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### EXPERIENCE REPORT: EXTRAMURAL STRATEGY FOR DETECTING HYPERTENSION: THE ROLE OF THE ACADEMIC LEAGUE IN HEALTH PROMOTION

Mireile Manfrin Rocha

Leticia Faldoni Scherma

Gustavo Videira Botton

Gabriel Scorsolini Anzaloni

Lia Beatris Pavam Venancio

Marcella Pinheiro de Abreu

Maria Eduarda Caldo Scandiuzzi

Júlia Tamburus Fagnolli

Caroline Anice Scandolara

Fernanda Casals do Nascimento



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## Introduction

Systemic arterial hypertension (SAH) is a serious public health problem and one of the main modifiable risk factors for cardiovascular, renal, and cerebrovascular diseases. Due to its often asymptomatic nature, late diagnosis or lack of knowledge about the condition are significant barriers to epidemiological control.

In this context, Family and Community Medicine (FCM) plays a central role in the screening, timely diagnosis, and longitudinal follow-up of SAH, prioritizing actions in Primary Health Care (PHC). Academic Medical Leagues (AMLs), especially those focused on FCM, act as important extension agents, connecting theory to practice and promoting health education in the community.

This study aims to report on the experience of an opportunistic screening and health education initiative on SAH, carried out in a non-traditional community setting—a public square—by the Academic League of Family and Community Medicine (LAMFAC) of [Name of Your University/College], highlighting the impact on case detection and academic training.

## Methodology

### Planning and Context

The outreach action took place on November 15 at Praça XV de Novembro, a highly accessible space with a large flow of people in the city of Ribeirão Preto. The main objective was to offer an easily accessible screening point for blood pressure (BP) measurement and provide guidance on the prevention and management of SAH.

The planning of the action, coordinated by LAMFAC management, involved the training of volunteers, with theoretical and practical training on the correct technique for measuring BP, following the guidelines of the Brazilian Society of Cardiology (SBC). The training emphasized the use of appropriately sized cuffs and standardization of the procedure to minimize errors.

In addition, a service stand was set up with chairs, tables, properly calibrated aneroid sphygmomanometers, stethoscopes, and educational material (informative pamphlets on hypertension and healthy lifestyle habits).

Conduct Flowchart: Development of a simplified protocol for screening: 1) Preparation of the Individual: At least 5 minutes of rest, bare arm supported at heart level, feet on the floor, legs uncrossed, and bladder empty.

2) Recording and Screening: Measurement of BP and recording of the value on a simplified form.

3) Guidance and Referral:

### Implementation of the Action

During the 5 hours, the LAMFAC team, composed of 7 students and 1 supervising professor, approached passersby in a dynamic manner. Approximately 18 BP measurements were taken.

The experience was marked by intense interaction with the community. The academics applied the standardized technique, and each measurement was followed by individualized guidance, transforming the moment of measurement into an opportunity for health education.

Resultado da PA (mmHg)	Conduta na Praça
PAS $\leq$ 120 and PAD $\leq$ 80	Guidance on primary prevention and annual reassessment
PAS 121 -139 and/or PAD 81 – 89	Guidance on lifestyle changes (MEV) and suggestion for reassessment in 1 month at UFS.
PAS $\geq$ 140 and/or PAD $\geq$ 90	Guidance on MEV, information on the risk, and formal referral to the Family Health Unit (USF) of reference for diagnostic confirmation and follow-up.
PAS $\geq$ 180 and/or PAD $\geq$ 110 (Or crisis symptoms)	Immediate referral to emergency services.

## Results and Discussion

### Impact on Community Health

The action reached a diverse audience, characteristic of a public square environment. Of the 18 consultations performed, it was observed that approximately:

9 had normal BP values.

3 had borderline values (prehypertension).

4 had values compatible with stage 1 hypertension

0 had values compatible with stage 2 hypertension

2 had values compatible with stage 3 hypertension

Among the individuals screened with high BP, 16 reported being unaware of their condition or had not had their blood pressure checked for over a year, which underscores the importance of mass screening. A

highlight of the action was the detection of 2 cases of BP at hypertensive urgency levels (SBP > 180 and/or DBP > 110), which received immediate guidance to the emergency room, reinforcing the value of timely diagnosis in an environment outside the doctor's office.

The dynamic environment of the square proved effective in overcoming barriers to health care access, reaching individuals who do not routinely seek out basic health care units, a challenge often discussed in public health literature.

### Contributions to Academic Training

For medical students, the experience in the public square represented a valuable laboratory for clinical and social practice. Participation in the management and execution of the action allowed for:

1) Development of Technical Skills: Rigorous application of the BP measurement technique in a real-world setting with

various challenges, including noise and postural variations.

2) Strengthening Communication: Direct contact and the need to translate technical and scientific knowledge about SAH to the lay population enhanced health education and reception skills, which are essential for family doctors.

3) Understanding of Social Reality: The experience reinforced the MFC's focus on the social determinants of health, dealing with misinformation and difficulties in accessing treatment and longitudinal follow-up.

The work of the Family and Community Medicine League demonstrates the effectiveness of university extension programs in complementing the traditional curriculum, preparing future professionals with a more humanized, preventive, and community-oriented vision.

## Conclusion

The opportunistic blood pressure screening carried out by the Academic League of Family and Community Medicine in Praça XV de Novembro was a successful experience, fulfilling the objective of promoting early diagnosis and health education on arterial hypertension.

The results confirm the potential of outreach activities in public spaces for identifying undiagnosed or poorly controlled cases of SAH, serving as an important bridge between the community and primary health care. We recommend the continuation of dynamic, FCM-based activities, reinforcing the role of Academic Leagues as tools for social transformation and excellence in medical education.