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STRATEGIES CARRIED OUT BY THE MULTIPROFESSIONAL TEAM IN THE FRAMEWORK OF PRIMARY HEALTH CARE IN CHRONIC KIDNEY DISEASE: THE IMPORTANCE OF EARLY DIAGNOSIS

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ABSTRACT

Introduction: Chronic Kidney Disease (CKD) is considered a public health problem, characterized by the presence of kidney damage or a reduced level of kidney function (glomerular, tubular and endocrine), with progressive and irreversible loss. **Objective:** to identify in the literature the strategies carried out by the multidisciplinary team for the early diagnosis and treatment of CKD in the context of Primary Health Care. **Method:** This is an integrative literature review. The search for articles was carried out in the Virtual Health Library (VHL), opting for the Nursing Database (BDENF), using the descriptor *multidisciplinary team AND Chronic renal failure*. **Result:** All works listed for this study identified a fragile attention to chronic renal patients in primary health care and, in the experiences of the professionals of the multidisciplinary team in primary care, the lack of discussion on renal relations was identified as important topics to address these for qualifying care for patients with diseases related to renal complications. **Conclusion:** The improvement of the community's health is a product of the work of the multidisciplinary team, in an interdisciplinary intervention, indicating the need to reorganize health services and policies, that is, the reorientation of practices developed by health professionals. Intervention and health education, evolving the exchange of knowledge and maintaining the bond between health professionals and users, act as a transforming factor in society, in a positive way.

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INTRODUCTION

Chronic Kidney Disease (CKD) is considered a public health problem, characterized by the presence of kidney damage or a reduced level of kidney function (glomerular, tubular and endocrine), with progressive and irreversible loss (AGUIAR, 2019). In its most advanced phase, called the terminal phase of Chronic Renal Failure (CRF), as they are no longer able to maintain the body's internal homeostasis (AMORIM, 2019). Among chronic diseases, Chronic Renal Failure (CRF) is a pathology that remains on the rise, driven by Diabetes Mellitus (DM), Systemic Arterial Hypertension (SAH), and population aging (DUMONT, 2021). According to the Brazilian Society of Nephrology (SBN) in 2021, around 1.8 million people in the world are undergoing hemodialysis treatment. This is now, in Brazil in 2021, shows that the number of patients on dialysis was 148,363, with a prevalence of 693 patients/million inhabitants. In addition, 144 out of every 100 million Brazilians are often diagnosed with chronic kidney disease and begin therapy, with hemodialysis being the predominant therapeutic modality in 90% of cases (SBN, 2022). According to this scenario and the technological advances related to the treatment of the disease, it is known that although there is no cure, there are treatments that allow for an evolution in the care of people with CKD, promoting an increase in survival and an improvement in the quality of life. lives of patients undergoing treatment (CARNOT, 2018). Regarding treatment modalities, there is peritoneal dialysis in which it is considered a form of dialysis in which the patient's own peritoneal membrane is used as a semipermeable one for the exchange of liquids and solutes (CASTRO, 2020). While hemodialysis is characterized as a form of continuous renal replacement therapy that results in the removal of fluid and waste products from the blood, in which arterial blood is circulated through a hemofilter (surrounded by clean dialysis fluid) and returned to the Patient through a venous catheter (CAVALHEIRI, 2021).

In addition to these two therapy modalities, chronic kidney disease patients with clinical conditions can opt for the kidney transplantation method, which is considered one of the best treatment methods of choice for end-stage chronic kidney disease, being superior to dialysis, effectively survival. and the patient's quality of life due to the freedom provided (DELATORRE, 2021). According to data from the Brazilian Association of Organ Transplants, in 2019, the kidney transplant rate was (30.2 pmp). In the dark period, with a drop in both donation and transplant rates, as a result of the Covid-19 pandemic, in 2022 the kidney transplant rate dropped to (19.4 pmp) (ABTO, 2022). In this scenario, the performance of the multidisciplinary team in the care of patients at increased risk for CKD in primary health care (PHC) is of fundamental importance, with the objective of approaching risk factors, referral to a specialist, promotion actions Educational and health, through continuing education (FERREIRA, 2019). As well as addressing issues related to organ and tissue donation in primary health care, since the lack of knowledge of the legislation, the circumstances under which donations can be made and the lack of information on the subject, are the main causes for family non-consent for organ transplants (BRASIL, 2023). The development of educational actions about the disease, donation of organs and tissues and transplants, collaborate to reduce the incidence of the disease, with a multidisciplinary team playing an important role in caring for and educating these individuals, thus seeking an improvement in the quality of life and consequently reducing the number of people on the single list waiting for transplants (BRAGA, 2013). Management for patients with the disease installed, residents of the area covered by the PHC and who depend on specific conducts to directly prevent the progression of the disease, it is necessary to optimize clinical care, such as conservative treatment and/or Renal Therapy Substitute (TRS) (Flores, 2019). As a conservative treatment, the establishment of several therapeutic interventions carried out by a multidisciplinary team, which aims to prevent the progression of renal damage, treat complications and prepare the patient and family for a future need for therapeutic change, substitutive therapy understood as dialysis treatment or kidney transplantation (GUEDES, 2020).

Among the conducts and/or interventions carried out by the multidisciplinary team are: dietary recommendations, treatment of hypertension, control of calcium and phosphorus metabolism, dyslipidemia, anemia and blood glucose control, and stimuli for self-care, among others (MURTON, 2020). Faced with the need to develop new proposals that guide strategies for the promotion, prevention and control of CKD, primary health care acts as a gateway and must accompany the entire journey of the network user through specific tools such as: clinical record, reference system and counter-referral, in addition to effective communication strategies between primary care teams and specialists (MENEZES, 2010). In this perspective, it is necessary for the multiprofessional to understand the complexity of care for users with CKD and the role of primary health care in the coordination of Integrated Health Services Networks, in the prevention and rehabilitation of chronic kidney disease, which translates into care provided, in an unsystematic way, without discriminating specific prevention and rehabilitation actions, as being an inseparable process (NEVES, 2021).

Thus, so that these patients are not hospitalized late, it is extremely important that PHC professionals have knowledge about this pathology, its main complications and complications, in addition to adopting the fundamental measures that interrupt or reduce renal function the loss (page 2021). Consider that diagnosing and treating CKD in its early stages can help reduce the burden on the SUS of CKD and its complications, as well as reduce the suffering of patients and their families. In this context, the performance of the multidisciplinary team in PHC is necessary, in the prevention of kidney disease, in view of the risk factors (diabetes, hypertension, dyslipidemia, obesity, cardiovascular disease and smoking) that involve the disease, requiring an approach comprehensive and interdisciplinary of multiprofessional equipment (VANELLI, 2018). For such a woman, the solution for CKD is complex and involves at least three main actions: early diagnosis, immediate referral to specialized follow-up and correction of the main complications and comorbidities of CKD, as well as the preparation of the patient and their family members for conservative therapy (VOIGT, 2021). For these reasons, it is important to recognize which individuals in the assigned territory are at risk of developing CKD, such as the motivation for early diagnosis, as well as which are the worst prognostic factors, defined as those factors that are related are progressing quickly for loss of kidney function (WEMBENYUI, 2021). Approaching the respective theme is of fundamental importance and will imply the adoption of strategies by the multidisciplinary team addressed to the early detection of CKD in PHC users, taking into account the extension of quality of life and reduction of future complications. The objective of this study was to identify in the literature the strategies carried out by the multidisciplinary team for the early diagnosis and treatment of CKD in the context of Primary Health Care.

METHODS

This is an integrative literature review. The search for articles was carried out in the Virtual Health Library (VHL), opting for the Nursing Database (BDENF), using the descriptor *multidisciplinary team AND renal chronic disease*, followed by the use of the following filters: Database: BDENF, full text in English and Portuguese, with main subject: performance of the multidisciplinary team in primary health care for patients with chronic kidney disease, and within the time frame of 2019 to 2022. In PUBMED, the following descriptor was used: *multidisciplinary team AND Chronic Renal Insuficiency followed by the filters: full and free text in English and Portuguese*, respecting the same time frame of the last 4 years (2019-2022). And in SCIELO, the descriptor *multidisciplinary team was used AND Chronic renal failure* followed by the use of the following filters: full text in English and Portuguese, respecting the same time frame of 2019-2022. which did not focus on the performance of the multidisciplinary team in patients with chronic kidney disease in primary health care, as shown in the flowchart shown in Figure 1. Then, a careful reading of the selected articles was carried out in the

search for their completeness, being subsequently categorized by the study methodology: qualitative analysis studies, quantitative studies (prevalence) and literature review. Continuing the methodology, after searching and selecting the articles, they were organized in descending order of the year of publication and grouped in Chart 1, and discussed with the literature afterwards.

RESULTS AND DISCUSSION

Nine articles were selected that met the methodological criteria, shown in the flowchart below (Figure 1).

Several strategies used by the multidisciplinary team were identified, such as: educational material, training, websites, educational extension, conversation circles, case discussions, lectures, feedback and public promotion, among others, as a way to raise awareness and sensitize the population to the risk of risk development of DRC and its complications. Pronça (2020) in his study, informs that in order to offer patients the necessary knowledge to be able to develop skills for their self-care, a prepared team is needed, which masters good practices for approaching CKD and has efficient communication between all assistance teams. According to Neves (2019), the incidence and prevalence of CKD are increasing, the prognosis is poor, the costs of the disease are high, it is underdiagnosed and

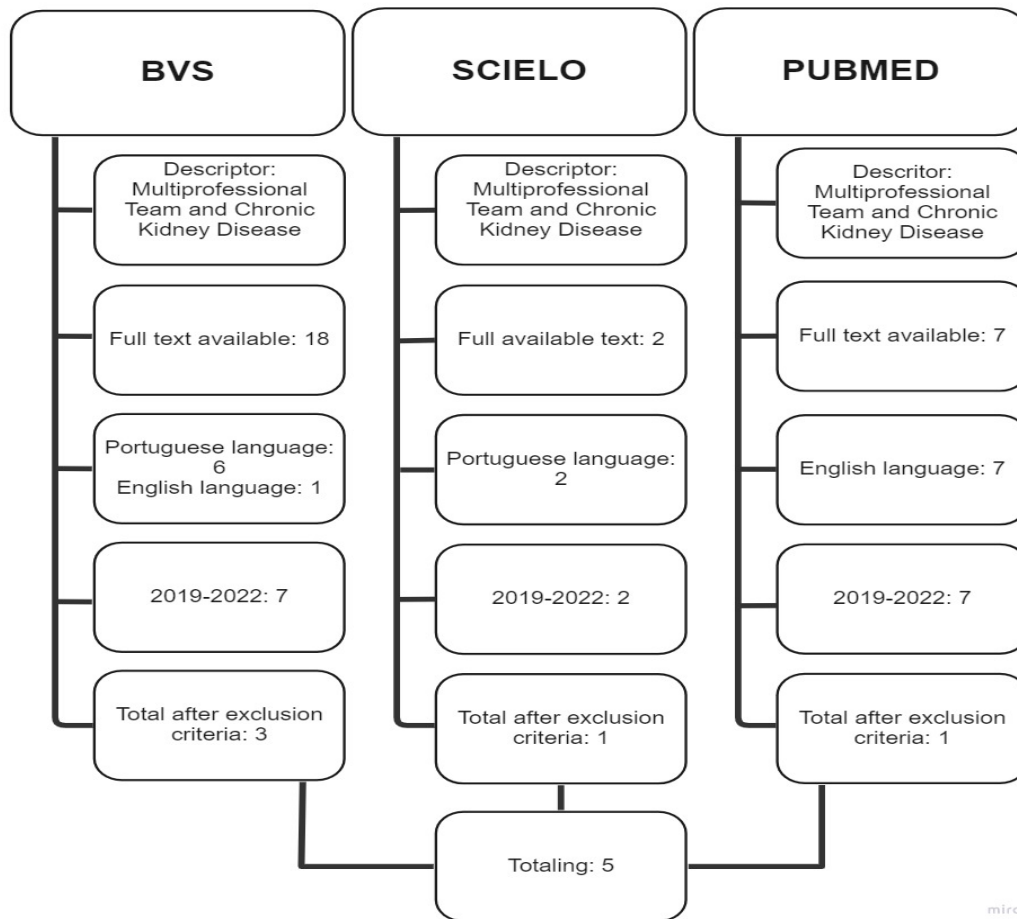


Figure 1. Search Scheme Flowchart with Results

Following the search, the articles were organized by where they were described by the year of publication and grouped in the table below and discussed with the literature below. It follows, therefore, as general characteristics, the exposure of the importance of early detection of CKD in the scope of primary health care, so that the patient has access to early diagnosis, immediate and specialized referral and correction of future and major complications. All the works listed for this study identified fragile assistance to chronic renal patients in primary health care and, in the experiences of professionals from the multidisciplinary team in primary care identified the lack of discussing related renal issues as important for the qualification of care for patients. Patients with diseases related to renal complications. A1 demonstrates that CKD screening is not being carried out with primary health care for at-risk patients, especially diabetic patients. This fact was also discussed in A2, which describes the lack of some quality indicators for CKD in primary care. Both A3 and A4 and A5 agree that the health education carried out by the professionals of the multidisciplinary team is able to contribute directly to the prevention of RDC and to the awareness of the target publication about a certain subject, in addition to contributing to the dissemination of lines of information, as well as being means that facilitate the use of correct scientific evidence.

treated with caution, starting with the loss of opportunity to implement preventive measures to its evolution. In the study carried out by Vanelli et al. (2018), with the objective of screening CKD through the use of the Occult Kidney Disease Screening instrument, considering that this test has been underused in primary health care for screening CKD. In our study, it was identified that the follow-up is carried out, but with a deficiency, as the professionals of the multidisciplinary team feel unprepared and report the need for training for these services. In another study, taken care of by Dumont et al. (2021), his father demonstrated that he accompanied the screening of CKD in the population at risk, such as those with diabetes mellitus and hypertension, which are diseases that cause kidney disease and both are caused by modifiable factors, that is, they can be avoided with the adoption of healthy habits such as proper nutrition and physical exercise routine, in addition to early diagnosis and adoption of appropriate behaviors that can prevent the development of CKD. In this sense, the lack of instruction offered by the professionals of the multidisciplinary team to PHC users who are considered at high risk for the development of CKD end up, not by choice, having unhealthy habits that will harm their health, making it clear that in the various Health stages of users, neglecting healthy habits such as healthy eating, physical activity, among others,

No.	Basis	Author/Year	goal	Methods	Results
A1	BVS SciELO	Lopes JA(2022)	To verify whether CKD screening is being carried out adequately among diabetics followed in primary health care.	descriptive study	Noting that 41.2% of the population has renal impairment; Among these, 61.2% use some nephroprotective medication.
A2	PubMed BVS	saman f,etal.(2022)	To describe the quality of detection and care indicators for RDC in the public health system in a municipality in the State of São Paulo, Brazil.	retrospective study	Complications of chronic kidney disease (CKD) can be avoided when the disease is diagnosed and treated in a timely manner.
A3	BVS SciELO	Gouvea ECDP,etal.(2022)	To estimate the prevalence of chronic kidney disease (CKD) in the Brazilian adult population and describe its characteristics, according to the National Health Survey (PNS) of 2013 and 2019.	Descriptive cross-sectional study	Individuals without instructions or with incomplete primary education presented the highest prevalence of self-reported RDC : 2.0 % in 2019.
A4	BVS	sampio mr,etal.(2022)	Develop Permanent Education (PE) actions for health professionals focusing on the early identification of kidney disease in a Family Health Center in the city of Sobral/CE.	Intervention research with a qualitative approach	To understand that e permanent education had its importance recognized by the participants who judged it as a current theme in public health, easy to understand, interactive language, objective information, encouraging them to improve their professional conduct and strengthening their learning in the context of integrating the transformation of practices to overcome the challenges and develop guidelines for the qualification of health care and to improve these actions with the purpose of monitoring patients with risk factors for CKD.
A5	BVS	Schneider LR, and others.(2022)	Map the strategies used by health professionals to promote the translation of knowledge in Primary Health Care and identify barriers and facilitators for the use of scientific evidence	Scope Review	High demand per calls and content without practical information represent barriers, while assessing the context, involving stakeholders and the presence of local facilitators facilitate the use of evidence.

worsening and developing other diseases. According to Silva et al. (2021), describes that the recycling of knowledge qualifies the professionals of the multidisciplinary team for a complete and quality service to users of primary health care, in order to accelerate the process of early identification of kidney disease. According to Murton et al. (2020), considering the centrality of the educational action in the work of professionals in the multidisciplinary team, it is assumed that educational practice is part of health care. Menezes and Gobbi (2010) discuss the educational fun of the professionals of the multidisciplinary team for patients and families to avoid chronic non-communicable diseases and their complications, highlighting that an improvement in the quality of life is important for the entire population, and not just for risk patients. However, in a study on the prevalence of chronic kidney disease in southeastern Brazil, with regard to the clinical data of patients with CKD, females were more frequent, which corroborates other studies that also found a higher number of female patients. . This fact can also be observed in the present study, which can be explained by the fact that women seek health services more than men.

CONCLUSION

Users of primary health care who have risk factors or already have an installed chronic kidney disease, but do not require conservative therapy, do not receive adequate assistance to preserve kidney health. Most of the time, they are referred late for specialist evaluation when little can be done to minimize the effects of the end-stage renal disease. In addition, there was confidence in the strategies used by the professionals of the multidisciplinary team for the prevention and early detection of the disease and its complications, which ends up compromising the quality of care and the time spent to gather condition information about the conditions. people and the referral to the specialist. In this sense, it is believed that the improvement of the health of the community is a

product of the work of the multidisciplinary team, in an interdisciplinary intervention, indicating the need to reorganize health services and policies, that is, the reorientation of practical practices by Health Professionals. Intervention and health education, evolving the exchange of knowledge and maintaining the bond between health professionals and users, act as a transforming factor in society, in a positive way. From this perspective, understanding the strategies used by the multidisciplinary team for health education and interdisciplinary work as viable ways to improve services in the scope of Primary Care. Actions carried out are communicated through lectures and discussion groups led by professionals from the multidisciplinary team, and continuous monitoring of the health status of users with chronic kidney disease through regular consultations and data recording, improvement and studies to confidants and participating professionals make SUS. The development of educational practice, dialogue and regular follow-up of users with chronic kidney disease by members of the multidisciplinary team make both sensitized to the goal of seeking to improve the health conditions prevailing in the local community.

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