

IMPACT OF PRIMARY CARE ACTIONS ON SELF-CARE OF HYPERTENSIVE PATIENTS

IMPACTO DAS AÇÕES DA ATENÇÃO BÁSICA NO AUTOCUIDADO DE HIPERTENSOS

IMPACTO DE LAS ACCIONES DE LA ATENCIÓN PRIMARIA EN EL AUTOCUIDADO DE LOS HIPERTENSOS

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ABSTRACT

Objective: To understand how Primary Health Care actions influence self-care among patients with systemic arterial hypertension. **Methods:** Narrative literature review based on scientific articles, reports, and official documents published between 2016 and 2024 on hypertension management in Primary Health Care. **Results:** Findings highlight the importance of person-centered care, taking into account social, cultural, and family aspects. Practices such as healthy eating, physical activity, smoking cessation, and moderation in alcohol consumption are essential for self-care. Challenges include lack of symptoms, low medication adherence, and socioeconomic and psychosocial barriers. **Conclusions:** Effective hypertension management requires multiprofessional actions, health education, and strategies such as personalized care plans. Public policies should reinforce comprehensive care and promote self-care, aiming to reduce morbidity and mortality.

Keywords: Systemic Arterial Hypertension; Self-Care; Primary Health Care; Health Education.

RESUMO


Objetivo: Compreender como as ações da Atenção Primária à Saúde influenciam o autocuidado de pacientes com hipertensão arterial sistêmica. **Métodos:** Revisão narrativa da literatura, com base em artigos científicos, relatórios e documentos oficiais publicados entre 2016 e 2024 sobre a gestão da hipertensão na APS. **Resultados:** Os achados apontam a importância do cuidado centrado na pessoa, considerando aspectos sociais, culturais e familiares. Práticas como alimentação saudável, atividade física, cessação do tabagismo e moderação no consumo de álcool são fundamentais para o autocuidado. Dificuldades incluem ausência de sintomas, baixa adesão medicamentosa, barreiras socioeconômicas e psicossociais. **Considerações finais:** A gestão da hipertensão exige ações multiprofissionais, educação em saúde e estratégias como planos personalizados. Políticas públicas devem reforçar o cuidado integral e promover o autocuidado, visando reduzir a morbimortalidade.

Descritores: Hipertensão Arterial Sistêmica; Autocuidado; Atenção Primária à Saúde; Educação em Saúde.

RESUMEN

Objetivo: Comprender cómo las acciones de la Atención Primaria de Salud influyen en el autocuidado de los pacientes con hipertensión arterial sistémica. **Métodos:** Revisión narrativa de la literatura basada en artículos científicos, informes y documentos oficiales publicados entre 2016 y 2024 sobre la gestión de la hipertensión en la Atención Primaria. **Resultados:** Los hallazgos destacan la importancia de un cuidado centrado en la persona, considerando aspectos sociales, culturales y familiares. Prácticas como una alimentación saludable, la actividad física, la cesación del tabaco y la moderación en el consumo de alcohol son fundamentales para el autocuidado. Las dificultades incluyen la ausencia de síntomas, la baja adherencia a la medicación y barreras socioeconómicas y psicossociales. **Conclusiones:** La gestión eficaz de la hipertensión requiere acciones multiprofesionales, educación en salud y estrategias como planes de cuidado personalizados. Las políticas públicas deben reforzar la atención integral y promover el autocuidado, con el objetivo de reducir la morbilidad y la mortalidad.

Descriptores: Hipertensión Arterial Sistémica; Autocuidado; Atención Primaria de Salud; Educación en Salud.

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INTRODUCTION

Systemic Arterial Hypertension (SAH) is a chronic noncommunicable disease (NCD) de-fined by a persistent elevation of blood pressure (BP), with values equal to or greater than 140/90 mmHg, correctly measured on at least two separate occasions and in the absence of antihypertensive medication^{1,2}. Individuals with blood pressure levels between 120–139 mmHg (systolic) and 80–89 mmHg (diastolic) are classified as prehypertensive, presenting a higher cardiovascular risk compared with those with optimal BP¹.

Hypertension (HTN) is a serious global public health problem and one of the main risk factors for cardiovascular diseases (CVDs), which are the leading cause of death in the Americas. It is estimated that more than 25% of adult women and 40% of adult men in the region are hypertensive, with diagnosis, treatment, and control levels still below the ideal³. In Brazil, about 32% of adults are affected. Among the elderly over 70 years old⁴, this reaches 75%, with a higher prevalence in women⁵.

Cardiovascular diseases (CVDs), along with other noncommunicable diseases (NCDs) such as diabetes, neoplasms, and chronic respiratory diseases, account for more than 80% of premature deaths among adults between 30 and 69 years of age^{6,7}. Hypertension (HTN) contributes significantly to events including stroke, coronary artery disease, and end-stage renal failure⁸.

Primary Health Care (PHC) plays a crucial role in the prevention, control, and follow-up of hypertension. It serves as the main entry point to the Brazilian Unified Health System (SUS) and is responsible for coordinating care. Nevertheless, persistent challenges remain, including limited access, regional inequalities, and socioeconomic barriers, particularly in the North and Northeast regions⁹. The Family Health Strategy (FHS), as the leading model of care within PHC, provides effective tools for health promotion, disease prevention, and the management of chronic conditions.

In this context, self-care guided by educational interventions is essential for the management of hypertension. Recommended strategies include healthy eating, regular physical activity, smoking cessation, and reduced alcohol consumption. However, adherence depends not only on access to information but also on health literacy – the ability to understand, evaluate, and apply information within the context of care¹⁰. Insufficient comprehension of guidelines directly affects treatment adherence and hospitalization rates.

The implementation of health education initiatives, patient empowerment, and integration with community support groups fosters autonomy, effective disease management, and a reduction in complications^{11,12}. The Strategic Action Plan for Addressing NCDs¹³ reinforces these guidelines, setting targets for the promotion of healthy lifestyle habits by 2030.

In view of this, the interest in the topic arose from the author's experience as a nurse, in which she identified gaps in the promotion and management of hypertension within Primary Health Care. The guiding question of this study is: What impact do these actions have on the self-care of hypertensive patients? The objective of the study is to understand how Primary Health Care interventions influence the self-care of patients with systemic arterial hypertension.

METHODS

This is a narrative literature review, which is an appropriate approach for generating theoretical and practical reflections on broad health topics, offering a critical and integrative analysis of the available evidence. It is used to provide a wide and comprehensive overview of a subject, identifying knowledge gaps and trends, based on a careful, but not necessarily exhaustive selection of relevant publications¹⁴.

The search for articles was conducted between March and April 2025 in the following databases: SciELO (Scientific Electronic Library Online), LILACS (Latin American and Caribbean Literature in Health Sciences), and PubMed/MEDLINE, with the aim of covering both national and international scientific literature.

The following descriptors were used, in Portuguese and English, combined with the Boolean operators AND and OR in Portuguese: “hipertensão arterial sistema”, “atenção primeira à saúde”, “autocuidado” and “educação em saúde”; and in English: “Hypertension”, “Primary Health Care” and “Self-Care”.

Articles published between 2016 and 2024, in Portuguese, English, and Spanish, that directly addressed hypertension in relation to self-care, Primary Health Care, and the challenges faced by professionals and patients were included. Priority was given to full-text studies of an empirical or theoretical nature, integrative reviews, systematic reviews, dissertations, and qualitative or quantitative studies with a focus on collective health.

Editorials, conference abstracts, theses, duplicate articles, articles not aligned with the review topic, and publications focusing exclusively on hospital or specialized populations without connection to Primary Health Care were excluded.

The selected studies were organized and analyzed using a narrative approach, in a descriptive and reflective manner, based on three thematic categories previously defined from the initial reading of the materials and the delineation of the review objectives.

The reading and analysis of the articles allowed the identification of recurring aspects, relevant contributions, and gaps in the care of hypertensive patients within Primary Health Care. The data were critically discussed, considering the context of Brazilian public health, the principles of the Family Health Strategy (FHS), and the World Health Organization (WHO) guidelines for hypertension control.

It should be emphasized that Copyright Law n. 2,853 of August 14, 2013, which addresses the classification and examples of copyrighted works, thereby protecting scientific, artistic, and intellectual creations with guaranteed rights, was duly respected¹⁵.

RESULTS

The findings of this narrative review were organized into three thematic categories that emerged from the critical analysis of the selected literature. These categories reflect the main aspects addressed in the reviewed studies and were defined based on the recurrence of themes and their relevance to the objectives of this study. They are: (1) Impacts of Hypertension on Primary Health Care; (2) Self-care Practices in Hypertensive Patients; and (3) Barriers and Challenges in the Self-care of

Hypertensive Patients. Each category is presented and discussed below based on the available evidence, in view of the specificities of health care in the context of Primary Health Care.

IMPACTS OF HYPERTENSION ON PRIMARY HEALTH CARE

Hypertension (HTN) is a prevalent chronic condition that poses significant challenges to health systems, particularly within the context of Primary Health Care (PHC). Adopting a person-centered care approach is essential for health professionals to work in partnership with individuals, recognizing them as active agents in managing their health¹. This approach fosters adherence to healthy lifestyles and effective treatments through the development of patient trust and autonomy.

In the context of Primary Health Care, researchers emphasize the importance of family and community-oriented guidance, which enables health professionals to understand the patient's social and family environment, ensuring comprehensive and contextualized care¹⁶. Another study highlights that community involvement is essential for the success of health initiatives, underscoring the need for professionals to go beyond the clinical setting and engage in the social dimension¹⁷.

The role of the nurse, especially in the Family Health Strategy (ESF), stands out for empowering the patient, promoting self-care within their family and social context^{18,19}. This integrated multidisciplinary approach in Primary Health Care (APS) contributes significantly to improving health indicators and reducing morbidity and mortality associated with hypertension.

An alarming finding from the WHO²⁰ report indicates that approximately 80% of individuals with hypertension do not receive adequate treatment, underscoring the urgent need to strengthen Primary Health Care (PHC) to expand access and enhance the quality of care. Moreover, the WHO states that expanding PHC could prevent up to 76 million deaths between 2023 and 2050, demonstrating its strategic role in public health.²⁰

Furthermore, a systematic review reveals that demographic (advanced age, male sex), socioeconomic (low education, low income), and anthropometric (obesity, abdominal circumference) factors have a significant influence on the prevalence of hypertension, reinforcing the need for differentiated strategies for vulnerable populations²¹. Additionally, effective control of hypertension in primary health care directly impacts quality of life, reducing costs associated with hospitalizations and serious complications²².

These factors demonstrate that hypertension not only affects the individual's health but also represents an organizational and social challenge for primary health care, requiring integrated prevention and management strategies.

SELF-CARE PRACTICES IN HYPERTENSIVE PATIENTS

Self-care is essential for the effective management of hypertension. The self-care process begins with a thorough assessment of individual needs and perceptions, which is crucial for developing personalized interventions that foster active patient participation¹. Health education is a fundamental tool to empower patients to understand

the importance of lifestyle modifications, such as adopting a healthy diet, engaging in regular physical activity, and adhering to prescribed medication²³.

The literature indicates that interventions based on the DASH (Dietary Approaches to Stop Hypertension) dietary pattern, characterized by high consumption of fruits, vegetables, whole grains, and low-fat dairy products, are effective in reducing blood pressure²⁴. Limiting sodium intake, increasing potassium, and maintaining healthy body weight are other essential practices for dietary self-care²⁵.

Alcohol consumption is considered an aggravating factor in hypertension, highlighting the need for multidisciplinary strategies to reduce intake in primary health care, including patient support and targeted educational interventions²⁶. In addition, home blood pressure monitoring has been shown to be an effective practice for early detection and improved disease management, allowing timely treatment adjustments²⁷.

Health education programs and public campaigns are recognized for increasing public knowledge and promoting greater adherence to preventive practices²⁸. This preventive approach enhances patient autonomy and reduces complications associated with hypertension, thereby lessening the burden of the disease on healthcare system²⁹.

A study conducted with hypertensive patients attended by a Family Health Strategy (ESF) team in Iguatu, Ceará, found that the main self-care practices include healthy lifestyle habits, such as reducing salt and fat intake, engaging in regular physical activity, abstaining from alcohol and smoking, adhering to prescribed medication, and attending medical follow-ups. Family support and guidance from the ESF team were considered crucial in promoting these practices³⁰.

BARRIERS AND CHALLENGES IN THE SELF-CARE OF HYPERTENSIVE PATIENTS

Despite the benefits of self-care, adherence to hypertension treatment remains a global challenge. Studies indicate that non-adherence is a multifactorial phenomenon, influenced by the absence of noticeable symptoms, low risk perception, and social, cultural, and economic factors³¹. Also, approximately half of hypertensive individuals are unaware of their condition due to the lack of noticeable symptoms, which hinders recognition of the need for treatment²³.

Studies show that late diagnosis leads to serious complications, which could be prevented through early adherence to self-care³². The CARDIO program experience demonstrates that intersectoral and integrated interventions, focusing on professional training and collaborative self-care, enhance adherence and user satisfaction³³.

In this context, studies reveal significant gaps in the population's knowledge and in primary health care practices, highlighting the need for professional training and greater community engagement^{34,35}. Additional barriers include psychosocial factors, limited access to resources, and the influence of genetic variants related to treatment resistance³⁶.

The literature also indicates that the complexity of treatment regimens, side effects, and limited understanding of treatment benefits negatively affect adherence^{37,38}. Consequently, the use of remote monitoring technologies in conjunction with ongoing educational interventions emerges as a promising strategy to overcome these barriers¹.

DISCUSSION

The findings of this review highlight primary health care (PHC) as a fundamental pillar in the management of hypertension, given its strategic role in prevention, early diagnosis, and ongoing patient follow-up. The implementation of person-centered care helps to enhance patient autonomy, a critical factor for therapeutic success¹. Acknowledging the family and community dimensions within the care process^{16,17} further emphasizes the need for an integrated approach that addresses the social determinants of health.

The actions of nurses and other healthcare professionals highlight the importance of ongoing training for patient empowerment, enhancing the potential for treatment adherence^{18,19}. Nevertheless, the WHO report²⁰ indicates that hypertension remains neglected and underfunded, limiting the reach of primary health care interventions and contributing to high morbidity and mortality rates. Thus, stronger public policies and strategic investments in primary health care are essential to improve this situation^{21,22}.

Considering the foregoing, promoting self-care through health education represents an effective strategy for controlling hypertension, allowing patients to take an active role in their health^{1,29}. Recognizing the importance of proper dietary practices^{24,25} along with the need to reduce alcohol consumption³⁹ underscores the multidimensional nature of self-care.

Home blood pressure monitoring is a valuable tool that, when incorporated into a patient's routine, promotes clinical control and the prevention of complications²⁸. Besides, educational programs and public campaigns play a significant role in expanding knowledge and adherence to preventive practices, contributing to strengthening patient autonomy and responsibility for their own health²⁹.

Regarding the challenges and barriers to adopting self-care, the complexity of factors hindering adherence to hypertension treatment necessitates multifaceted approaches. The absence of symptoms, low risk perception, and socioeconomic difficulties represent persistent barriers that require particular attention from primary health care professionals^{23,31}.

The successful experience of the CARDIO (Care, early Access, policy Reform, Data and digital technology, Intersectoral collaboration, and local Ownership), developed in São Paulo, integrates multiple sectors—health, education, and community—and involves patients, health professionals, and managers in co-creating strategies adapted to the local context. This experience illustrates that intersectoral strategies, continuing education, and community involvement are fundamental to strengthening self-care, adherence to treatment, and the effectiveness of primary health care, serving as a reference for similar initiatives in other urban and community settings³³.

Additionally, professional training, digital monitoring technologies, genetic factors, and treatment resistance^{36,37} add complexity to the management of hypertension and should be considered in the personalization of remote interventions, which represent promising strategies to improve adherence and control of the condition³⁸.

In summary, the results confirm that effective control of hypertension in primary health care depends not only on clinical knowledge, but also on an

understanding of social, cultural, and individual contexts, requiring a holistic and integrated, patient-centered approach.

FINAL CONSIDERATION

High blood pressure is not only a clinical challenge but also a phenomenon intrinsically linked to multiple dimensions of human life—biological, social, cultural, and psychological. In primary health care, placing the individual at the center of the care process underscores the importance of understanding them in their uniqueness, valuing their experiences, contexts, and knowledge, thus making self-care not merely a practice but an act of empowerment in one's own health. Nonetheless, the journey toward adopting healthy habits and adhering to treatment is fraught with challenges that extend beyond mere information.

The absence of clear symptoms, social and economic barriers, fear, and lack of motivation create a complex scenario that requires healthcare teams to provide attentive listening, ongoing support, and strategies tailored to the patient's reality. It is essential to build trust and offer guidance so that care extends beyond the clinical setting and becomes integrated into individuals' daily lives.

More than protocols and guidelines, the effective management of hypertension depends on strengthening the relationships between professionals, patients, and the community, creating an environment conducive to transforming health practices and consolidating self-care. This collaborative construction reflects the urgency of an equitable, accessible health system committed to promoting life in its entirety.

In conclusion, recognizing hypertension as a multifactorial phenomenon implies rethinking public policies and intervention strategies, considering the particularities of each individual and collective. It is in the convergence of scientific knowledge, human sensitivity, and political action that the potential lies to overcome the barriers that currently limit the effective control of this condition and, consequently, promote a healthier, more inclusive, and sustainable future for all.

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