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RESEARCH ARTICLE

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CARE PROVIDED IN PRIMARY CARE TO ELDERLY PATIENTS WITH CHRONIC NONCOMMUNICABLE DISEASES

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ABSTRACT

Introduction: Chronic non-communicable diseases are the main cause of death in Brazil, therefore, health professionals must intervene in their knowledge and educational practices to minimize injuries caused by chronic disease in the elderly. **Objective:** to highlight the importance of multidisciplinary team care in primary care for the elderly with non-communicable chronic diseases. Methods: Study with qualitative, descriptive and exploratory subsidy. For the theoretical basis of this study, the following databases were used: MEDLINE, LILACS, BDNF and SciELO. Accessed through advanced search in the Virtual Health Library (VHL). To carry out the search, controlled descriptors and the Boolean operators "AND" were adopted for the simultaneous occurrence of subjects, and "OR", for the occurrence of one or another subject. **Results:** Educational practices corroborated the control and treatment of non-communicable chronic diseases. Socioeconomic, illiteracy and cultural factors generate a greater challenge for the adherence to medication and/or non-medicated self-care of the elderly. **Conclusion:** Educational practices are important for the elderly with CNCs, especially for the elderly with diabetes mellitus and systemic hypertension. The multidisciplinary team contributes to interventions in the adherence of the elderly patient through the reception, with the application of methods, informative materials, which aims to guide, educate and promote the health of the elderly with chronic non-communicable disease.

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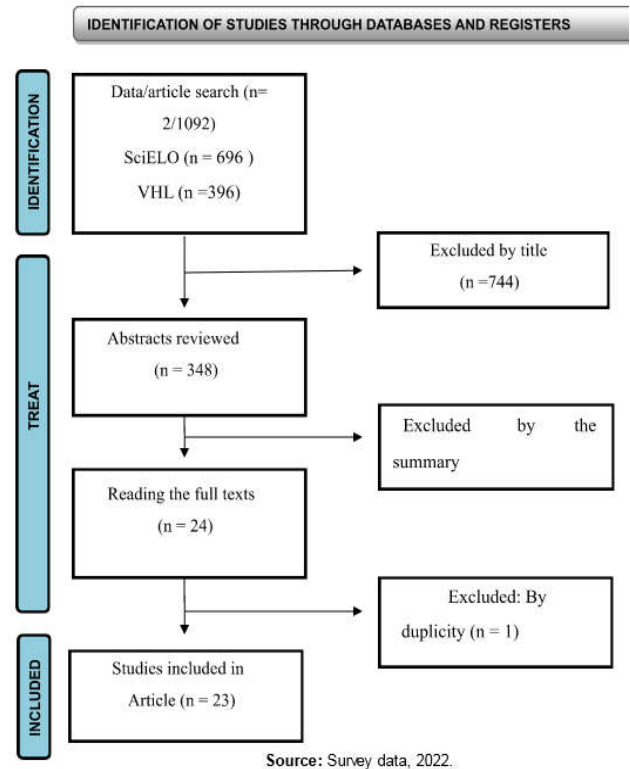
INTRODUCTION

Chronic Noncommunicable Diseases (NCDs), are diseases acquired throughout life, can be arise by genetic factor, environmental factor and lifestyle. In 2019, 54.7% deaths and 11.5% by aggravations were recorded, in the same year were modified 730 thousand deaths by NCDs. The elderly aged 80 years and over, represent high mortality rate (74%), and elderly aged 60 to 79 years (25%). Due to the process of time, with aging the body becomes slower, and when some chronic disease is manifested, the tendency is the reduction of the cognitive level and functionality of the elderly patient (a). In this scenario, the need for specific care arises, which should be accompanied by health professionals, along with assistance from family members and caregivers (FIGUEIREDO *et al.*, 2020). Morbidity and mortality from chronic noncommunicable diseases (NCDs) is alarming in recent years due to epidemiological and nutritional aspects and lack of physical activity, provide the emergence of chronic diseases. More also the socioeconomic aspects, low-income elderly generally do not have health insurance, and to avoid spending on private examination, for this reason is not frequent visits to UBS, laboratories, clinics and hospitals (MALTA *et al.*, 2020). The adoption of a treatment requires a multiprofessional and interdisciplinary work by the team, seeking technologies that promote health education, meet the patients' needs and fulfill the intended goals of promotion, protection and recovery (BECKER *et al.*, 2018). The teamwork will allow a more intrinsic continuous monitoring with users, making health education more effective, facilitating the multiprofessional work, in a horizontal sense, placing the patient as the central axis within this process, showing the benefits that will bring to their quality of life and aging, and always seeking new ways of welcoming. Thus, this study aims to highlight the importance of multidisciplinary team care in primary care to the elderly with chronic noncommunicable diseases. On the assumption of health education in the care of the elderly with chronic noncommunicable diseases.

METHODOLOGY

This is a study of narrative literature review, with qualitative, descriptive and exploratory subsidy, which consists of the rigorous synthesis of relevant results on a given topic, with the main objective of highlighting the importance of care of the multidisciplinary team in primary care to the elderly with chronic noncommunicable diseases (GALVÃO *et al.*, 2004). For the development of this review, the following steps were adopted: 1 - Choice of the theme to be searched. 2 - Preparation of the research guiding question. 3 - Choice of the database. 4 - Choice of descriptors and elaboration of search strategies. 5 - Elaboration of the Inclusion and Exclusion criteria. 6 - Search in the database and 7 - Analysis of the data found. The Problematic of the research was constituted following the PICO strategy: P - elderly carrier of chronic noncommunicable diseases; I - Multidisciplinary team and Co - Primary Care. Therefore, the following research problem was formulated: "What is the care of the multidisciplinary team in primary care to the elderly with chronic noncommunicable diseases? The following databases were used for the theoretical basis of this study: Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Literature on Health Sciences (LILACS), Databases on Nursing (BDENF) and Scientific Electronic Library Online (SciELO). Accessed through the advanced search in the Virtual Health Library (VHL). The search was conducted using controlled descriptors and the Boolean operators "AND" for the simultaneous occurrence of issues, and "OR" for the occurrence of one or another issue. The terms used were identified in the Health Sciences Descriptors (DeCS): Chronic diseases, elderly, care, primary health care, health education, family care, health promotion, diabetes mellitus and systemic hypertension". The inclusion criteria were primary articles that presented the nurse's contribution to the integration of care in the context of chronic noncommunicable diseases in the elderly, as a phenomenon of interest, articles. That had been published in English, Portuguese and Spanish languages, available in full between the years

2016 to 2021 (last 5 years), due to be the years that most dismantled publications in the theme of interest of the study in question. The exclusion criteria were: Project document, thesis, monograph, congress and conference. Only articles were selected so that the study was more careful with the information and that did not answer the research question. The selection of articles was performed in two final steps, the first was the analysis of the titles and publications were excluded in which the title did not have the main terms of the research, then the abstracts were analyzed and excluded, which did not meet the research criteria for this article. Subsequently, all articles that met the inclusion criteria were selected, as described in flowchart 1.



Flowchart 1. The Prism Flowchart presents the search and selection process of the articles

Finally, articles were rigorously selected to obtain the most relevant information about the present study, it was verified, the objectives, research methods and results. Those that were most assimilated were chosen for study, through the descriptors used in the MEDLINE, LILACS and BDENF databases. Since this is a review, the research was not submitted to the Research Ethics Committee (CEP), however, the guarantee of ethical and legal precepts is reaffirmed throughout the writing process of this study.

RESULTS AND DISCUSSION

Care practices can be offered in three ways: individual care, collective care and home care. In individual care, it is verified that consultations are made mostly related to medication, food, and comprehensive care with diabetic and hypertensive patient ((FIGUEIREDO *et al.*, 2020). In collective care, patient groups are formed, usually in institutions or shelters for the elderly, coordinated by a nurse, and through these meetings patient's questions and doubts are clarified. Finally, home visits are more restricted to patients who have difficulties in walking to the health unit, patients who have other types of diseases in addition to chronic diseases, mostly elderly patients with diabetes or hypertension (BECKER *et al.*, 2018). In Primary Health Care (PHC), the nursing professional and the multidisciplinary team, when making the reception of their patients should listen to them carefully, this encourages the elderly to talk about what they are really feeling. Thus, the elderly will feel more at ease, contributing to a comprehensive assessment, improving health care and bond of trust

(MAGRI, 2019). Health education is a very effective strategy in promoting the health of the elderly, control and maintenance in the disease, highlighting the care of the elderly, especially the elderly who have two or more chronic diseases, which require specific guidelines and associated with the knowledge of the disease, in the control and its adverse effects during the life of the elderly patient (VASCONCELOS *et al.*, 2017). Thus, health professionals should apply educational practices in individual and/or collective care focused on NCDs in the elderly, present to the patient, informative booklets, actions and plans aimed at promoting the health of the elderly, explain how self-care should be performed for the prevention of injuries by NCDs. Elaborate health care plans and emphasize to both the patient and the companion, the importance and benefits of specific care that the elderly should receive daily before a chronic disease, such as having proper nutrition and encourage physical activity (CASTRO *et al.*, 2018). In addition, elderly patients with low levels of education, cognitive and sensory problems have greater difficulty in understanding and memorizing all the information expressed by the nurse educator. These are some of the difficulties that nurses deal with so that care is continuous and that an adequate and efficient assessment is made; otherwise, there may be negative impacts on the elderly's health if the professional's guidelines are not adhered to. In this scenario, the presence of the caregiver is relevant so that he/she can accompany and help the elderly patient in the pharmacological practices and health care of the elderly patient (SCORTEGAGNA *et al.*, 2021).

In PHC, health care practices are performed to investigate and provide the necessary care to elderly patients. The prevention of diseases is related to the epidemiological aspect of the disease, where it is possible to make a study on certain chronic disease, in order to minimize the risk of injuries in elderly patients. Health promotion is one of the strategies in the health field, which aims to improve the quality of life of patients through health policies, plans and programs (REGNE *et al.*, 2021). Frailty is associated with several adverse risks due to age, such as risk of falling, reduced functionality, inhibited cognitive capacity, dependence, increased risk of hospitalization and death. The identification of these factors in PHC is important for the adequate planning and monitoring of the elderly, such as the development of goals and strategies for the promotion of elderly health (Oliveira *et al.*, 2020). The multidisciplinary team has an important role in the development of care plans, being relevant to the care of the elderly with chronic noncommunicable disease (NCD). It is currently a health problem that is increasing over the years, and is worrying because it is a permanent pathology that needs to be monitored throughout the patient's life to prevent injuries and hospitalizations (BECKER *et al.*, 2018). Polypharmacy among chronic diseases, diabetes and hypertension, is a triggering factor for health problems, because the inappropriate consumption of medicines can cause health risks (COSTA *et al.*, 2021). Therefore, this is one of the care that the care team should inform patients, because the use of self-medication, especially in the elderly with cognitive problems that have more difficulty in adhering to these medications, and who depend on other people to control the daily consumption of medications. Thus, highlighting the importance of health education for the elderly in the context of PHC.

CONCLUDING REMARKS

The results indicate that health education should be more comprehensive, not only in PHC, but also in communities, health events, lectures and conferences. Thus, family members of elderly patients may have information that can be beneficial at some point in their lives. Therefore, adherence to the control and treatment of chronic diseases depends on the patient, but it is up to the professional to influence in a humanized way the self-care practices for the elderly with chronic diseases, and especially that the family contributes to the promotion of health of the elderly. Adding to this, that through this care they can live normally or at least without danger of developing major problems because of the chronic disease non-communicable.

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