INTERVENTION PROPOSAL FOR THE PREVENTION AND CONTROL OF SYSTEMIC ARTERIAL HYPERTENSION IN OLDER ADULTS IN PRIMARY HEALTH CARE: INTERVENTION PROPOSAL

Aléxia Barreiros Martins[1]
Christiane Motta Araujo[2]
Claudia Aparecida Fernandes Cordeiro[3]
Quezia Teixeira Rodrigues[4]
Cíntia Maria Rodrigues[5]
Renata Patricia Fonseca Gonçalves[6]
Sergio Antunes Santos[7]
Almir Sincura Ribeiro Junior[8]

Abstract: This intervention project aims to promote the prevention and control of systemic arterial hypertension (SAH) in older adults receiving care at UBS Maria Leda Santos, located in the Conquista neighborhood, Nova Palestina, Vitória-ES. The proposal is based on the high prevalence of the disease in this age group and the need to strengthen Primary Health Care actions. The methodology adopted includes educational activities, support groups, and multidisciplinary follow-up, with the aim of increasing treatment adherence and encouraging healthy lifestyle habits. The expected outcomes include improved blood pressure control, reduced cardiovascular complications, and a stronger bond between the team and the

[1] Physician. Specialization in Family and Community Medicine, Universidade Federal de Minas Gerais
[2] PhD. UFVJM. ORCID: https://orcid.org/0000-0001-8485-721X
[3] PhD in Health Sciences. CER IV, Diamantina, MG ORCID: https://orcid.org/0000-0002-9764-0017
[4] PhD in Physiology (ICB/UFMG). Substitute Professor, Department of Nursing, UFVJM ORCID: https://orcid.org/0000-0003-3998-4169
[5] PhD in Sciences (EERP/USP). Assistant Professor I, Department of Nursing, UFVJM ORCID: https://orcid.org/0000-0001-9002-031X
[6] PhD in Nursing (EE/UFMG). Associate Professor, Department of Nursing, UFVJM ORCID: https://orcid.org/0000-0002-5292-2053
[7] Orthopedic physician, master's degree in Health, Society and Environment. Professor, Department of Medicine, UFVJM
[8] Physician, specialist in General Practice, family physician

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community. The project proposes a comprehensive and humanized approach based on shared responsibility for care, and seeks to contribute to active, healthy, and participatory aging, in line with public health policies and the guidelines of the Unified Health System (SUS).

Keywords: comprehensive health care for older adults; systemic arterial hypertension; primary health care

INTRODUCTION

Systemic arterial hypertension (SAH) is a multifactorial clinical condition characterized by persistently elevated blood pressure levels and is considered one of the world's leading public health problems. It is estimated that more than 1.2 billion people live with the disease, and this number is likely to increase due to population aging and the rise in risk factors such as obesity, physical inactivity, and poor diet (WHO, 20214). In Brazil, data from the Brazilian Society of Cardiology (SBC) indicate that approximately 60% of older adults have hypertension, underscoring the need for effective strategies to prevent, diagnose, and control the disease (BARROSO, 2020).

The aging process is directly associated with the increased prevalence of arterial hypertension, since it involves physiological changes such as arterial stiffening, increased peripheral vascular resistance, and endothelial dysfunction. These factors contribute to the development of severe cardiovascular complications, including acute myocardial infarction, stroke (CVA), and heart failure (OLIVEIRA, 2022). In addition to biological implications, psychosocial factors—such as social isolation, low educational attainment, and financial difficulties—also affect treatment adherence and adequate blood pressure control among older adults (SILVA, 2024).

In this context, Primary Health Care (PHC) plays a fundamental role in preventing and managing SAH through ongoing follow-up, surveillance of risk factors, and the promotion of educational initiatives aimed at changing lifestyle habits. The Family Health Strategy (FHS), which is part of PHC, enables a closer and more humanized approach,

strengthening the bond between the health team and the patient, thereby contributing to treatment adherence and the reduction of complications (BRASIL, 2025). Integration among professionals, patients, and the community is essential to ensure effective care, especially for vulnerable populations such as older adults with hypertension (MENDES, 2014).

The Maria Leda Santos Primary Health Care Unit, located in the Conquista neighborhood, Nova Palestina, Vitória-ES, serves a predominantly elderly, low-income population, consisting of retirees and workers in the service sector. Many hypertensive patients at this unit have difficulty maintaining adequate blood pressure control due to factors such as irregular medication use, sedentary lifestyle, and lack of regular medical follow-up. These barriers, combined with the lack of educational activities, result in a greater risk of complications and a compromised quality of life (OLIVEIRA, 2022).

Given this scenario, this intervention project aims to implement actions to promote health and control systemic arterial hypertension in elderly patients served by the UBS Maria Leda Santos.

The proposal includes lectures, support groups, multidisciplinary follow-up, and health education activities that encourage self-care and strengthen ties between the team and the community. It is expected that these actions will reduce uncontrolled blood pressure levels, prevent cardiovascular complications, and promote healthy and active aging (SILVA, 2024).

Therefore, the development of local and community-based interventions targeting elderly people with hypertension is extremely important for strengthening Primary Health Care and promoting quality of life. Projects such as this are aligned with the public health policies of the Ministry of Health and the principles of the Unified Health System (SUS), by prioritizing comprehensive, continuous, and humanized care based on equity and social participation (BRASIL, 2025). A preventive and educational approach is essential to reduce the impact of chronic diseases and contribute to a healthier elderly population that is more aware of its self-care (MENDES, 2014).

RATIONALE

Systemic arterial hypertension (SAH) is one of the most prevalent chronic conditions among older adults and represents one of the main risk factors for cardiovascular, cerebrovascular, and renal diseases. Its high incidence in this age group is associated with physiological changes resulting from aging, such as increased arterial stiffness and decreased vascular elasticity. These changes contribute to the development of serious complications, such as stroke (CVA), acute myocardial infarction, heart failure, and chronic kidney disease, constituting a major public health challenge (MARQUES, 2019).

The relevance of this intervention project is grounded in the need to improve strategies for preventing and controlling hypertension among elderly patients served by Primary Health Care (APS). This level of care is considered the main gateway to the Unified Health System (SUS) and plays an essential role in early detection, continuous follow-up, and the promotion of healthy habits. However, many older adults still have difficulty adhering to treatment, whether due to a lack of knowledge about the disease, low educational attainment, financial difficulties, social isolation, or improper medication use.

Therefore, it is essential to develop educational activities that encourage self-care and empower patients to take an active role in managing their own condition (SILVA, 2024).

At the Maria Leda Santos Primary Health Care Unit, located in the Conquista neighborhood, Nova Palestina, Vitória-ES, a significant number of elderly patients with hypertension have inadequate blood pressure control. This situation reflects factors such as poor eating habits, sedentary lifestyle, irregular use of medication, and lack of systematic follow-up. In addition, there is a shortage of educational activities that promote knowledge about the risks and complications of SAH and encourage treatment adherence. These challenges underscore the need for local interventions that strengthen the relationship between the multidisciplinary team and the community, encouraging shared responsibility for health care (BRASIL, 2025).

The rationale for this project, therefore, is the importance of implementing strategies that combine clinical follow-up with educational and psychosocial support, fostering

adherence to both pharmacological and non-pharmacological treatment. Lectures, discussion groups, and support groups will enable older adults to better understand their health condition, adopt healthier eating habits, engage in regular physical activity, and follow their treatment appropriately. These actions are in line with the Ministry of Health guidelines, which identify comprehensive care for older adults and multidisciplinary work as pillars of continuous, humanized care (MENDES, 2014).

Finally, it is emphasized that implementing this project will bring benefits not only to individuals but also to the community as a whole by helping reduce cardiovascular complications and improve the quality of life of older adults with hypertension in the community. Furthermore, it reinforces the strategic role of Primary Care in health promotion, chronic disease management, and the strengthening of public policies focused on healthy aging. Thus, the proposed intervention is relevant and necessary for consolidating more effective, participatory, and sustainable care practices, as recommended by (WHO, 2021).

THEORETICAL FRAMEWORK

Systemic arterial hypertension (SAH) is a multifactorial clinical condition characterized by a persistent elevation in blood pressure levels and is one of the main risk factors for cardiovascular, cerebrovascular, and renal diseases. It is a highly prevalent chronic disease associated with a significant impact on morbidity and mortality, particularly because of its direct relationship with events such as acute myocardial infarction and stroke (OLIVEIRA, 2022).

The population aging process is directly related to the increased prevalence of arterial hypertension. Age-related physiological changes, such as arterial stiffness, reduced vascular compliance, and endothelial dysfunction, contribute to the progressive elevation of blood pressure, especially systolic pressure, making older adults more susceptible to SAH and its complications (OLIVEIRA, 2022).

In Brazil, epidemiological studies show a high prevalence of arterial hypertension among older adults, reaching levels above 60% in this age group. In addition to its high

frequency, blood pressure control remains inadequate in a significant proportion of patients, underscoring the need for effective strategies for ongoing follow-up and clinical management within the health system (MARQUES, 2019).

Primary Health Care (PHC) plays a central role in the prevention, diagnosis, and control of arterial hypertension, particularly in the longitudinal care of older adults. Through the Family Health Strategy, PHC enables regular follow-up, cardiovascular risk stratification, and early identification of factors that hinder disease control, helping reduce avoidable complications and hospitalizations (MENDES, 2012).

Adequate control of arterial hypertension depends not only on drug treatment but also on adopting lifestyle changes. The literature recommends reducing salt and alcohol consumption and stopping smoking as fundamental measures, as well as maintaining a healthy diet and engaging in regular physical activity to control blood pressure, especially among older adults (BARROSO, 2025).

In this context, health education is an essential tool for promoting self-care and improving treatment adherence. Evidence indicates that educational interventions developed in PHC, such as educational groups and ongoing guidance activities, are associated with better blood pressure control, greater treatment adherence, and improved quality of life among older adults with hypertension (MENDES, 2012). Thus, the scientific literature supports the importance of integrated, multidisciplinary, and educational initiatives developed within Primary Health Care to address arterial hypertension in older adults. Organizing care, together with strengthening the relationship between the health team and service users, is an effective strategy for reducing the impact of SAH and promoting healthier and more active aging (ET.AL, 2025).

OBJECTIVES

GENERAL OBJECTIVE

* To present an intervention proposal focused on preventing and controlling systemic arterial hypertension in older patients receiving care at the Maria Leda Santos Basic Health

Unit, in the Conquista neighborhood, Nova Palestina, Vitória-ES, focusing on educational activities, multidisciplinary follow-up, and the promotion of self-care.

SPECIFIC OBJECTIVES

* To propose educational strategies aimed at encouraging adherence to pharmacological and non-pharmacological treatment among older adults with hypertension.

* To describe health education activities, such as lectures, educational groups, and workshops, aimed at promoting healthy lifestyle habits and controlling arterial hypertension.

* To present strategies for strengthening the relationship between the UBS team, older patients, and the community, with a view to shared responsibility for health care.

* To suggest indicators and follow-up methods that could be used to monitor blood pressure control and the effectiveness of the intervention proposal, should it be implemented in the future.

METHODOLOGY

This study is characterized as a descriptive and propositional health intervention project, based on the analysis of a situational diagnosis and the proposal of actions aimed at caring for older adults with systemic arterial hypertension in Primary Health Care. This type of design is suitable for reorganizing care practices, as it makes it possible to identify problems in the local area and propose evidence-based strategies without the need for direct experimental intervention (MENDES, 2012).

The proposed setting is the Maria Leda Santos Basic Health Unit, located in the Conquista neighborhood, Nova Palestina, in the municipality of Vitória-ES. The target population comprises older adults diagnosed with systemic arterial hypertension who are registered with and followed by the Family Health Strategy team. This setting was chosen because of the central role of Primary Health Care in the longitudinal management of chronic conditions and the coordination of health care (STARFIELD, 2002).

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The methodology is organized into sequential stages. First, a situational diagnosis is proposed, based on data available in the Basic Health Unit records, such as the number of registered older adults with hypertension, frequency of consultations, blood pressure measurement records, use of antihypertensive medication, and history of visits for complications of systemic arterial hypertension. Situational diagnosis is recognized as a fundamental tool for planning health actions, as it makes it possible to identify the population's actual needs and guide more effective interventions (TAMAKI, 2012).

Community health workers are considered strategic actors in this process, given their direct ties with families and in-depth knowledge of the local area. Their work makes it possible to identify older adults who have greater difficulty adhering to treatment, as well as social barriers and contextual factors that interfere with hypertension control, thereby strengthening health surveillance and continuous care (GIOVANELLA, 2018).

In the next stage, the development of an educational and organizational action plan is proposed, with strategies that differ from existing routine practices. Planned actions include producing educational materials adapted to the older population, cardiovascular risk stratification to prioritize follow-up, strengthening home visits, and organizing thematic educational groups according to a set schedule. The literature indicates that structured educational interventions in Primary Health Care help improve treatment adherence and control of arterial hypertension (MENDES, 2014).

Finally, the proposal includes a suggested follow-up and monitoring model, with indicators that could be used if the intervention is implemented. Suggested indicators include the frequency of follow-up for older adults with hypertension, records of controlled blood pressure, participation in educational activities, and the number of hospitalizations due to complications of systemic arterial hypertension. The use of indicators is essential for assessing the effectiveness of actions and supporting decision-making in health care management (TAMAKI, 2012).

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EXPECTED RESULTS

The proposed intervention is expected to contribute to improved control of systemic arterial hypertension among older adults followed at the Maria Leda Santos Basic Health Unit, helping to reduce blood pressure levels and, consequently, prevent cardiovascular complications associated with the disease. Evidence indicates that systematic follow-up in Primary Health Care is associated with better blood pressure control rates and a lower incidence of cardiovascular events in older populations (MARQUES, 2019).

Another expected outcome is increased adherence to medication treatment and non-pharmacological measures. The proposed educational activities are expected to improve older adults' understanding of the importance of taking medications regularly and adopting healthy lifestyle habits. Studies show that educational interventions conducted in Primary Health Care contribute to greater treatment adherence and better control of arterial hypertension in older adults (SILVA, 2024).

Through group educational activities, such as lectures, discussion groups, and thematic workshops, older adults are expected to gain greater knowledge about arterial hypertension, its risk factors, and possible complications. Increased health knowledge is associated with positive behavioral changes, including improved diet, regular physical activity, and greater engagement in self-care, particularly in chronic noncommunicable diseases (OLIVEIRA, 2022).

It is also expected to strengthen the bond between the health team and UBS users, fostering trust, dialogue, and longitudinal follow-up. The integrated work of the multidisciplinary team and community health workers can increase shared responsibility for care and improve adherence to clinical guidance, aspects considered central to the management of chronic conditions in Primary Health Care (MENDES, 2012; GIOVANELLA, 2018).

Finally, the intervention proposal is expected to contribute to reducing demand for emergency care and hospital admissions due to complications of uncontrolled hypertension, as well as to serve as a reference for future interventions in other health units. The literature

indicates that organized care strategies in PHC can reduce hospitalizations for primary care-sensitive conditions and improve the quality of life of the older population (GIOVANELLA, 2018; TAMAKI, 2012).

FINAL CONSIDERATIONS

The purpose of this intervention project was to propose actions aimed at preventing and controlling systemic arterial hypertension (SAH) among older adults receiving care at the Maria Leda Santos Basic Health Unit, located in the Conquista neighborhood, Nova Palestina, Vitória-ES. The proposal was based on the high prevalence of SAH in this population and its close association with serious cardiovascular complications, which represent one of the leading causes of morbidity and mortality among older Brazilians (OLIVEIRA, 2022).

The development of this project highlighted the importance of Primary Health Care (PHC) as a strategic level for addressing noncommunicable chronic diseases. Through multidisciplinary work and integration among professionals, patients, and the community, it is possible to provide continuous, humanized, and user-centered care. Strengthening the bond between the UBS team and older adults with hypertension is essential to therapeutic success, promoting adherence to pharmacological and non-pharmacological treatment and reducing the risk of complications (MENDES, 2014; BRASIL, 2025).

The proposed actions—such as educational lectures, support groups, multidisciplinary follow-up, and self-care workshops—aim to promote behavioral changes and expand older adults' knowledge about their health condition. The intervention is expected to help improve blood pressure control, encourage healthy habits, and strengthen shared responsibility among patients, families, and the health team.

In addition to clinical benefits, implementing the project may generate significant social impacts by encouraging community empowerment and consolidating educational practices that value active and healthy aging. Thus, this work reaffirms the importance of health promotion and prevention actions as pillars of the Unified Health System (SUS), demonstrating that care for older adults with hypertension goes beyond pharmacological

treatment and requires a comprehensive and participatory approach (BASIL, 2020; WHO, 2021).

It is therefore concluded that this project constitutes a tool for local transformation, capable of improving the care provided to older adults with hypertension at the Maria Leda Santos UBS and serving as a reference for future interventions in other communities. Its implementation reinforces the role of Primary Health Care as a privileged setting for health promotion, disease prevention, and the strengthening of citizenship, consolidating the commitment to quality of life and dignified aging for the older population.

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