

## UNIQUE THERAPEUTIC PROJECT IN DIABETIC, HYPERTENSIVE AND ANXIOUS PATIENTS: AN EXPERIENCE REPORT

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## INTRODUCTION

This text describes the experience of academic improvement of a group of medical students from Faculdade FACERES, while they participated in practical activities within the scope of the Singular Therapeutics Project (PTS) through home visits from the Family Health Strategy (ESF), prioritizing collective well-being. The PTS is a valuable tool aimed at comprehensive care for individuals, families or communities, taking into consideration, the uniqueness of each case. It is the result of a series of proposals and therapeutic guidelines that have as their central principle a complete approach to the patient, being constructed jointly by the healthcare team and the user, requiring the collaboration of an interdisciplinary group [1]. Next, we will present an experience report based on a 76-year-old user of the single health system, whose comorbidities include high blood pressure and diabetes mellitus, conditions currently recognized for their high rates of morbidity and mortality globally, in addition to being factors significant risk for cardiovascular disease. The patient also presents irritability, anxiety, fear and doubts regarding her husband's illness, diagnosed with Alzheimer's dementia, as she feels a moral obligation to supervise him, even though he has a caregiver [2]. In this context, this experience report seeks to illustrate how PTS proves to be an effective approach to improving therapeutic strategies and the user's quality of life, always keeping in mind the individuality of their family and social context.

## OBJECTIVES

This clinical report seeks to demonstrate how PTS manifests itself as an effective technique in improving treatment strategies and the user's well-being. This occurs by constantly taking into consideration, the uniqueness of the family and the social environment in which it is inserted.

## EXPERIENCE REPORT

To carry out the PTS, the topic was approached at a conference at the college, with the aim of helping students. Then, the practical experience began. Thus, the Basic Family Health Unit (UBSF) indicated a vulnerable family for the group of students to carry out a home visit (VD). On the day of the first HV, the medical records of each person in the family were analyzed to understand their situation and then proceed with the HV. According to information collected in her medical records and during the visit, she is a 76-year-old woman who faces conditions of high blood pressure, diabetes mellitus and a noticeable condition of irritability, anxiety, fear and doubts regarding her husband's illness, as feels obliged to provide the necessary care. Her medical records showed the use of several medications, but the user was well organized in terms of the times of use, as her diabetes and blood pressure were well controlled when measured. Furthermore, the patient had small scratches on her skin due to her being very thin due to her age and her husband leaning on her arm when walking. On the second visit, we looked at the medical records once again to make sure there was no change in his clinical condition and then we went to the family's home. On this occasion, we talked and asked the woman the necessary questions and recorded all the new information she transmitted, in addition to measuring her blood pressure, which was within normal parameters. Finally, we advise the patient to

continue with a balanced and healthy diet, use medications at the time stipulated by the UBSF doctor, follow up with the UBSF psychologist to treat anxiety and irritability, and we also take a body moisturizer to reduce small scratches on his arm. After making the necessary recommendations, we completed the VD and returned to UBSF. On the third visit, the user was more anxious and was waiting to be consulted at the Base Hospital in São José do Rio Preto the following day. The lady claimed to have injured her leg on the stairs, indicating an inflammatory and edematous state. She also reported being afraid to go to the appointment, as she informed us that her mother had died in that same hospital, which made her apprehensive. However, we talked to her and calmed her down, explaining how important it was to carry out the consultation. During that same visit, we measured her blood pressure, which was higher than normal (130x70mmhg) and her husband's, which was normal (120x70mmhg). We continued the visit with instructions on fluid intake, low-salt food and applying the cream that we had previously brought.

## **REFLECTION ON THE EXPERIENCE**

We realized how the program was beneficial to the user through the guidance of medical students and the action plan implemented according to the specificity and individuality of the lady visited, as observed by the PTS [3]. In addition to being beneficial for her, it was very important for her. We, students, as it added a lot to our professional training, in addition to personal guidance, as we approach our humanity and care for others.

## **CONCLUSION OR RECOMMENDATIONS**

Based on the work carried out, it can be concluded that PTS is extremely important for the population and can provide them with very satisfactory results, offering a welcome and special care for each person's individuality. Furthermore, it is an important help to train students to become future doctors, directing health promotion and emphasizing the importance of the doctor-patient relationship and its effectiveness in treating and monitoring patients. Furthermore, the user experience was very interesting and rewarding.

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