

THE INFLUENCE OF A SINGULAR THERAPEUTIC PROJECT ON A PATIENT WITH DIABETES AND HYPERTENSION: AN EXPERIENCE REPORT

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Abstract: Introduction: This text reports the experience of a group of medical students from Faculdade FACERES de São José do Rio Preto, during a practical action of the Singular Therapeutic Project (PTS) through home visits. The PTS consists of a tool that aims to care for an individual, family or community, taking into consideration, the individuality of each case. The PTS is made up of a set of proposals and therapeutic approaches, the principle of which is comprehensive patient care. It is structured between the healthcare team and the user, and this requires the participation of an interdisciplinary team [1]. The following experience report is based on a 70-year-old user of the Unified Health System, suffering from pulmonary emphysema, hypertension and diabetes, which are considered one of the main causes of mortality in the world and risk factors for cardiovascular diseases [2], prevailing among the main public health problems. Therefore, this is an experience report that will demonstrate the action of the PTS as a means of contributing to the therapeutic conduct and quality of life of the system user, taking into consideration her uniqueness and the individuality of her family and her social environment. **Objectives:** Report the experience of how PTS can contribute to the treatment and quality of life of the user. The importance of considering the uniqueness and social environment in which the user is involved is highlighted. The proposal was to carry out an action plan with the aim of helping with lung problems and maintaining control of hypertension. **Experience Report:** In order for us to carry out the PTS, a conference was initially held in the classroom, so that the theoretical issues to be addressed could be clarified to the students. Soon after the practical experience began, a moment considered the first phase of the PTS, the Family Health Team (ESF), within its corresponding area of coverage, indicated a

vulnerable family. Before carrying out the first home visit (VD), this family's medical records were analyzed to find out the user's previous history, such as the medications used, as well as their comorbidities. When we arrived at the patient's home, she was very receptive and seemed a little shaken. At an opportune moment, we had the opportunity to ask her why she was so concerned, and we were told that her husband was hospitalized due to pulmonary emphysema. After this moment, we asked other questions to find out whether the information we collected in the medical record coincided with the information being reported to us. Three weeks after the first HV, we carried out a new HV to check how the user was doing and collect new data for the PTS. When we got there, we noticed that she was already much happier. We soon realized that her husband was already back home, which made her much happier. As a result, we talked to both of them and were able to collect the missing data. Finally, we carried out the third VD to confirm all the data collected and evaluate the user's conditions. In all of our VD's, we received guidance on healthy eating to help support the treatment of hypertension and diabetes. We also advise on the need for women's health care, as well as, within their condition, carrying out physical activity, such as walking. **Reflection on the experience:** After having carried out three VD's, we were able to realize how important this program was, through the guidelines given and the action plan established by FACERES medical students, seeking to work on the uniqueness and individuality of the user of the health system, in the way is proposed by PTS [3]. In addition to the benefits for this user, this work was extremely important for us academics, as it brought a lot of information to our professional training, in addition to our personal training, considering that our human side and care for others were worked

on. **Conclusion or recommendations:** Taking into consideration, the work carried out, it can be said that PTS is of great importance for the population and that it can generate very satisfactory results, providing asylum and specific care given the uniqueness of each person. Furthermore, it is an important tool for training future doctors, leading to health promotion, and highlighting the importance of the doctor-patient relationship, and how it can be effective in treating and monitoring the patient. Furthermore, the experience with the SUS user was very rewarding.

Keywords: Basic care, hypertension, diabetes and pulmonary emphysema.

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