

# Health education with the elderly about arterial hypertension and diabetes mellitus: Experience report

Educação em saúde com idosos sobre hipertensão arterial e diabetes mellitus: Relato de experiência

Educación en salud con ancianos sobre hipertensión arterial y diabetes mellitus: Reporte de experiencia

## RESUMO

Objetivo: relatar a experiência de ações de educação em saúde com idosos sobre Hipertensão Arterial e Diabetes Mellitus. Método: trata-se de um relato de experiência sobre uma prática de educação em saúde realizada no período de maio/17 a fevereiro/20 em um Centro de Referência em Geriatria e Gerontologia do município de São Luís-MA. Resultados: através de um modelo de ações mais interativo criou-se um espaço dinâmico e humanizado que contribuiu na interação, participação, troca de conhecimentos e aprendizagem entre os profissionais e os indivíduos do grupo terapêutico, o que favoreceu a conscientização do autocuidado integral em prol da qualidade de vida. Conclusão: ações de educação em saúde com idosos sobre Hipertensão Arterial e Diabetes Mellitus é um instrumento fundamental à promoção de saúde, prevenção de doenças e agravos. O enfermeiro é um profissional de grande importância neste processo ao estimular os indivíduos a agirem de forma a promover a saúde.

**DESCRIPTORES:** Hipertensão Arterial; Diabetes Mellitus; Idosos;

## ABSTRACT

Objective: to report the experience of health education actions with the elderly on Arterial Hypertension and Diabetes Mellitus. Method: this is an experience report on a health education practice carried out from May/17 to February/20 in a Reference Center in Geriatrics and Gerontology in the city of São Luís-MA. Results: through a more interactive model of actions, a dynamic and humanized space was created that contributed to the interaction, participation, exchange of knowledge and learning between professionals and individuals in the therapeutic group, which favored the awareness of integral self-care in favor of quality of life. Conclusion: health education actions with the elderly on Systemic Arterial Hypertension and Diabetes Mellitus is a fundamental instrument for health promotion, disease prevention and injuries. The nurse is a professional of great importance in this process by encouraging individuals to act, in their daily lives, in order to promote health.

**DESCRIPTORS:** Arterial hypertension; Diabetes Mellitus; Elderly;

## RESUMEN

Objetivo: relatar la experiencia de acciones de educación en salud con ancianos sobre Hipertensión Arterial y Diabetes Mellitus. Método: se trata de un relato de experiencia sobre una práctica de educación en salud realizada del 17/05 al 20/02 en un Centro de Referencia en Geriatria y Gerontología en la ciudad de São Luís-MA. Resultados: a través de un modelo de acciones más interactivo, se generó un espacio dinámico y humanizado que contribuyó a la interacción, participación, intercambio de saberes y aprendizajes entre profesionales e individuos del grupo terapéutico, lo que favoreció la concientización del autocuidado integral a favor de calidad de vida. Conclusión: acciones de educación en salud con los ancianos sobre Hipertensión Arterial Sistémica y Diabetes Mellitus es un instrumento fundamental para la promoción de la salud, prevención de enfermedades y lesiones. El enfermero es un profesional de gran importancia en ese proceso, al incentivar a los individuos a actuar, con el fin de promover la salud.

**DESCRIPTORES:** Hipertensión arterial, Diabetes Mellitus, anciano

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**Polyanna Freitas Albuquerque Castro**

Nurse, Specialist in Gerontology, Master's Student of the Postgraduate Program in Nursing at the Federal University of Maranhão.

ORCID: 0000-0003-2586-6065

**Amanda Silva de Oliveira**

Nurse, Master's Student of the Postgraduate Program in Nursing at the Federal University of Maranhão. Specialist in Elderly Health.

ORCID: 0000-0003-0787-9989

**Kássia Cristhine Nogueira Gusmão**

Intensivist nurse, Master's student at the Postgraduate Program in Nursing at the Federal University of Maranhão.

ORCID: 0000-0002-1582-3232

**Rosilda Silva Dias**

Nurse, PhD in Clinical and Experimental Pathophysiology from the University of Rio de Janeiro, Professor of Nursing at the Federal University of Maranhão.

ORCID: 0000-0003-1154-6394

**Nair Portela Silva Coutinho**

Nurse, PhD in Health Sciences from the University of Brasília UnB, Professor of Nursing at the Federal University of Maranhão.

ORCID: 0000-0002-2050-026X

**Ana Hêlia de Lima Sardinha**

Nurse, Doctor in Sciences revalidated by the Federal University of Santa Catarina UFSC, Professor of Nursing at the Federal University of Maranhão.

ORCID: 0000-0002-8720-6348

**INTRODUCTION**

Chronic non-communicable diseases (NCDs) constitute a relevant theme with regard to health problems, as they are the most prevalent among the population, affecting the quality of life of individuals. They are health problems that require continuous management over a period of several years, requiring a certain level of permanent care and generating great individual and collective economic impact.<sup>1,2</sup>

In Brazil, CNCDs are responsible for 72% of the causes of death, especially diseases of the circulatory system (CAD) (31.3%), cancer (16.3%), diabetes (5.2%) and chronic respiratory disease. (5.8%), reaching individuals from all socioeconomic strata and, more intensely, those belonging to vulnerable groups, such as the elderly and citizens with low education and income.<sup>3</sup>

Among the NCDs, Systemic Arterial Hypertension (SAH) and Diabetes Mellitus (DM) stand out because they have a high prevalence rate, especially among the elderly. According to a survey carried out by the Ministry of Health, SAH (24.5%) and DM (7.4%) are the ones that most affect Brazilians and have an ever-increasing prevalence.<sup>4</sup>

It is important to highlight that, in addition to generating premature deaths, NCDs have a high social cost and have a huge impact on the morbidity and mortality of the world population, in addition, they are responsible for numerous problems when not properly managed, such as: Acute Myocardial Infarction, Cerebral Vascular Accident and Kidney Diseases. Such conditions cause loss of quality of life and limitation in work and leisure activities, economically impacting families and society.<sup>5</sup>

The prevention of damage to health is the most adequate and low-cost way to treat and manage these diseases. In this way, health education represents an important tool for health promotion and nurses play a very important role, since they have in educational action one of their guiding axes and the basis of their professional performance.<sup>2</sup>

Health Education (HE) is considered as a political pedagogical process that requires the development of critical and reflective thinking, allowing revealing the reality and proposing transformative actions that lead the individual to their autonomy and capable of proposing and opining on health decisions to take care of themselves, their family and their collectivity.<sup>6</sup>

Therefore, HE plays a key role in the

NCD scenario, especially SAH and DM, because they contemplate a critical and transforming perspective of reality, presupposing the construction of knowledge. These are practices that aim to establish in the individual greater knowledge and power over their health, over their choices, providing reflections on their reality and thus, providing opportunities for action.<sup>2,1</sup>

That said, the present study aims to report the experience of health education actions with elderly people on Arterial Hypertension and Diabetes Mellitus in a reference center in Geriatrics and Gerontology.

**METHOD**

This is a descriptive study, like an experience report on a health education practice carried out with the elderly. It was built from the experience of a nurse in a Reference Center in Geriatrics and Gerontology, which established a single therapeutic group with the objective of developing health education actions aimed at addressing issues related to Arterial Hypertension and Diabetes Mellitus.

The study took place at the Centro de Atenção Integral à Saúde do Idoso (CAISI), located in the city of São Luís, in the state of

Maranhão.

Based on the situational analysis, it was possible to describe the epidemiological profile of the elderly who attend CAISI. The annual number of new visits was 1320 elderly, 981 diagnosed with SAH and 339 referring to DM (Data collected in the Book of Records of Multidimensional Assessments of the Elderly performed by Nurses/CAISI), which suggested the adoption of measures aimed at this population (hypertensive and diabetic).

The Health Education actions were carried out from May 2017 to February 2020, being suspended due to the Covid-19 pandemic. The activities took place once a week, and were performed by a nurse and a nutritionist.

As for the methodologies used, there were conversation circles, exposition of the dialogued contents, where the participants gave their opinion on the discussed subjects and also actively participated in the choice of topics to be addressed later. Lectures were used through data-shows, posters with figures, interactive games, dynamics with balloons, music, writing papers, among others. This initiative aimed at the active participation of the user in the education process, stimulating the feeling of “being part” of this process, which favors their learning and commitment.

The following inclusion criteria were used for group participation: elderly people registered at the Center, with SAH and/or DM and who were available to participate in activities on a weekly basis. Exclusion criteria were: elderly people who could not attend the meetings. The sample consisted of approximately 70 elderly people.

In line with Resolution 510/2016 of the National Health Council, the information was compiled without the need to identify the subjects. As it is an experience report, the present study does not require the approval of the Research Ethics Committee - CEP.

## RESULTS AND DISCUSSION

A therapeutic group for Health Education (HE) was established at CAISI, even though it is a health unit of medium com-

plexity, because it configures a care tool of great relevance, and because we observe, through our professional practice, the large number of elderly people affected by CNCD, especially Arterial Hypertension and Diabetes Mellitus.

**Health education is a fundamental tool for the work of nurses with regard to health promotion, prevention of diseases and injuries, offering quality care.**

Health Education must be present in all nursing practices, at any level of care, as they promote health, clarifying the prevention of diseases and injuries and thus, empower individuals about this care, always performed continuously and with understandable language and not just performed in singular actions.<sup>2</sup>

The number of participants generally ranged from 40 to 60 users, most of them hypertensive women, aged between 60 and 75 years. The elderly were very participative in the meetings, welcoming and had no difficulties in adhering to the proposed activities.

In the conversation circles, the topics covered were information related to diseases, their aggravations and complications, how to detect them early, myths and taboos, importance of adherence and what the treatment consists of, need for healthy lifestyle habits such as regular physical activity, adequate nutrition, satisfactory sleep pattern, stress control and the importance of self-care.

For education strategies, a more interactive model of actions was used, breaking with the mere transmission of information, which makes health education a vertical activity, characterized as an act of depositing knowledge where the student is a passive being, in which he only receives information. With the use of recreational activities, we broke with this traditional model, as it enabled the creation of a dynamic space, where interaction, participation, exchange of knowledge and learning were favored.

Among the playful activities, we used educational games, “myths and truths about SAH and DM”, “Ludic Bingo” working questions and answers about SAH and DM, “Pass and repass” with questions focused on the theme of chronic diseases, etc. It was observed that through this strategy there was great learning on the part of the group, leading to a greater awareness of the chronic conditions highlighted.

Souza et al.<sup>2</sup> emphasizes in his study the importance of using playful activities in the health education process, as they mediate learning through individual and collective understanding through joyful, colorful activities that help concentration, adding playfulness to reality.

In a study carried out in southern Brazil, it was identified that among the Health Education practices aimed at SAH and DM developed by nurses from the Family Health Strategy (ESF), the most frequent was to use groups to carry out the action. The au-

thors mention that group activity as a health education tool is the first to be remembered and, throughout the interviews, it was noticed that nurses understand ES linked to educational activities developed in groups.<sup>2</sup>

Some authors corroborate this initiative by revealing that direct contact, the exchange of knowledge and values, spontaneous participation and the freedom obtained in conversation circles are important factors for individual and collective health promotion. The dialogue brings up the discussion about the adversities of the health-disease process, causing problems, anxieties and fears to surface, enabling an exchange of knowledge between the participants, adding reflections and actions.<sup>2,7</sup>

We also mention that during the performance of HE actions, the shared construction of knowledge was always valued by professionals, the use of multiple languages, emphasizing the construction and reconstruction of concepts and values, the collective planning of educational practices, always valuing the social and cultural context in

which the individual is inserted.

Paulo Freire points out that the illness of individuals must be thought of in the collective context of health and disease, where the way of living in society determines biological disorders where the disease occurs concomitantly with social issues. Therefore, educational actions in this approach aim to make the person aware through reflexive educational actions that take into account the inserted environment, questions, needs, interests, and overcoming. Health education for Freire must start from a horizontal dialogue between professionals and users, thus contributing to the emancipation of the subject for the development of individual and collective health.<sup>8,9</sup>

## CONCLUSION

The developed intervention provided a moment of interaction, expressiveness, exchange of knowledge and experiences, well-being, in which the participants clarified their doubts and presented their difficulties

and fears regarding the topics addressed. Through the therapeutic group, the performance of activities provided greater interaction and establishment of a bond, bringing professionals and users together and, thus, humanizing care.

Therefore, carrying out health education actions with the elderly on Systemic Arterial Hypertension and Diabetes Mellitus constituted a space for the exchange of knowledge, which was established from horizontalized educational actions, with the objective of implementing comprehensive care, for the development of self-care, favoring the individual's quality of life.

Health education is a fundamental tool for the work of nurses with regard to health promotion, prevention of diseases and injuries, offering quality care. The nurse, as an educator, provides care for both the patient and the family and community, providing learning experiences with a view to facilitating the construction of knowledge and encouraging self-care.

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