Federal University of Rio de Janeiro State

Journal of Research Fundamental Care Online

UNIRIO PPgEnfBio PPGENF

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

Doenças cardiovasculares e fatores associados em adultos e idosos cadastrados em uma unidade básica de saúde

Cardiovascular disease and associated factors in adults and elderly registered in a basic health unit

Enfermedades cardiovasculares y asociados factores en adultos y ancianos registradas en una unidad básica de salud

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ABSTRACT

Objective: to identify risk factors for cardiovascular disease in adults and the elderly. **Method:** field research, quantitative, participated in 30 users, the Hiperdia program, with physical and emotional conditions. We used an interview instrument prepared by the researcher. The data from quantitative issues were treated statistically through percentage. CAAE: 29645414.60000.5176. **Results:** about having knowledge of risk factors: salt diet 73 (22), stress (21) 70, alcohol 43 (13), smoking 40 (12), age 40 (12), cholesterol 40 (12), obesity 33 (10); knowledge of HAS 63 (19) claims to have; 43 (13) are only restrictions hiposódica, 23 (7) does not make restrictions; 37 (11) do not meet orientation as food and physical activity; 73 (22) does not practice physical activity. **Conclusion**: stressed the need to intensify prevention strategies the cardiovascular diseases. **Descriptors**: Cardiovascular diseases, Primary care health, Aging.

RESUMO

Objetivo: Identificar fatores de risco para doenças cardiovasculares em adultos e idosos. **Método:** Pesquisa de campo, quantitativa, participaram 30 usuários, do programa Hiperdia. Utilizou-se um questionário elaborado pela pesquisadora. Os dados oriundos de questões quantitativas foram tratados estatisticamente por meio de percentual. **Resultados**: quanto aos participantes terem conhecimentos dos fatores de riscos: dieta hipersódica 73%(22), estresse 70%(21), álcool 43%(13), tabagismo 40%(12), idade 40%(12), colesterol 40%(12), obesidade 33%(10); conhecimento da HAS 63%(19) diz ter; 43%(13) fazem apenas restrições hiposódica, 23%(7) não fazem restrições; 37%(11) não atendem orientações quanto a alimentação e a atividade física; 73%(22) não pratica atividade física. **Conclusão**: evidencia-se a necessidade de intensificar as estratégias de prevenção a doenças cardiovasculares. **Descritores:** Doenças cardiovasculares, Atenção primária a saúde, Envelhecimento.

RESUMEN

Objetivo: identificar riesgos factores de enfermedades cardiovasculares en los adultos y los ancianos. **Método:** investigación de campo, cuantitativa, participó en 30 usuarios, el programa Hiperdia, con las condiciones físicas y emocionales. Se utilizó un instrumento de entrevista preparado por el investigador. Los datos cuantitativos temas fueron tratados estadísticamente a través de porcentaje. CAAE: 29645414.60000.5176. **Resultados**: de tener conocimiento de los factores de riesgo: dieta Hipersódica 73 (22), estrés (21) 70, alcohol 43 (13), fumar 40 (12), mayores de 40 (12), colesterol 40 (12), la obesidad 33 (10); conocimiento de tiene 63 (19) dice tener; 43 (13) son sólo las restricciones hiposódica, 23 (7) no significa que las restricciones; 37 (11) no cumplen con orientaciones como alimentación y actividad física; 73 (22) no practican actividad física. **Conclusión**: hizo hincapié en la necesidad de intensificar las estrategias de prevención las enfermedades cardiovasculares. **Descriptores:** Enfermedades cardiovasculares, La atención primaria de salud, Envejecimiento.

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INTRODUCTION

Currently, the chronic non-communicable diseases (NCD) has taken epidemic dimensions, not only in Brazil, but across America, thereby, contributing to harms to people's health and even death. [1] in Brazil, the Ministry of Health's data indicate that approximately 33% of the deaths are caused by cardiovascular diseases (CVD) and these numbers become even greater if we consider the elderly population, in which approximately 40% of deaths is caused to ischemic heart disease. [2]

To this end, studies show that in Brazil, theArterial hypertension (HA) reaches about 20% to 30% of the population in adulthood, ranging from 5% in population between 18 to 24 years and 58% in the population of more than 65 years. [3]

The natural course of life in predisposes to the development of diseases, especially cardiovascular disease, among them we can mention the main Systemic Arterial hypertension (SAH), considered in Brazil a public health problem due to damages, since HAS consists of one of the most important risk factors for cerebrovascular accidents and chronic kidney disease.

The Pan American Health Organization (PAHO) defines aging as "a sequential process, individual, cumulative, irreversible, universal, not pathological, deterioration of a mature organism, to all members of a species, so that the time make him less able to cope with environmental stress and, therefore, increase your chance of death". [4]

In developing countries, like ours, the increase in life expectancy has been evidenced by technological advances related to the health area such as vaccines, antibiotics, chemotherapeutic drugs that make it possible to prevent or cure many diseases, combined with reduction in birth rates. The cellular and extracellular changes aging causes a change in physical appearance and a decline in functions.

In 1994, the Ministry of health adopted the Family's health as a priority strategy for the Organization of basic attention and structure of the health system. The health of the family works with interdisciplinary practices developed by teams that are responsible for population health the she assigned and the prospect of a comprehensive care Humanized, considering the local reality and valuing the different needs of population groups. The biggest challenge in attention to the elderly person is able to contribute to that, despite the progressive limitations that may occur, they may rediscover possibilities to live his own life with the maximum quality possible. [4]

To the Ministry of health, HAS is responsible for at least 40% of deaths from stroke and 25% of deaths from coronary artery disease. Among the elderly, SAH is a disease highly prevalent, affecting about 50% of the 70% of people in this age group. [4]

The studies on aging and their implications are intended to contribute to improving the quality of health practices aimed at adults and elderly, whereas elderly tomorrow is due to the young of today.

In this sense, not only in the elderly, but also among adults, should deserve special attention of health programs, regarding the identification of the presence of risk factors in order to guide and promote educational and preventive actions for membership of healthier lifestyles, whereas prevention in adulthood, can avoid several Comorbidities own senescence process so that contributes to the longevity and quality of life of the population, as well as the reduction of public spending.

On the above, this study left of the following questions: what is the prevalence of cardiovascular disease in adults and elderly in health units. Which socio-demographic profile of this population and their self-perception of health with cardiovascular disease?

Thus, this study aims to identify the prevalence of cardiovascular disease in adults and elderly in health units and find out the risk factors and the self-perception of health related to cardiovascular diseases.

METHOD

It is a field research, exploratory type, with a quantitative approach. Participated in the study 30 users, being old age and 11:00 pm 7:00 pm adulthood of a UBS located in the city of João Pessoa-PB. With the inclusion criteria for selection of the sample: be registered in theProgram Hiperdia on UBS searched, and you were in physical and emotional conditions.

The data were collected through a data collection instrument prepared by the researcher, containing objective and subjective issues relevant to the subject under study, such as demographic data, clinical data and lifestyle.

For data collection, the researcher addressed the users explaining to them about the survey, requesting their collaboration, and after acceptance was held the questions contained in the instrument of data collection, and later signed an informed consent – (FICS) by the end of the research. The search respected the ethical aspects involving human beings placed in 466/2012 Resolution. 5

After collection, the data were entered in the Microsoft Office Excel 2007.The data from quantitative issues were treated statistically through percentage.The research was approved by the ethics and Research Committee of the Centro Universitário de João Pessoa – UNIPE under CAAE: 29645414.6.0000.51.76.

RESULTS AND DISCUSSION

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The sample was composed by 30 users with HAS registered and regularly frequentantes in a family health unit, comprising of 77% (23) and 23% (7) adulthood, being 87% (26) of the female, 13% (4) male. The age ranged between 30 and 90 years, 63% (19) married, 80% (24) with low schooling, had primary education or were illiterate.

It is observed that the female, as well as the elderly population had greater prominence. This predominance may suggest that women have more awareness of diseases, as well as greater health concern, therefore have a greater tendency to self-care and seek health services more often, compared to men.[6]

Some authors[7] complement the female prevalence is related to greater longevity compared to men, in addition to confirm the prospect of feminization of aging.

With regard to low schooling, has close relationship with difficulties in maintaining the health of the elderly, such as problems with the handling of drugs, with the following of diets, prescriptions and other recommendations, which causes the elderly is always dependent on someone. It requires health professional's greater attention to consistent communication, seeking to provide autonomy to them whenever possible.

Users ' knowledge about the disease and its consequences are exposed right away in the table 1.

Table 1-Users ' Knowledge about the disease and its consequences, João Pessoa-PB, 2014. (n = 30).

PERCEPTION OF USERS		N	%
The knowledge HAS	YES	19	63%
	NO	11	37%
		30	100%
Knowledge of the	NO	12	40%
consequences of HAS	YES	18 (correlate with BIRD and heart attack)	60%
TOTAL		30	100%

Source: data from the researcher, 2014.

As regards the perception of the hypertensive disease, most participants claimed to have knowledge of what is SAH, however none of the respondents knew set it correctly, because when asked about what was the disease, the vast majority have defined with your symptoms and not the disease itself, which confirms the low level of information. In this way, demonstrating the need for clarification on the part of health professionals, with an accessible language, about the significance of the disease, thereby, promoting health education.

3.

The importance of knowledge HAS mainly the complications the disease can bring to the individual. Whereas the three leading causes of death identified in Brazil, through the analysis of mortality, are respectively, acute myocardium, strokes and heart failure, all of these, related to hypertension risk factor. [8]

The HAS it is a multifactorial clinical condition characterized by high and sustained levels of blood pressure (BP ≥140 x 90 mmHg). Associates often to functional changes and/or structural target organs (heart, brain, kidneys and blood vessels) and the metabolic changes, with increased risk of fatal and non-fatal cardiovascular events. [8]

Users ' knowledge about risk factors for SAH, is presented in table 2.

Table 2-Users ' Knowledge about the risk factors for SAH, João Pessoa, 2014. (n = 30).

RISK FACTORS	N	%
Salt intake	22	73%
Stress	21	70%
Alcohol	13	43%
Smoking	12	40%
Age	12	40%
Cholesterol	12	40%
Obesity	10	33%
Sedentary lifestyle	07	23%
Diabetes	04	13%
Cardiovascular factors	04	13%
Genetic Factors	01	03%
TOTAL 30 100%		

Source: survey data, 2014. * Possibility of more than one response.

Regarding the knowledge of the risk factors for cardiovascular disease, the majority refers only to salt intake and stress factors, unaware of the other risk factors, of which are so aggravating to cardiovascular health. Thereby, gets explains the lack of knowledge of the subject about the questioning, leaving them vulnerable to various risk factors.

According to the SAW Brazilian Hypertension Guideline[8], excessive sodium intake has been correlated with high blood pressure. The Brazilian population presents a default feed Rico in salt, sugar and fats. Salt increases the volume of blood in the arteries, and still exert a direct effect on them making constriction.

With regard to stress factors, the association between emotional disturbances and changes in visceral functions such as HAS, evidenced when the limbic structures of the human body, responsible for emotions, are triggered and produce cardiovascular and respiratory responses. [9]

It is known that the drug treatment is proposed, but that alone is not sufficient for a proper control of blood pressure. Thus, it is noteworthy that both the drug treatment as the healthy life habits are of paramount importance for the treatment of HAS. [10]

The dietary restrictions for contribute in the treatment of HAS, are presented in table 3.

Table 3-Distribution of respondents about the dietary restrictions for contribute in the treatment of HAS, João Pessoa, 2014 (n = 30).

DIETARY RESTRICTIONS	N	%
Low sodium diet	13	43%
Low sodium and low-calorie diet	10	33%
Make no restrictions	07	23%
TOTAL 30 100%		

Source: survey data, 2014.

It is noted that a considerable amount of participants reported consuming food calorie, and others that don't make dietary restrictions. Foods rich in fat be it plant or animal are closely linked to obesity, considered strong risk factor for CVD.

The reduction of caloric intake leads to weight loss and reduction in blood pressure, explained by the fall of insulinemia, reduced sensitivity to sodium and decreased activity of the autonomic nervous system, sympathetic.[11]

Some epidemiological studies have shown evidence that inadequate and often feeds autoprescribed leverage the risk for CVD, diabetes, cancers and other chronic non-communicable diseases. [12] thus, hypersodic and hyper caloric diets impair the treatment of patients with CVD, increasing the risk of complications and even death.

A study carried out in Rio Grande do Sul has estimated that of the total sample, only 10.4% reported antihypertensive treatment and presented below proper control.[13]

Table 4-Distribution of respondents about the accession of professional guidelines for health maintenance, and regular practice of physical activities, Joao Pessoa, 2014 (n =30).

MEETS GUIDELINES ABOUT FOOD AND PHYSICAL ACTIVITY	N	%
Yes	10	33%
No	11	37%
Partially	09	30%
TOTAL	**30**	**100%**
PRACTICE REGULAR PHYSICAL ACTIVITY		
Yes	08	27%
No	22	73%
TOTAL	**30**	**100%**

Source: survey data, 2014.

Among the main preventive and palliative that should be encouraged by health professionals include the healthy habits of feeding, the practice of physical activity and the action of the drug treatment, however, most 37% (11) of respondents did not follow the guidelines as to food. It is well known that healthy eating, is of fundamental importance in the prevention and control of HAS, and other Comorbidities, as well as the practice of regular physical activity, however, 73% (22) of the interviewees, do not practice, representing another risk factor to the DCVs.

Highlight Valley, that during the interview the users reported several reasons that led to the dead, among them: lack of time, and knowledge about the benefits, lack of provision and health problems that hamper some body movements, namely, arthritis, arthrosis, labyrinthitis.

In this sense, the main preventive measures are reducing the body weight, the intake of salt and alcohol consumption, the practice of physical exercises regularly and not using drugs that raise blood pressure. Regular and systematic practice of physical activities is crucial for good health, especially cardiovascular disease.[8]

Several studies demonstrate the role of physical activity in reducing blood pressure and cardiovascular morbidity and mortality, and several are the mechanisms involved in the hypotensive effect of physical training, which becomes more evident from the tenth week of training.[14,] however, theprescription of physical activity should be individualized according to the functional class and age, respecting the limitations of each individual.

Regarding to the sedentary[15] authorsdiscuss that the regular practice of physical activity is associated with lower mortality rates in General. There is a decreased risk of death from cardiovascular disease, particularly for coronary artery disease. Similarly, hinders the onset of high blood pressure and promotes the reduction of blood pressure in hypertensive levels.

CONCLUSION

This study made it possible to verify that the registered users in the program Hiperdia of UBS studied, mostly is, fact which confirms the high prevalence of cardiovascular disease in this population. Being possible to say that the low level of schooling is committed to understanding about the disease, making the treatment and changes in daily habits.

The research data show high levels of physical inactivity, the sedentary lifestyle is one of the main risk factors for developing cardiovascular diseases, along with this, we can still cite the food without restrictions, rich in fat, factors that when associated with result in atherosclerotic diseases.

In fact, the study shows that the Hiperdia Programme has gaps and weaknesses regarding health education with regard to the control measures HAS, which leads us to think about the need for more elaborate strategies and intensified so that they can ensure qualified assistance, health promotion, and disease prevention and its aggravations, guaranteeing a better quality of life. Among those strategies it should be noted the necessity and plan of health education and the Organization of a multidisciplinary team.

It is worth pointing out, that the increase of the elderly population in the country requires further investment and coping strategies in the area of health, with regard to assistance directed at this audience, the lack of investment in the control of the larger costs reflects HAS in the treatment of its complications such as hospitalization of patients victimized of bird and heart attack.

Accordingly, health professionals should draw the best ways to approach to best guide users about the treatment, so that the health education be put into practice, stimulating to overcome the difficulties encountered during the course of treatment, not only with regard to drug treatment, but also in the food and care practice of physical activity.

However, this study was of great importance in order to strengthen health promotion strategies and prevention to be effective with regard to cardiovascular diseases and especially HAS, however, further studies should be performed to elucidate the gaps regarding the prevention and control of HAS aimed tocure them.

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