

# CARE STRATEGIES FOR RESISTANT ARTERIAL HYPERTENSION

*ESTRATÉGIAS DE CUIDADO NA HIPERTENSÃO ARTERIAL RESISTENTE*

*ESTRATEGIAS DE ATENCIÓN PARA LA HIPERTENSIÓN ARTERIAL RESISTENTE*

✉ *Maria Jaquiele Furtado Gabriel<sup>1</sup>, Joice Fabricio de Souza<sup>2</sup>, Fabianne Ferreira Costa Róseo<sup>3</sup> e  
Ticiane Santana Gomes Santiago<sup>4</sup>*

## ABSTRACT

**Objective:** To analyze expanded strategies for promoting cardiovascular health and their impact on the quality of life of adults with resistant hypertension. **Methodology:** This integrative literature review was conducted from January to March 2025, covering studies in Portuguese, English, and Spanish published between 2020 and 2025 in the SciELO, SCOPUS, and PubMed databases. **Results and discussion:** Fourteen studies were included in the final sample, highlighting the importance of comprehensive approaches, such as health literacy, motivational interviewing, integrative practices, and community actions. Thus, the analyzed interventions highlighted the importance of these tools for therapeutic adherence and promoting the quality of life of patients with resistant hypertension. **Final considerations:** Educational, integrative, and community strategies were identified as essential in the management of resistant hypertension, given their potential to address the complexities associated with this condition.

**Keywords:** *Hypertension; Health Promotion; Patient Care Team; Primary Health.*

## RESUMO

**Objetivo:** analisar as estratégias ampliadas para promoção da saúde cardiovascular e seus impactos na qualidade de vida de adultos com hipertensão arterial resistente. **Metodologia:** trata-se de uma revisão integrativa de literatura, realizada no período de janeiro a março de 2025, abrangendo estudos em português, inglês e espanhol publicados entre 2020 e 2025 nas bases SciELO, SCOPUS e PubMed. **Resultados e discussão:** incluiu-se um total de 14 estudos na amostra final, de modo que se observou a importância de abordagens integrais, como letramento em saúde, entrevistas motivacionais, práticas integrativas e ações comunitárias. Dessa forma, as intervenções analisadas apontaram para a importância desses instrumentos para a adesão terapêutica e a promoção da qualidade de vida dos pacientes com HAR. **Considerações finais:** identificou-se que as estratégias educativas, integrativas e comunitárias são essenciais no manejo da HAR, dada a sua possibilidade de atuar diante das complexidades associadas a esse quadro.

**Descriptores:** *Hipertensão; Promoção da Saúde; Equipe de Assistência ao Paciente; Atenção Primária à Saúde.*

## RESUMEN

**Objetivo:** Analizar estrategias ampliadas para promover la salud cardiovascular y su impacto en la calidad de vida de adultos con hipertensión resistente. **Metodología:** Esta revisión integrativa de la literatura se realizó de enero a marzo de 2025, abarcando estudios en portugués, inglés y español publicados entre 2020 y 2025 en las bases de datos SciELO, SCOPUS y PubMed. **Resultados y discusión:** Se incluyeron catorce estudios en la muestra final, destacando la importancia de los enfoques integrales, como la alfabetización en salud, la entrevista motivacional, las prácticas integrativas y las acciones comunitarias. Así, las intervenciones analizadas destacaron la importancia de estas herramientas para la adherencia terapéutica y la promoción de la calidad de vida de los pacientes con hipertensión resistente. **Consideraciones finales:** Las estrategias educativas, integrativas y comunitarias se identificaron como esenciales en el manejo de la hipertensión resistente, dado su potencial para abordar las complejidades asociadas a esta condición.

**Descriptores:** *Hipertensión; Promoción de la Salud; Grupo de Atención al Paciente; Atención Primaria de Salud.*

1 Escola de Saúde Pública do Ceará. Fortaleza/CE - Brasil. 

2 Escola de Saúde Pública do Ceará. Fortaleza/CE - Brasil. 

3 Escola de Saúde Pública do Ceará. Fortaleza/CE - Brasil. 

4 Escola de Saúde Pública do Ceará. Fortaleza/CE - Brasil. 

## INTRODUCTION

Systemic arterial hypertension (SAH) is a multifactorial clinical condition, characterized by a sustained increase in blood pressure levels, and is often associated with damage to target organs and increased cardiovascular risk, considering resistant arterial hypertension (RAH), when blood pressure values remain high, that is, with rates above 140/90 mmHg<sup>1</sup>.

The main risk factors for the development of SAH are aspects such as overweight, obesity, age, gender and ethnicity, but also habits such as high salt and alcohol consumption and sedentary lifestyle, as well as socioeconomic factors intrinsically related to health determinants and conditioning factors<sup>2,3</sup>.

On the other hand, in 2023, the World Health Organization (WHO)<sup>4</sup> published a report in which it highlighted the global impact of hypertension, classifying it as "the silent killer", which is due to the fact that most cases are diagnosed late. The report points out that the number of people living with hypertension practically doubled between 1990 and 2019, from 650 million to 1.3 billion. A condition that has a higher prevalence in low- and middle-income countries and mainly affects elderly, obese, and diabetic populations.

Thus, in the national context, SAH is recognized as one of the main causes of morbidity and mortality, so that, in Brazil, approximately 27% of the population lives with this condition<sup>5</sup>.

The adoption of a healthy lifestyle is essential to prevent and control hypertension, with actions such as avoiding tobacco use, reducing salt consumption, increasing fruit and vegetable intake, practicing physical activity regularly, moderating alcohol consumption, and maintaining adequate weight<sup>1</sup>. Coping requires an integrated approach, involving the health system, professionals in the area, users, and the community in general<sup>6</sup>.

In this scenario, investigating the strategies implemented in Primary Health Care (PHC) is essential to identify effective practices, promote integration among multiprofessional teams, and improve patients' therapeutic adherence. Thus, the Basic Health Units (BHU), being the gateway to the health system, play a crucial role in the prevention and control of chronic diseases, such as resistant hypertension<sup>7</sup>.

Therefore, this study sought to analyze the expanded strategies for promoting cardiovascular health and their impacts on the quality of life of adults with resistant hypertension.

## METHODS

This is an integrative literature review structured through the adoption of six guiding steps, guided by Mendes, Silveira and Galvão (2008)<sup>8</sup>, namely: elaboration of the guiding question, (2) search and selection of studies, (3) data extraction, (4) evaluation of the studies included in the review, (5) synthesis of the results (6) and presentation of the review.

For the elaboration of the research question, the P.I.Co. strategy was adopted, a tool used in non-clinical research based on scientific evidence. Based on this approach,

the following question was formulated: "What are the strategies for promoting cardiovascular health and their impacts on the quality of life of adults with resistant hypertension?". The data search was carried out based on this research question and on the Health Sciences Descriptors (DeCS).

Thus, during the months of March and April 2025, the studies were searched in a paired manner, using the Health Sciences Descriptors (DeCS/ MeSH), using the Boolean operator "AND" with combinations for Portuguese, English, and Spanish, as shown in Chart 1.

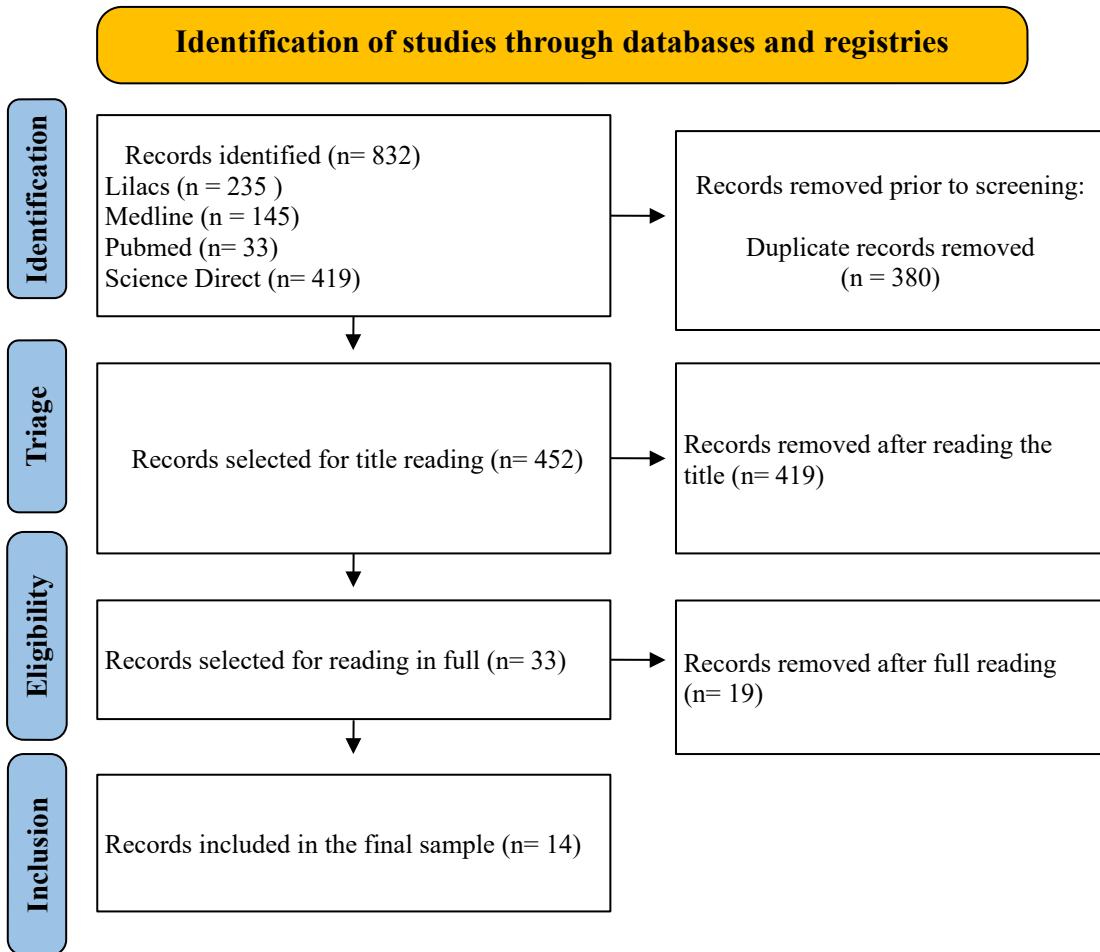
**Chart 1 - Search strategy adopted**

|            |  |
|------------|--|
| Portuguese | ("Adults" AND "Resistant Hypertension" AND "Cardiovascular Diseases") AND ("Health Promotion" AND "Multiprofessional Interventions" AND "Health Education") AND ("Primary Health Care" AND "Basic Health Units") |
| English    | ("Adults" AND "Resistant Hypertension" AND "Cardiovascular Diseases") AND ("Health Promotion" AND "Multiprofessional Interventions" AND "Health Education") AND ("Primary Health Care" AND "Basic Health Units") |
| Spanish    | ("Adults" AND "Resistant Hypertension" AND "Cardiovascular Diseases") AND ("Health Promotion" AND "Multiprofessional Interventions" AND "Health Education") AND ("Primary Health Care" AND "Basic Health Units") |

**Source:** authors, 2025.

The search for studies was carried out through the portals and databases of the Latin American and Caribbean Literature on Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (Medline), National Library of Medicine (PubMed) and Science Direct.

To filter the studies, according to the emphasis of the object investigated, the following inclusion criteria were adopted: qualitative and/or quantitative research articles that addressed the topic studied, published in Portuguese, English, or Spanish, in the period from 2020 to 2025. The choice of this time frame is justified by the occurrence of the pandemic in this interval, allowing the analysis of possible changes in the scenario after this event. The exclusion criteria established were: review articles, theses, dissertations, duplicate studies, comments, editorials, and articles that did not comply with the theme in the title, abstract, and full text, following the process illustrated in Figure 1.

**Figure 1 - Search Flowchart**

**Source:** authors, 2025.

Thus, the data processing followed the Content Analysis proposed by Bardin (2015), structured in three stages: in the first phase (pre-analysis), the search and preliminary reading of the articles were carried out, enabling the selection of the most relevant ones for the study. In the second stage, the materials chosen were organized according to criteria of authenticity and reliability, ensuring the quality of the information analyzed. Finally, the third phase involved the treatment of the results, with technical interpretation and critical reading of the content studied<sup>9</sup>.

To deepen the understanding of the selected studies, successive readings of the articles were carried out, favoring the detailed extraction of essential information. In this process, an adapted data collection form was used, based on the model validated by Ursi and Galvão (2005)<sup>10</sup>. This instrument included aspects such as the order of the articles, authorship, title, year of publication, type of study, objectives, and main results, facilitating the systematization of the analysis.

## RESULTS

From the search, a total of 832 articles were identified, of which 380, which were duplicates, were removed, proceeding to the screening of 452 records by reading

the title, removing 419 that had no correlation with the theme. After that, 33 studies remained that were read in full, and 14 were selected to make up the final sample of the review.

Thus, the studies that made up the sample were organized by means of an adapted tool, based on the data collection instrument validated by Ursi and Galvão (2005)<sup>10</sup>. This instrument covers aspects such as the order of the articles, authorship, title, year of publication, type of study, objectives, and main results, as shown in Chart 2. The careful reading and cataloguing of the studies enabled a broader and deeper understanding of the investigated theme.

Based on the analysis of the selected studies, there is a predominance of Brazilian publications between the years 2020 and 2023, reflecting a growing national concern with care strategies aimed at hypertension and cardiovascular diseases within the scope of Primary Health Care (PHC). In addition to Brazil, other Latin American countries such as Cuba (n = 1), Argentina (n = 1) and Chile (n = 1) also contributed with relevant investigations, which denotes the regional effort to qualify the care of Chronic Non-Communicable Diseases (NCDs).

In the European scenario, the Netherlands stands out with a recent study that evaluated interventions aimed at resistant hypertension<sup>23</sup>, while a Portuguese study provided important evidence on the benefits of physical exercise in patients with hypertension<sup>22</sup>, while a Chinese study presented updated data on the prevalence and risk factors associated with resistant hypertension in primary care settings<sup>24</sup>. These findings show an international and interdisciplinary concern with the theme, involving everything from psychosocial strategies to clinical and structural approaches in the care of cardiovascular diseases.

From the analysis of the results, it was possible to outline four main thematic categories that emerge from the studies, namely: "An expanded understanding of HAR", "Therapeutic adherence and associated factors", "Health promotion and educational strategies" and "Social inequalities and determinants of care".

**Chart 2 - Characterization of the selected studies**

| No. | Authors/<br>Year   | Country | Title  | Objective   | Results   |
|-----|--|---------|--|---|---|
| 1   | Pereira;<br>Tesser,<br>2023 <sup>11</sup> .                  | Brazil  | Future suffering can be avoided: yoga as a strategy in the primary prevention of cardiovascular diseases | To evaluate yoga as a resource for the primary prevention of cardiovascular diseases (CVD) in the context of Primary Health Care (PHC), considering the phenomenon of medicalization. | The results indicate that the insertion of parameters, values, and concepts of yoga within discussions in PHC groups can contribute to greater autonomy of users by expanding the current discourses on risk factors, with greater appreciation for the psychological and emotional issues that underlie the development of CVD.  |
| 2   | Rosa <i>et<br/>al.</i> ,<br>2020 <sup>12</sup> .             | Brazil  | Adherence to drug treatment and quality of life among hypertensive patients                              | To investigate adherence to drug treatment and quality of life of hypertensive patients treated in the Family Health Strategy.  | It was observed that 70.5% of the participants were female. Regarding medication adherence, 46.7% of hypertensive patients had low adherence, while adherence and bonding, 88.6% reported satisfactory adherence. Regarding quality of life, it was observed that the psychological and environmental domains were more compromised.  |
| 3   | Silva <i>et<br/>al.</i> ,<br>2021 <sup>13</sup> .            | Brazil  | Social networks of professionals of the family health strategy in the care of hypertensive patients      | to map the social networks of the professionals of the Family Health Strategy (FHS) based on the care of hypertensive patients.   | From the analysis of the links constituted by the professionals working in the FHS in relation to the care of hypertensive patients, it was possible to elaborate a design of the network formed by the various actors involved in this context of care and to identify those with greater prominence in this organizational structure through the measure of centrality of degree. |
| 4   | Soler-<br>Sánchez<br><i>et al.</i> ,<br>2021 <sup>14</sup> . | Cuba    | Educational program to promote therapeutic adherence in  | To evaluate the effectiveness of an educational program, based on the Health Belief Model, to promote therapeutic adherence   | After the application of the program, patients with partial adherence predominated (55.6%). 83.3% had a high perception of susceptibility and 94.4% had a high perception of severity. 100% perceived many benefits from both pharmacological and hygienic-   |

|   |                                 |        |  |  |   |
|---|---------------------------------|--------|--|--|---|
|   |                                 |        | hypertensive patients in Manzanillo.   | in hypertensive patients at the Family Medical Clinic No. 6, of the "Ángel Alfonso Ortiz Vázquez" University Polyclinic, in the municipality of Manzanillo, Granma.  | dietary treatment, and 77.8% noted few barriers.  |
| 5 | Borges <i>et al.</i> , 202215.  | Brazil | Relationship between health literacy and quality of life in individuals with hypertension                      | OBJECTIVE: To analyze the relationship between health literacy and the quality of life of adults diagnosed with hypertension assisted by the Family Health Strategy of the municipality of Picos, Piauí State, Brazil. | There was no statistical association between literacy and quality of life, however, literacy is increasingly recognized as an important factor affecting health outcomes and an important component for improving the quality of care and eliminating heterogeneities in health.  |
| 6 | Küchler <i>et al.</i> , 202216. | Brazil | Remote educational interventions for the literacy of adults with hypertension in primary care                  | To analyze remote educational interventions for the literacy of adults with hypertension in primary care.  | In the evaluation of health literacy, there was an increase in the average in the question related to low- and high-quality health information on the internet. In the knowledge instrument, the questions related to medication adherence, diet and lifestyle change presented 100% of correct answers in the second moment. |
| 7 | Malta <i>et al.</i> , 202217.   | Brazil | Inequalities in health care and access to health services in Brazilian adults with self-reported hypertension: | This study compared indicators of care and access to health services by adults who self-reported hypertension in 2013 and 2019, analyzing these indicators according to sex, age group, education, and                 | Inequalities were evidenced and worse indicators were observed in men, blacks, with low education and young age.  |

|    |   |           | National Health Survey   | race/color.  |   |
|----|---|-----------|--|--|---|
| 8  | Cardoso <i>et al.</i> , 202318.         | Brazil    | Quality of life in elderly patients with diabetes mellitus and systemic arterial hypertension  | To assess QoL in older adults with SAH and DM and to compare the impact on QoL between these groups.   | A total of 498 elderly people were evaluated, 9.64% with DM, 53.21% with SAH and 37.15% with both conditions. Most were women (66.9%), between 60 and 69 years old (49.4%), brown (61.6%), with nine to twelve years of schooling (53%), family income below two minimum wages (48.6%), married (52.8%) and 18.9% were polypharmacists. There was a difference between the groups (SAH, DM or both) in the physical domain ( $p=0.003$ ) and social relationships ( $p=0.017$ ). In the physical domain, the <i>post hoc</i> tests indicated better QoL in the SAH group compared to the others ( $p<0.05$ ). |
| 9  | Rodríguez-Osiac <i>et al.</i> , 202319. | Chile     | Strategies on critical levels and nodes to improve self-management in people with cardiovascular risk factors in conditions of the COVID-19 pandemic | Identify strategies that integrate the individual, community, and structural levels to improve health control in habitual and critical situations. | The study describes integrative strategies that span the individual, community, and structural levels. These strategies can improve health management among people with NCDs and can be useful to address disruptions in health benefits and improve health management in everyday and critical situations. The strategies cover three levels: 1) reformulation of the Cardiovascular Health Program; 2) coping with discontinuities in health care; and 3) structural measures.  |
| 10 | Rosana <i>et al.</i> , 202120.          | Argentina | An innovative approach to improve the detection and treatment of risk  | to evaluate the fidelity, adoption, and acceptability of a multicomponent intervention implemented in six Primary Care Units (UPCs).               | The intervention led by community health agents (CHA) proved to be feasible and well accepted in the detection and management of risk factors for CVD in low-income populations in primary care in Argentina, promoting teamwork and improving the quality of care.   |

|    |  |          |  |  |  |
|----|--|----------|--|--|--|
|    |  |          | factors in poor urban settings: a feasibility study in Argentina   |  |  |
| 11 | Steffen <i>et al.</i> , 2021 <sup>21</sup> . | Brazil   | Motivational Interviewing in the Management of Type 2 Diabetes Mellitus and Arterial Hypertension in Primary Health Care: An RCT | To assess the effectiveness of motivational interviewing in the management of type 2 diabetes and hypertension of these conditions in primary health care. | In the context of primary health care, the motivational interviewing-based nursing consultation proved to be a more effective care strategy than usual care to improve blood pressure levels and adherence levels in individuals with type 2 diabetes and hypertension. In addition, motivational interviewing has been shown to be helpful in reducing HbA1c levels in the treatment of diabetes. |
| 12 | Lopes <i>et al.</i> , 2021 <sup>22</sup> .   | Portugal | Effect of Exercise Training on Ambulatory Blood Pressure Among Patients With Resistant Hypertension: A Randomized Clinical Trial | To determine whether an aerobic exercise training intervention reduces ambulatory blood pressure among patients with resistant hypertension.               | A 12-week aerobic exercise program reduced 24-hour outpatient and daytime BP as well as office systolic BP in patients with resistant hypertension. These findings provide clinicians with evidence to adopt moderate-intensity aerobic exercise as the standard adjunctive therapy for this patient population.   |
| 13 | Zeijen <i>et al.</i> , 2024 <sup>23</sup> .  | Holland  | Quality-of-life and beliefs about medication in  | To assess the impact of personalized feedback on therapy adherence test results  | In this pre-specified sub-analysis of the RHYME-RCT randomized trial, implementing a personalized feedback conversation targeting therapy adherence did not improve health-related quality of life and   |

|    |                              |       |  |  |   |
|----|------------------------------|-------|--|--|---|
|    |                              |       | relation to a therapy adherence intervention in resistant hypertension: the Resistant HYpertension: MEasure to ReaCh Targets trial | on quality of life and beliefs about medications in patients with resistant hypertension, as well as to identify patient-oriented predictors of therapy adherence.                         | beliefs about medications in patients with resistant hypertension.  |
| 14 | Chan <i>et al.</i> , 202424. | China | Prevalence and associated risk factors of resistant hypertension among Chinese hypertensive patients in primary care setting       | To identify the prevalence of resistant hypertension among Chinese hypertensive patients attending public primary care facilities in Hong Kong and to explore its associated risk factors. | The prevalence of RHT among Chinese hypertensive patients in primary care settings in Hong Kong is 7.43%. RHT is more common in male patients, patients with long-standing hypertension, concomitant T2DM, and CHF. Clinicians should be vigilant in managing these groups of patients and provide aggressive treatment and close monitoring. |

**Source:** adaptation of an instrument for data collection by Ursi and Galvão (2005).

## DISCUSSION

From a broader view of the concept of health, it is possible to observe that the promotion of cardiovascular health is an aspect that demands a multifactorial approach, which, in addition to pharmacological therapy, demands changes in lifestyle, interventions aimed at determinants and conditioning factors in health, and multiprofessional follow-up.

### *AN EXPANDED UNDERSTANDING OF HAR*

When dealing with HAR, there is a health panorama that requires more intensive interventions, which go beyond conventional conducts, requiring a broadened approach, but also a unique approach adapted to the reality of the patient and their ways of life, mainly due to the severe complications that can be implied by this condition, such as diabetes mellitus and heart failure<sup>22, 24, 25</sup>.

Thus, health literacy actions, motivational interviews, the use of yoga, educational programs and integrative practices were the main results evidenced in the literature, representing strategies capable of expanding the control of chronic non-communicable diseases (NCDs), such as HAR, and improving the autonomy of users, constituting interventions that act not only in primary prevention, but also in the qualification of care already instituted<sup>11, 15, 16, 21</sup>.

A process that should occur with a view to a broader approach to the disease and that is capable, in turn, of responding to such health demands, operating uniformly in other aspects related to HAR, such as therapeutic adherence to pharmacological therapy and the change in negative habits and ways of life that feed the impacts of such disease.

### *ADHERENCE AND ASSOCIATED FACTORS*

Initially, adherence to drug treatment is an aspect that should be observed, mainly because in HAR there is a therapeutic regimen that is complex, requiring the patient, in addition to lifestyle changes, to be disciplined for the concomitant use of multiple medications<sup>12</sup>, so that factors such as the low level of understanding of patients about HAR and its complications are aspects that are intrinsically associated with this process. This is added to aspects such as the presence of depressive symptoms, low education and limited access to health services<sup>23</sup>.

In general, the findings show that therapeutic adherence is influenced by multiple aspects, including the bond established with the health team, individual beliefs about medications, the perception of risk in relation to the disease, the patient's level of motivation and the effectiveness of educational strategies. These factors interact in a complex way and can act both as facilitators and as obstacles to the continuity and effectiveness of treatment<sup>12, 14, 23, 21</sup>.

It can be observed that therapeutic adherence is still a relevant factor, an example of which is the one identified in the study conducted by Rosa et al. (2020)<sup>12</sup>, in which the authors observed that 46.7% of the hypertensive elderly analyzed had low adherence to drug therapy, so that the findings also show that issues such as the bond

with the health team, beliefs about medications, risk perception, motivation, and educational strategies directly influence therapeutic adherence<sup>14, 23, 21</sup>.

Thus, in view of the difficulties that permeate the adherence of patients with HAR to drug therapy, the importance of practices capable of reorienting the patients' point of view about the health-disease process itself is observed. Along these lines, when carrying out a health educational practice based on a Health Belief Model, Soler-Sánchez et al. (2021)<sup>14</sup> demonstrate how it is possible to promote adherence to pharmacological therapy by changing the patient's perceptions of the disease.

A process that can associate different approaches, not only from counseling, but also from group practices, closer monitoring by community health agents, or even a process of reviewing medication regimens or conducting motivational lectures in the context of PHC<sup>14</sup>.

A panorama that explains the importance of innovating in health practices and, above all, of considering the conditioning factors and determinants in interventions in the face of SAH, opening space for biopsychosocial and expanded views in this context.

### *HEALTH PROMOTION AND EDUCATIONAL STRATEGIES*

Based on the understanding that HAR results from a complex process, which involves not only the challenges to therapeutic adherence, but also the need to change behavioral patterns, the literature highlights the indispensability of acting in the face of ways of life, whether through group educational practices, health literacy or motivational interventions and in the daily lives of patients.

Thus, especially in the context of PHC, it is observed that educational strategies constitute one of the key points for the control of HAR, however, for them to be effective, it is necessary that they go beyond the simple transmission of information, reaching the daily routine and developing the capacity for self-care and autonomy of individuals<sup>15, 13</sup>, a process that even in contexts of deprivation of resources or mobility, as illustrated by Kühler et al. (2022)<sup>16</sup>, when describing remote educational practices in the Covid-19 pandemic, it is still possible.

On the other hand, the community context is also an ally in this process, capable of directly interfering in the conditioning factors and determinants that favor the maintenance of HAR, so that Rodríguez-Osiac et al. (2023)<sup>19</sup> and Rosana et al. (2021)<sup>20</sup> point to the relevance of educational interventions that consider these groups, including community health agents and the community, especially in the face of populations that are in a context of greater social vulnerability.

This reveals the need for health professionals to develop educational practices anchored in expanded visions, but also based on conducts supported by pedagogical notions based on dialogue and critical thinking.

### *SOCIAL INEQUALITIES AND DETERMINANTS OF CARE*

Studies have shown how inequalities of gender, race, education, income, and family support impact the quality of care and control of cardiovascular diseases<sup>17, 18, 24</sup>. In addition, social support networks and interventions led by community agents proved

to be viable tools to deal with contexts of vulnerability, as demonstrated in studies carried out in Argentina and Chile.

Social inequalities are important determinants of the quality of health care and the control of cardiovascular diseases. Studies indicate that factors such as gender, race, level of education, income, and family support have a direct influence on access to services, adherence to treatment, and clinical outcomes<sup>17, 18, 24</sup>.

In this context, social support networks and community interventions, especially those conducted by health agents, emerge as effective strategies to face scenarios of social vulnerability. Experiences developed in Argentina and Chile show that the territorialized and culturally sensitive performance of these professionals contributes to the expansion of care and the reduction of health inequities<sup>13</sup>.

In view of this, the analysis of the literature shows that therapeutic adherence, health promotion through educational strategies and the social determinants of care are interdependent dimensions in coping with chronic diseases, especially cardiovascular diseases.

That said, individual, relational, and structural factors interact in a complex way, requiring integrated approaches that are sensitive to the realities of users, so that strategies such as strengthening the bond with the health team, investing in educational actions and valuing community practices are fundamental to expand the autonomy of the subjects, qualify care and reduce health inequities. Thus, public policies and care practices must consider not only the clinical aspects, but also the social and cultural contexts that shape the care pathways.

## FINAL CONSIDERATIONS

This review study allowed us to identify and analyze scientific evidence demonstrating the impact of cardiovascular health promotion strategies on the quality of life of adults with HAR. The findings highlight that therapeutic adherence, the use of educational and integrative approaches, and the consideration of the social determinants of care are fundamental for the effective management of HAR, a condition of high clinical complexity and significant burden for health systems.

The literature points out that actions such as strengthening the bond with the health team, health literacy, motivational interviews, and practices such as yoga contribute to expanding the autonomy of users and improving clinical and psychosocial outcomes. In addition, interventions led by community health agents and supported by Primary Health Care guidelines in the context of the Unified Health System (SUS) have been shown to be effective, especially in contexts marked by social vulnerabilities.

It is concluded, therefore, that the confrontation of resistant arterial hypertension requires an expanded, interdisciplinary and intersectoral approach, which goes beyond drug prescription and considers the individual in his or her entirety. The promotion of cardiovascular health, when aligned with inclusive public policies and territorialized actions, has the potential to significantly improve the quality of life of this population, contributing to equity and comprehensiveness of health care.

To this end, it is recommended to expand educational and psychosocial support programs, as well as the continuous training of health teams, with a view to

strengthening the bond with users and promoting adherence to the proposed interventions. Public policies that value the work of community health agents and the incorporation of integrative practices should be encouraged, especially in contexts of greater social vulnerability.

As limitations of this study, a small amount of evidence stands out, especially from clinical studies, which may restrict the generalization of the results. The heterogeneity of the interventions and the diversity of the contexts analyzed also make it difficult to make a direct comparison between the findings.

Finally, it is suggested that future studies deepen the longitudinal evaluation of the effects of educational and integrative strategies, as well as investigate care models that consider the cultural and social specificities of different populations with resistant hypertension.

## REFERENCES

1. Barroso WKS, Mancia G, Mendonça CS, Pereira RC, Silveira RC. Diretrizes brasileiras de hipertensão arterial – 2020. *Arq Bras Cardiol.* 2021;116(3):516-658. DOI: <https://doi.org/10.36660/abc.20201238>
2. Brant LCC, Pereira AM, Rodrigues CM, Silva FA, Almeida MF. The burden of resistant hypertension across the world. *Curr Hypertens Rep.* 2022;24(3):55-66. DOI: <https://doi.org/10.1007/s11906-022-01173-w>
3. Bourque G, Smith J, Thomas L, Jones P, Martin S. Nonadherence is common in patients with apparent resistant hypertension: a systematic review and meta-analysis. *Am J Hypertens.* 2023;36(7):394-403. DOI: <https://doi.org/10.1093/ajh/hpad0134>.
4. OMS. Organização Mundial da Saúde. Relatório global sobre hipertensão: a corrida contra um assassino silencioso. Genebra: OMS; 2023. Disponível em: <https://www.who.int/publications/i/item/9789240081062>
5. Brasil. Ministério da Saúde. Vigitel Brasil 2023: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília: Ministério da Saúde; 2024. Disponível em: <https://www.gov.br/saude/pt-br/composicao/svs/inqueritos-de-saude/vigitel>
6. Macinko J, Mendonça CS. Estratégia Saúde da Família, um forte modelo de Atenção Primária à Saúde que traz resultados. *Saúde Debate.* 2018;42(spe1):18-37. DOI: <https://doi.org/10.1590/0103-11042018S102>
7. Barboza BRL, Lucena GL, Echevarrena KWS, Ribeiro Junior OC, Martins TM. A importância do acompanhamento de pacientes portadores de hipertensão arterial sistêmica na atenção primária em saúde. *REMS.* 2022;2(4):391. DOI: <https://doi.org/10.51161/rems/3339>
8. Mendes KS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto Contexto Enferm.* 2008;17:758-64. DOI: <https://doi.org/10.1590/S0104-07072008000400018>
9. Creswell JW, Creswell JD. Projeto de pesquisa: métodos qualitativo, quantitativo e misto. São Paulo: Penso Editora; 2021.
10. Ursi ES, Galvão CM. Prevenção de lesões de pele no perioperatório: revisão integrativa da literatura. *Rev Latino-Am Enfermagem [Internet].* 2006 jan-fev [citado 2024 out 3];14(1):124-31. Disponível em: <https://www.scielo.br/j/rlae/a/7hS3VgZvTs49LNX9dd85VVb/?lang=pt&format=pdf>

11. Pereira LF, Tesser CD. O sofrimento futuro pode ser evitado: o yoga como estratégia na prevenção primária das doenças cardiovasculares. *Physis*. 2023;33:e33049. DOI: <https://doi.org/10.1590/S0103-7331202333049>
12. Rosa GS, Arruda LSNS, Moura TVC, Araújo AL, Moura IH, Silva ARV. Adesão ao tratamento medicamentoso e qualidade de vida entre hipertensos. *Rev Enferm UFPI*. 2020;e8223. DOI: <https://doi.org/10.26694/2238-7234.9143-51>
13. Silva GCGV, Pereira AC, Lima JF, Almeida MP, Santos LR. Desafios da Política Nacional de Atenção Básica à Saúde. *Rev Pró-UniverSUS*. 2021;12(1):60-5. DOI: <https://doi.org/10.21727/rpu.v12i1.2621>
14. Soler-Sánchez KR, Soler-Sánchez YM, Pérez-Rosabal E, Rodríguez-Rodríguez DR, Castañeda-Castro M. Programa educativo para favorecer la adherencia terapéutica en pacientes hipertensos de Manzanillo. *Rev Inf Cient [Internet]*. 2021 [citado 2024 out 3];100(3). Disponível em: [http://scielo.sld.cu/scielo.php?script=sci\\_arttext&pid=S1028-99332021000300007&lng=es&nrm=iso](http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1028-99332021000300007&lng=es&nrm=iso)
15. Borges FM, Lima EWC, Carvalho GCN, Lima LHO, Machado ALG, Silva ARV. Relação entre letramento em saúde e qualidade de vida em indivíduos com hipertensão arterial. *Cienc Enferm*. 2022;28. DOI: <https://doi.org/10.29393/CE28-6REFA60006>
16. Küchler ML, Mantovani MF, Paes RG, Paz VP, Gribner FC, Silva ECS. Intervenções educativas remotas para o letramento de adultos com hipertensão arterial na atenção primária. *Cienc Cuid Saúde*. 2022;21:e61813. DOI: <http://dx.doi.org/10.4025/ciencuidsaude.v21i0.61813>
17. Malta DC, Gomes CS, Stopa SR, Andrade FMD, Prates EJS, Oliveira PPV, et al. Desigualdades na assistência à saúde e no acesso aos serviços de saúde em adultos brasileiros com autorrelato de hipertensão arterial: Pesquisa Nacional de Saúde. *Cad Saúde Pública*. 2022;38:e00125421. DOI: <https://doi.org/10.1590/0102-311Xe00125421>
18. Cardoso EM, Santos TC, Herkrath FJ, Barbosa TL. Qualidade de vida em idosos com diabetes mellitus e hipertensão arterial sistêmica. *Cad Saúde Colet*. 2023;31:e31040329. DOI: <https://doi.org/10.1590/1414-462X202331040329>
19. Rodríguez Osiac L, Cerdá R, Retamal R, Nicoletti D, Araya Bannout. Estrategias sobre niveles y nodos críticos para mejorar el automanejo en personas con factores de riesgo cardiovascular en condiciones de pandemia por COVID-19. *Rev Med Chil [Internet]*. 2023 [citado 2024 out 3];151(5):591-9. Disponível em: <http://dx.doi.org/10.4067/s0034-98872023000500591>
20. Rosana P, Danaei G, Gutierrez L, Cavallo A, Lopez MV, Irazola V. An innovative approach to improve the detection and treatment of risk factors in poor urban settings: a feasibility study in Argentina. *BMC Public Health*. 2021;21:1-11. DOI: <https://doi.org/10.1186/s12889-021-10569-3>
21. Steffen PL, Mendonça CS, Meyer E, Faustino-Silva DD. Motivational interviewing in the management of type 2 diabetes mellitus and arterial hypertension in primary health care: an RCT. *Am J Prev Med*. 2021;60(5):e203-12. DOI: <https://doi.org/10.1016/j.amepre.2020.12.015>
22. Lopes S, Mesquita-Bastos J, Garcia C, Bertoquini S, Ribau V, Teixeira M, et al. Effect of exercise training on ambulatory blood pressure among patients with resistant hypertension: a randomized clinical trial. *JAMA Cardiol*. 2021;6(11):1317-23. DOI: <https://doi.org/10.1001/jamacardio.2021.2735>
23. Zeijen VJ, Peeters LE, Asman A, Boersma E, Massey EK, Van Dijk L, Versmissen J. Quality-of-life and beliefs about medication in relation to a therapy adherence intervention in resistant hypertension: the Resistant HYpertension: MEasure to ReACh Targets trial. *J Hypertens*. 2024;42(10):1687-94. DOI: <https://doi.org/10.1097/HJH.00000000000003780>

24. Chan KK, Chiang L, Choi CC, Li Y, Chen CX. Prevalence and associated risk factors of resistant hypertension among Chinese hypertensive patients in primary care setting. *BMC Prim Care.* 2024;25(1):120. DOI: <https://doi.org/10.1186/s12875-024-02366-9>
25. Paiva JSP, et al. Segurança do paciente: avaliação em unidades de pronto atendimento. *Cad ESP.* 2024;18(1):e1863.