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### **Primary care intervention on systemic arterial hypertension and diabetes mellitus in elderly people**

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**Background and Aim:** The Systemic Arterial Hypertension and the Diabetes Mellitus can be associated to the elderly people, who are more susceptible to complications due to these diseases. The aim of this study is to describe an intervention organized by The Vila Velha University medical students with the Family Health Unity team, in order to elucidate the elderly on important subjects related to their chronic conditions.

**Method:** First of all, the students with the Health Community Agents performed home visits to invite the elderly people, to suggest themes for the meetings and to create professional-user bond. The educational activity was organized in two meetings, 40 and 57 participants, from 62 to 89 years old, respectively. The blood pressure and the capillary glycaemia post-prandial were checked. The themes discussed were: concepts, risk factors, prevention, chronic complications, and treatment adherence. Also, the students showed some foods, suggested some receipts and practices to be incorporated. At the end of each meeting, a dynamic intervention with body self-stretching techniques, breathing control and relaxing movements was performed, encouraging exercising.

**Results:** The participants felt better and motivated by the socialization with the students, the unity team and the other elderly people in their community. The exchange of experiences on a variety of subjects related to the diseases helped them to face them and their complications. 51 from the 97 participants (52,5%) showed values considered altered, and were conducted to the health team to assist them.

**Conclusion:** It was noticed that the participants had little information on the diseases, which reflects on the possible complications. Many participants showed values altered, demonstrating inefficacy on the follow-up of these patients. Therefore, interventions like the one described here, become pertinent in the Primary Health Care scenario, improving complications prevention and reducing public expenses.