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STRATEGY FOR BETTER ADHERENCE TO THE TREATMENT OF DIABETES MELLITUS IN THE ELDERLY IN PRIMARY CARE

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Abstract: Introduction: Chronic diseases are prevalent and have a global impact. Type 2 diabetes mellitus follows this same course with its incidence increasing every year. The lack of knowledge about diabetes is one of the many factors that can worsen the course of the disease. Elderly people are the majority among diabetics. **Goal**: To describe strategies to improve treatment adherence in elderly diabetics. **Methodology:** This is a descriptive study, with a quantitative and qualitative approach, of the experience report type, based on the experience of a multiprofessional team of the family health strategy, developed in a basic health unit (BHU) located in the ABC region. in Sao Paulo. After analyzing the medical records, it was identified that glycated hemoglobin was present on average from 10 to 12% in the elderly with type 2 diabetes. However, eight participants took part who managed to attend and continue in eight weekly meetings. It started on 07/20/2018 until 09/21/2018. **Results:** The strategies were 8 meetings with workshops, as follows: 1st meeting: Consultation was carried out establishing anthropometric data, blood pressure measurement, request for laboratory tests/glycated hemoglobin. Nutritional guidelines; 2nd meeting: Proper use of glucometer and medications; 3rd meeting: patients' eating habits and nutritional management; 4th meeting: Physical activity, dental care, oral evaluation performed; 5th meeting: Approach to emotional aspects; 6th meeting: Food workshop; 7th meeting: Practice of physical activity, performed stretching and walking and the 8th meeting: Assessment and foot care. After 3 months of the end of the group, glycated hemoglobin averaged 6.5 to 7.5%, which remained maintained in the second quarter of 2019. **Conclusion:** The initiative to elaborate the strategies carried out in a group for the elderly was important for better control and adherence to treatment. There was a decrease in glycemic levels in the elderly with diabetes and a greater bond with the health team.

Keywords: Primary care, Diabetes Mellitus, Family health, Elderly health.

INTRODUCTION

Diabetes mellitus is associated with several types of complications that can bring numerous disabilities. It has a great impact on patients' quality of life and productivity. It is one of the main causes of acquired blindness, kidney failure and lower limb amputations. Worldwide, there are more than 450 million patients with diabetes, with the majority (75%) of adults living in low- and middle-income countries.[1,2].

The rate of complications from diabetes is high in many countries, in a study carried out by Litwak et al[3] 27.2% of the participants had macrovascular complications and 53.5% had microvascular complications. The management of diabetes requires major changes in behavior, the patient's knowledge about the disease and self-care practices are important for them to achieve the desired treatment goals and contribute significantly to the control of their disease.[4]

The lack of knowledge about diabetes is one of the many factors that can worsen the course of the disease. Evidence suggests that individuals who understand how it develops adopt or modify a much healthier lifestyle to prevent or delay the onset of complications.[5]

Primary care is the ideal field to work on self-care actions in diabetic patients, through strategies that expand the knowledge of this population. We emphasize the need for interdisciplinary educational actions that include socioeconomic, psycho-emotional and educational aspects in the management of diabetes with a view to maintaining the autonomy and functionality of patients[6]. The study aimed to describe strategies to improve

treatment adherence in elderly diabetics.

METHODOLOGY

This is a descriptive study, with a quantitative and qualitative approach, of the experience report type, based on the experience of professionals from a multiprofessional team of the family health strategy, developed in a basic health unit (BHU) located in the region of ABC in Sao Paulo. The UBS has a referenced population of 35,000 inhabitants, divided into 5 family health teams. glycated hemoglobin was on average 10 to 12%. After analyzing the medical records, fifty elderly people were invited to participate in group workshops, a connection was previously made and explanation of how the meetings would work and advising that they would be monitored over 3 months, the absence of two meetings would be excluded from the study. However, the sample consisted of fourteen elderly people of both sexes who were able and agreed to participate in the activities. However, eight participants took part who were able to attend and continue eight meetings that were weekly. 2018.

RESULTS AND DISCUSSION

Conducted as a strategy, the orientations carried out by the multidisciplinary team consisted of eight meetings.

The first meeting: it was for the presentation of the meetings and the integration of users with the team. Explanation of what diabetes means. Individual consultation by the family health team physician. Establishment of anthropometric data, weight, height, pressure measurement, request for laboratory tests/ glycated hemoglobin. guide subsequent meetings. Participants were asked to bring their glucometer device to the next meeting.

Second meeting: with the participation of the pharmacist, lecture on the types and action of insulin, care in storage and validity after opening the bottle, correct disposal of sharp perforations, rotation of insulin application following practical guidance on handling and use of the glucometer.

Third meeting: Participation of the nutritionist, conversation to identify which foods each user usually eats, explanation of which foods are most suitable for people with diabetes, tasting of some lemon and ginger teas. Combined with the participants who would have a food tasting and practice in the kitchen.

Fourth meeting: With the participation of the physical educator carried out guidance on the benefits of physical activity in diabetic patients. Still, with the participation of dentistry, explained about mouth care, at the end each participant was directed to oral evaluation. Requested that each patient bring a family member who was directly connected since the beginning of the diagnosis for a subsequent meeting.

Fifth meeting: Approach to emotional aspects with the participation of the family member held dialogue with the psychologist, emotional reactions to the diagnosis of diabetes.

Sixth meeting: The food workshop was held in the UBS pantry. Participation of the nurse responsible for the strategy and organization of the meetings. It took several groups of food distributed on a table, encouraging discussion among the participants to direct which foods would be more suitable or not for daily consumption. Realization of a recipe for bread rich in fiber, which was delivered so that users could make it at home and thus encourage the practice of healthy eating.

Seventh meeting: Participation of the physical therapist with the practice of physical activity, performing stretching and guidance for daily practice at home.

Eighth meeting: An expository class on

assessment and care of the feet, physical examination and individual sensitivity test of the feet of each participant were held. Laboratory tests requested (glycated hemoglobin).

A higher frequency of diabetes was observed in women, which may be related to the greater difficulty men have in seeking health services7. In this group, 75% were women and another 25% men.

Of the participants in the 87.5%T elderly group, the participants in the group had their last HbA1c test between 10 and 12% and 12.5% of the HbA1c users had 8%. A HbA1c value greater than 8% was used to indicate inadequate control of diabetes.

However, it is important to emphasize that although the therapeutic goals are around 7% in adults and between 7.5% and 8.5% in the elderly, they must be individualized and evaluated on a case-by-case basis. This way, the Brazilian Society of Diabetes (2019) assumed a more flexible control approaching 8.5% for patients with less motivation for treatment, greater risk of hypoglycemia, long duration of the disease, with older age and lower expectation. of life, presence of other diseases, or macrovascular complications.

Three months after the end of the group, the HbA1c of these patients averaged 6.5 to 7.5%, which remained maintained in the second quarter of 2019.

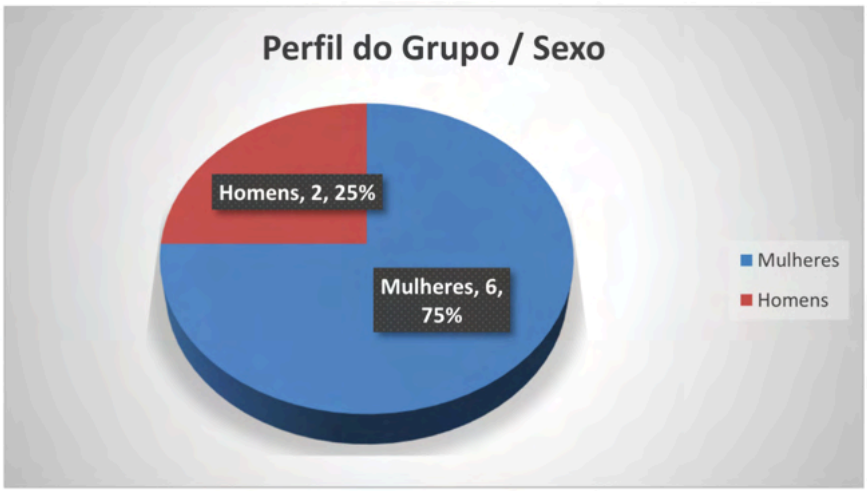
Graph 1-Sociodemographic characteristics of group participants

Constituição do grupo = Group constitution

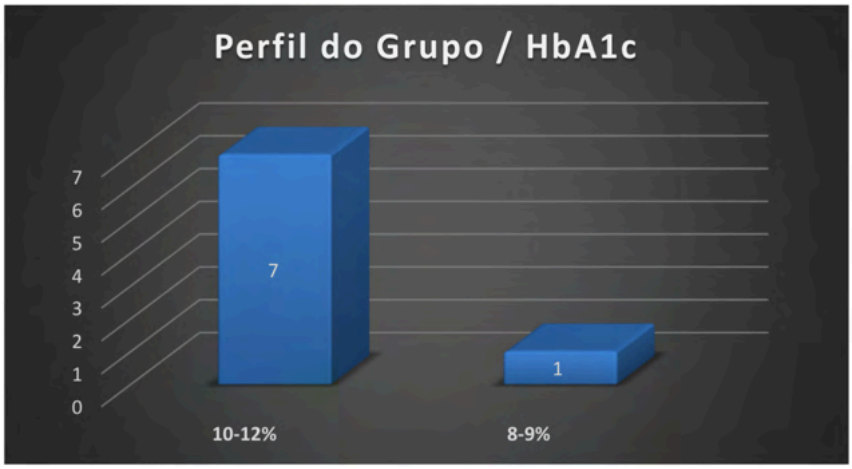
Convidados = Guestes

Aceitaram = Acepted

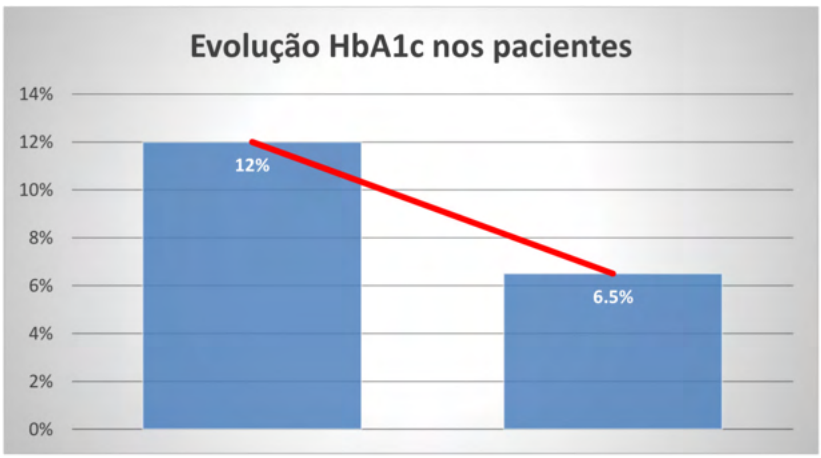
Aderiram = Joined



Graph 2-Participating sociodemographic characteristics in relation to gender.
Perfil do Grupo/Sexo = Group profile/ gender
Homens = Men
Mulheres = Women



Graph 3-Clinical characteristics of the group in relation to HbA1c



Graph 4-Clinical evolution of patients over 3 months

CONCLUSION

The initiative to elaborate the strategies carried out in a group for the elderly was important for better control and adherence to treatment. There was a decrease in glycemic levels in the elderly with diabetes and a greater bond with the health team, as well as an improvement in the quality of life of patients. or non-adherence to treatment, that they could seek the service and had the care they needed, in such a way that primary care makes them more accessible and qualified in the care of chronic diseases.

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