

NON-COMPLIANCE WITH PHARMACOTHERAPY AMONG HYPERTENSIVE INDIVIDUALS: POSSIBILITIES OF NURSING INTERVENTION

Uncontrolled Systemic Arterial Hypertension (SAH) remains as an important social-medical problem in developed and developing countries. Even though the efficacy, effectiveness and efficiency of several preventive and control measures available are known, the aggravations of the disease are likely to persist for decades, representing one of the biggest social and health challenges⁽¹⁾.

In face of this little optimistic prediction, national and international organs, such as the Ministry of Health, the Pan American Health Organization and the World Health Organization, have been encouraging Primary Health Attention services to adopt intervention strategies aimed at the promotion of health and prevention of aggravations among the population with chronic diseases⁽²⁾. In fact, after the implementation of the *Estratégia Saúde da Família* [Family Health Strategy] (ESF) in Brazil, individuals with SAH have increasingly been the target of activities focused on offering orientations about the disease and its treatment. However, one of the main issues that health professionals of the primary attention experience in routine work with such subjects is the non-compliance with the anti-hypertensive therapy⁽³⁾.

Studying the non-compliance with drug treatment in chronic conditions is something complex, for being multi-determined, but imperative, all the same, due to the onerous burden imposed to subjects, families and societies, because of its occurrence and maintenance. In this way, several studies conducted in Brazil and abroad have been focused on the issue of non-compliance with anti-hypertensive pharmacotherapy. However, a strategy that earns the loyalty of the patient in treatment has not been found yet. Thus, health teams, especially nurses, must seek to better understand the determinants of the occurrence of non-compliance with the treatment, as well as the triggering factors that are liable of intervention within this population group.

After the survey of this information, the nurse of the Primary Attention will possess subsidies to plan his or her assistance aimed at the needs shown by users and their families. Thus, when acting together with the individual with SAH, especially with the elderly, the nurse must carry out detailed and frequent nursing consultations; create spaces for relationship with the patient and the family, for exchange of information, and for care planning related to the treatment of the disease; and develop intervention strategies that aim for the compliance with blood pressure control and the simplification of drug prescriptions.

Such considerations reinforce that the nurse – professional that acts together with individuals with SAH on a regular basis, reason why the issue of the non-compliance must be continuously studied by Nursing – needs to work towards the creation of a stronger bond with the population and, with that, to develop activities for promotion of health and prevention of aggravation, with transmission of information, and sensitization of the population with SAH within his or her area of operation about the importance of complying correctly with the anti-hypertensive treatment agreed with the health provider.

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References

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