

SOCIAL REPRESENTATIONS OF HYPERTENSIVESOCIAL ABOUT ARTERIAL HYPERTENSION

Kallyne Luise Silva Vieira¹

Pablo Amaral Silva²

Jucimere Fagundes Durães Rocha³

Dayane Indyara de Sá Silva⁴

Renata Di Pietro Carvalho⁵

Isabella Barbosa de Oliveira⁶

Loren Mendes Silva⁷

Larissa Natany Fernandes da Costa⁸

Adriana Mendes Rocha⁹

Marianna de Almeida Santana Mendes¹⁰

Raiane Katielle Pereira Silva¹¹

Anne Vitória Silva Rodrigues¹²

Walter Luiz de Moura¹³

Giselly Sousa Silva¹⁴

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- 1 Faculty of Health and Humanities Ibituruna
 - 2 Faculty of Health and Humanities Ibituruna
 - 3 Faculty of Health and Humanities Ibituruna
 - 4 Faculty of Health and Humanities Ibituruna
 - 5 Federal University of the Jequitinhonha and Mucuri Valleys.
 - 6 University Center of Northern Minas Gerais.
 - 7 North Paraná University
 - 8 Montes Claros State University
 - 9 Montes Claros State University
 - 10 Montes Claros State University
 - 11 Montes Claros State University
 - 12 University Center of Northern Minas Gerais
 - 13 Montes Claros State University.
 - 14 State University of Santa Cruz



Victoria Cristina Mascarenhas Vitor¹⁵

Victoria Sabrina Ferreira de Assis¹⁶

Kerolaine de Freitas Moreira¹⁷

Abstract: This study aimed to analyze the social representations of hypertensive patients about systemic arterial hypertension. This is a field research with a qualitative approach, based on the Theory of Social Representations by Serge Moscovici (1961), based on the structural approach of Jean-Claude Abric (1976). The study setting was in two cities in the north of Minas Gerais, questions and word recall test. These evocations were analyzed through structural analysis and presented in a four-place frame, built with the aid of the Ensemble de Programmes Permettant l'Analyse des Evocations (EVOCC®) software, version 2005. For this construction, the Middle Order of Evocations was considered (OME), that is, the range equal to 2.20 while the intermediate frequency was set at 21 and the minimum at 13. To study the discourse from the open questions, the content analysis technique proposed by Bardin (2011) was used. It is concluded that hypertensive individuals also believe that anxiety can trigger an increase in their BP pressure levels. Non-pharmacological practices are less mentioned, however, they portray that if patients have healthy lifestyle habits in their daily lives, their BP levels will be controlled.

Keywords: Infarction. Leakage. Hypertension.

Introduction

Systemic Arterial Hypertension (SAH) is a chronic pathology, a clinical condition triggered by several modifiable factors. It is the leading cause of mortality in parents, characterized by sustained high blood pressure levels ≥ 140 and/or 90 mmHg, and currently presents enormous public health

15 Faculty of Health and Humanities Ibituruna

16 Faculty of Health and Humanities Ibituruna

17 University Center of Northern Minas Gerais.



complications (ARAÚJO).et al., 2019).

It is constantly compared to metabolic disorders, functional and/or structural alterations of target organs, and is aggravated by the existence of other risk factors (RF), such as dyslipidemia and abdominal obesity. Thus, it maintains an independent association with events such as sudden death, stroke, acute myocardial infarction (AMI), heart failure, peripheral arterial disease (PAD), and chronic kidney disease (CKD), both fatal and non-fatal (MALACHIAS).et al., 2017).

Equivalent to a major impact on morbidity and mortality and socioeconomic costs. The epidemiology of hypertension and its determinants is still poorly understood in the Brazilian population. Only in recent years has a robust, nationwide study been conducted in this area. The National Health Survey (PNS), carried out in 2013 by the Ministry of Health with the help of IBGE (Brazilian Institute of Geography and Statistics) on a specific and robust sample (N > 60,000) of adult Brazilian citizens, indicated a self-reported prevalence of hypertension of 21.4%, affecting women more (24.2%) than men (18.3%). When the diagnostic criteria were modified, defining hypertension as affecting individuals who showed blood pressure measured at home $\geq 140/90$ mmHg, or who were using antihypertensive medication, the prevalence rose to 32.3%, with a higher prevalence in men (MIL, 2019).

The most common causes of hypertension are associated with Obesity, increased consumption of alcoholic beverages and salt, advanced age, sedentary lifestyle, stress, and low potassium and calcium intake are risk factors. Treatment includes pharmacological actions, based on the use of antihypertensive drugs, or non-pharmacological approaches. Therefore, physical activity, a healthy diet, increased potassium and calcium intake, weight control, decreased salt and alcohol intake, and reduced smoking are key indicators (MIRANDA).et al.,. 2021).

Despite the advances made in Brazil's public health system in recent years, specifically in conjunction with primary care coverage, the current organization of the provision of these services remains fragmented with little communication between the various levels of health care. In the state of Minas Gerais, the method of implementing health care networks (RAS) and preparing primary



health care (APS) began in 2003, with the suggestion of replacing the then-current model with an integrated health standard directed towards meeting the demand for chronic conditions with proactive actions, supported by family care (ANDRADE).et al., 2019).

Social representations of hypertension are associated with the relationships and exchanges established between the person living with hypertension, their family members, and healthcare professionals. This can contribute to understanding how these different groups portray the disease and the practices associated with its treatment (ANTUNES; CAMARGO; BOUSFIELD, 2019).

Healthcare professionals play a significant role in the care of patients diagnosed with Systemic Arterial Hypertension (SAH), especially in Primary Care, where follow-up care fosters affinity with the community and an understanding of their needs and life histories. At this level of care, health education activities, particularly those aimed at preventing comorbidities, are particularly important (MARTINS).et al., 2020).

Based on the content presented, a question arises: What are the social representations of hypertension held by people with hypertension?

Therefore, the objective of this study was to analyze the social representations of hypertensive individuals regarding systemic arterial hypertension.

Based on the above, it is necessary to understand how hypertensive individuals experience the disease on both a social and individual level, considering that these two dimensions are interconnected and mutually influence each other. Therefore, it is important to research hypertension from the perspective of the social representations it holds. shared by hypertensive patients, thus allowing verification of their relationship with therapeutic adherence in the control of arterial hypertension..

Materials and Methods

This is a field research, with a qualitative approach, based on the Theory of Social Representations by Serge Moscovici (1961), through the structural approach of Jean-Claude Abric



(1976).

The study was conducted in two cities in northern Minas Gerais, Patís and Coração de Jesus. The sample consisted of a total of 135 hypertensive individuals. Inclusion criteria were hypertensive individuals diagnosed with hypertension for at least six months who agreed to participate and signed the Informed Consent Form. Exclusion criteria were hypertensive individuals who lacked the cognitive capacity to answer the questionnaire or who did not have internet access or a compatible device for data collection.

Data collection took place between September 2021, with participants receiving a questionnaire in Google Doc format via a link, made available through WhatsApp and email as needed, thus avoiding interruption of personal or professional activities. The questionnaire, developed by the researchers themselves, consisted of ten questions: seven on sociodemographic and clinical profile, and three using a word association technique prompted by the term “arterial hypertension.”

The data regarding the sociodemographic and clinical profile were analyzed using descriptive statistics with the aid of the Program Statistical Package for the Social Science (SPSS), version 20.0 for Windows.

The data obtained from the free word association or word association technique under induction with the term formed a corpus which totaled 504 words, of which 113 were different, and an average recall rate of 3.73.

These evocations were analyzed through structural analysis and presented in the four-house framework, constructed with the aid of...software Ensemble de Programmes Permettant l'Analyse des Evocations (EVOC®), 2005 version. For this construction, the Mean Order of Evocations (MOE) was considered, that is, a range equal to 2,20, while the intermediate frequency was set at 21 and the minimum at 13.

For the study of the resulting discourse, open-ended questions were asked about the justifications for choosing the main evocation, and the content analysis technique proposed by Bardin (2011) was used.



Since this research involved data collection from human subjects, its execution adhered to the ethical precepts of Resolution 466/2012 of the National Health Council, which regulates research involving human beings. Therefore, the Research Project was submitted to the Research Ethics Committee (CEP).from the United Faculties of Northern Minas Gerais - FUNORTE, which has its headquarters in the city of Montes Claros-MG.and was approved by means of the Substantiated Opinion No. 4,899,864 / 2021 and Certificate of Presentation for Ethical Review 48615721.7.0000.5141.

Results

Characterization of the research participants

Table 1 shows the characterization of the 135 hypertensive individuals surveyed according to the variables of: age, city of origin, sex, marital status, education level, and occupation. The highest prevalence in the 51-60 age group (33.4%). The city with the largest number of respondents was Patis-MG, with 71 (55.5%) and Coração de Jesus-MG, with 64 (47.2%). The majority were female, with 77 (57%). The most common marital status was married, living with a spouse, with 52 (38.5%) having completed high school, followed by 45 (33.3%) having completed high school, and the most common occupation was salaried worker, with 62 (49.6%).

Table 1-Profile of hypertensive patients surveyed, according to socio-demographic variables related to age, city of origin, sex, marital status, education and occupation. Patis/Coração de Jesus (MG), 2021.

	Variables	N	%
Age	29 – 39	19	13,9
	40-50	43	31,8
	51-60	45	33,4
	≥ 60	27	18,8
	Total	135	100



City	Patios	71	52,5
	Heart	64	47,2
	Total	135	100

	Variables	N	%	
Sex	Feminine	77	57	
	Masculine	58	43	
	Total	135	100	
Marital status	Widow(er)	13	9,6	
	Married (or living with another partner)	09	6,7	
	Married but not living with spouse	07	5,2	
	Married, living with spouse	52	38,5	
	Single, with a partner	12	8,9	
	Single, without a partner.	14	10,4	
	Divorced	28	20,7	
	Total	135	100	
Education	No schooling/illiterate	04	03	
	No schooling/illiterate	0,0	0,0	
	Incomplete primary education	06	4,4	
	Completed Primary Education	15	11,1	
	Incomplete primary education	08	5,9	
	Complete elementary education	05	3,7	
	Incomplete secondary education	07	5,2	
	High school diploma	45	33,3	
	Incomplete higher education	10	7,4	
	Bachelor's degree	35	25,9	
	Total	135	100	
	Unemployed	Unemployed	07	5,2
		From home	19	14,1
Occupation	Student	02	1,5	
	Retiree	28	20,7	
	salaried worker	67	49,6	
	Self-employed professional	12	8,9	
	Total	135	100	

Source: research data.



Regarding the clinical profile, most of them have mild hypertension 27 (20%), have no complications 117 (86.7%), have had a diagnosis for more than six years 42 (32.5%). They only use medication as treatment 56 (41.5%).

Table 2-Profile of hypertensive patients surveyed, according to clinical profile variables, treatment, blood pressure classification, complications and time of diagnosis. Patis/Coração de Jesus (MG), 2021.

	Variables	N	%
Treatment	Medications only	56	41,5
	Diet and medication	25	18,5
	Exercise and medication	17	12,6
	Diet, exercise and medication	37	27,4
Classification yes PA	Normal	14	10,3
	Borderline Normal	03	2,2
	Mild hypertension (stage one)	27	20
	Moderate hypertension (stage two)	13	9,6
	Severe hypertension (stage three)	02	1,5
Complications	In the eyes	07	5,2
	In the kidneys	01	0,7
	I don't celebrate	01	0,7
	In the heart	04	03
	None	117	86,7
	Diabetes	03	2,2
	High blood pressure	01	0,7
	Thyroid	01	0,7
	(<) one year	14	10,4
	(≥) one year ago and (<) two years ago	23	17
Time diagnosis	(≥) two years ago and (<) four years ago	30	22,2
	(≥) four years ago and (<) six years ago	26	19,3
	(≥) six years ago	42	31,5

Source: Research data.



Structure of the social representation of hypertensive individuals regarding arterial hypertension.

The data from the recall test of the 135 patients interviewed were analyzed using the four-house framework approach with the aid of software EVOC®. Figure 01 demonstrates the analysis of four cells taking into account the average order and frequency of words with the greatest statistical importance.

Figure 1- Four-cell table showing the frequency distribution and average order of position generated by Rang frq do software EVOC® from the database of hypertensive patients surveyed.

Core Elements Frequency ≥ 21 / Range < 2.20			Elements of the 1st periphery Frequency ≥ 21 / Range ≥ 2.20		
	Freq	Rang		Freq	Rang
Stroke	36	2,139	Headache	38	2,211
			Heart attack	48	2,854
			Medication	30	2,800
			Dizziness	27	2,519
			Treatment	21	2,571
Contrast Elements Frequency $20 < \text{or} = > 13$ / Rang < 2.20			Elements of the 2nd periphery Frequency $20 < \text{or} = > 13$ / Range $\geq 2,20$		
	Freq	Rang		Freq	Rang
Anxiety	13	2,154	Food	13	2,308
Fear	20	1,650	Careful	15	3,133
			Health center	15	2.600

Source: Research data.

The upper left quadrant of the four-house grid in Figure 1 is defined as the central element of the representation, which is composed of the following evocation: Stroke.

The upper right quadrant is called the 1st periphery and is formed by four evocations: Headache,



heart attack, medication, dizziness, treatment
The words food, care, health post makes up the 2^a periphery located in the lower right quadrant.

In the lower left quadrant, designated as contrasting elements, are the following evocations: anxiety, fear.

The expression Stroke – cerebrovascular accident It appears in the central nucleus and was evoked 36 times, having a range of 2,139. In this study, hypertensive patients relate stroke to increased blood pressure and also to the fear of dying. As observed in the following statements below:

A stroke can happen because the pressure is high (B29)
Why neglecting high blood pressure can lead to a stroke (B42)

The expression headache the first evocation of the 1^a The periphery was evoked 38 times, showing a range of 2,211. This is because hypertensive individuals relate this to the fact that when the head hurts, the pressure tends to be high, and there is also some discomfort when feeling pain.

When you have a headache, it's usually because your blood pressure is high, according to reports from friends (B2).
Because when my blood pressure is high, my head hurts a lot (B18)
Because when I stop taking my medication, I know my blood pressure is high because I have a lot of headaches (B30)

The word heart attack It was the most frequently evoked, 48 times, and appears in the second most frequently evoked word.^a The periphery shows a range of 2,854. This word refers to a negative assessment that the individual makes about hypertension. And in this study, heart attack appears as an aspect of fear of death.

High blood pressure can cause a heart attack (B53)
Fear of dying (B98)
Because if you don't take care of it, it leads to death (B128).

The word medicine, This is the third evocation of the 1^a The peripheral reflex was evoked 30



times, showing a range of 2,800. According to the assertions below, hypertensive patients associate the correct use of medication with more effective treatment, thus keeping their blood pressure under control.

Because the medicine controls my blood pressure (B8)
Because through good medication, it maintains a better quality of life and thus keeps hypertension under control (B9)
Because when you take the medicine correctly, your blood pressure stays good (B38).

The word dizziness This is the fourth evocation of the 1st The word “periphery” was evoked 27 times, showing a range of 2,519. The word above is positioned as a synonym for fear, referring to the individual’s apprehension when feeling dizzy.

Whenever I feel dizzy, my blood pressure is high (B21).
Fear of becoming dizzy (B66).
I don’t like feeling dizzy (B109).
Fear of falling (B122).

The word treatment is the fifth evocation of the 1st The term “periphery” was mentioned 21 times, showing a range of 2,571. Below, we present two factors that are considered preponderant in enabling the above term. The individual believes that with proper treatment, their blood pressure will tend to normalize, maintaining better health and energy levels.

Because with proper treatment the pressure returns to normal (B11)
Because through good treatment of high blood pressure it is possible to have better health (B24)
Because through proper treatment I maintain my normal blood pressure (B31).

The word food This is the first evocation of the 2nd periphery, evoked 13 times, showing a range of 2,308. A good portion of the propositions below indicates that diet is a way to prevent problems arising from hypertension, explaining that it is good to keep an eye on salty food and thus



avoid it.

Because it's always good to keep an eye on salty food (B5)
Having a good diet helps improve my blood pressure (...) (B10)
Diet because we hypertensive people can't eat everything and if we eat in moderation, it has to be a variety of foods (B37)

The word Careful This is the second evocation of the 2nd periphery evoked times, evidencing a range of 3,133. Care and importance are two aspects indicated below that will be necessary to achieve better health. This is an indication of waiting, in this case, waiting for recovery and a change in lifestyle.

Because when you take good care of your blood pressure, it stays normal (B4)
Because you should always take good care of your blood pressure (B28)
Taking care of your blood pressure is important for your health (B50)
Because we have to take care of our health (...) (B120)

The expression health center is The third evocation of the 2nd periphery was evoked 15 times, showing a range of 2,600. The aforementioned modality encourages patient follow-up. In this way, they demonstrate confidence in the health center.

Where do I get my follow-up (B13)?
Where does an agent maintain a monitoring of hypertension (B19)?
Because the PSF is very important for us to have control of the pressure (B55)

The first element of contrast is the word anxiety The phenomenon was evoked 13 times, showing a range of 2,154. It is defined as an attribute that allows the individual to understand that the more anxious they become, the higher their blood pressure rises.

Because when I'm anxious my blood pressure goes up more (B47)
Because it makes my blood pressure go up (69)

The second element of contrast is the word fear The question was evoked 20 times, showing



a range of 1,650. The fear mentioned below reflects anxiety about what might result from elevated blood pressure.

Why do I get anxious and afraid of feeling unwell when I go to have my blood pressure measured (B16)

Because it is a disease that can lead to many others (B99)

Fear of the consequences of the disease (B133)

DISCUSSION

The data collected from hypertensive individuals regarding social representation showed the formation of two large groups, namely, the first group: Stroke; anxiety; fear, headache, heart attack and dizziness second group: medicine; treatment; food; care and health center.

The first group brings more elements related to the physiological changes of the disease, because they are evocations associated with signs, symptoms, complications, or psychological changes such as fear of complications related to high blood pressure. The word CVA (stroke) appears with great importance in the central core, being the most cited, and there is a representation associated with high blood pressure, CVA, and stroke, perhaps because it is a serious complication that is significant in the lives of these hypertensive individuals, based on experiences lived by people close to them.

This study has similar results to those of Miranda (2021), who evaluated the perception of arterial hypertension and concluded that hypertensive patients knew little about the disease and ways to prevent it, and also associated hypertension with symptoms, chronicity, and the risk of complications and death. Distinguishing the patient's knowledge represents an initial step in monitoring. Poor knowledge can lead to a lack of awareness of the severity and risk of complications, disinterest in the problem, and consequently, low adherence.

Farias (2017) also studies that having hypertension represents having a serious disease that consequently brings health risks, as it can cause serious complications, especially acute myocardial infarction and stroke, in addition to leading to death.



Antunes (2017), in studying hypertension through sixty hypertensive individuals, highlights that the main effects of hypertension reported by those living with hypertension were heart attack and stroke. Therefore, when they think about the disease, they tend to reflect on the degree of severity, which may or may not correspond to the clinical severity of the disease. In this study, these participants reported fear of the possible imagined consequences associated with hypertension, including the fear of dying.

Thus, Silva and Sakon (2018) clarify that the self-perception of the health status of hypertensive patients identified feelings of dissatisfaction manifested by the respondents regarding their illness and treatment. The patient's knowledge about the possibility of suffering a complication from hypertension is limited, leading to exhaustion from living in the condition of being ill rather than living a normal life while having the disease.

According to Sena, et al.. (2021) anxiety is seen by the respondents as having a behavioral dimension, where the justificatory and identity functions, insofar as it informs them, show one of the modifiable causes of arterial hypertension, explain why a person can develop altered blood pressure levels when they feel anxious, and allow the identification of behaviors and positions adopted that can result in increased blood pressure.

The second group demonstrates elements relevant to treatment and expressions that highlight the importance of careful medication use, maintaining a healthy diet, and thus ensuring follow-up for blood pressure control, with the health center as a reference.

According to Santos et al.(2021) Arterial hypertension is a chronic condition characterized by increased blood pressure; once diagnosed, treatment is of great importance in maintaining blood pressure values within normal ranges. Lifestyle changes and adherence to treatment with antihypertensive medication are fundamental for controlling this pathology. Therefore, for good corroboration, it is necessary that the person with the disease has knowledge of the pathological process and risk factors associated with this condition.

In a study conducted by Morais (2019) at the Federal University of Paraíba (UFPB), it was



found that in the context of hypertension control, Primary Health Care, particularly the Family Health Strategy, plays an important and fundamental role in hypertension control, as it represents a vision of health centered on promoting quality of life through its main objectives of prevention, promotion, and recovery of health.

According to Camposet al.. (2021) points out in their research that although one of the biggest reasons for seeking care at the health unit is for the use of medication, the reports indicate that hypertensive patients recognize that the treatment of hypertension should also be linked to non-pharmacological treatment, which is also a motivating factor for follow-up at the Family Health Strategy (ESF).

According to the study by Dutra and Fonseca (2017), when studying the adherence of hypertensive patients to the treatment of systemic arterial hypertension, it is possible to understand that conceptualizing adherence to treatment as an extension of behavior is more appropriate to define adherence, since this extension of behavior includes attendance at the unit, medication use, adherence to an appropriate diet, acceptance and coping with the pathology, and suffering the consequences of not treating the disease.

The researchers, in their reports, discussed diet as part of the concept of arterial hypertension. They highlighted the importance of reducing salt/sodium in the diets of individuals with the disease, as this will help maintain normal blood pressure levels (SILVA; SAKON, 2018).

According to Silva et al. ((2018) the research indicated that prevention actions were centered on the lifestyle practices of the participants, such as diet, physical activity, reduced salt consumption, and seeking care at the health center. Therefore, it is important to highlight that participants with hypertension see prevention as related to the complications arising from the pathology.

FINAL CONSIDERATIONS

This research revealed the social representations of hypertensive individuals regarding



systemic arterial hypertension, its treatment, and living with the disease for people living with this chronic condition. Based on the presented content, a social representation of hypertension is observed that is linked to perceptions, symptoms, complications, and also psychological changes.

Those surveyed, when referring to high blood pressure, evoke words associated with complications, mainly heart attack, stroke, and headache, highlighting a fear related to death.

People with hypertension also believe that anxiety can trigger an increase in their blood pressure levels. Non-pharmacological practices are less frequently mentioned, however, they suggest that if patients maintain healthy lifestyle habits on a daily basis, their blood pressure levels will be controlled.

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