

Hypertension is considered an important public health problem in Brazil, which is aggravated by its high prevalence and late detection. In addition, it is one of the major risk factor for cardiovascular and cerebrovascular diseases.

Hypertension, considered a “silent murder”, is the largest social problem in developed countries and in a large number of developing countries. Despite of known efficacy and affectivity of various preventive and control measures, including the pharmacological ones, hypertension will continue, for decades, representing one of the largest health challenges and high cost disease for individuals and society. If control of existed cases, as well as control and prevention of risks factors for this disease are not implemented, this problematic will affect a large proportion of the population in our country, which, in 2020, will have had increase significantly over 60 years of age.

Hypertension is a multifactor, multisystem syndrome. It can be caused by multiple causes, being related to inadequate life style, constitutional factors, such as: sex, age, race/color and family history; as well as environmental issues, such as: sedentary lifestyle, stress, smoking, alcoholism, inadequate diet and obesity. Due to its silent course, a person can be surprised by its complications, being necessary learn to live with its chronic nature on an every day basis. Nevertheless, this type of problem is influenced by a series of determinants, including personality characteristics, forms to face the disease, self-concept, self-image, experience with the disease and health care professionals attitudes.

One of the difficulties found in the treatment of persons with hypertension is the lack of adhesion to the treatment, as 50% of the known patients with hypertension don't treat themselves, and among those who do, few have controlled blood pressure. Between 30 and 50% of persons with hypertension stop treatment within the first year of treatment, and 75% after five years⁽¹⁾.

The problem related to treatment adhesion is complex. A series of factors influence this process: biological characteristics (sex, age, race/color and family history), social and cultural issues (civil status, years of schooling, income, profession, origin and religion); as well as the experience of the person with the disease and its treatment; relationship with health care professionals; family support; and access to health care systems linked to updated public health policies⁽²⁾.

The lack of adhesion to treatment is an important challenge for the implementation of policies for this population, possibly being responsible for the increase in social costs with work absence, license for health treatment, and early retirement. On the other hand, the adhesion to treatment means the decrease of treatment cost, and the possibility to integrate or reintegrate those in treatment into society. In addition, it reduces the morbimortality rates by cardiovascular and cerebrovascular diseases related to hypertension.

The population, mainly the most vulnerable to hypertension, needs to increase its knowledge regarding hypertension risk factors in order to adhere to treatment and control measures. The intermediation of this process should mainly be done through health education, due its ability to capacitate and transform individuals, turning them independent, based on informed knowledge regarding their health, in taking

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their own decisions regarding their body, and undertaking, or not, healthier behaviors.

Education is the main action implemented by the primary care, as it allows health promotion. Like this, it can be admitted that the follow-up of a person with hypertension, together with family care, and implementation of educational actions, will allow adhesion to therapeutic conducts in order to control hypertension, as well as others conducts, which will promote health to individuals and families.

The idea of health promotion relates itself to the surrounding reality, as updated healthy policies, collaboration among various sectors, and sustainable development. If one brings the perspective relating health to life conditions, multiple elements, such as physical, psychological and social will emerge as linked to a healthy life. Nevertheless, an importance should be given to the development of community participation regarding populational abilities.

Finally, the problems related to hypertension need solutions through prevention and/or control of risk factors since childhood, as well as adhesion to therapeutical conducts aiming control, in the diagnosed cases, on all fields of human activity – home, work and other social environments.

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