

Hyperdia: great demands and challenges for nurses

Hiperdia: grandes demandas y retos para las enfermeras

Hiperdia: grandes demandas e desafios para o enfermeiro

ABSTRACT

Objective: To reflect on the challenges encountered by nurses working in Family Health Units on the demand for patients in the Hiperdia program. **Method:** Literature review, with 10 publications available in the LILACS and SciELO databases, dated from 2011 to 2018, which followed inclusion and exclusion criteria carefully. **Results:** The hypermedia program has excelled with excellence due to the large population of users. In view of the whole context, there is a great weakness in the care of the hyperdial program, as this specific population has been increasing. The nursing team builds a more affective bond with the user of the hyperdia, which is a foundation in care. **Conclusion:** The research achieved the proposed objectives, as it stated that the nurse is directly connected with the control of diabetes, as well as arterial hypertension, and that, even in the face of great demands, this professional is able to solve adverse events in care.

DESCRIPTORS: Hypertension; Diabetes; Nursing; Health; Primary care.

RESUMEN

Objetivo: Reflexionar sobre los desafíos que enfrentan los enfermeros que trabajan en las Unidades de Salud de la Familia sobre la demanda de pacientes en el programa Hiperdia. **Método:** Revisión de la literatura, con 10 publicaciones disponibles en las bases de datos LILACS y SciELO, fechadas de 2011 a 2018, que siguieron cuidadosamente los criterios de inclusión y exclusión. **Resultados:** El programa hipermedia se ha destacado con excelencia debido a la gran población de usuarios. En vista de todo el contexto, existe una gran debilidad en la atención del programa hiperdial, ya que esta población específica ha ido en aumento. El equipo de enfermería construye un vínculo más afectivo con el usuario de la hiperdia, que es una base en la atención. **Conclusión:** La investigación logró los objetivos propuestos, ya que planteó que la enfermera está directamente relacionada con el control de la diabetes, así como de la hipertensión arterial, y que, incluso ante grandes demandas, este profesional es capaz de solucionar eventos adversos en la atención.

DESCRIPTORES: Hipertensión; Diabetes; Enfermería; Salud Atención primaria.

RESUMO

Objetivo: Refletir sobre os desafios encontrados pelos enfermeiros atuantes nas Unidades de Saúde da Família sobre a demanda por pacientes do programa Hiperdia. **Método:** Revisão da literatura, com 10 publicações disponíveis nas bases de dados LILACS e SciELO, datados de 2011 a 2018, que seguiu critérios de inclusão e exclusão de forma criteriosa. **Resultados:** O programa hiperdia tem se destacado com excelência devido à grande população de usuários. Diante de todo contexto, nota-se uma grande fragilidade no atendimento do programa hiperdia, pois, esta população específica vem aumentando. A equipe de enfermagem constrói um vínculo mais afetivo com usuário do hiperdia, o que é um alicerce na assistência. **Conclusão:** A pesquisa alcançou os objetivos propostos, pois, afirmou que o enfermeiro está diretamente ligado com o controle do diabetes, como também da hipertensão arterial, e que, mesmo diante das grandes demandas, este profissional está apto a solucionar os eventos adversos no atendimento.

DESCRITORES: Hipertensão; Diabetes; Enfermagem; Saúde; Atenção Primária.

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INTRODUCTION

In Brazil, Systemic Arterial Hypertension (SAH) and Diabetes Mellitus (DM) represent a serious public health problem, in its high prevalence, affecting between 15% and 20% of the adult population, in full productive phase, and more than 50 % of the elderly.¹

It is very important to know that 30% of cardiovascular diseases are caused by DM and SAH, and this demonstrates the need for quality monitoring for this group of people.^{1,2}

An excellent field for the care of people with SAH and DM is found in the Family Health Strategy (FHS), defined as a set of actions at the first level of care, aimed at health promotion, disease prevention, treatment and rehabilitation¹. To organize assistance to people with SAH and DM, the Ministry of Health launched in 2001 the Reorganization Plan for Attention to Arterial Hypertension and Diabetes, materialized in the HIPERDIA Program.¹

Primary health care is a setting for patient orientation, especially those who live with chronic diseases, who have the opportunity to monitor and maintain the ideal treatment for life.^{2,3}

The important information of the HIPERDIA program requires care, which begins with filling out registration forms and monitoring, correcting duplicate records, and also deactivating the registration of patients who

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change the Health Unit or municipality, so that they can be redone in the unit in which they will be followed, so that the number of patients registered in the system and all other information related to these, are reliable.²

Due to the bureaucracies of the program, the nurse at the Family Health Units (FHU), being responsible for the service, finds it difficult to do the same, due to the high demand of patients with SAH or DM.² It is believed in the concept that a multidisciplinary team working together is necessary to provide the best care for these patients and assist in the care, due to the fact that the population is large. Therefore, this team faces great challenges, due to the demand in the USF's, of patients treated by HIPERDIA, even with planning and lectures on prevention and health promotion.³

In this context, the following problem was raised: What are the challenges faced by nurses from Family Health Units regarding the great demands of patients with systemic arterial hypertension and diabetes mellitus found in the literature? Thus, this study aimed to: Reflect on the challenges encountered by nurses working in Family Health Units on the demand for patients in the Hiperdia program.

METHOD

Descriptive study with a qualitative approach, in the literature review modality. In this study, the literature

review was chosen as a methodological approach, in order to achieve the proposed objective, having as a theoretical reference the public collective health policies directed to health care of people with chronic diseases. Reported in the literature as a research method since 1980, the integrative review is one of the research methods used in Evidence-Based Practice (EBP) that allows the incorporation of evidence in clinical practice. Its purpose is to gather and synthesize research results on a given topic or issue, in a systematic and orderly manner, contributing to the deepening of knowledge to the investigated topic.⁴

Conducting an integrative research consists of the possibility of offering subsidies to implement changes that promote the quality of nursing care practices, using research models for this.⁴ This research followed the instructions guided by the PRISMA form, which serves as a guide for the construction of the review.

In the integrative literature review, it is necessary to go through six distinct stages, namely: Identification of the theme and selection of the hypo-

thesis or research question for the elaboration of the integrative review; establishment of criteria for inclusion and exclusion of studies/sampling or literature search; definition of the information to be extracted from the selected studies and categorization of the studies; evaluation of the studies included in the integrative review; Interpretation of results and presentation of the knowledge review/synthesis.⁴

Data collection took place in July 2018. The inclusion criteria adopted for the research were: the publication has as its theme the challenges of nurses to assist users of the hiperdia program due to the great demands; publications available in the Scientific Electronic Library Online (SciELO) and Latin American and Caribbean Literature in Health Sciences (LILACS) databases, dated 2011 to 2018; be available electronically and free of charge in full; and in Portuguese, English or Spanish. The Boolean operator AND was used to cross the descriptors in the databases.

Initially, 65 publications were found in the SciELO database and 175 in

LILACS, the articles were selected by title and abstract, in addition to the inclusion criteria, and later, only those related to the theme proposed for this study were read. After these criteria, 30 articles were selected, and these were read in full. After reading them, 10 articles were used that directly referred to the topic, answered the research question and objectives, as well as were in the inclusion criteria. At the end of all construction phases, the stages were validated by a guest researcher, who was familiar with the theme. The data were analyzed using microsoft Word and Excel programs, and organized in a single board.

RESULTS

In view of the methodological context, the results were organized in a single chart, bringing the main topics on the theme.

The hiperdia program has excelled with excellence due to the large population of users, thus enabling monitoring and detecting some complications as early as possible. Based on the analyzed articles, hiperdia is

Chart 1- Presentation of scientific publications on the challenges faced by nurses from Family Health Units in the demand of Hiperdia: Campina Grande, Paraíba, 2018.

Nº	AUTOR E ANO DE PUBLICAÇÃO	TÍTULO	OBJETIVO	MÉTODO
01	Paula, 2011.	O uso do medicamento na percepção do usuário do Programa Hiperdia.	Discutir a questão do acesso aos medicamentos como direito social, a partir da Investigação de como o usuário do Hiperdia percebe seu acesso aos medicamentos.	Uma pesquisa qualitativa, realizada em algumas UBS do município de Juiz de Fora (JF).
02	Borba; Muniz, 2011.	Sobrepeso em idosos hipertensos e diabéticos cadastrados no Sistema HiperDia da Unidade Básica de Saúde do Simões Lopes, Pelotas, RS, Brasil.	Descrever o perfil nutricional de idosos hipertensos e diabéticos cadastrados no Sistema HiperDia da Unidade Básica de Saúde Simões Lopes, na cidade de Pelotas, RS, Brasil.	Trata-se de um estudo descritivo, baseado em dados secundários da ficha de cadastro de usuários, incluindo idosos de ambos os sexos.
03	Carvalho; Almeida; Garbinato, 2012.	A assistência farmacêutica no Atendimento aos pacientes do hiperdia do ESF.	Avaliar o acesso à assistência farmacêutica pelos pacientes cadastrados no programa Hiperdia dos ESF 18 e 19 da rede pública de saúde no município de Dourados (MS).	Foi realizada uma pesquisa de campo de caráter descritivo transversal e de abordagem quantitativa.

04	Araújo, 2013.	Saúde do homem: ações e serviços na estratégia saúde da família.	Identificar os serviços e as ações de saúde ofertados ao homem na Estratégia Saúde da Família na ótica dos profissionais da saúde.	Estudo exploratório-descritivo com abordagem qualitativa, composto por 16 profissionais da saúde.
05	Ribeiro, 2015.	Qualidade de vida de hipertensos atendidos na Atenção Primária à Saúde. Centro Brasileiro de Estudos de Saúde.	Analisar a qualidade de vida de hipertensos em Jequié-BA, e identificar possíveis fatores depressores.	Estudo descritivo, de corte transversal, realizado em uma UBS localizada no Jequié-BA.
06	Carmo, 2017.	O papel do grupo do hiperdia frente a dificuldade de adesão terapêutica.	Apresentar e descrever o Grupo HiperDia realizado na Unidade de Atenção Primária à Saúde (UAPS) Santa Efigênia do município de Juiz de Fora, Minas Gerais.	Pesquisa qualitativa em grupo.
07	Souza; Silva; Mareze, 2017.	Associação entre parâmetros do sono, estilo de vida e fatores de risco para síndrome metabólica e Hipercreatininemia em pacientes acompanhadas pelo Programa HiperDia.	Associar o estilo de vida e fatores de risco para a síndrome metabólica e hipercreatininemia com parâmetros do sono de pacientes acompanhados pelo Programa HiperDia.	Trata-se de um estudo descritivo associativo.
08	Mouthinho; Frutuoso, 2017.	Oficinas problematizadoras para o cuidado de diabéticos insulino-dependentes na Atenção Básica em Saúde.	Descrever e analisar oficinas problematizadoras para diabéticos insulino-dependentes atendidos em uma Unidade Básica de Saúde inserida em território vulnerável.	Trata-se de pesquisa-intervenção com 14 diabéticos com média de idade de 62,5 anos.
09	Tortorella, 2017.	Tendência temporal da prevalência de hipertensão arterial sistêmica e diabetes mellitus entre adultos cadastrados no Sistema Único de Saúde em Florianópolis.	Analisar sua Associação com fatores sociodemográfico em adultos cadastrados no Sistema Único de Saúde (SUS) em Florianópolis-SC, Brasil.	Estudo de série temporal, com dados do Cadastro Familiar obtidos do Sistema de Informação da Atenção Básica (SIAB) de adultos (≥ 20 anos de idade) no SUS; empregou-se regressão de Prais-Winsten.
10	Barreto, 2018.	Não utilização de consultas de rotina na Atenção Básica por pessoas com hipertensão arterial.	Identificar, entre pessoas com hipertensão arterial, os fatores sócio demográficos associados a não utilização de consultas médicas de rotina disponíveis na Atenção Básica.	Estudo transversal analítico.

Source: data research, 2018.

a key piece for the development of healthy habits and quality life for patients with SAH and DM. Of the articles analyzed, four were from the year 2017, two were from the year 2011, one from 2012, 2013 and 2015. All articles addressed the hyperdia, and how the nurse worked in this process, taking into account the demands that had to be made.

DISCUSSION

A study on access to medicines in the perception of the Hiperdia user, shows that the focus on social rights points to the gap between the legal and the real SUS. It was noticed in the daily interaction with the users of the Health Unit, how difficult it is to ensure the right to health guaranteed to users because of the demand. 5 A survey states

that promotion and prevention actions should be emphasized within the scope of multiprofessional health teams, and that they encourage patients to adhere to treatment and lifestyle changes, on an ongoing basis. Only through the real commitment of health teams and continuing education will it be possible to mitigate the situation of high morbidity and mortality due to SAH and DM, clarifying the importance of Hiperdia. ⁶

After the end of the 90s and the beginning of the 21st century, prevention, especially cardiovascular diseases, has been the center of concern for several international organizations, as they reach high population rates.⁷ Thus, in Brazil, the Hypertensive and Diabetic Registration and Monitoring System (HIPERDIA) was created, which aims to monitor and register hypertensive and diabetic individuals, which aims to improve the rates of these diseases, based on data provided that contribute to epidemiological analysis. Thus, it is perceived the importance of HiperDia in the care of patients with SAH and DM, in order to offer quality of life, and prevention of health problems and complications of this public.⁷

In view of the whole context, there is a great weakness in the service of the hyperdial program, as this specific public has been increasing, and with this the great demands make quality service impossible, becoming a service of only quantity. The Family Health team has a fundamental role in the development of health prevention and control actions. Therefore, it is up to him to systematize the assistance and organize the assistance, so that the hypertensive and/or diabetic user has access to all services, which include: medical and nursing consultations, complementary exams, receiving antihypertensive drugs and/or antidiabetics, measurement of weight, height, waist circumference, blood pressure and capillary blood glucose, in addition to dental care and referral to other specialties, aiming to prevent or contain target organ injuries.³

Thus, the complications resulting from SAH and DM, should be postponed to the maximum, so that the dependence, especially the physical one, and the manifested disabilities do not come to compromise it. To organize assistance to people with SAH and DM, there is the Hypertension and Diabetes Program (Hiperdia), which constitutes a registration system in order to allow monitoring and generate infor-

Hiperdia is an essential tool to instrumentalize the practice of assisting hypertensive/and/or diabetic users, as it generates reports that make it possible to know the situation and map the risks to enhance the attention to these people and minimize the conditioning factors of disease complications.

mation for the acquisition, dispensation and distribution of medicines on a regular and organized.⁸ One study pointed out that health professionals need to develop strategies to organize the demand for hypertensive patients at medical appointments, prioritizing population groups of men, blacks, and who use public health services.⁸ The greater use of consultations can help with blood pressure control and reduce complications.

Hiperdia is an essential tool to instrumentalize the practice of assisting hypertensive/and/or diabetic users, as it generates reports that make it possible to know the situation and map the risks to enhance the attention to these people and minimize the conditioning factors of disease complications.⁹

Health education is also at Hiperdia, these are meetings aimed at hypertensive and diabetic patients, accompanied at health units, in which these patients receive guidance on their illnesses, share their difficulties and receive the necessary medicines for treatment and one of the goals of the health team's actions in the group, is to guarantee the individual's adherence to the treatment.⁹ Thus, it is clear that the assistance provided by the Family Health Strategy is extended to this audience.

The nursing team builds a more affective bond with the user of the hyperdia, as they live monthly or even weekly with these patients and with that a trust between professional/patient is developed, which allows greater adherence to treatment and consequently an improvement in quality of life.

A survey states that the nurse must be an educator, and it is necessary, that the same accompany all patients during the treatment. It is also important to create a care plan for each patient, considering the different needs, seeking to improve this assistance, avoiding risks.¹⁰ The nurse, in his assistance, can use workshops for the care of diabetic and hypertensive individuals, making the educational

process more horizontal, and using the exchange of knowledge and the management of care from the contexts of the group and the problems faced in the daily life of the individual, family, community and territory.¹⁰

From the perspective of DM, nursing must work in an educative and preventive way, so that it can avoid serious cases of diabetic foot, which can lead to amputation of the limb, and generate a lot of suffering for the patient and family.¹¹ Nursing also needs to be aware, for the patient with a low level of education, and that a strategy will be

needed that facilitates the understanding of the pathologies, whether DM or SAH, addressing the necessary care, and in relation to food and physical exercises.¹²

CONCLUSION

The research achieved the proposed objectives, as it stated that the nurse is directly linked to the care, diagnosis, monitoring, treatment and organization of assistance to patients with diabetes or hypertension. Even in the face of great demands, this profes-

sional is able to solve adverse events and provide differentiated assistance for each carrier, within the limits of normality. It is up to nursing and other health professionals to teach patients to practice care for themselves, educate in health and strengthen prevention and health promotion actions.

The preparation of this study made it possible to perceive how nurses in primary health care have an important link in the lives of the families they attend, but due to the high demand, this professional finds many difficulties to assist specific populations. ■

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