THE IMPORTANCE OF THE HIPERDIA PROGRAM IN THE MANAGEMENT OF HYPERTENSION AND DIABETES IN PRIMARY HEALTH CARE

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ABSTRACT

The Hiperdia Program, implemented in Brazil, is a fundamental strategy in the control and management of hypertension and diabetes mellitus in primary health care. This integrative review aimed to evaluate the effectiveness of the program in improving treatment adherence, reducing complications, and promoting patients' quality of life. We selected 20 articles published between 2013 and 2023, in databases such as PubMed, Scielo, and Lilacs, using the descriptors "Hiperdia," "hypertension," "diabetes," "primary care," and "chronic disease management." The results demonstrate that Hiperdia is effective in identifying, registering and monitoring patients, promoting educational actions and ensuring access to essential medicines. Studies point to significant improvements in treatment adherence and in the reduction of hospitalizations due to cardiovascular and metabolic complications. However, challenges include gaps in infrastructure, discontinuity of funding,

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and difficulties in integrating health teams. It is proposed to expand technological support, training of professionals and telemonitoring strategies as tools to enhance the results of the program. It is concluded that Hiperdia is essential for the confrontation of chronic non-communicable diseases, but requires greater investment and strategic planning to consolidate its effectiveness in primary care.

Keywords: Hyperdia. Hypertension. Diabetes mellitus. Primary care. Chronic diseases.

INTRODUCTION

Hypertension and diabetes mellitus are chronic conditions of high prevalence and complexity, and are considered priority public health problems due to their impacts on morbidity and mortality and costs for health systems. According to the Ministry of Health (2021), hypertension affects about 25% of the Brazilian adult population, while diabetes affects approximately 9%. These diseases are associated with serious complications, such as kidney failure, cardiovascular diseases, strokes, and amputations, which compromise the quality of life of patients and require effective interventions for control.

In Brazil, the Hypertension and Diabetes Mellitus Program (Hiperdia) was established as part of the National Primary Care Policy (PNAB), acting as a strategic tool in coping with these chronic conditions. Hiperdia's main objectives are to register patients, ensure regular access to essential medicines, promote educational actions and carry out systematic monitoring in primary health care. These pillars seek to foster continuity of care, prevent complications, and improve patients' clinical outcomes (MINISTRY OF HEALTH, 2022).

The theoretical framework that sustains the program is anchored in the integrality and longitudinality of care, fundamental principles of the Unified Health System (SUS). According to Starfield (2002), primary care is the first level of contact between the individual and the health system and plays a central role in the coordination of care. In the Brazilian context, Mendes (2018) highlights that primary care is fundamental for coping with chronic diseases, especially due to its ability to promote low-cost and high-impact interventions, such as those offered by Hiperdia. In addition, national studies show that the program contributes to the organization of care and to the reduction of avoidable hospital admissions, although it still faces challenges related to treatment adherence and population coverage (CAMPOS et al., 2020).

Although Hiperdia was structured to address the main challenges related to hypertension and diabetes, the effectiveness of its actions still varies between different regions of the country. Among the factors that limit its results, inequalities in access to health services, the insufficiency of trained teams in primary care, and the low adherence of patients to treatment stand out, as pointed out by Lima et al. (2019). In view of this, it is essential to evaluate the impact of the program and propose strategies to overcome these barriers, ensuring that its actions are effective in promoting the control of these conditions and reducing their complications.

This study aimed to evaluate the efficacy of the Hiperdia Program in the management of hypertension and diabetes mellitus in the context of primary health care in

Brazil. Specifically, it seeks to identify the impacts of the program on the improvement of clinical outcomes, analyze the challenges faced by professionals and patients in the context of the program, and propose recommendations for the improvement of actions developed in the scope of primary care.

METHODOLOGY

This integrative review was conducted based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, ensuring the transparency and reproducibility of the process. The objective was to identify and synthesize scientific evidence on the impacts of the Hiperdia Program on the management of hypertension and diabetes mellitus in the context of primary health care.

Searches were carried out in the PubMed, SciELO and LILACS databases, selected due to their relevance to the health area and wide access to national and international studies. The descriptors used were "Hyperday," "hypertension," "diabetes," "primary care," and "chronic diseases," combined by Boolean operators ("AND" and "OR") to broaden the scope of the search.

The inclusion criteria established that the studies should be original articles published between 2013 and 2023, in Portuguese, English, or Spanish, and address the impact of Hiperdia on primary health care. Quantitative, qualitative, or mixed studies that analyzed outcomes related to clinical control of hypertension and diabetes, access to medications, adherence to treatment, and quality of life of patients were included. Studies that focused exclusively on other strategies for the management of chronic diseases or on secondary and tertiary levels of health care, as well as literature reviews, editorials, and duplicate studies, were excluded.

The selection process was carried out in three stages: (1) reading of the titles, (2) analysis of the abstracts and (3) evaluation of the full texts. Initial screening identified 120 studies, of which 45 were considered potentially relevant based on titles and abstracts. After reading it completely, 20 articles met the eligibility criteria and were included in the final analysis.

The extracted data were systematized in a table containing information such as authorship, year of publication, study objective, methodology used and main findings. Data analysis was qualitative and followed a thematic approach, categorizing the evidence according to the objectives of the review, such as the effectiveness of Hiperdia in controlling chronic conditions, adherence to treatment, and impact on reducing complications.

This methodological rigor sought to ensure the inclusion of relevant and reliable evidence, contributing to a deeper understanding of the effectiveness of Hiperdia in the management of hypertension and diabetes in the context of primary health care.

RESULTS

The analysis of the 16 selected studies revealed that the Hiperdia Program plays a central role in the management of hypertension and diabetes mellitus in primary health care, with significant impacts on several dimensions of care. The results found made it possible to identify advances and challenges related to the implementation and reach of the program.

Hiperdia proved to be an efficient tool for mapping individuals with hypertension and diabetes in the community. Active patient registration was associated with better outcomes, such as greater adherence to treatment and reduced complication rates. Studies such as the one by Santos et al. (2020) highlighted that municipalities with higher registration coverage showed an increase in the frequency of medical consultations and in the monitoring of health indicators, which facilitated early preventive and therapeutic interventions.

The free distribution of essential medicines, combined with regular consultations and educational actions, was identified as a key factor for treatment adherence. Oliveira et al. (2019) observed that patients enrolled in the program had an average reduction of 15% in systolic blood pressure levels and 10% in glycated hemoglobin levels, compared to individuals who were not registered. In addition, patients reported greater confidence in continuous follow-up and the availability of therapeutic resources, which contributed to sustained adherence.

Hiperdia also stood out in the promotion of health education groups, which addressed topics such as healthy eating, physical exercise, stress management and proper use of medications. These groups were effective in sensitizing patients about the importance of self-care and in promoting changes in habits. Silva et al. (2021) pointed out that, after participating in educational activities, more than 60% of patients reported improvements in diet and increased physical activity, reflecting on metabolic control and quality of life.

The studies analyzed indicated a significant reduction in hospitalizations related to cardiovascular and metabolic complications in patients registered with Hiperdia. Ferreira et al. (2023) showed that the program had a positive impact on secondary and tertiary

prevention, reducing hospitalization rates for stroke and heart failure by 25% in regions where the program was fully implemented.

Despite the documented benefits, Hiperdia faces operational challenges that compromise its effectiveness in some locations. Studies such as that of Rodrigues et al. (2020) have highlighted the discontinuity in funding, the fragmentation in the flow of information, and the insufficiency of trained human resources as frequent barriers. In addition, regions with poor infrastructure reported difficulties in maintaining the regular supply of medicines and in carrying out continuous monitoring of patients.

DISCUSSIONS

The results analyzed reinforce that Hiperdia contributes significantly to the organization of care in primary care, promoting improvements in the clinical control of hypertension and diabetes and in the prevention of serious complications. However, the effectiveness of the program is directly linked to the integration of health teams, the availability of resources, and the continuity of the public policies that sustain it.

The literature indicates that, in order to overcome the challenges identified, it is necessary to invest in the continuous training of multiprofessional teams, in expanding the coverage of the program and in ensuring regular funding for medicines and educational actions. In addition, the strengthening of the primary care network and the integration with other levels of care can further enhance the results achieved by Hiperdia.

Therefore, the program is consolidated as an indispensable strategy in the fight against chronic diseases in Brazil, but it requires adjustments and improvements to reach its full potential, especially in vulnerable regions.

CONCLUSION

The Hiperdia Program has proven to be an indispensable tool for coping with hypertension and diabetes mellitus in primary health care, with positive results in disease control, treatment adherence and reduction of serious complications. Its performance reinforces the importance of organized and continuous strategies for the follow-up of patients with chronic conditions, contributing to the improvement of quality of life and the reduction of costs in the health system.

However, the study identified significant challenges that limit the reach and effectiveness of the program. Problems related to insufficient infrastructure, discontinuity in funding, and limited integration of health teams are barriers that compromise its optimal implementation, especially in vulnerable regions. These limitations reinforce the need for

more robust and sustainable public policies that ensure the continuity and expansion of Hiperdia.

This study has some limitations. First, as it is an integrative review, the results depend on the quality and scope of the studies analyzed, which may introduce bias. In addition, most of the selected articles focused on specific contexts, making it difficult to comprehensively generalize the results. Another limitation was the absence of recent data in some regions of the country, which may underestimate or overestimate the impact of the program.

In view of the limitations observed, it is suggested that future studies adopt multicenter approaches to evaluate the efficacy of Hiperdia in different regional contexts, considering the socioeconomic and structural inequalities in Brazil. In addition, longitudinal surveys can provide more detailed information on the evolution of clinical and organizational outcomes associated with the program.

Another recommendation is to investigate the impact of emerging technologies, such as telemonitoring systems, integrated electronic medical records, and artificial intelligence, on improving registration, follow-up, and adherence to treatment. Studies on the perception of patients and health teams in relation to Hiperdia would also be valuable to identify gaps and propose interventions that meet local needs.

Finally, it is crucial that future studies explore sustainable financing strategies and continuous training policies, especially for remote and highly vulnerable regions, in order to expand the coverage and effectiveness of the program, contributing to the strengthening of primary care in Brazil.

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