strain and go. We needed to get the recipe, captopril.(H - F9).

This last report reveals that the organization of groups of hypertension facilitated access to care, often hampered by the distance of health facilities, the difficulty of scheduling appointments due to demand of people care unit and/or by the conditions of poor health users, such as family 9, wherein one of the persons with hypertension had pulmonary disease, which does not allow it to travel long distances.

Difficulties to control blood pressure

In this category some behaviors and situations reported by interviewees were grouped that may interfere with adequate control of blood pressure. The conceptual codes resulted in two subcategories: family difficulties related to the elderly; situations that hinder care for blood pressure control.

- Family difficulties related to the elderly

The difficulties related to the conditions of the seniors refer mainly to non-adherence to drug treatment and non-compliance of healthy dietary practices.

Some behaviors reported by respondents, submitted before the occurrence of dependence, demonstrated that these led to a greater increase as a result of untreated hypertension, because when pressure levels are not adequate, the greater the chances of complication:

But then she [the wife] stopped the medicine [...] they gave the medicine, there she took one month, two months and then stopped [...]. I thought that the medicine could be taken a day, and then we could stop taking it.(Senior C and H - F3)

The report of the interviewee above reveals ignorance about the complications that can occur when they do not properly perform treatment for a chronic condition. The lack of physical disability in the first stroke of the elderly took the family to make the decision to leave the drug treatment, even if such treatment highly valued by people. The same family had this to say on the occurrence of first stroke:

Then he [the doctor] said: You have to ingest the drug. But then we did not care anymore, we've stopped and there was no problem. She walked,

did all the things at home, every household. The first time was not with any sequel (Senior C and H - F3).

In this report it is clear, too, the lack of knowledge about diet control:

I knew nothing. After the second time that they spoke: hey, you have to remove the salt.(Senior C and H - F3)

In other situations, knowledge about the factors that help to control blood pressure was evident, but there was resistance from the family or a member to adhere to these changes:

Now the doctor said that an oil can is for a month. Oh! My God! I and my son use an oil can for almost one week [...](Senior H - F7).

So when the food is unsalted, he puts a little salt. I say: Do not eat salt! He says: "God willing, it will not hurt." He eats a little salt [...] (Senior C and H - F13).

This difficulty of change, as seen in other studies ^(9,12), may also be related to the family customs. The family did not consider this information correct, but these attitudes can still be modified if there's closer attention to the healthcare professional with the family and elderly ^(8, 18).

In family 7, the patient reported the importance of using the correct anti-hypertensive medication, but did not control his blood pressure, which resulted in some hospital admissions:

I take [the medication] every day. But it is not solving anything. Then there at the it was sixteen, seventeen, and eighteen [...] (H - F7).

During the interview with this family it was found that the caring to avoid the pressure increase was not performed adequately, but when questioned particularly about it, the patient reported that performed correctly. At this point we could see the need to know the family routine, treatment strategies and if these do happen, and the need for greater investment of health professionals to provide subsidies that facilitate the family to the adoption of good practice relating to the control of blood pressure ⁽²⁰⁾.

- Situations that hinder care for blood pressure control

Some situations experienced by elderly people with hypertension can also negatively impact the control of this condition. Generally, these situations are related to barriers imposed by employment activities, the increase in household occupations after the occurrence of stroke in family members - what the caregiver reports as a hindrance to the realization of their own care - and the existence of other consequences that can be resulting from or aggravated by hypertension⁽¹⁵⁾, for example, the presence of vascular ulcers. These factors are justified by some seniors as hindering the achievement of an appropriate treatment:

[...] On the road you mix food. I just ate in restaurants. It's difficult[...] (Senior H and C - F1).

We ate on "road", we didn't know what we ate, and the stress, nights without sleep [...](Senior H - F8).

An elderly woman, who has hypertension and diabetes, assumed the care of the elderly husband after the occurrence of a stroke, reported having stopped to perform physical activities to devote to the care of the family:

I used to walk and swim, and I stopped since he got sick, and it seems that we accommodate with this(Wife C and H - F1).

Another situation was observed for an elderly with hypertension who had an ischemic ulcer of the lower limb and not justified physical activities due to possible aggravation of ulcer:

But as I was with serious problem with ulcer it was difficult, but now that's better, I'll try to go walking[...] (Senior H - F8)

It is also noted that this elderly has demonstrated awareness of the importance of physical activities, which were also encouraged by health professionals who assisted him; however, he believed it impossible to perform them.

FINAL CONSIDERATIONS

The family has tried to be present in hypertensive elderly care. However, this care is more intense when the elderly presents a physical dependence, which often results from improper care of hypertension. In this sense, the

family needs to perform care activities with the elderly, even though he does not present any limitation because, in addition to prevent the occurrence of complications, it can be difficult to properly manage his own care. It is true that in many cases the elderly do not want nor accept help, but the family must find ways to enable them to know if the senior is really being efficient enough in the conduct of their treatment. A contact, although sporadic with professional family health strategy, for example, will yield clues about the control of the clinical condition of the individual. Within the home, family members may sometimes, in informal conversations, ask seniors about their eating habits, request recipes, and especially to investigate whether the medications are being used and how to use them. The prompt response and directly indicates if the elderly is safe in relation to the drug regimen.

The activities that families develop with the aim to encourage elderly changing habits, care with medication, in order to maintain blood pressure levels in appropriate values for age, preventing the onset of complications and also the emergence of this condition in other family members.

Health professionals, to interact with family, can identify the lack of care and encourage the participation of all family activities and treating elderly patients with hypertension that is independent. On the other hand, when the physical dependence is installed due to uncontrolled hypertension, family participation has to be intensified. Maybe if the family had been encouraged participation and achievement of care had begun before the occurrence of complications, the elderly and their family have a great possibility of not being living with the current dependence. It is emphasized that the demonstration of care only when the disease manifests itself may reflect the model of healthcare, biologicist and individual, in which, similar to the attitudes of professionals, some families only intensely involved when installing any situation requiring greater care.

This conception can be modified from the interaction between professionals and families, resulting in practices and activities of disease prevention and health promotion. An opportunity in which these practices could occur,

families revealed by the study, would be meetings in groups of hypertensive patients who

could cover other family members and not just themselves.

A VIVÊNCIA DO IDOSO E SUA FAMÍLIA COM A HIPERTENSÃO ARTERIAL

RESUMO

O objetivo do estudo foi compreender a vivência dos idosos e sua família no trato com a hipertensão arterial (HA). Trata-se de um estudo de natureza qualitativa, desenvolvido em Maringá – PR, utilizando-se como referencial metodológico a Teoria Fundamentada nos dados (Grounded Theory). Os dados foram coletados no período de março a julho de 2007, por meio de entrevistas abertas e observação, junto a 14 famílias que convivem com essa condição em diferentes estágios. Os resultados mostram uma hipervalorização do tratamento medicamentoso, adoção, ainda que incipiente, de algumas práticas saudáveis que auxiliam em seu controle e a presença de hábitos, atitudes e crenças que interferem positiva e negativamente nos cuidados com a hipertensão. Considera-se que o estudo possibilita maior compreensão referente à experiência do idoso e sua família no convívio e cuidado com a HA, favorecendo a reflexão, e consequentemente, possíveis mudanças nas atitudes profissionais relativas à assistência às famílias que convivem com esse agravo.

Palavras-chave: Hipertensão. Saúde do Idoso. Assistência a Idosos. Família. Enfermagem Familiar.

LA VIVENCIA DEL ANCIANO Y SU FAMILIA CON LA HIPERTENSIÓN ARTERIAL

RESUMEN

El objetivo del estudio fue comprender la vivencia de los ancianos y su familia en el cuidado con la hipertensión arterial (HA). Se trata de un estudio de naturaleza cualitativa, desarrollado en Maringá – PR, utilizándose como referencial metodológico la Teoría Fundamentada en los datos (Grounded Theory). Los datos fueron recolectados en el período de marzo a julio de 2007, a través de entrevistas abiertas y observación, junto a 14 familias que conviven con esta condición en diferentes etapas. Los resultados muestran una hipervaloración del tratamiento medicamentoso, adopción, aunque incipiente, de algunas prácticas saludables que auxilian en su control y la presencia de hábitos, actitudes y creencias que interfieren positiva y negativamente en los cuidados con la hipertensión. Se considera que el estudio posibilita mayor comprensión referente a la experiencia del anciano y su familia en la convivencia y cuidado con la HA, favoreciendo la reflexión, y consecuentemente, posibles cambios en las actitudes profesionales relativas a la asistencia a las familias que conviven con este agravo.

Palabras clave: Hipertensión. Salud del Anciano. Asistencia a Ancianos. Familia. Enfermería Familiar.

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