

# ARTERIAL HYPERTENSION FOR MEN: A DAMAGING AND RESTRICTIVE CONDITION

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## HIPERTENSÃO ARTERIAL PARA HOMENS: UMA CONDIÇÃO DANOSA E RESTRITIVA

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## HIPERTENSIÓN ARTERIAL PARA HOMBRES: UNA CONDICIÓN RESTRICTIVA Y DAÑINA

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**Objective:** to understand the meaning of arterial hypertension for hypertensive men. **Method:** qualitative study that interviewed hypertensive men treated at a Reference Center for Cardiovascular Diseases located in Salvador, Bahia, Brazil. The interviews were recorded and fully transcribed. From the statements, codes (meaning cores) were extracted, which were grouped by similarities and differences, forming categories and subcategories. **Results:** the four categories that showed the sense of living with hypertension were: Being a silent condition or a set of uncomfortable bodily sensations; Being an illness that interferes in dimensions of life; Being an illness that steals life or brings sequelae; and Being a condition that requires deprivation of excesses and care. **Conclusion:** the four meanings attributed to hypertension showed the burden of disease in the men's lives.

**Descriptors:** Hypertension. Men. Comprehension. Knowledge. Self Care.

*Objetivo: compreender o significado da hipertensão arterial para homens hipertensos. Método: estudo qualitativo que entrevistou homens hipertensos atendidos em um Centro de Referência para Doenças Cardiovasculares localizado em Salvador, Bahia, Brasil. As entrevistas foram gravadas e transcritas na íntegra. Dos depoimentos foram extraídos os códigos (núcleos de sentido) que foram agrupados por similaridades e diferenças, formando categorias e subcategorias. Resultados: as quatro categorias que evidenciaram o sentido de conviver com a hipertensão foram: Sendo uma condição silenciosa ou um conjunto de sensações corporais desconfortáveis; Sendo um mal que interfere em dimensões da vida; Sendo um mal que rouba ou sequela a vida; e Sendo uma condição que requer privação de excessos e cuidados. Conclusão: os quatro significados atribuídos à hipertensão revelaram o fardo da doença na vida dos homens.*

*Descritores: Hipertensão. Homens. Compreensão. Conhecimento. Autocuidado.*

*Objetivo: comprender el significado de la hipertensión arterial para hombres hipertensos. Método: estudio cualitativo que entrevistó a hombres hipertensos tratados en un Centro de Referencia para Enfermedades Cardiovasculares ubicado en Salvador, Bahia, Brasil. Las entrevistas fueron grabadas y transcritas en su totalidad. De los testimonios fueron extraídos los códigos (núcleos de significado) que se agruparon por semejanzas y diferencias, formando las categorías y subcategorías. Resultados: las cuatro categorías que mostraron el sentido de vivir con hipertensión fueron: Ser un estado silencioso o un conjunto de sensaciones corporales incómodas; Ser un mal que interfiere en*

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*las dimensiones de la vida; Ser un mal que roba o secuela a la vida; y Ser una condición que requiere la privación de excesos y cuidado. Conclusión: los cuatro significados que se atribuyen a la hipertensión arterial mostraron la carga de la enfermedad en la vida de los hombres.*

*Descriptores: Hipertensión. Hombres. Comprensión. Conocimiento. Autocuidado.*

## Introduction

Arterial hypertension is an independent and changeable risk factor for cardiovascular diseases. It has a high prevalence and low rates of control, being one of the most important public health problems given the economic and social implications that challenge the definition of effective measures for prevention and control<sup>(1-3)</sup>.

Arterial hypertension pervades biological, socioeconomic, emotional, cultural and environmental dimensions. Thus, the health/nursing care presupposes considering what individuals think, feel and know about the disease and the prospect they have to care for themselves<sup>(4)</sup>. Therefore, health and disease processes need to be examined in the historical, social and cultural contexts, focusing on the subject, considering that the effectiveness of treatment is strictly linked to the person's interpretation of the condition<sup>(5)</sup>.

What draws attention is the cultural construction of the illness process and the need for an understanding of the person as a holistic being, instead of a bearer of a defect<sup>(6)</sup>. In this perspective, the focus of care is the subject who is living with a health condition that accompanies him/her and whose way of dealing, understanding and explaining it stems from a movement in which the attribution of meaning and the action occur reciprocally, shaped by the sociocultural context<sup>(7)</sup>.

Arterial hypertension presents peculiar characteristics, which influence the person's perception of the disease and its impact on the dynamics of life and social relationships. As a chronic disease, it demands treatment and continuous monitoring, which may generate problems and dependence on medication use. It also requires changes in life habits, which

include dietary restrictions, practice of physical activity, smoking cessation, moderation in alcohol consumption, minimizing stress, among others<sup>(8)</sup>.

The understanding of the disease and the actions for its control may also vary due to the social constructions of masculinity. The male stereotype is a strong, productive, manly and invulnerable subject, who is not expected to feature sensitivity, fragility, dependency and care<sup>(9)</sup>. Men, in general, are characterized by not prioritizing the care with their health and by the low demand for primary care services, jeopardizing the protection necessary for preserving the health. In general, they are inserted in the health system through specialized care, whose consequence is higher morbidity and mortality<sup>(10-11)</sup>. Furthermore, the way they experience and understand the disease can influence the self-care actions and (re)guide the health care practices.

However, even nowadays, little is known about how men understand arterial hypertension. In a literature review on the Virtual Health Library, in all available sources, without delimitation of period, employing, in Spanish, Portuguese and English, the key words hypertension *and* men *and* understanding, hypertension *and* men *and* belief, hypertension *and* men *and* knowledge, there were studies on hypertension in the perspective of the subjects, but few were performed with men and there were no researches on the understanding of the disease in their perspective.

Based on the above, the aim of this study was to understand the meaning of arterial hypertension for hypertensive men.

## Method

The qualitative research integrates a matrix project and was performed in a Reference Center for Cardiovascular Diseases, in the city of Salvador, Bahia, Brazil, where a center to meet the Men's Health Program of the Ministry of Health operated<sup>(12)</sup>. The institution offered multiprofessional care, support and diagnostic services and met a significant demand of users of the Unified Health System (SUS) with arterial hypertension, in the context of primary health care. The men were subjected to an initial triage to assess the health needs, being subsequently referred to specialized care.

The 80 participants were men that met the following inclusion criteria of the matrix project: follow-up in the Men's Health Program; medical diagnosis of hypertension; age greater than or equal to 20 years; being conscious, time- and space-oriented; and have a cell phone to receive messages.

This study used two parts of the research instrument of the matrix project. Part I, called "Sociodemographic data", which included closed questions about age, self-reported race/color, marital status, education, employment situation, monthly family income, number of children and dependents. Part II consisted of semi-structured questions for the understanding of the meaning of arterial hypertension, such as: How is it to live with high blood pressure? What is your understanding about high blood pressure? What do you think caused the high blood pressure? What do you believe to help control high blood pressure? During the interview, other questions were made in order to clarify points that were not clear or to help rebuild the context of the question.

After the confirmation of the medical diagnosis of hypertension in their records and identification of other inclusion criteria, the men were approached in the waiting room of the study site, before or after the medical appointment. In that moment, the purpose of the study was explained and they were asked about accepting to participate. After acquiescence, they were received in a private room, where the Informed Consent Form was explained and signed in

two copies. The instruments were applied upon interview by properly trained researchers. The interviews were recorded and then fully transcribed. The data collection occurred during the period from October 2013 to April 2014.

The sociodemographic variables were analyzed in absolute frequencies and percentages, mean and standard deviation. The responses of the semi-structured questions were read thoroughly and examined minutely, line by line, to remove the first codes (meaning cores). In the process of comparison, the codes identified were grouped by similarities and differences, forming the categories and subcategories that expressed the meaning of hypertension<sup>(13)</sup>, which were described and illustrated with the participants' statements and presented in tables, with their respective codes.

The matrix project was approved under Opinion n. 268,722, of the Research Ethics Committee at the Nursing School of the Universidade Federal da Bahia (UFBA), on 04/03/2013. The research complied with Resolution n. 466 of December 12, 2012, of the National Health Council.

## Results

Concerning sociodemographic characteristics, the minimum age for men was 36 and the maximum, 80 years, mean age of 58.46 years (SD=8.64). Married/stable union predominated (70.0%) and black self-reported race/color (91.2%). A greater proportion had complete elementary education (47.5%), followed by those that had complete secondary education (46.2%). The most exercised professional activity was own-account worker/employee or retired with activity (63.7%). Some (36.3%) were inactive due to retirement or unemployment. A greater proportion had monthly family income of up to two minimum wages (57.5%), followed by the income greater than or equal to three wages (42.5%). Among the total number of interviewees, 95.0% were the wage earners and 98.8% were from Salvador and Metropolitan Region.

Regarding the meaning of arterial hypertension in the perspective of hypertensive

men, four categories expressed this meaning: Being a silent condition or a set of uncomfortable bodily sensations; Being an illness that interferes in dimensions of life; Being an illness that steals life or brings sequelae; and Being a condition that requires deprivation of excesses and care.

*Being a silent condition or a set of uncomfortable bodily sensations*

For some men, this condition meant that the disease becomes apparent by the symptoms. For others, it is a silent and treacherous mark in the body, because it does not emit signs. In both situations, the disease is an illness that affects them. This category is represented by two subcategories: *Being a physical discomfort* and *Being an imperceptible condition*. Chart 1 shows the codes that illustrate them.

**Chart 1** – Category “Being a silent condition or a set of uncomfortable bodily sensations”, subcategories and examples of codes

Category	Subcategories	Examples of codes
Being a silent condition or a set of uncomfortable bodily sensations	Being a physical discomfort	Feeling discomfort; Feeling unwell; Causing tremor; Feeling palpitation; Feeling a faster heartbeat; Causing headache; Feeling head pangs; Feeling a headache ... it is high; Giving neck/head ache; Feeling the neck pumping; Getting dizzy; Feeling shortness of breath; Feeling stiffened leg; Feeling dark vision.
	Being an imperceptible condition	Having a silent illness; Feeling nothing when it is high; Being surprised by the high blood pressure; Being something that increases by itself; Increasing suddenly; Starting suddenly; Being something identified only when “measuring” the pressure; Having no symptoms to predict that it is high and taking medication; Never feeling anything and suddenly the pressure was high.

Source: Created by the authors.

The subcategory “Being a physical discomfort” expresses that men understand arterial hypertension by the presence of physical symptoms characterized as malaise, tremor, pain in the neck, dizziness, shortness of breath, dark vision, stiffened legs, different heartbeat.

*High pressure is like having a headache, pain in the neck. (I 50).*

*It is when I am feeling dizzy. If I am dizzy, I already know the pressure is elevated. (I 59).*

Hypertension is also understood by some men as “Being an imperceptible condition”, that is, there are no indications or signs of its existence.

*When my pressure is high, I feel nothing different. (I 51).*

*When the pressure is high, there is no immediate symptom to predict it is high, unless when you go to the doctor and measure it. (I 78).*

*Being an illness that interferes in dimensions of life*

With or without the manifestation of symptoms, men understand that life is affected

by the presence of the disease, as expressed by the category, upon unveiling that hypertension means jeopardized rest and leisure, in addition to undermining sexuality. It is represented by three subcategories, as shown in Chart 2.

**Chart 2** – Category “Being an illness that interferes in dimensions of life”, subcategories and examples of codes

Category	Subcategories	Examples of codes
Being an illness that interferes in dimensions of life	Jeopardizing rest	Cannot sleep if the pressure is high; Cannot rest when the pressure is high.
	Affecting leisure	Not going to parties for fearing feeling unwell and bothering friends; Not going to the serenade, for fearing feeling unwell; Not playing soccer at the weekend, because it is harmful.
	Undermining sexuality	Getting the sexuality undermined; Feeling impotent because of the medication.

Source: Created by the authors.

The subcategory “Jeopardizing rest” showed that hypertension means having the sleep and rest affected when the pressure is high, suffering from insomnia and having difficulty to relax.

*The high pressure harms as follows; if my pressure is high, I do not manage to sleep. There is that insomnia. (1 2).*

“Affecting leisure” was the subcategory that showed that hypertension means abandoning leisure activities, for fear of feeling unwell or considering them harmful.

*I do not go to parties anymore, because of this disease problem. Back then I used to go to serenades, everywhere. I used to go fishing, I do not anymore, I fear feeling unwell and bothering my friends. (1 65).*

“Undermining sexuality” was the subcategory that revealed that men feel impotent, more tired and breathless in the exercise of sexuality.

*What bothers me most and leaves me with emotional dilemmas is my sexuality. If I take the medicine, it directly affects my sexuality. Now I am feeling impotent. (1 54).*

In addition to the hypertension meaning an illness that negatively affects multiple dimensions of life that give meaning to men’s existence, it is also understood as a serious, dangerous and persistent condition, because it brings complications and sequelae, sacrifices vital organs, which may leave the person dependent on care and with permanent functional changes. However, it not only marks the life with sequelae. Its damage extension is greater; it is the loss of one’s own life. It is a killer disease. Thus, having hypertension means living a permanent fear, the anticipation of an evil, as expressed by category “*Being an illness that steals life or brings sequelae*”, in Chart 3.

**Chart 3** – Category “Being an illness that steals life or brings sequelae”, subcategories and examples of codes (continued)

Category	Subcategories	Examples of codes
Being an illness that steals life or brings sequelae	May lead to death	Being a very dangerous disease; Causing danger; Being dangerous when very high; Being a very serious problem; Understanding it as a serious illness; Being something that kills, as doctors say; May kill, if not treated; Being something that kills; Being life-threatening; May cause sudden death; May cause a sudden malaise at any time; Being a silent killer.

**Chart 3** – Category “Being an illness that steals life or brings sequelae”, subcategories and examples of codes (conclusion)

Category	Subcategories	Examples of codes
Being an illness that steals life or brings sequelae	May become disabled	Being an irreversible disease; Getting worried and anxious after finding out about the disease; Just being aware of the danger of high blood pressure, after having a cerebrovascular accident (CVA); Being able to lead the person to bed because of the CVA; May have a stroke; It may end the same (stroke) way as the mother and father; Leaving dependent on care; May become bedridden; May cause to wear a diaper after a stroke; Causing irreversible sequelae; May cause a heart attack; Bringing risk to the heart; May sacrifice the kidney; Being a bad thing, attacking the coronary and kidney; May even lead to hemodialysis; At risk of heart attack, arrest; May harm them; May cause future problems.

Source: Created by the authors.

The subcategory “May lead to death” showed that hypertension means danger, causes fear by being life-threatening; it is to live under the threat of death.

*As far as I am concerned, high pressure means life threat.* (I 6).

*I think of it as a dangerous disease that can kill.* (I 9).

*You are susceptible to a sudden malaise at any time, even taking the medicines.* (I 38).

*The pressure is something that kills.* (I 2).

The subcategory “May become disabled” showed that hypertension also means apprehension, fear, concern for something present in the body that affects organs, brings sequelae to the body and can generate dependence on care.

*Pressure is painful. Sometimes we can have a stroke, due to pressure, you have to wear diapers. It is something too painful caused by pressure.* (I 2).

*You can have a stroke, like my father and my mother, I could see that time coming, when I would end up just like them.* (I 16).

*It is a disease that can bring irreversible sequelae.* (I 9).

*If not treated, it can lead to an infarction, a stroke.* (I 24).

*Being a condition that requires deprivation of excesses and care*

This category showed that having the disease means a state of alert, precaution. It implies taking care, medicines, adhering to medical practices, seeking help to incorporate them in the daily life and even finding alternative treatments. Incorporating certain care, they see the chance to postpone the death and prevent disability. The fear of death and the will to live mobilize the care with themselves, even if implying restricting pleasures and desires. As a condition that requires care to avoid death and its sequelae, it also meant the challenges and hardships experienced in an attempt to control the disease, as the subcategories in Chart 4 illustrate.

**Chart 4** – Category “Being a condition that requires deprivation of excesses and care”, subcategories and examples of codes (continued)

Category	Subcategories	Examples of codes
Being a condition that requires deprivation of excesses and care	Limiting what they like to eat and drink	Having to avoid salt; Controlling the salt; Cutting salt; Not eating salt; Being forbidden to eat salt; Stopping eating pure salt, because the doctor forbade it; Controlling the feeding; Regulating food; Having to eat little; Stopping eating heavy food at night; Stopping dinner at night; Dieting; Having to change the food; Having healthy meals; Having to eat less; Avoiding fat; Having to avoid frying; Stopping eating bacon, because the doctor forbade it; Having to stop eating pig; Stopping eating with fat broth; Cutting “sertão” meat; Avoiding feijoada; Avoiding mocotó; Having to stop eating pasta; Having to avoid soda; Stopping drinking; Having to stop drinking; Stopping drinking too much alcohol.
	Quitting smoking	Having to quit smoking; Having to get rid of the cigarette; Needing help to quit smoking.
	Having to take the medicines	Having to take the medication; Taking medicine daily; Having to take the medicine at the right time; Not being able to stop the medication, since it rises; Having a disease that leaves everyone on medication; It is bad to take medicine every day; Wanting to stop taking the medication; Not knowing why cannot stop taking the medication, since the pressure is under control.
	Resorting to alternative treatments	Drinking a cup of tea; Doing what people tell to lower the pressure; Taking homemade remedies; Drinking the tea that people teach.
	Having to do physical activity	Having to walk daily; Having to take a walk; Needing to find time to walk.

**Chart 4** – Category “Being a condition that requires deprivation of excesses and care”, subcategories and examples of codes

(conclusion)

Category	Subcategories	Examples of codes
Being a condition that requires deprivation of excesses and care	Trying not to get upset	Not getting upset; Having to control oneself as much as possible, not to get upset; Not taking everything to the limit; Being calm with the things done; Trying not to stress; Having to control stress; Not getting stressed with things anymore; Avoiding being angry; Having to calm down to lower the pressure; Controlling with a good mood; Decreasing work pressure; Seeking help from a psychologist.

Source: Created by the authors.

The subcategory “Limiting what they like to eat and drink” meant that hypertension demand abdicating excesses, limiting the consumption of alcohol, salt, fatty foods, pasta, among others, previously appreciated.

*I know we have to change the diet, we cannot eat fried food. (I 22).*

*I had to decrease many things, eat less, cease eating fried food, fat, I have to eat grilled food, I am ceasing to dinner at night. (I 48).*

*The control I am doing is avoiding salt. The salt is a danger! (I 59).*

*The control is ceasing drinking alcohol. I do not drink anymore and the pressure has been decreasing. (I 29).*

*Not eating salt, drinking coffee. The doctor forbade those things. (I 26).*

The subcategory “Quitting smoking” meant having to abandon cigarette and need help to quit smoking.

*The help I need to control it is quitting smoking. (I 24).*

*The control is quitting smoking. (I 49).*

*I got rid of the cigarette, because it was the worst thing I bad. (I 35).*

“Having to take the medicines” was the subcategory that meant the need to incorporate medication to lifestyle habits. It is having to be attentive to the medication and the right time to take it, to avoid high pressure. Incorporating the medications is bad. Sometimes they think or manifest the desire to be free of drugs, question their need when the pressure is not high and nourish the perspective of cure.

*I am taking the medicine because it helped a lot. It is under control. (I 3).*

*Despite the control, will there ever be a cure? (I 44).*

*I wanted to know if I can get rid of the medication. It is already controlled. (I 55).*

*I cannot cease taking the medicine. If I could, I would have already, but it elevates. (I 49).*

“Resorting to alternative treatments” was the subcategory that showed the pursuit of popular alternatives to control the pressure. They take homemade medications and certain types of tea, follow popular teachings in an attempt to lower the pressure.

*I started drinking a tea to lower the pressure. I try to do what people tell to lower the pressure. (I 35).*

*I take the medicines the doctor prescribes and a homemade medicine, which makes me feel well. (I 58).*

The subcategory “Having to do physical activity” meant having to perform physical activity, exercise, jogging and, thus, opening a space in the day-to-day for this purpose.

*Walking daily, which was my doctor's advice, around 50 minutes a day. (I 1).*

*It to exercise like did not use to. Now I am walking. (I 22).*

“Trying not to get upset” was the subcategory that expressed men’s attempt to avoid hassles, worries, getting angry and taking everything to “the limit”, being calmer and having good mood and even seeking the help of a psychologist.

*I get upset, the pressure elevates. (I 4).*

*It is not getting worried with what is going on. (I 5).*



*It is to learn to control yourself, not taking everything to the limit, the psychologist has been a great help.* (I 28).

*What controls is a good mood.* (I 61).

*It is lowering the pressure in the system, at work. It helps a lot.* (I 74).

The four meanings attributed to hypertension, expressed in the categories, showed the impact and the marks of the disease in men's body and soul.

## Discussion

The men studied were mostly grown adults, a phase in which there is an increase in the prevalence of hypertension<sup>(14-15)</sup>. Most of them self-reported as black race/skin color, which is a risk factor for the disease<sup>(16)</sup>. The study was also developed in a city with predominant presence of trace of miscegenation<sup>(17)</sup>. The low schooling is inversely proportional to the occurrence of hypertension<sup>(15-16)</sup>. The men were characterized predominantly by low monthly income and education, therefore in a condition of social inequality. This demographic profile points to the need for the health team to consider the social and cultural conditions in strategies for prevention and control of arterial hypertension. It also reveals the importance of effective public policies aimed at controlling the disease.

The four meanings attributed to hypertension, expressed by categories and subcategories of this study, revealed that the disease announced through symptoms or occurred silently, negatively affected several dimensions of life, made the fear an object of constant interaction due to the perception of the severity of the illness that affected them and was life-threatening. Thus, the control demanded abdicating pleasures, banishing excesses, taking medications, incorporating new habits, controlling tensions and emotions. The results showed that arterial hypertension meant dangerous and restriction for them.

The category *Being a silent condition or a set of uncomfortable bodily sensations* revealed that arterial hypertension was an illness that manifested by symptoms or physical discomforts that affect the body as already observed in other studies<sup>(18-19)</sup>. The symptom is one of the information present in the process of construction

of the perception of the disease<sup>(20)</sup>. It is a sign that something is not going well and mobilizes for the care<sup>(21)</sup>. Nevertheless, the results of this study also unveiled that, for asymptomatic men, the rupture of the silence of the disease occurred in the interaction with the high arterial blood pressure levels at the time of its measurement. In this situation, some dimension of physicality is compromised and the disease is confirmed or re-confirmed<sup>(8)</sup>. The asymptomatic characteristic of arterial hypertension makes it marked by the coincidence of discovery, which may generate resentment and mistrust<sup>(8)</sup>, particularly because the social construction of masculinity refers to the idea that man is a strong, manly, invulnerable and provider subject. Therefore, demanding health care devalues them, since they are created to assist and provide, which leads to greater difficulty to self-realize sick and anticipate the prevention of disease<sup>(9)</sup>.

Although the absence of symptoms does not warn the elevation of blood pressure and may jeopardize the remembrance for using medicines, it does not eliminate the perception of the disease severity, once diagnosed, as shown in the category *Being an illness that steals life or brings sequelae*.

The category *Being an illness that interferes in dimensions of life* reinforces that hypertension is not invisible to men, because it causes expressive changes in the way of living and perception of themselves, affecting several dimensions of life<sup>(22)</sup>. In this study, hypertension brought physical discomfort, interfered in leisure, rest and sexuality. Therefore, having the life affected by the disease changes the image the person has of him/herself and brings suffering and concern, in addition to interfering in social interaction and compromising the quality of life. For men, assuming the impacts and fears arising from living with hypertension may undermine the concept of masculinity, because its suffering becomes evident. Other studies corroborate these results, showing that the disease affects the psychological, family and economic spheres of hypertensive individuals<sup>(8,23)</sup>. These findings confirm the need to consider, in the care process, the experience of life and subjectivity

in the process of becoming ill and caring for themselves<sup>(6)</sup>.

The life of hypertensive men was strongly marked by fear, as expressed in the category *Being an illness that steals life or brings sequelae*. Having arterial hypertension was seen as fear of permanently losing life; fear of a bad life, because of the possibility of disability and loss of independence for caring for themselves; breaking with the image of being invulnerable and strong. In other studies, the perception that the disease can lead to death was common in the statements of users<sup>(18-19,23)</sup>. Thus, the disease is a damage to the whole existence, because it is not just the symptom or the elevation of blood pressure that bothers them, but it is the totality of the person who suffers<sup>(8)</sup>.

The fear of damage caused by the disease led men to be careful and to regulate behaviors in an attempt to preserve life, as shown in the category *Being a condition that requires care to avoid death and sequelae*. The hypertension has peculiar characteristics, since it is a disease that can be controlled but not cured. It requires life-lasting treatment, requires changes not always wanted in the lifestyle, persistence to continue the treatment and the need for constant care. The changes required for the control of arterial hypertension affect the daily life and the various dimensions of the life of men and contradict the standard of the socially-imposed masculinity, in which the men do not get sick, do not cease to do things<sup>(9)</sup>.

The chronic conditions represent health problems that require ongoing management<sup>(23)</sup>. In an attempt to control the disease or the illusion of healing, men try to adapt to medical recommendations, but adhere to the change has a cost: the resignation of what gives pleasure. There is need to fight the excesses in the drink, food, smoking and physical inactivity. In addition, it is necessary to medicalize life and be able to control emotions, even in the face of adversity and the stress of everyday life. With difficulty, men face the need for change built and reinforced socially<sup>(6)</sup>.

The categories that expressed the meanings attributed to arterial hypertension uncovered the

life with the disease: a life with fear, concern, medicines, controls and changes. These results may trigger the reflection of the healthcare team about how to help hypertensive men cope with the chronicity of the disease without considering it a burden. Nurses can try to motivate and help people find, within their possibilities, new ways of being and better living, which go beyond the sense of restriction for the preservation of life projects. There is a challenge to be reached by those workers articulated with the work of other health professionals.

The direction of the technical intervention should not be only the desired health status beforehand, nor only the mechanical application of technologies available to achieve this status. It also requires an examination of the relationship between ends and means and their practical sense, because health care is more intervening on an object; there is need to establish a relationship, to learn about the project of happiness of that subject<sup>(24)</sup>.

Despite the social constructions of masculinity, which lead many men to nourish the belief that they are invulnerable to illness and to understand the illness as a sign of weakness, the results of this study reflect that men have recognized the negative marks of hypertension in several dimensions of their life and felt threatened by the disease that affects them. In this context, nurses can try to minimize the fear caused by the disease, with embracement approaches that can help men express their weaknesses and vulnerabilities and find paths to cope with them.

They need support to change habits necessary to control hypertension, without stimulating this change by the threat of what might happen, but as a way to be able to relinquish some pleasures, to enjoy essential life projects, in the self-care motivated by preservation of pleasures. Once hypertensive patients need to live with life-lasting care and treatment, which can certainly be appropriate and incorporated without threats to social meetings and the exercise of sexuality.

It is also necessary to strengthen and qualify the primary health care, ensuring the promotion of health and the embracement and recognition

of the needs and rights of men in the health services. Knowing the risks of uncontrolled blood pressure is necessary, but this cannot be internalized in order to live in constant alert.

As limitations of the study, there stands out its development with a local population, which may represent perceptions of a particular group.

## Conclusion

The meanings attributed to hypertension by hypertensive men were expressed by the categories: Being a silent condition or a set of uncomfortable bodily sensations; Being an illness that interferes in dimensions of life; Being an illness that steals life or brings sequelae; and Being a condition that requires deprivation of excesses and care.

These categories unveiled hypertension as a harmful and restrictive condition. They revealed the complexity of living with a chronic disease, either by abdications and continuing care required, either by fear of sequelae and death. The disease means an affliction that affects life in various dimensions. The results show the need to broaden the approach of men with hypertension in addition to the problems related to the physical-biological sphere.

The health/nursing care can minimize the suffering and enhance their self-care as a way of preserving life projects that promote meaning to existence. The integral and multidisciplinary care with the hypertensive men, taking into account the gender issues, their particularities and the meaning attributed to the disease, as well as the embracement and the establishment of a dialogic relationship between those who care and those cared for, could facilitate the follow-up of the treatment, reducing the blood pressure levels, the associated risk factors and the complications of SAH. It can also contribute to minimizing the burden of hypertension in men's lives. The understanding of the coexistence of men with arterial hypertension should guide the construction and reorganization of public policies towards those subjects.

## Collaborations:

1 – conception, design, analysis and interpretation of data: Elilian Oliveira Pereira and Fernanda Carneiro Mussi;

2 – writing of the article and relevant critical review of the intellectual content: Elilian Oliveira Pereira and Fernanda Carneiro Mussi;

3 – final approval of the version to be published: Elilian Oliveira Pereira and Fernanda Carneiro Mussi.

## References

1. World Health Organization. Global status report on noncommunicable diseases 2014 [Internet]. Genève; 2014 [cited 2015 Jan 1]. Available from: [https://apps.who.int/iris/bitstream/e/10665/148114/9789241564854\\_g.f.;jsessionid=30EAE93794DEB3A7B2199646CF28902E?sequence=1](https://apps.who.int/iris/bitstream/e/10665/148114/9789241564854_g.f.;jsessionid=30EAE93794DEB3A7B2199646CF28902E?sequence=1)
2. World Health Organization. Global Atlas on Cardiovascular Disease Prevention and Control [Internet]. Genève; 2011 [cited 2016 Mar 8]. Available from: [https://www.who.int/cardiovascular\\_diseases/publications/atlas\\_cvd/en](https://www.who.int/cardiovascular_diseases/publications/atlas_cvd/en)
3. Sociedade Brasileira de Cardiologia. 7ª Diretriz Brasileira de Hipertensão Arterial. Arq Brasil Cardiol [Internet]. 2016 [cited 2016 Dec 3];107(Supl3):1-83. Available from: [http://publicacoes.cardiol.br/2014/diretrizes/2016/05\\_HIPERTENSAO\\_ARTERIAL.pdf](http://publicacoes.cardiol.br/2014/diretrizes/2016/05_HIPERTENSAO_ARTERIAL.pdf)
4. Silva MA, Teixeira ER, Pereira ER, Silva RMCR, Rocha RCNP, Rondon SOB. Saúde como direito e cuidado de si: concepções de profissionais de enfermagem. Rev bras enferm. 2019;72(1):167-74. DOI: <https://doi.org/10.1590/0034-7167-2018-0066>
5. Santos JP. *Illness x disease*: uma abordagem antropológica sobre o sofrimento mental. Psicol Saberes. 2012;1(1):37-47. DOI: <https://doi.org/10.3333/ps.v1i1.44>
6. Langdon EJ, Wiik FB. Antropologia, saúde e doença: uma introdução ao conceito de cultura aplicado às ciências da saúde. Rev Latino-Am Enfermagem [online]. 2010;18(3):459-66. DOI: <https://doi.org/10.1590/S0104-11692010000300023>
7. Canesqui AM. Olhares socioantropológicos sobre os adoecidos crônicos. São Paulo: Hucitec; 2007.
8. Fava SMCL, Zago MMF, Nogueira MS, Dázio EMR. Experiência da doença e do tratamento para a

- peessoa com hipertensão arterial sistêmica: um estudo etnográfico. *Rev Latino-Am Enfermagem*. 2013 Sept-Oct;21(5):1022-9. DOI: <https://doi.org/10.1590/S0104-11692013000500003>
9. Costa-Júnior FM, Couto MT, Maia ACB. Gênero e cuidados em saúde: concepções de profissionais que atuam no contexto ambulatorial e hospitalar. *Sex Salud Soc*. 2016;23:99-117. DOI: <https://doi.org/10.1590/1984-6487.sess.2016.23.04.a>
  10. Brasil. Ministério da Saúde. Departamento de Vigilância de Doenças e Agravos não Transmissíveis e Promoção da Saúde. Secretaria de Vigilância em Saúde. Saúde Brasil 2014 uma análise da situação de saúde e das causas externas. Brasília (DF); 2015.
  11. Stevens A, Schmidt MI, Duncan BB. Gender inequalities in noncommunicable disease mortality in Brazil. *Ciênc Saúde Coletiva*. 2012 Oct;17(10):2627-34. DOI: <http://dx.doi.org/10.1590/S1413-81232012001000012>
  12. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde, Departamento de Ações Programáticas e Estratégicas. Política Nacional de Atenção Integral à Saúde do Homem. Brasília (DF); 2009.
  13. Strauss A, Corbin J. Pesquisa qualitativa: técnicas e procedimentos para o desenvolvimento da teoria fundamentada. Porto Alegre: Artmed; 2018.
  14. Galvão RRS, Soares DA. Prevalência de hipertensão arterial e fatores associados em adultos: uma revisão na literatura brasileira. *Rev APS*. 2016 jan/mar;19(1):139-49.
  15. Andrade SSA, Stopa SR, Brito AS, Chueri PS, Szwarcwald CL, Malta DC. Prevalência de hipertensão arterial autorreferida na população brasileira: análise da Pesquisa Nacional de Saúde, 2013. *Epidemiol Serv Saúde* [online]. 2015;24(2):297-304. DOI: <http://dx.doi.org/10.5123/S1679-49742015000200012>
  16. Machado MC, Pires CGS, Lobão WM. Concepções dos hipertensos sobre os fatores de risco para a doença. *Ciênc Saúde Coletiva* [online]. 2012;17(5):1357-63. DOI: <http://dx.doi.org/10.1590/S1413-81232012000500030>
  17. NESP. Perfil do Município de Salvador/BA. Análise do acesso e da qualidade da Atenção Integral à Saúde da população LGBT no Sistema Único de Saúde [Internet]. Salvador; 2016 [cited 2016 Dec 14]. Available from: [http://www.nesp.unb.br/saudelgbt/images/arquivos/Perfil\\_Salvador.pdf](http://www.nesp.unb.br/saudelgbt/images/arquivos/Perfil_Salvador.pdf)
  18. Coutinho FHP, Sousa IMC. Percepção dos indivíduos com hipertensão arterial sobre sua doença e adesão ao tratamento medicamentoso na estratégia de saúde da família. *Rev baiana saúde pública*. 2011 abr-jun;35(2):397-411.
  19. Silva SRA, Amorim RC, Almeida MA. Percepção de feirantes hipertensos sobre o adoecer crônico. *Rev Enferm UERJ*. 2015;23(6):761-6. DOI: <https://doi.org/10.12957/reuerj.2015.8494>
  20. Altenhofen V, Castro EK. A percepção da doença cardíaca e da comunicação do diagnóstico. *Psic Saúde Doenças*. 2018 dez;19(3):515-25. DOI: <http://dx.doi.org/10.15309/18psd19030104>
  21. Silva AC, Rudge AM. Construindo a noção de sintoma: articulações entre psicanálise e pragmática. *Psicol USP*. 2017;28(2):224-9. DOI: <https://doi.org/10.1590/0103-656420160051>
  22. Suzano DS, Almeida MCS, Massa LDB, Wengert M. A importância da qualidade de vida em pacientes hipertensos. *Saúde Redes* [Internet]. 2016 [cited 2018 Mar 16];2(1):53-63. Available from: <http://revista.redeunida.org.br/ojs/index.php/rede-unida/article/view/660>
  23. Silva FM, Budó MLD, Silveira CL, Badke MR, Beuter M. Hypertension as a condition of non-disease – the meaning of chronicity in the subjects perspective. *Texto contexto Enferm*. 2013 jan-mar;22(1):123-31. DOI: <https://doi.org/10.1590/S0104-07072013000100015>
  24. Ayres JRCM. O cuidado, os modos de ser (do humano) e as práticas de saúde. *Saúde soc*. 2004 set-dez;13(3):16-29.

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