Using the singular therapeutic project as a care approach in primary care

Uso do projeto terapêutico singular como uma abordagem de atendimento na atenção primária

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1 INTRODUCTION

According to the National Primary Health Care Policy, Primary Health Care is characterized by "a set of health actions, at the individual and collective levels, that cover health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation and health maintenance", which allows compliance with the basic principles of universality, accessibility, integrality, and others. This is based on greater contact between users and the system, considering it in its uniqueness to offer health care, while offering universal and continuous access. In addition, it targets health professionals, with an interdisciplinary and coordinated proposal through the monitoring of their training, for example. When further unraveling the longitudinal care that is offered by Primary Care, the family and home axes are found as main columns, since the importance of the family is valued and recognized as the basis for analyzes and interventions that influence that singularity.

Thus, one of the approaches in these axes involves the construction of a Singular Therapeutic Project (PTS), characterized as a set of conducts, clinical or not, proposed to dialogue with the health needs of an individual or collective subject, usually in more complex situations, built from the discussion of a multidisciplinary team (BRASIL, 2008). An important feature of this project is that it covers the user completely, as a life, and not in a solely biologicist view of a sick body. The look of the context, macro to micro, and how it relates to the complaint collected is also part of the PTS conduct, in addition to a closer follow-up between team and users, through home and family approaches, including the collection of life history, history of illness and illness, and construction of unique care plans.

In addition, the university has an important role in improving primary care programs and training, which includes developing some fundamental points such as skills with the population and society in relation to health and disease prevention (TALBOT, 2007). In this context, it is worked with the students of the discipline of Community Health III, of the medical course of the Multidisciplinary Center UFRJ-Macaé, the theoretical-practical involvement of the study and understanding of the individual and collective aspects of the patient and consequent proposal of construction of a PTS, completing the practical part, making this project one of the tools of continuity of that improvement.

2 OBJECTIVE

2.1 OVERALL OBJECTIVE

Formulate a possible Singular Therapeutic Project to assist in the care of patient José and his family, aiming to alleviate the difficulties of the family's daily life.

2.2 SPECIFIC OBJECTIVES

-Analyze the patient's family dynamics and support network;

-Verify the impact of the socioeconomic situation of the family on the health of the members;

-Investigate various factors that may compromise patient care;

-Suggest actions that facilitate the management of the patient's health condition.

3 METHODOLOGY

This study was developed from the formation of a Tutorial Group to produce a Singular Therapeutic Project for a patient of the Strategy - Campo do Oeste in Macaé - RJ. This is a regular activity of the discipline Community Health III, taught to students of the third period of the undergraduate course in Medicine at the Federal University of Rio de Janeiro (Macaé Campus). Through the activities of this discipline, the class was divided into smaller groups with 10 students and 2 teachers, who were assigned the medical history of each patient.

Before starting the study of the medical records provided by the health agents, tutors and students agreed on the adoption of pseudonyms to preserve the patient's identity. Thus, the data collection and documentation of the patient's medical record was carried out. At this stage, it was found that some information was lost during the migration from physical paper to digital medical records, but it was still possible to trace the patient's therapeutic itinerary within the SUS network.

With the need to elucidate some facts, guiding points were raised to structure an interview that would take place later with the patient, among them are: family relationships, financial situation, food, recreation in free time and comorbidities. With this material in hand, four students from the group and a teacher accompanied a home visit by a health agent and conducted the interview with the patient, his wife and daughter. José's family was very forthcoming with our team and made data collection extremely fruitful.

Thus, after finalizing the research on the patient's data, a bibliographic review was carried out on the PubMed® and SciELO platforms to understand the clinical pictures in question, both electronic libraries being constantly updated with articles and studies produced by the national and international scientific community. However, as the intention of building a Therapeutic Project is not to dwell on technical minutiae, the selection of information in the articles consulted was made in order to favor a more holistic understanding.

Thus, information was provided on the characterization and course of the pathologies; on their epidemiological and etiological aspects; and on their treatment and prognosis in order to draw a correlation with the events of José's life. In this sense, the results bring relevant data to the discussion in which, for example, the risk factors to which the patient was exposed are analyzed and also how primary care can think of strategies that mitigate the impact of such factors.

Another aspect analyzed is how the current stage of each condition compromises the quality of life and routine of the patient and family. The data obtained, therefore, were presented diluted with the information collected in medical records and home visits. Another resource used in this study was the construction of a genogram and an ecomap, which are family approach tools that allow a graphic portrait of the psychosocial context of the patient, his family nucleus and his clinical situation.

The genogram is characterized as an easy-to-use tool that allows the visualization of different family arrangements through the use of conventional symbols. Through it, it is possible to observe the current family situation and composition, and to identify personal characteristics, patterns of diseases or disorders that span generations, problematic behaviors, among other data.

The ecomap, in turn, is a relational map that, also by means of conventionalized symbols, allows an expanded view of the social network in which the patient is inserted, providing information on the quality of relationships, the presence or absence of support networks, economic, social and cultural resources. Thus, the graphic record provided by such tools enables a quick and comprehensive reading of the family context, facilitating not only the identification of imbalances in relationships, but also the development of possible interventions. In addition to these two tools, a therapeutic itinerary was also developed in the form of a map, outlining the path taken by the user throughout the Health System in search of a solution to their health demands and needs.

Finally, weekly meetings were held online through the Google Meet platform, in which discussions were raised to direct the Therapeutic Project and students reported their experiences during the interview and visits to the patient's home and the Family Health Strategy. In addition, there were several debates to select the best approach and conduct to propose interventions that fit the routine of the patient and his family.

This work is part of the research "Training doctors/researchers: case study of educational experiences in the teaching of collective health in the medical undergraduate program of UFRJ/Macaé", approved by the Research Ethics Committee (CAAE 53249921.9.0000.5699).

4 RESULTS

4.1 CASE DESCRIPTION

The present PTS presents the case of José, male, 63 years old, Brazilian, married, with type 2 diabetes mellitus and systemic arterial hypertension (SAH), affected by sequelae of cerebrovascular accidents (CVA). The user is an ex-elitist and ex-smoker, as reported by the family. Born in Maceió-AL, he lives in Macaé with his wife Kátia and daughter Amélia for at least 5 years. He complains of speech and locomotion difficulties, urinary incontinence and forgetfulness. He does not follow up with physiotherapists, nutritionists and speech therapists, nor does he do physical activities and appropriate diet. Alone, he cannot make proper use of his medication, so his care falls on his daughter and wife. Amelia is the main breadwinner for her parents, spending the day away from home due to her extensive workload. Katia is in the midst of a depressive crisis, which makes it difficult to supervise her husband. It was also pointed out that a son of the couple, who currently lives abroad, has already made a suicide attempt, within the health unit itself.
The analysis of the medical records and conversations with the Community Agents revealed many complaints about the treatment of the patient in question, such as the absence of a companion, poor adherence to treatment and proposals to improve habits and diet. There are many barriers that must be overcome, even if gradually, to achieve a more satisfactory state of health.

In addition to his chronic problems, such as diabetes and hypertension, and the complications generated by strokes, José and his family currently face financial, psychological and home management problems, making it even more difficult to control their health problems.

4.2 CHRONIC DISEASES AND ISCHEMIC EVENTS

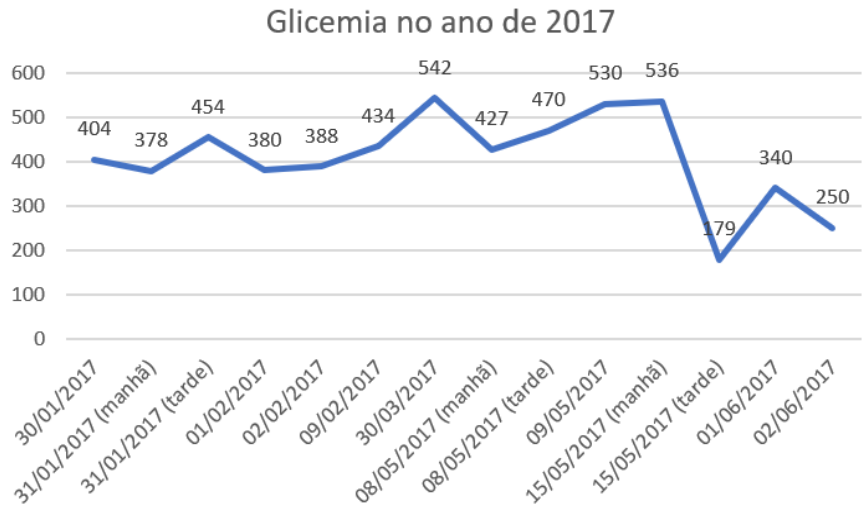
According to information collected, José is diabetic, hypertensive and suffers from the consequences of 4 strokes, presenting difficulty in managing these various problems.

4.2.1 Diabetes mellitus

Diabetes is a chronic disease that is characterized by an increase in the level of glycemia in the body. That said, it is necessary to emphasize that, according to the Brazilian Diabetes Society, there are subtypes of this disease: Type 1 diabetes, type 2 diabetes, gestational diabetes and latent autoimmune diabetes of the adult (LADA). Type 1 individuals (DM1) have a deficiency in insulin production, while type 2 individuals (DM2), which represents a higher prevalence (90 to 95%), usually have insulin resistance that may be associated with decreased secretion of this hormone. With the analysis of the patient's history, it is inferred that José is a type II diabetic, since the disease started late, did not require the use of insulin initially and the user has several risk factors for this type of diabetes, such as sedentary lifestyle and poor diet.

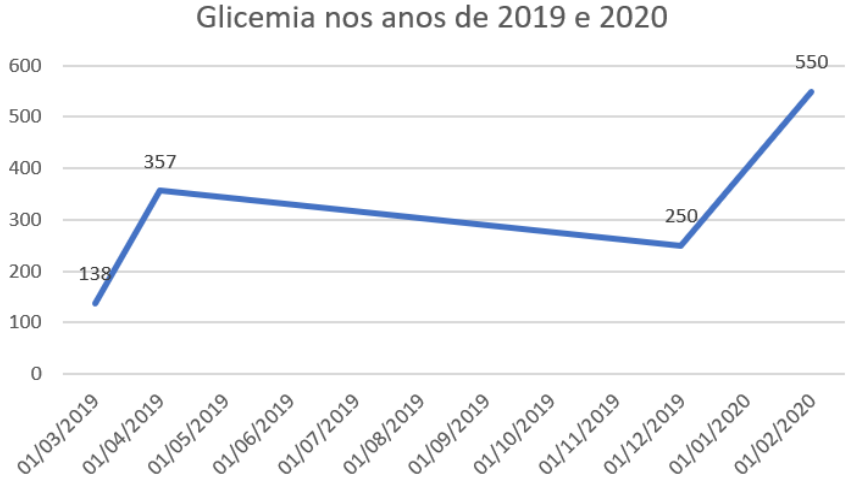
The monitoring of his glucose levels is mostly done by the Health Unit, as the user claims that the measuring device that exists in his home is not working and, currently, he is unable to purchase another one. The data collected from José's medical records are shown in the graphs below, which highlight some important points.

Graph 1. Glycemic control of José in the year 2017.



Source: Own elaboration.

Graph 2. Glycemic control of José in the year 2019 and 2020.



Source: Own elaboration.

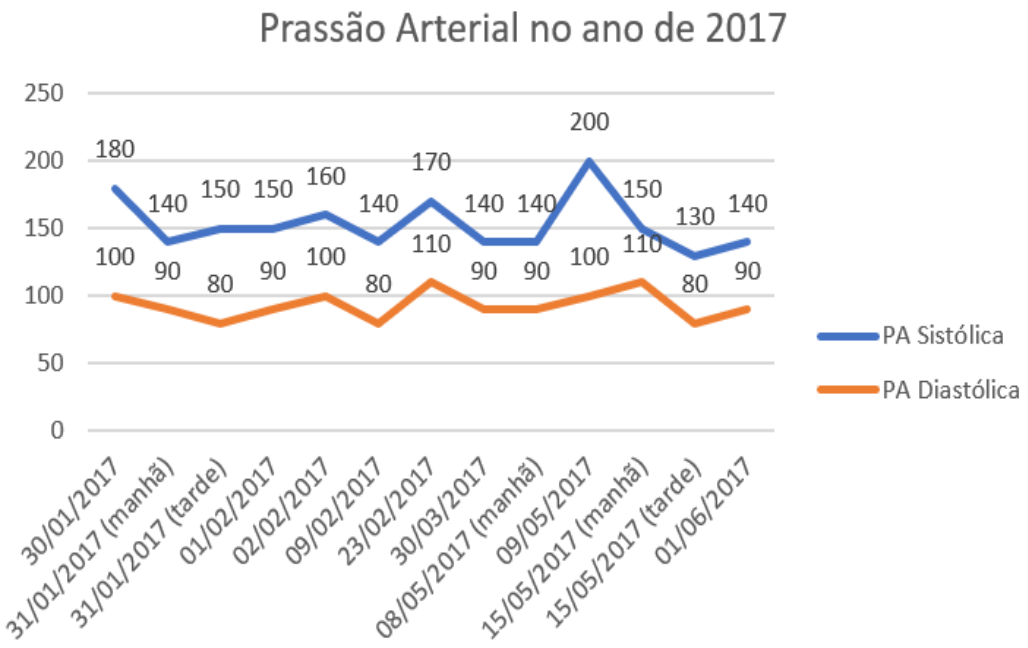
It is evident from comparing the two graphs that the frequency of blood glucose level measurements decreases considerably over the years, which may demonstrate a lack of follow-up, together with the decrease in the frequency of visits to the unit. In addition, even with constant drug treatment, there is no control of blood glucose levels, a fact that may be linked to the irregular use of medications and non-adherence to secondary treatments, such as following a dietary plan.

Systemic Arterial Hypertension (SAH)

Arterial hypertension is characterized by chronic elevation of blood pressure, defined by the Brazilian Hypertension Guidelines (2020) as systolic blood pressure (SBP) greater than or equal to 140 mmHg and/or diastolic BP (DBP) greater than or equal to 90 mmHg. Patients with this condition are subject to crises, such as hypertensive urgency in which there is an elevation of SBP ≥ 180 and/or diastolic (DBP) ≥ 120 mm Hg.

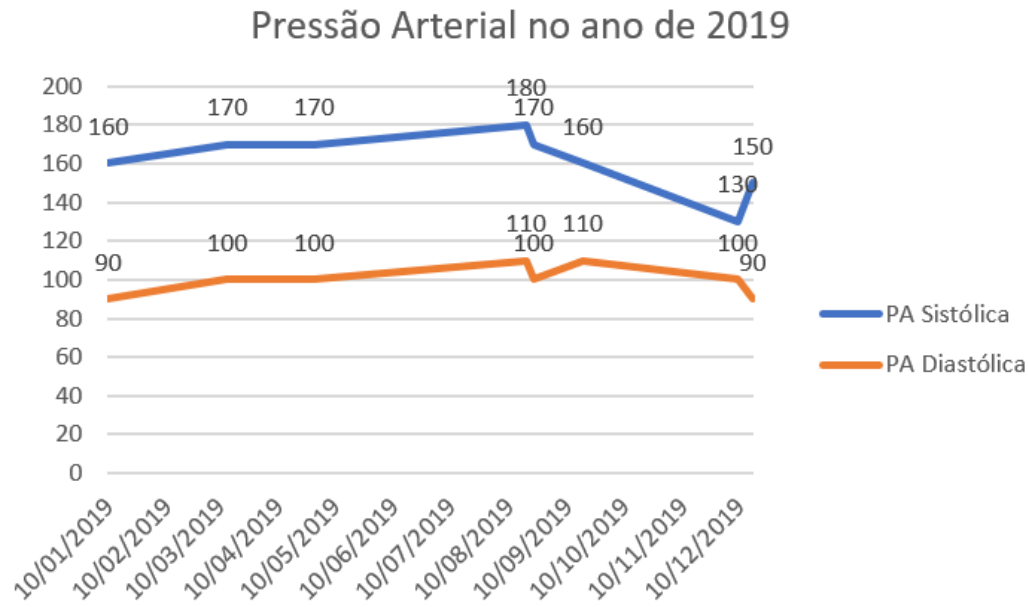
According to the user's therapeutic itinerary, which will be explained later, José often comes to the unit on spontaneous demand, complaining of dizziness, a symptom that can be associated with hypertension and its lack of control. The data collected from his medical records point to many periods in which his pressure remains very high, as shown in graphs 3 and 4.

Graph 3. Blood pressure control in 2017.



Source: Own elaboration.

Graph 4. Blood pressure control in 2019.



Source: Own elaboration.

Systolic blood pressure values reach up to 200 mmHg, while normal values should be below 140. Diastolic pressure is also outside the normal range, since it reaches 110, while it should remain below 90 mmHg. Despite the prescribed medications, control does not improve over the years, which can be analyzed in the graphs.

As with diabetes, poor diet, physical inactivity and misuse of medication contribute to the lack of control and, in addition, the frequency of pressure measurement

also decreases over time, as the device in the house is defective and the number of visits to the unit is lower.

Ischemic Events

Stroke can be classified as ischemic or hemorrhagic. In both types, arterial blood flow is interrupted in certain regions of the brain and, consequently, the neurons in the affected region lose their functions. The ischemic subtype is one in which there is obstruction of a blood vessel, and a Transient Ischemic Attack (TIA) can be a predictor of a new event. The hemorrhagic subtype is caused by rupture of a vessel, which is associated with intraparenchymal or subarachnoid bleeding. To understand our PTS, it is worth noting that hypertension is a factor for the triggering of both subtypes (Brazilian Guidelines on Hypertension).

Without access to imaging exams and with unspecific medical records, not much is known about the occurrence of strokes, there are no records of what care was provided in these episodes, what the stroke subtype was, since the condition can be classified as ischemic or hemorrhagic, which determines different therapeutic conducts and prognoses, which brain areas and functions were affected, the extent of the lesion and the precise duration of the episode.

What can be inferred is that systemic arterial hypertension, presented by the user, is a risk factor for the occurrence of this acute condition and, without its control, as is the case, the risk of occurrence of new episodes still exists. José has many sequelae resulting from strokes, such as difficulty in walking, speech, need for assistance to perform daily tasks and memory loss, sequelae that are disabling and take away the patient's autonomy.

Routine Medication

Due to the aforementioned diseases, José ends up having to take many medications in the same day, but with his limitations, this becomes a problem for the stability of his health. As they are chronic diseases, management must be daily and constant, both through medications, which are duly prescribed by the doctors responsible for the case, and through complementary forms, such as diet plans, physiotherapies, psychological follow-ups and exercises that suit the case.

Table 1: Mr. José's medicines in 2017

30/01/2017		
Losartana	50mg	1x/dia
Sinvastatina	20mg	1x/dia
Metformina	850mg	1x/dia
Glibenclamida	5mg	1x/dia

Source: Own elaboration.

Table 1: Mr. José's medicines in 2017

04/11/2021		
Losartana	50mg	2x/dia
AAS	100mg	1x no almoço
Hidroxiclorotiazina	25mg	1x pela manhã
Rivotril	2mg	1x à noite
Metildopa	250mg	3x/dia
Atorvastatina Cálcica	10mg	2x à noite
Insulina NPH	20UI + 6UI	Manhã +noite
Oxalato de Escitalopram	20mg	1x/dia
Fumarato de Quetiapina	25mg	1x/dia
Carvedilol	3,125mg	2 comps. 2x/dia
Cinarizina	75mg	1x/dia
Clonazepam	2,5mg/ml	5 gotas à noite
Ezemitiba	10mg	1x/dia
Omeprazol	20mg	2 comp. em jejum de manhã
Cloridrato de Tiamina	300mg	1x/dia

Source: Own elaboration.

However, once again, it is evident that treatment does not occur optimally, mainly due to difficulty in adhering to the conduct prescribed by professionals. Analyzing the following tables, we can see the difference in the volume and diversity of medications between the beginning of the follow-up in the unit and the last information collected.

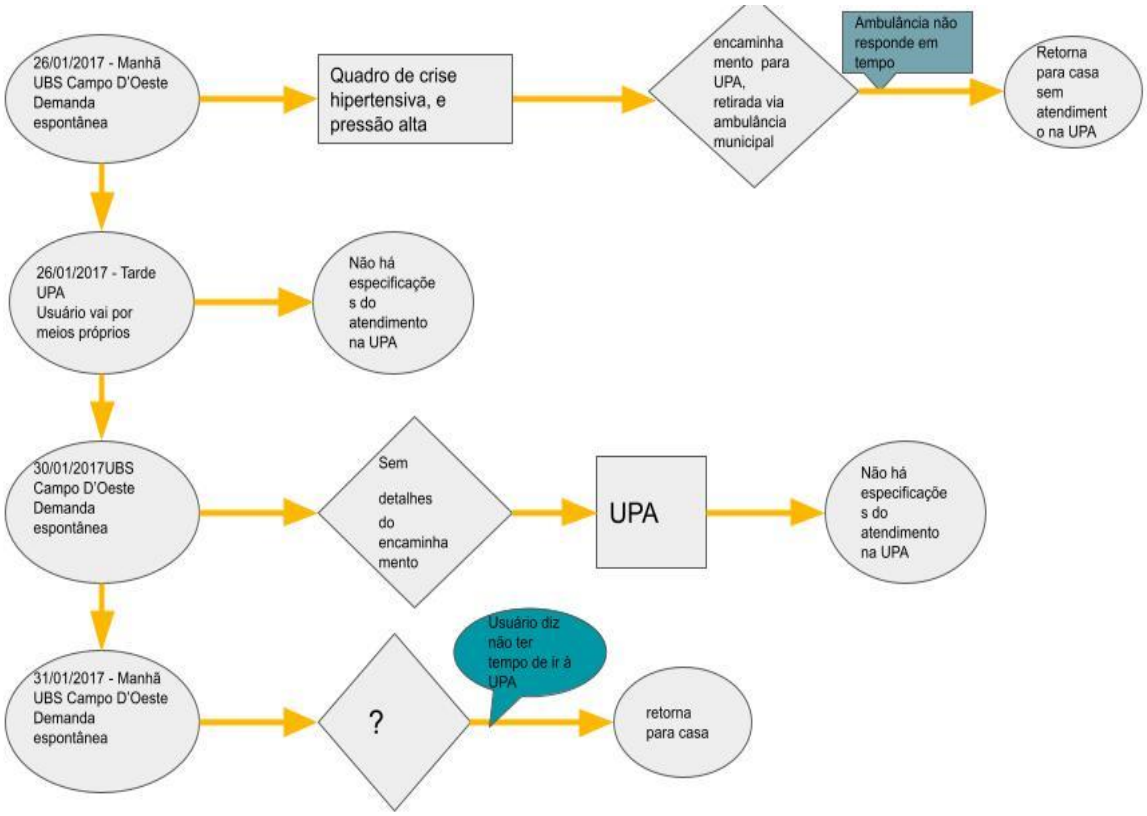
An important point to be exposed is the variety and quantity of medicines that the same user must use in the same day, making it very difficult to manage them all. In addition, José already has memory and locomotion problems, further compromising the correct use.

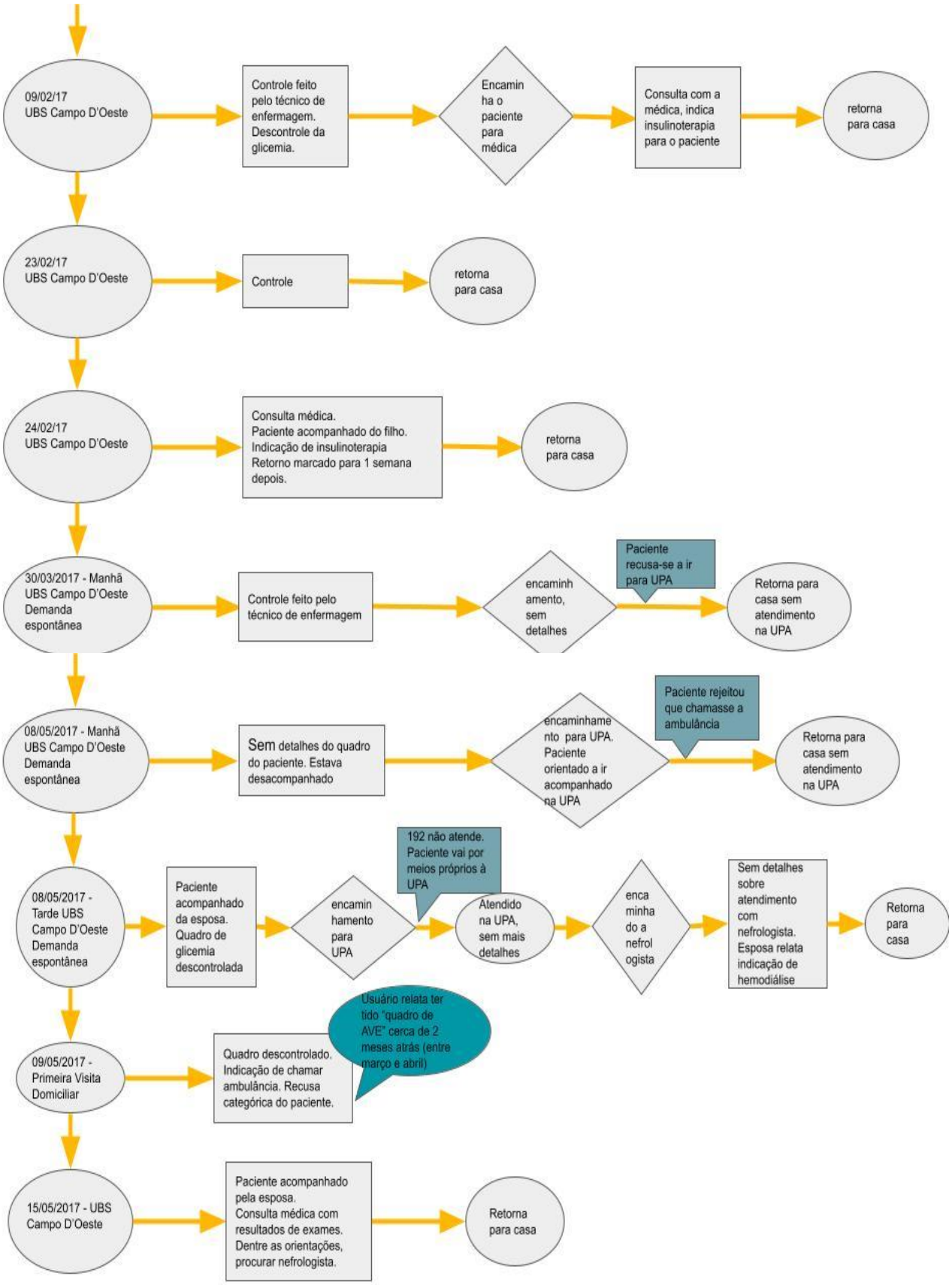
Therapeutic Itinerary

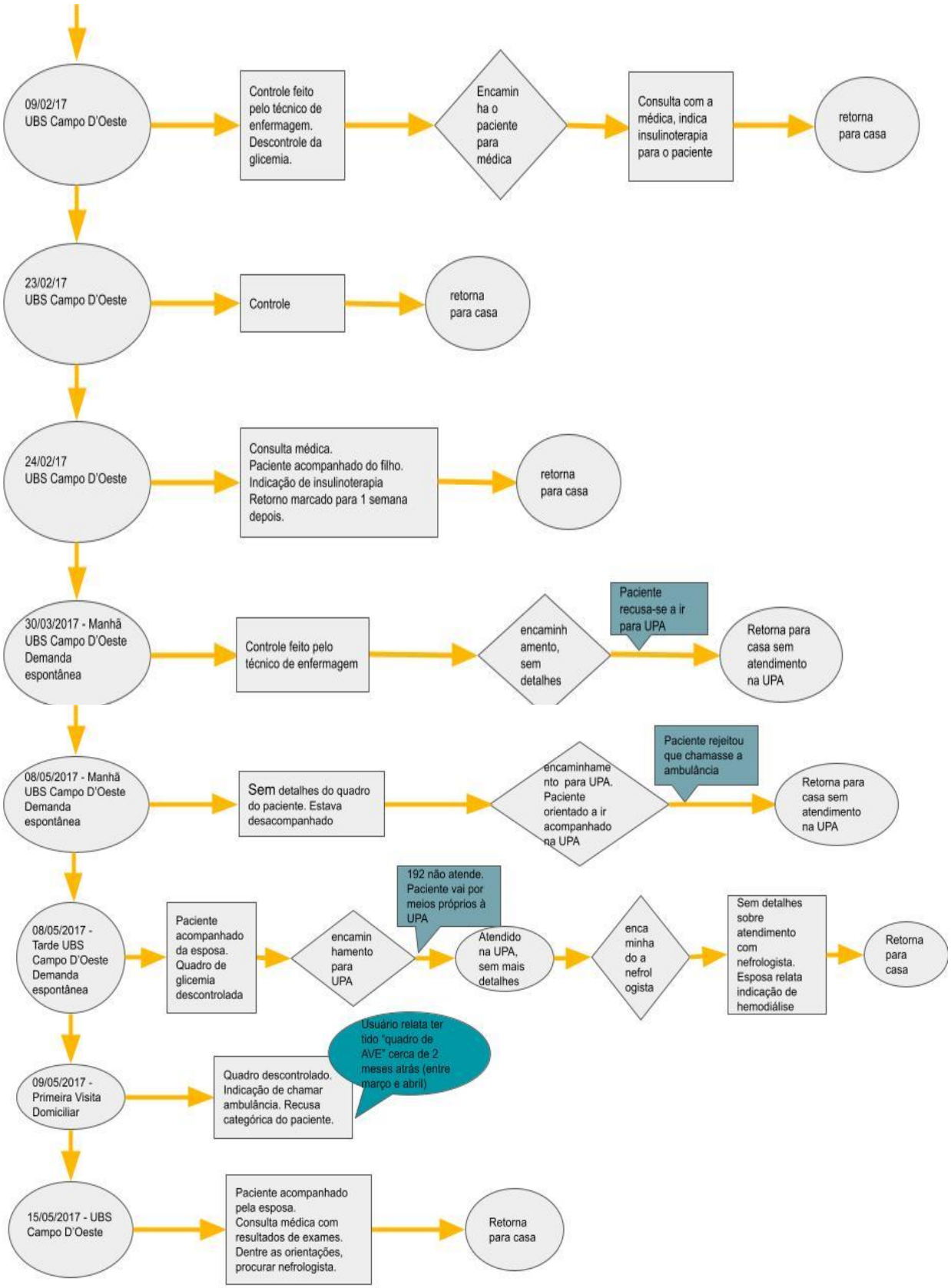
The therapeutic itinerary seeks to describe and analyze the path taken by the user in search of a solution to their health demands and needs. In the case of user José, his therapeutic itinerary was elaborated according to his medical record located at the Basic Health Unit - UBS responsible for the user, which he has attended since his move to the city of Macaé. As previously mentioned, there is a data gap between March 2020 and

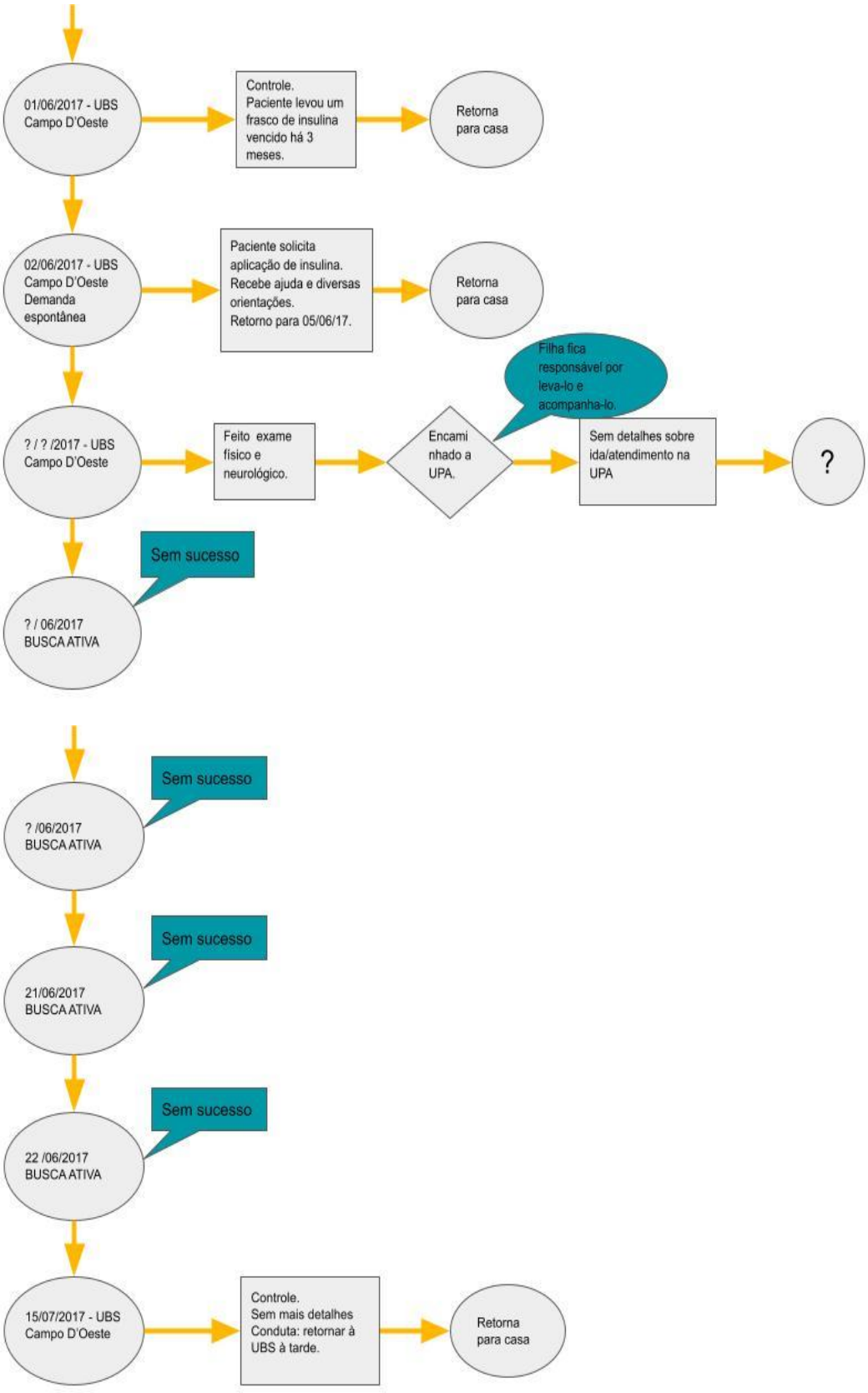
September 2021 due to a failure during the exchange of electronic medical record systems. However, even with this failure, it is possible to notice a certain standardization of the user flow throughout the health system: visits to the UBS, many of them ending with referral to the Emergency Care Unit. This, together with other elements observed in the itinerary chart, helps to understand the user's situation and the way in which care - both for his chronic diseases and his moments of exacerbation - could be developed, from the beginning of care in the city of Macaé to the present moment, when his health is more sensitive and vulnerable.

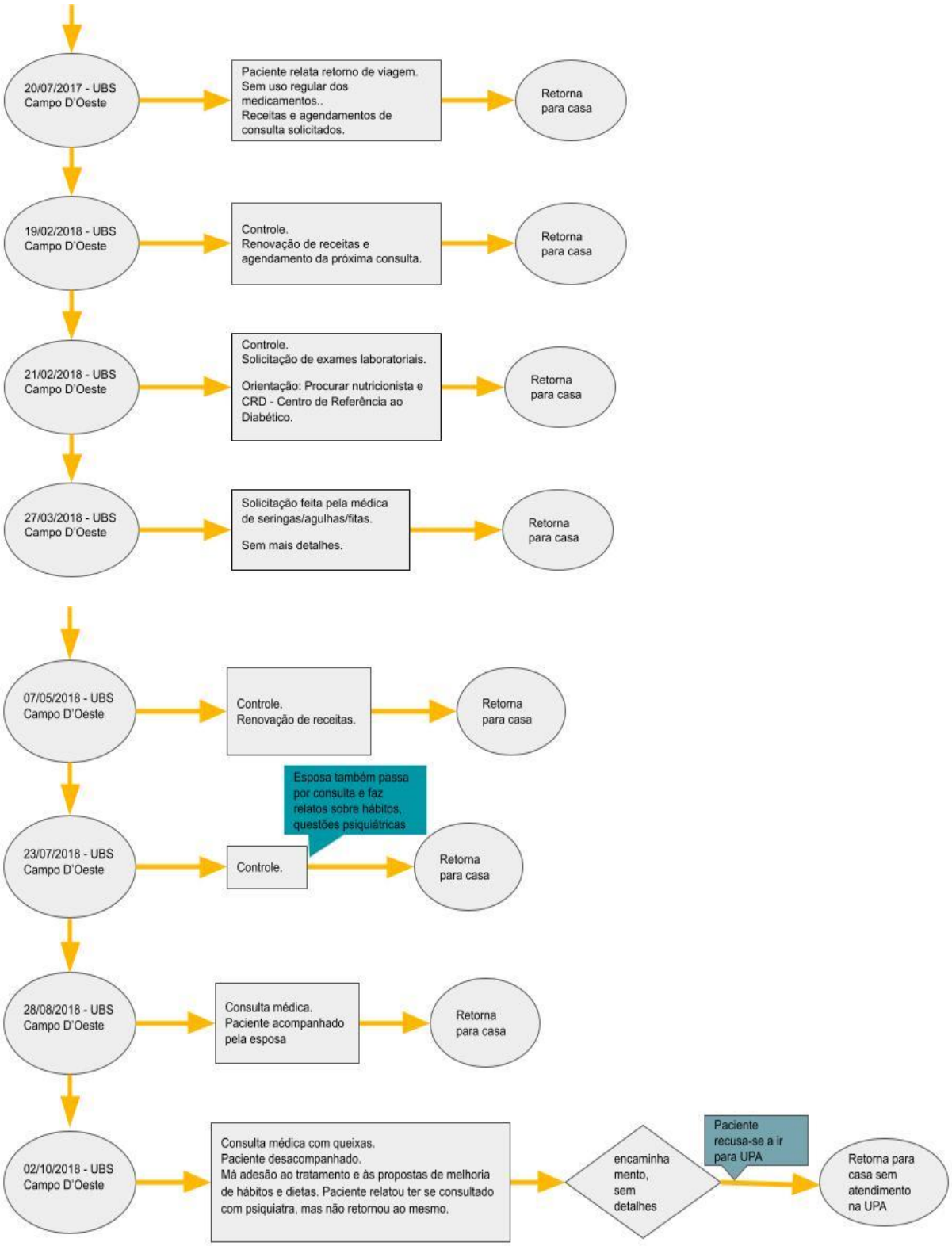
For a more accurate analysis of the itinerary graph, shown in Image 1, it is worth considering both the dates inside the circles, referring to the entry into that service, and the way the user left that service (last circle at the end of a line). The rectangles refer to details of these services and, finally, the diamonds are used when the user is referred to another service within the Health System - whether public or private, from the Health Unit referred to the Emergency Care Unit, for example.

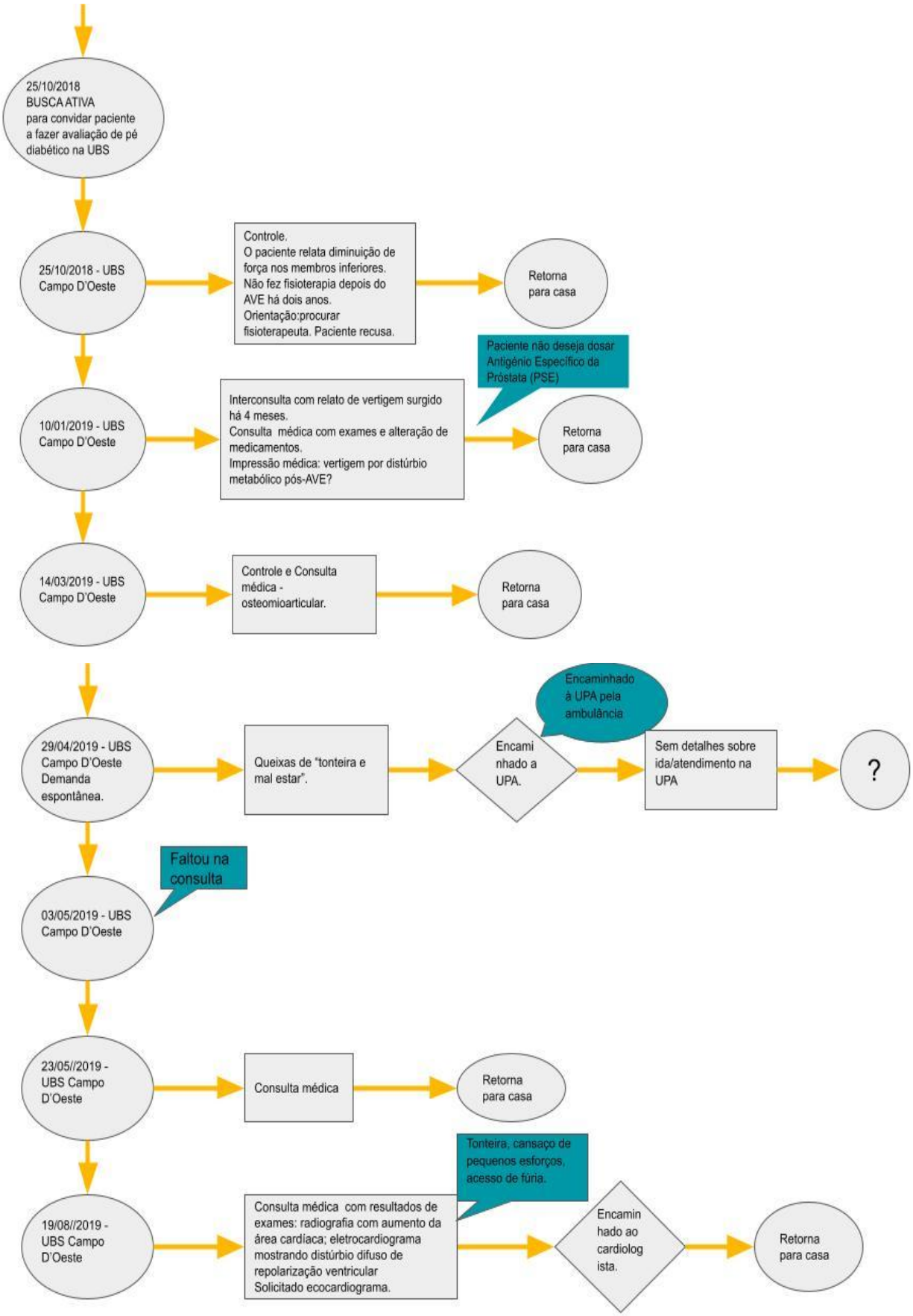


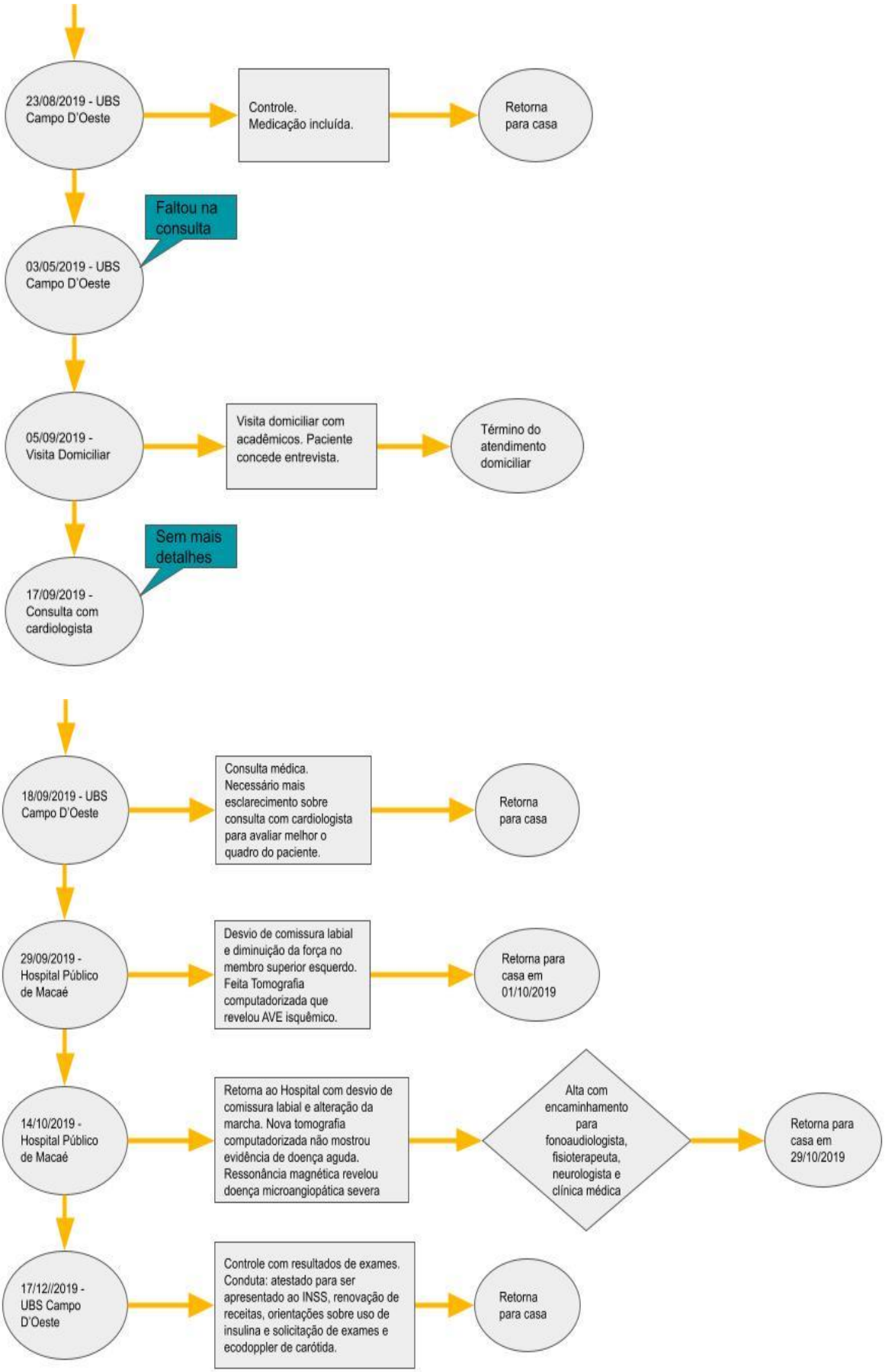

09/02/17
UBS Campo D'Oeste
Controle feito pelo técnico de enfermagem. Descontrole da glicemia.
Encaminha o paciente para médica
Consulta com a médica, indica insulinoterapia para o paciente
retorna para casa
23/02/17
UBS Campo D'Oeste
Controle
retorna para casa
24/02/17
UBS Campo D'Oeste
Consulta médica.
Paciente acompanhado do filho.
Indicação de insulinoterapia
Retorno marcado para 1 semana depois.
retorna para casa
30/03/2017 - Manhã
UBS Campo D'Oeste
Demanda espontânea
Controle feito pelo técnico de enfermagem
encaminhamento, sem detalhes
Paciente recusa-se a ir para UPA
Retorna para casa sem atendimento na UPA
08/05/2017 - Manhã
UBS Campo D'Oeste
Demanda espontânea
Sem detalhes do quadro do paciente. Estava desacompanhado
encaminhamento para UPA. Paciente orientado a ir acompanhado na UPA
Paciente rejeitou que chamasse a ambulância
Retorna para casa sem atendimento na UPA
08/05/2017 - Tarde UBS Campo D'Oeste
Demanda espontânea
Paciente acompanhado da esposa. Quadro de glicemia descontrolada
encaminhamento para UPA
192 não atende. Paciente vai por meios próprios à UPA
Atendido na UPA, sem mais detalhes
encaminhado a nefrologista
Sem detalhes sobre atendimento com nefrologista. Esposa relata indicação de hemodiálise
Retorna para casa
09/05/2017 - Primeira Visita Domiciliar
Quadro descontrolado. Indicação de chamar ambulância. Recusa categórica do paciente.
Usuário relata ter tido "quadro de AVE" cerca de 2 meses atrás (entre março e abril)
15/05/2017 - UBS Campo D'Oeste
Paciente acompanhado pela esposa.
Consulta médica com resultados de exames.
Dentre as orientações, procurar nefrologista.
Retorna para casa

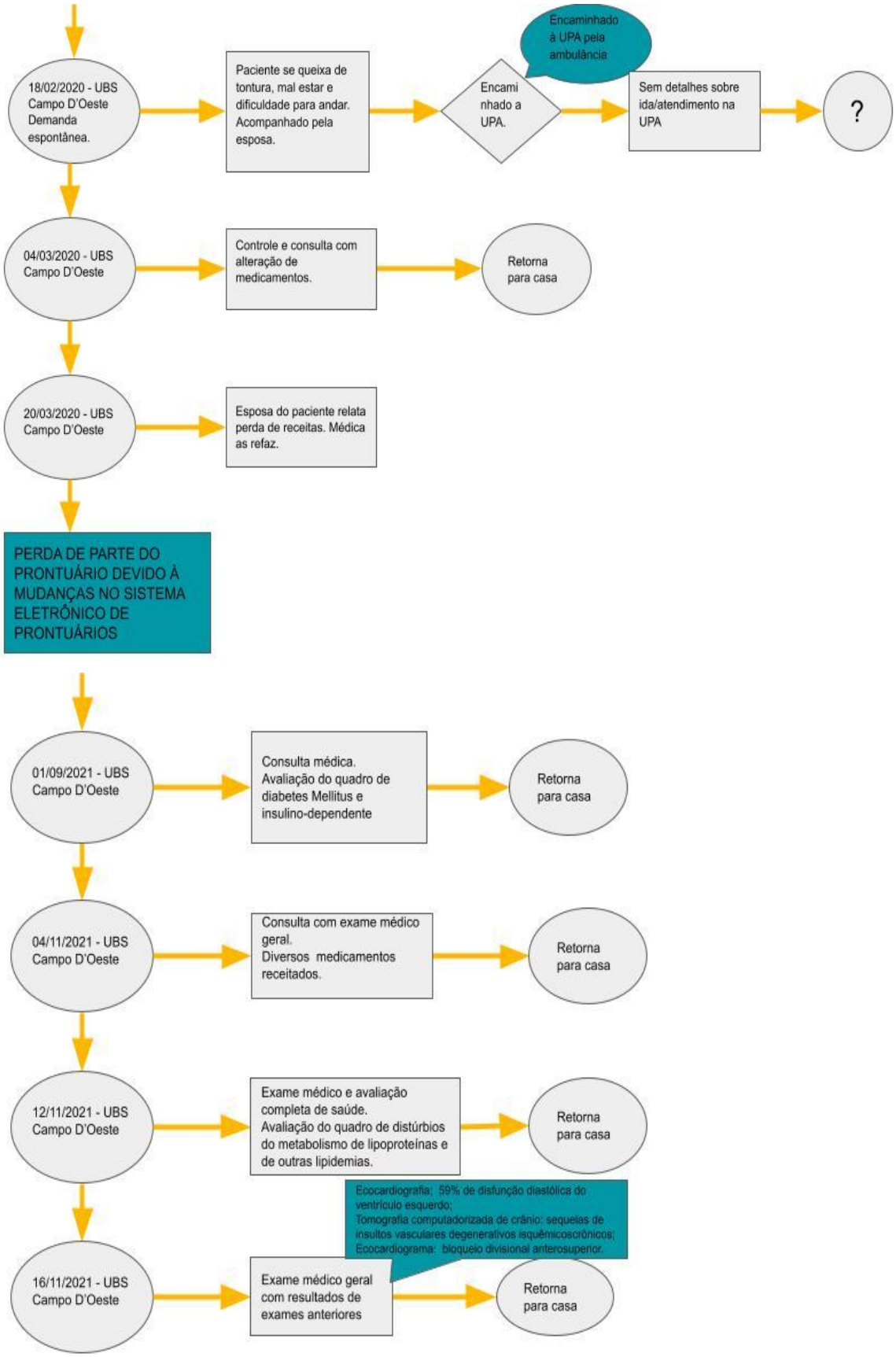

09/02/17
UBS Campo D'Oeste
Controle feito pelo técnico de enfermagem. Descontrole da glicemia.
Encaminha o paciente para médica
Consulta com a médica, indica insulinoterapia para o paciente
retorna para casa
23/02/17
UBS Campo D'Oeste
Controle
retorna para casa
24/02/17
UBS Campo D'Oeste
Consulta médica.
Paciente acompanhado do filho.
Indicação de insulinoterapia
Retorno marcado para 1 semana depois.
retorna para casa
30/03/2017 - Manhã
UBS Campo D'Oeste
Demanda espontânea
Controle feito pelo técnico de enfermagem
encaminhamento, sem detalhes
Paciente recusa-se a ir para UPA
Retorna para casa sem atendimento na UPA
08/05/2017 - Manhã
UBS Campo D'Oeste
Demanda espontânea
Sem detalhes do quadro do paciente. Estava desacompanhado
encaminhamento para UPA. Paciente orientado a ir acompanhado na UPA
Paciente rejeitou que chamasse a ambulância
Retorna para casa sem atendimento na UPA
08/05/2017 - Tarde UBS Campo D'Oeste
Demanda espontânea
Paciente acompanhado da esposa. Quadro de glicemia descontrolada
encaminhamento para UPA
192 não atende. Paciente vai por meios próprios à UPA
Atendido na UPA, sem mais detalhes
encaminha do a nefrologista
Sem detalhes sobre atendimento com nefrologista. Esposa relata indicação de hemodiálise
Retorna para casa
09/05/2017 - Primeira Visita Domiciliar
Quadro descontrolado. Indicação de chamar ambulância. Recusa categórica do paciente.
Usuário relata ter tido "quadro de AVE" cerca de 2 meses atrás (entre março e abril)
15/05/2017 - UBS Campo D'Oeste
Paciente acompanhado pela esposa.
Consulta médica com resultados de exames.
Dentre as orientações, procurar nefrologista.
Retorna para casa


01/06/2017 - UBS Campo D'Oeste
Controle. Paciente levou um frasco de insulina vencido há 3 meses.
Retorna para casa
02/06/2017 - UBS Campo D'Oeste Demanda espontânea
Paciente solicita aplicação de insulina. Recebe ajuda e diversas orientações. Retorno para 05/06/17.
Retorna para casa
? / ? /2017 - UBS Campo D'Oeste
Feito exame físico e neurológico.
Encaminhado a UPA.
Filha fica responsável por leva-lo e acompanha-lo.
Sem detalhes sobre ida/atendimento na UPA
?
? / 06/2017 BUSCA ATIVA
Sem sucesso
? /06/2017 BUSCA ATIVA
Sem sucesso
21/06/2017 BUSCA ATIVA
Sem sucesso
22 /06/2017 BUSCA ATIVA
Sem sucesso
15/07/2017 - UBS Campo D'Oeste
Controle. Sem mais detalhes Conduta: retornar à UBS à tarde.
Retorna para casa


20/07/2017 - UBS Campo D'Oeste
Paciente relata retorno de viagem. Sem uso regular dos medicamentos.. Receitas e agendamentos de consulta solicitados.
Retorna para casa
19/02/2018 - UBS Campo D'Oeste
Controle. Renovação de receitas e agendamento da próxima consulta.
Retorna para casa
21/02/2018 - UBS Campo D'Oeste
Controle. Solicitação de exames laboratoriais.
Orientação: Procurar nutricionista e CRD - Centro de Referência ao Diabético.
Retorna para casa
27/03/2018 - UBS Campo D'Oeste
Solicitação feita pela médica de seringas/agulhas/fitas.
Sem mais detalhes.
Retorna para casa
07/05/2018 - UBS Campo D'Oeste
Controle. Renovação de receitas.
Retorna para casa
23/07/2018 - UBS Campo D'Oeste
Esposa também passa por consulta e faz relatos sobre hábitos, questões psiquiátricas
Controle.
Retorna para casa
28/08/2018 - UBS Campo D'Oeste
Consulta médica. Paciente acompanhado pela esposa
Retorna para casa
02/10/2018 - UBS Campo D'Oeste
Consulta médica com queixas. Paciente desacompanhado. Má adesão ao tratamento e às propostas de melhoria de hábitos e dietas. Paciente relatou ter se consultado com psiquiatra, mas não retornou ao mesmo.
encaminhamento, sem detalhes
Paciente recusa-se a ir para UPA
Retorna para casa sem atendimento na UPA


25/10/2018
BUSCA ATIVA
para convidar paciente
a fazer avaliação de pé
diabético na UBS
25/10/2018 - UBS
Campo D'Oeste
Controle.
O paciente relata diminuição de
força nos membros inferiores.
Não fez fisioterapia depois do
AVE há dois anos.
Orientação:procurar
fisioterapeuta. Paciente recusa.
Retorna
para casa
10/01/2019 - UBS
Campo D'Oeste
Interconsulta com relato de vertigem surgido
há 4 meses.
Consulta médica com exames e alteração de
medicamentos.
Impressão médica: vertigem por distúrbio
metabólico pós-AVE?
Paciente não deseja dosar
Antigénio Específico da
Próstata (PSE)
Retorna
para casa
14/03/2019 - UBS
Campo D'Oeste
Controle e Consulta
médica -
osteomioarticular.
Retorna
para casa
29/04/2019 - UBS
Campo D'Oeste
Demanda
espontânea.
Queixas de "tonteira e
mal estar".
Encami
nhado a
UPA.
Encaminhado
à UPA pela
ambulância
Sem detalhes sobre
ida/atendimento na
UPA
?
03/05/2019 - UBS
Campo D'Oeste
Faltou na
consulta
23/05//2019 -
UBS Campo
D'Oeste
Consulta médica
Retorna
para casa
19/08//2019 -
UBS Campo
D'Oeste
Consulta médica com resultados de
exames: radiografia com aumento da
área cardíaca; eletrocardiograma
mostrando distúrbio difuso de
repolarização ventricular
Solicitado ecocardiograma.
Tonteira, cansaço de
pequenos esforços,
acesso de fúria.
Encamin
hado ao
cardiolog
ista.
Retorna
para casa


23/08/2019 - UBS Campo D'Oeste
Controle. Medicação incluída.
Retorna para casa
Faltou na consulta
03/05/2019 - UBS Campo D'Oeste
05/09/2019 - Visita Domiciliar
Visita domiciliar com acadêmicos. Paciente concede entrevista.
Término do atendimento domiciliar
Sem mais detalhes
17/09/2019 - Consulta com cardiologista
18/09/2019 - UBS Campo D'Oeste
Consulta médica. Necessário mais esclarecimento sobre consulta com cardiologista para avaliar melhor o quadro do paciente.
Retorna para casa
29/09/2019 - Hospital Público de Macaé
Desvio de comissura labial e diminuição da força no membro superior esquerdo. Feita Tomografia computadorizada que revelou AVE isquêmico.
Retorna para casa em 01/10/2019
14/10/2019 - Hospital Público de Macaé
Retorna ao Hospital com desvio de comissura labial e alteração da marcha. Nova tomografia computadorizada não mostrou evidência de doença aguda. Ressonância magnética revelou doença microangiopática severa
Alta com encaminhamento para fonoaudiologista, fisioterapeuta, neurologista e clínica médica
Retorna para casa em 29/10/2019
17/12//2019 - UBS Campo D'Oeste
Controle com resultados de exames. Conduta: atestado para ser apresentado ao INSS, renovação de receitas, orientações sobre uso de insulina e solicitação de exames e ecodoppler de carótida.
Retorna para casa

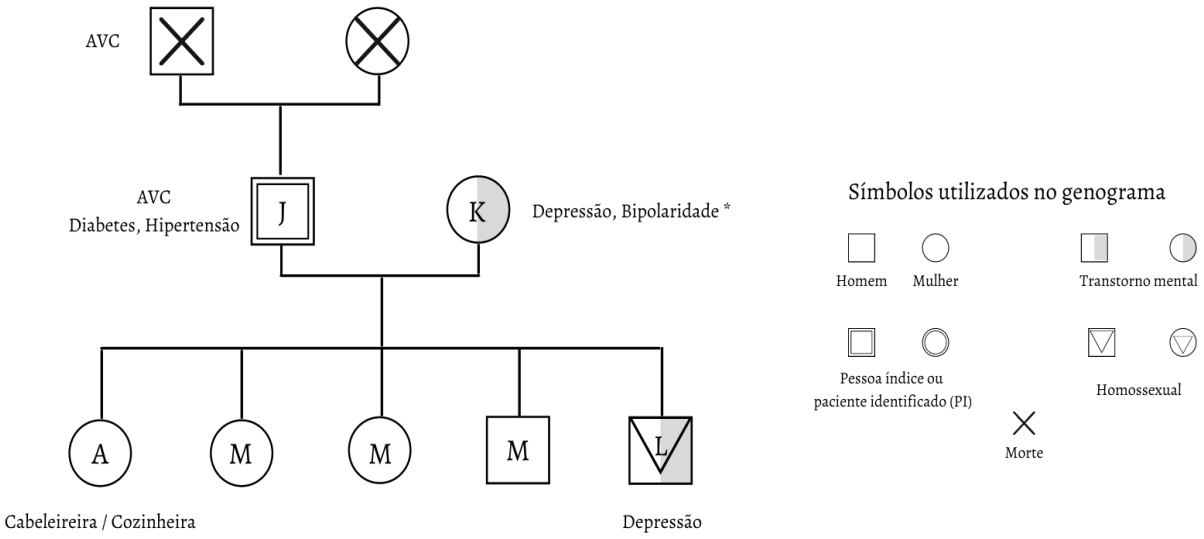


Source: own elaboration

Genogram and Ecomap

The genogram of José's family is depicted in the image below. The identified patient José has type 2 diabetes mellitus and hypertension, according to the family, suffered at least 4 strokes, the first one happening in 2011 and the last one 10/29/2019, accidents that left sequelae, such as difficulties in speech and locomotion, urinary incontinence. It is worth mentioning that José has a history of strokes in his family, so that this pathology also left sequelae in his father before he died. José is married to Kátia, who is in the midst of a depressive crisis and says she is diagnosed as having bipolar disorder by psychiatrists in another city, her daughter Amélia argues that the diagnosis did not actually occur. The couple has 5 biological children: Amelia - mainly responsible for supporting the parents, works as a hairdresser and cook; Maria; Michele; Marcos; Lucas - diagnosed with depression, helped in caring for parents until he moved abroad 3 years ago, there were frictions in the family because of his sexual orientation.

Image 2 - Genogram of José, Macaé, 2022.

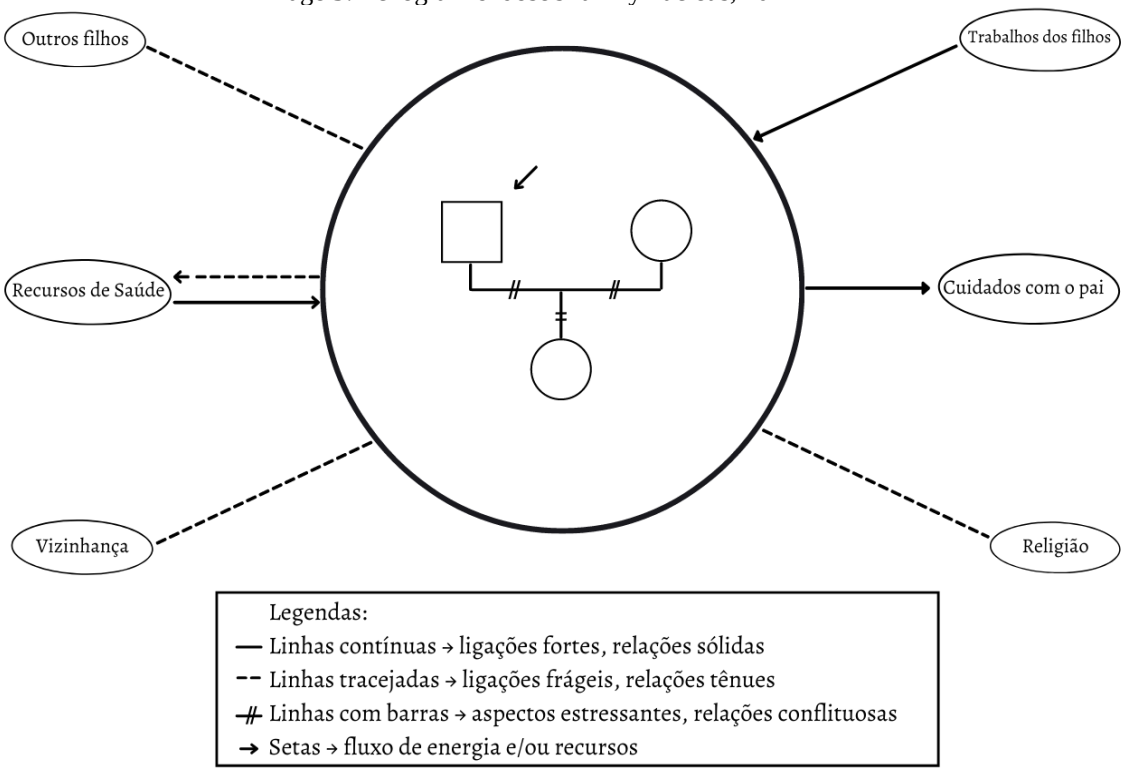


Source: own elaboration.

Based on the observation of the family's life history, it was possible to make an ecomap and trace the patient's social network. Currently, José lives with his wife Kátia and his daughter Amélia, who is the main responsible for supporting the parents - the main source of resources in the family nucleus. The relationship with the other children is fragile, although they help Amelia to support the parents, contributing mainly to José and Kátia's retirement.

With regard to the family's interpersonal relationships, it can be said that they are conflicting, with friction noticeable even during the home visit. Another point to be addressed is the absence of a support network in the neighborhood, with only fragile or tenuous links. Energies and resources are devoted to the care of José, who has hypertension, diabetes and sequelae of the stroke. Religion is another aspect that is tenuous, mainly due to the current pandemic scenario, Kátia reported not going to her church anymore. Finally, the relationship of the family nucleus with health resources is dichotomous: if on the one hand there is an active search by the ESF in relation to José and Kátia, providing medicines, scheduling appointments, promoting home visits, among others, on the other hand the family's relationship towards health resources appears to be weakened, with recurrent absences from appointments as examples of this tenuous relationship.

Image 3: Echogram of José's family nucleus, 2022



Source: own elaboration.

5 DISCUSSION

Initial Difficulties for the Elaboration of the Singular Therapeutic Project

A priori, it is important to point out one of the main challenges encountered in the elaboration of this PTS. Unfortunately, due to an important change in the electronic medical records system in 2020, valuable information about the case was lost, since the

entire evolution of the user, from March 2020 to June 2021, until the present moment, has not been recovered. Thus, some difficulties arose in visualizing the most recent treatments and medications, interfering with the quality of the itinerary we outlined. In addition to this important issue about the loss of information, another point perceived at the time of the elaboration of the user's itinerary through the health system were some moments of discontinuity in the search for care and control in the Basic Health Unit. Initiatives were perceived by the UBS team to maintain this continuous care, and, therefore, the various active searches for the user in his residence, many of them, however, without success.

However, another point of difficulty in obtaining information about the case was found in the contradictions between Amélia and Kátia during the home visit, especially between information on José's strokes and Kátia's clinical diagnosis. Thus, it is not possible to say for sure how many strokes affected José, the family estimates 4 occurrences, 2 of which were more serious that left sequelae, and what their exact dates were, with the exception of the last stroke, suffered on 10/29/2019, where mother and daughter reached a consensus. Finally, according to Kátia, she has already been diagnosed by several psychiatrists as having bipolar disorder, while her daughter firmly states that the diagnosis has not been closed.

Implications of Illnesses/Diseases on Family Daily Life

Despite the difficulty in finding all the records in the patient's medical records and the divergences in family discourses, the impact of the sequelae of strokes, diabetes and hypertension on José's quality of life is unquestionable. The individual who used to own his own company and was able to carry out his activities without any assistance, today has become partially dependent on his wife and children, both financially and in certain day-to-day activities. Thus, there were significant changes in the family routine, as the partial loss of José's autonomy required a demand for financial resources and time for his care.

José is unable to take his medications and perform other routine activities alone, and his family has reported forgetfulness and difficulty reading. Given Amelia's workload, José's supervision falls on his wife. Currently, Katia has been unemployed for at least 3 months, previously she was the owner and cook of a restaurant, in addition, she has a clinical diagnosis of depression, making continuous use of medications such as Alprazolam (anxiolytic), Escitalopram (antidepressant) and Carbolitium (treatment of

manic episodes of bipolar disorder). Although, according to Kátia herself, her clinical condition compromises the full supervision of José, his wife helps him mainly with his medication and his diet, being responsible for providing an adequate diet, aiming at a better control of glycemia and blood pressure.

Urinary incontinence and polyuria (excessive urination, a consequence of diabetes) are also significant problems for José's quality of life. The difficulty in controlling urinary flow in association with the sequelae in locomotion left by strokes means that José often cannot reach the bathroom in time, urinating along the way. The installation of support bars, which allow better mobility, better lighting of the rooms of the house, the adaptation of the bathroom and changes in the position of the bed, aiming at reducing the path, were ideas raised by the tutorial group in an attempt to alleviate suffering. In addition, respecting the patient's decision not to use geriatric diapers, we propose the use of the "parrot", which is a male urine collector used mainly by patients with urinary incontinence and/or walking difficulties. Such an instrument is affordable, reusable and provides greater comfort, practicality and safety, reasons that make the "parrot" a good alternative for improving the patient's quality of life.

Finally, the sequelae of the strokes suffered have also compromised his speech, so that José has great difficulties in communicating and expressing himself.

Difficulties in making changes in lifestyle habits and accepting the process experienced.

In view of the sequelae brought about by strokes, it is evident that adequate multiprofessional assistance would mitigate certain problems, providing a substantial improvement in José's quality of life. His locomotion could be improved with proper physiotherapeutic treatment, allowing better mobility, enabling better management of urinary incontinence and preventing possible falls. The help of a speech therapist would improve his communication skills. While a follow-up with a nutritionist and a physical education professional would allow healthy eating and habits, as well as greater control of blood glucose and blood pressure.

However, it is important to emphasize the patient's difficulties in accepting the process experienced and in modifying their routine habits. What was observed by reading the medical records and by active listening during the home visit is a refusal of the patient regarding professional assistance.

Regarding the help of a speech therapist, Amélia revealed that José started a private treatment, financed by her and some siblings, and, although improvements in speech were observed, José refused to continue the sessions. Nevertheless, there is no availability of treatment with a speech therapist offered by the Family Health Support Center (NASF) of Macaé.

In addition, José's diet appears to be a sensitive issue in the family. Although the Family Health Strategy (ESF) Campo do Oeste and the NASF Macaé provide consultations with nutritionists, what is observed is a low adherence to therapeutic proposals and the suggested diet. Currently, José's diet is assigned to Kátia, but her depressive condition imposes more difficulties on her husband's comprehensive care. Her past as a cook in his restaurant is an important point of frustration for the wife, claiming that, due to the depressive state, her dishes are no longer the same, being now more basic and less tasty.

In addition to Kátia's difficulty in providing a balanced and adequate diet to manage his medical conditions, the family also reports that José secretly eats foods that do not fit the medical recommendations for his diet, such as cookies and sweets.

Another point to be considered in modifying eating habits is the financial impact that would be imposed on the family budget. As mentioned in the results section, there is strong scientific evidence (STENTZ et al., 2016) that a diet with a higher proportion of protein can be effective in reversing hyperglycemia and hyperinsulinemia, however, it is known that this nutrient is usually the most expensive, especially when compared to products with refined carbohydrates and high fat content offered by the food industry.

In addition, it is important to note that José's situation does not fit the offer of physiotherapeutic treatment by NASF Macaé, which is offered only to bedridden patients and restricted to the home. Nevertheless, outdoor activities with Physical Education professionals and conversation circles and activities with occupational therapists offered by ESF Campo do Oeste are suspended due to the COVID-19 pandemic.

Finally, the partial use of the walker, only in some situations, and the absence of physical activities, leisure is based only on television and cell phone, also materialize as other difficulties in the modifications of life habits.

Consequently, what is observed in the patient's context is a non-adequate use of medication (he cannot take it alone and his wife cannot supervise him properly), the absence of blood glucose and blood pressure control at home (family devices are defective), a refusal by José to certain treatments offered by his children and recurrent

visits to UBS and PS due to hypertensive crises, glycemic crises, dizziness and vertigo. Faced with all this situation, Amelia's fear of the worsening of her father's clinical situation is notorious.

Feelings and Interpersonal Relationships

Other conflicting points were also perceived in the family, especially between mother and daughter, who disagree on several aspects of José's care. The daughter argues that the mother 'gives herself over' to depression, and 'does not look for ways to get better' and also claims that the mother believes she depends solely on drugs to feel better. The disagreement about the care that each has for themselves is a key point in the family dynamic.

Kátia also says that she suffers a lot from the "loss" of her children. She argues that their leaving home, especially when they get married, makes her very apprehensive and sad, as she feels she has lost a part of herself. She claims to have "Empty Nest Syndrome", but does not report whether there is in fact a diagnosis of this condition.

There are also conflicts involving José and Kátia mainly related to José's behavior, which according to his wife is 'difficult' and 'stubborn'. She also states that her husband does not understand her depressive condition and is sometimes not very empathetic in this situation.

It is evident that when it comes to the elderly, who already suffer both biological and psychological changes typical of aging, the whole situation can be aggravated in the event of a chronic disease being established. Therefore, the team that accompanies him must pay attention to the singular and interdisciplinary care and demands (LIMA TJV, et al., 2010).

Given this scenario, it is noteworthy that the user's home presents itself as a conflicting environment. It is also noteworthy the difficulties in establishing an effective communication of the family in the sense of union to solve the challenges that surround the health of both José and the mental health of his wife and daughter.

It is possible to realize that José faces not only health problems, but also fragilities in the family and social spheres, the latter of which aggravate the former. It is noted that there is a difficulty in producing a space for listening and exchanges in the manifestation of desires and needs (PAULA VG, et al., 2018). Thus, several obstacles arise for the construction of a therapeutic project aimed at José's singularities.

Drawing up a Care Plan for Joseph

The points discussed above clearly show the complexity of the situation of the user José and his family in relation to their demands and needs. Thus, it is extremely important to outline a consistent care plan, which can be carried out, respecting the condition of José, who is currently considered to have a chronic degenerative disease. Thus, it becomes interesting to adopt palliative care, a comprehensive care plan that prevents and controls signs and symptoms of patients with more advanced diseases, in addition to taking care of their surroundings, family members, caregivers and the health team, who are also affected by the disease, getting sick and suffering with this patient (Rego and Palácio, 2006 epud Gomes and Othero, 2016).

According to the World Health Organization (WHO), in a concept defined in 1990 and updated in 2002 and in 2017, Palliative Care is an "approach that improves the quality of life of patients and their families, who face problems associated with life-threatening diseases. It prevents and relieves suffering through early identification, correct assessment and treatment of pain and other physical, psychosocial or spiritual problems" (Santos et al, 2019), with attention to detail, ethics, deliberation, empathy and technical competence for impeccable symptom control, requiring a multidisciplinary team (Neiva, 2018). Thus, a palliative approach to José's situation will promote his higher quality of life, making care more comfortable and peaceful for him and those around him. In this care, an approach focused on the human being in its entirety is adopted, through a necessarily teamwork. The values and biography of the user are considered, through the individualization of care and appropriate conduct according to the therapeutic proportionality and the need of the patient and his family.

In summary, any assistance based on Palliative Care must: impeccably control pain and other symptoms; comfort; prevent injuries and disabilities; promote independence and autonomy; maintain activities and people meaningful to the user; activate emotional and social resources to cope with the process of illness and terminality; activate social support networks; support and guide the family and caregivers.

The set of these fundamentals present in Palliative Care covers the need of both José, his family and close people, as well as the Family Health Strategy team of his UBS, since the biomedical model of care proved to be incomplete and unable to conduct José's care with due sensitivity.

Thus, in addition to the excellent control of pain and symptoms of Joseph and interdisciplinary teamwork, communication, whether verbal or non-verbal, has a

prominent place in this triplet that makes up palliative care because, in the face of situations of uncertainty, pain and suffering, relationships are resignified and contact with people, whether with family members or health professionals, comes to represent the essence of a care that sustains faith and hope, supporting the experience of difficult moments (Araújo et al, 2012). Therefore, the development of this human contact becomes of paramount importance, through the knowledge of interpersonal communication techniques or strategies that facilitate interaction and that can transmit attention, compassion and comfort (Araújo, et al, 2012), an improvement capable of bringing the theory of palliative care closer to its practice, since with this, José will be reinserted, in a different way, in his own care. At this point, the importance of transmitting messages between the caregiver and the care recipient, through speech or non-verbal signals, becomes indisputable. Therefore, regardless of the area of basic training or professional category, all health professionals need this knowledge, since they live in their daily lives with people are experiencing the end of life, in the most different scenarios (Araújo, et al, 2012).

6 FINAL CONSIDERATIONS

The realization of José's Singular Therapeutic Project, together with the observation of his family dynamics and the other issues surrounding his life, led us to reflect on numerous issues beyond biological aspects. The user has difficulties in controlling his chronic diseases, diabetes and systemic arterial hypertension, which leads to a very large volume of medications that must be administered. However, due to the consequences of strokes, he is unable to do this correctly. In José's care plan, it is relevant, as already mentioned, that there is a follow-up of the whole family, since the members are overloaded, which generates several conflicts within the nucleus. In addition, the structural measures pointed out could be taken, aiming at the user's greater autonomy.

In view of this, we see the importance of analyzing the reality of the patient and his surroundings, as it makes it possible for suggestions for improvements to be made based on appropriate and individualized measures, thus ensuring his comprehensive care within the principles recommended by the Unified Health System. It becomes possible to think of more plausible means of caring for the patient, since all the factors that affect his life and routine are taken into account in the same course of treatment, in order to increase the effectiveness and adherence to it. It is extremely important that the Singular Therapeutic Project is formulated by the multiprofessional team, in order to allow the

dialog between the areas of care, in addition to facilitating its constant updating and adaptation.

Therefore, it is emphasized that the realization of the PTS was of great importance in both academic and professional training of the group, enabling early contact with patients, professionals and different realities from which we are inserted. It was possible to learn about conducting interviews, even in more vulnerable environments that put us in difficult positions, a factor that will be present in our routine as doctors. In addition, the Project promoted moments of reflection on possible medical conducts and ways to make them possible, always seeking the well-being of the patient and his family. Therefore, we believe that the possibility of working on all these extremely important topics has provided us with much maturity, new knowledge and ways of analyzing different points of view, in order to become more consistent with humanistic treatment.

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