











Health education strategies for older adults with hypertension in primary care: scoping review

Estratégias de educação em saúde para pessoas idosas com hipertensão na atenção primária: revisão de escopo

Estrategias de educación sanitaria para personas mayores con hipertensión en la atención primaria: revisión de alcance

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ABSTRACT

Objective: To map the scientific literature on health education strategies targeting older adults with hypertension in the primary care setting. **Methodology:** This is a scoping review conducted in accordance with the Joanna Briggs Institute methodology. The search was conducted in the following databases: MEDLINE/PubMed, LILACS, BDENF, SciELO, *Scopus*, *Web of Science*, and in the gray literature available on Google Scholar in March 2026. This review included studies available in full text in Portuguese, English, and Spanish, that were published within the last 10 years. The search terms were combined using the Boolean operators OR and AND. The protocol was registered on the Open Science Framework platform, DOI: 10.17605/OSF.IO/D95UT. **Results:** nine studies were included in the review, with a predominance of experience reports and randomized clinical trials. The use of active, participatory, and playful methodologies stood out as educational strategies. **Conclusion:** participatory and dialogic educational practices are powerful strategies for fostering autonomy, critical awareness, and empowerment among older adults.

DESCRIPTORS:

Health Education; Aged; Hypertension; Primary Health Care.

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RESUMO

Objetivo: Mapear a produção científica sobre as estratégias de educação em saúde direcionadas a pessoas idosas com hipertensão arterial no âmbito da atenção primária.

Metodologia: Trata-se de revisão de escopo desenvolvida de acordo com a metodologia do Instituto Joana Briggs. A busca foi realizada nas bases de dados: MEDLINE/PubMed, LILACS, BDNF, SciELO, *Scopus*, *Web of Science* e na literatura cinzenta disponível no Google Acadêmico em março de 2026. Foram incluídos nesta revisão estudos disponíveis na íntegra, nos idiomas português, inglês e espanhol, publicados nos últimos 10 anos. Foram utilizados os descritores combinados com os operadores booleanos OR e AND. O protocolo foi registrado na plataforma Open Science Framework, DOI: 10.17605/OSF.IO/D95UT. **Resultados:** Nove estudos foram incluídos na pesquisa, predominando os relatos de experiência e os ensaios clínicos randomizados. A utilização de metodologias ativas, participativas e lúdicas destacaram-se como estratégias educacionais. **Conclusão:** As práticas educacionais participativas e dialógicas são estratégias potentes para gerar autonomia, consciência crítica e empoderamento de pessoas idosas.

DESCRIPTORIOS:

Educação em Saúde; Idoso; Hipertensão; Atenção Primária à Saúde.

RESUMEN

Objetivo: realizar un mapeo de la producción científica sobre las estrategias de educación sanitaria dirigidas a personas mayores con hipertensión arterial en el ámbito de la atención primaria. **Metodología:** se trata de una revisión de alcance elaborada de acuerdo con la metodología del Instituto Joana Briggs. La búsqueda se realizó en las bases de datos MEDLINE/PubMed, LILACS, BDNF, SciELO, *Scopus*, *Web of Science* y en la literatura gris disponible en Google Académico en marzo de 2026. Se incluyeron en esta revisión los estudios disponibles en su totalidad, en los idiomas portugués, inglés y español, publicados en los últimos 10 años. Se utilizaron los descriptores combinados con los operadores booleanos OR y AND. El protocolo se registró en la plataforma *Open Science Framework*, DOI: 10.17605/OSF.IO/D95UT. **Resultados:** se incluyeron nueve estudios en la investigación, predominando los relatos de experiencia y los ensayos clínicos aleatorizados. El uso de metodologías activas, participativas y lúdicas se destacó como estrategias educativas. **Conclusión:** las prácticas educativas participativas y dialógicas son estrategias potentes para generar autonomía, conciencia crítica y empoderamiento de las personas mayores.

DESCRIPTORIOS:

Educación en Salud; Anciano; Hipertensión; Atención Primaria de Salud.

INTRODUCTION

Brazil has surpassed the mark of 30 million elderly people and reached 14% of the total population aged 60 years or older⁽¹⁾. In addition to promoting significant changes in the demographic profile of populations globally, greater human longevity has impacted the epidemiological behavior of diseases, reflected in the significant increase in chronic non-communicable diseases (NCDs), especially systemic arterial hypertension (SAH)⁽²⁾.

In Brazil, SAH affects approximately 32.6% of the adult population and has a high prevalence among elderly people, reaching approximately 60% of this age group⁽³⁾. Controlling SAH requires pharmacological and non-pharmacological interventions. Among these, health education stands out as a

structuring axis, especially within the scope of Primary Health Care (PHC), the main entry point to the Brazilian Unified Health System (SUS). As an emancipatory pedagogical strategy, health education promotes the development of critical thinking and autonomy in individuals, consolidating itself as a central instrument for improving the quality of life of the elderly population⁽⁴⁾.

Systematic educational actions directed at the elderly population can minimize dependence on health services by promoting disease prevention and early detection of complications, in addition to contributing to a reduction in the rate of hospital admissions by up to 30%. In this way, health education transcends the mere transmission of knowledge, configuring itself as a strategy for individual and social empowerment, by expanding the control of the elderly over their own health and favoring a process of active, autonomous and dignified aging⁽⁵⁾.

Although the literature recognizes the relevance of health education strategies for stimulating self-care and the management of systemic arterial hypertension in elderly people, studies are mostly focused on the punctual description of isolated educational interventions, often evaluated in a fragmented way and without conceptual or methodological standardization^(6,7). Therefore, there is a lack of studies that allow for the identification, organization, and comparison of the main educational strategies used in the context of primary health care (PHC), which limits the consolidation of evidence to guide practice.

In this context, critically analyzing the health education strategies developed and applied to the elderly population with hypertension in PHC becomes fundamental to understanding the approaches used, the results achieved, and the weaknesses that still exist in care. Although there is an expansion of scientific production related to hypertension and aging, there is significant dispersion of available knowledge, characterized by the heterogeneity of educational interventions, methodologies employed, professionals involved, technologies used, and indicators adopted to evaluate their effectiveness.

Moreover, a gap is identified regarding the systematization and mapping of these strategies in the context of PHC, which hinders the identification of consolidated evidence capable of supporting more qualified care practices and guiding the formulation of policies and care actions aimed at elderly people with hypertension.

Thus, this scoping review seeks not only to synthesize existing scientific knowledge, but also to identify gaps in the literature, guide future research, and encourage the development of more effective and inclusive educational strategies aligned with the principles of comprehensive care and health promotion for older adults with hypertension in the context of primary health care.

OBJECTIVE

To map the scientific production on health education strategies aimed at elderly people with systemic arterial hypertension within the scope of primary health care.

METHODOLOGY

This is a scoping review developed and structured based on the recommendations of the review method proposed by the Joanna Briggs Institute (JBI). To report the review, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist⁽⁸⁾ was used. It was registered in the Open Science Framework (OSF) under DOI: 10.17605/OSF.IO/D95UT.

The study was conducted in accordance with the methodological steps recommended by the JBI for this type of review: 1) identify the research question, 2) search for relevant studies, 3) select studies by independent researchers, 4) extract data, and 5) separate, summarize, and present results.

Preliminary searches were conducted in the International Prospective Register of Systematic Reviews (PROSPERO), Medical Literature Analysis and Retrieval System Online (MEDLINE), Cochrane Database of Systematic Reviews (Wiley), and the JBI database to identify protocols or reviews on the topic, as well as to analyze indexing terms present in titles and abstracts to support the search strategy. No previously published studies on the topic were found.

To construct the guiding question, the acronym PCC (Population, Concept, and Context) was used, with the following contents assigned - P: elderly person with hypertension, C: health education strategies, and C: PHC. Thus, the following research question was established: What scientific evidence is available in the literature on health education strategies for elderly people with systemic arterial hypertension in the context of PHC?

The search took place in March 2026, through access to the databases. The search strategies, described in Table 1, were adapted for each database: MEDLINE via PubMed, Latin American and Caribbean Health Sciences Literature (LILACS) via the Virtual Health Library (VHL), Nursing Database (BDENF), Scientific Electronic Library Online (SciELO), Scopus, Web of Science, and grey literature available on Google Scholar for complementary identification of relevant documents, such as technical reports, dissertations, theses, and institutional documents. The descriptors and keywords used were Primary Health Care, Elderly, Hypertension, and Health Education, combined with the Boolean operators OR and AND.

Chart 1. Article search strategy.

Database	Search strategy
MEDLINE/ PudMed	((“Health Education” [Mesh] AND “Primary Health Care” [Mesh] AND Aged [Mesh] AND Hypertension [Mesh]))
LICACS (Virtual Health Library)	"Health Education" AND "Primary Health Care" AND Aged AND Hypertension
BDENF (Virtual Health Library)	“Educação em Saúde” AND “Atenção Primária à Saúde” AND Idoso AND Hipertensão
SciELO	“Educação em Saúde” AND “Atenção Primária à Saúde” AND Idoso AND Hipertensão
<i>Scopus</i>	‘Health Education’ AND ‘Primary Health Care’ AND Aged AND Hypertension
Web of Science	"Health Education" AND "Primary Health Care" AND Aged AND Hypertension
Google Scholar	"Educação em Saúde" AND "Atenção Primária à Saúde" AND Idoso AND Hipertensão

Subsequently, a reverse search was performed on the references of the selected studies. Studies that addressed health education strategies aimed at older people with systemic arterial hypertension in the context of PHC were included, available in full, with quantitative, qualitative, mixed methods approaches and secondary studies, including systematic, scoping, integrative and narrative reviews, in Portuguese, English and Spanish, published in the last 10 years. Studies that did not answer the research question were excluded, as well as duplicates, opinion articles, letters to the editor, abstracts of conference proceedings, studies with unavailable full text and those without information on population, concept and context of interest to this study.

After the searches, the identified studies were exported to the Rayyan application, from the Qatar Computing Research Institute (QCRI)⁽⁹⁾ for reference organization and removal of duplicates. Screening was carried out by two independent reviewers, by reading titles and abstracts, followed by evaluation of the full texts of the pre-selected articles regarding eligibility and relevance to the research question. Any disagreements were resolved by consensus, with the participation of a third reviewer when necessary.

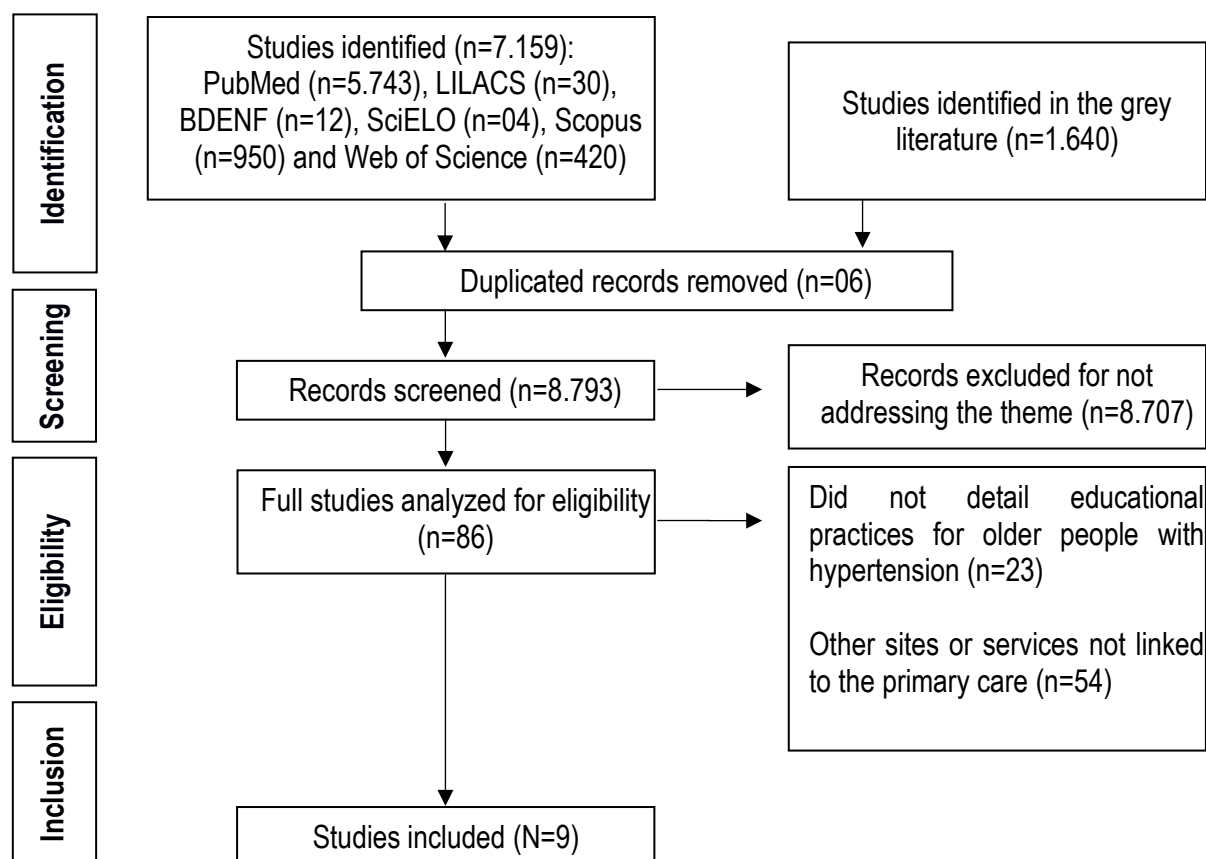
For data extraction, a synoptic table developed by the researchers was used, with the following information: Identification (ID); Author, year, country and study design; Objective; Participants and setting; Health Education Strategies and professional responsible for the educational activity; and Main results and conclusions of the studies.

The data were organized, summarized and analyzed, with subsequent preparation of the results report. The results were presented in figures and tables, accompanied by a narrative summary.

RESULTS

Nine articles were selected to comprise the final sample for this study, seven identified in databases and two in grey literature, via Google Scholar. Figure 1 presents the detailed selection process.

Figure 1. Flowchart for selecting studies for scoping review (adapted from Preferred Reporting Items for Systematic Reviews and Meta-Analyses).



The included studies were published between 2017 and 2025, predominantly in Portuguese. Experience reports and randomized clinical trials were more frequently observed.

The main educational strategies used in the context of primary health care with hypertensive elderly people, listed as important to make information more accessible and applicable to the reality of this population, were: participatory strategies, such as culture circles, interaction groups and active methodologies (n=4; 45%); expository strategies, such as lectures and distribution of brochures (n=1; 11%); playful strategies, with the use of games and animated videos (n=2; 22%); and digital intervention strategies (n=2; 22%). The characteristics of the included articles are described in Chart 2.

Chart 2. Characterization of the studies that comprised the sample (n=9)

ID	Author/year/country/study design	Objective	Participants/Scenario	Health education strategies/health professional responsible for the educational activity	Main results and conclusions of the studies
1	Costa <i>et al.</i> , 2025 ⁽¹⁰⁾ Brazil Experience Report	To report the experience of nursing students during the construction of an educational technology for elderly people with hypertension.	20 older people Primary Care	Production of a booklet on arterial hypertension, developed and organized into six chapters and adapted to the specific needs of the participants. Nursing Students	The educational technology developed led to improvements in blood pressure control and adherence to medication treatment.
2	Damasceno <i>et al.</i> , 2018 ⁽¹¹⁾ Brazil Experience Report	To discuss the educational activities developed with a group of elderly people at a Family Health Center.	30 older people, predominantly female. Family Health Center	A social group for seniors, involving reminiscing, board games, workplace gymnastics, healthy eating, and fall prevention in old age. Nursing Students	Holding interaction groups is an excellent way to empower elderly people about topics in their daily lives.
3	Gonçalves <i>et al.</i> , 2022 ⁽¹²⁾ Brazil Uncontrolled intervention study, using a mixed-methods approach (qualitative and quantitative).	To analyze the role of health education strategies with elderly people with chronic diseases (hypertension and diabetes).	10 older people, predominantly male (60%) Family Health Center	Dynamics: group discussion, practical workshops and true or false. The workshops covered the concept of health, healthy eating and management of chronic diseases. Nutrition Team	The use of active methodologies has proven promising, with positive repercussions in lifestyle change.
4	Gustafson <i>et al.</i> , 2024 ⁽¹³⁾ United States Randomized clinical trial (control group and experimental group)	To evaluate the effects of a digital health intervention on the quality of life of older adults with multiple chronic comorbidities.	346 older people Primary Care Clinics	Elderly individuals were randomized in a 1:1 ratio into two groups: experimental (usual care, laptop with internet access and access to ElderTree (ET)) or control (usual care and laptop with internet access, without access to ET). Multidisciplinary Team	ET, a digital health intervention for older adults with self-management and motivation strategies, health monitoring, educational and support tools, can help improve outcomes for patients dealing with multiple complex comorbidities.
5	Machado <i>et al.</i> , 2017 ⁽¹⁴⁾ Brazil Experience Report	To report the experience of the culture circle as an educational intervention to promote the health of elderly people with hypertension.	60 older individuals, predominantly female (71.6%) Primary Care	Four monthly cultural circles were held, lasting 2 hours each, following the Freirean method: Thematic investigation (dialogue to gather prior knowledge about hypertension); Thematization (sensitization techniques to welcome and engage	The culture circle proved to be an active learning strategy, encouraging self-care and the pursuit of attitudes that generate change.

				participants); and Problematization (enactment of two problem situations to encourage the elderly to list solutions based on the knowledge acquired in the workshops).	
				Nurses	
6	Morais <i>et al.</i> , 2023 ⁽¹⁵⁾ Brazil Quasi-experimental, before-and-after type research with quantitative analysis.	To assess the self-efficacy of elderly people from rural areas with chronic diseases before and after educational interventions (interactive or expository).	200 older people, predominantly female (60%) Primary Care (rural area)	The interactive strategy consisted of a focus group on motivation and self-management of chronic diseases, while the expository strategy included a lecture on healthy practices and the distribution of brochures. Before the interventions, both groups completed a questionnaire with sociodemographic and clinical data, and a self-efficacy scale for chronic diseases.	Interactive educational interventions increased the self-efficacy of rural elderly people with chronic diseases.
				Nursing students	
7	Pichayapinyo <i>et al.</i> , 2024 ⁽⁷⁾ Thailand Qualitative study	To explore the perceptions of patients with diabetes and hypertension regarding animated videos accessed through smartphones.	20 older individuals, predominantly female (95%) Primary Care	Four expert-validated videos on hypertension, diabetes, obesity, and missed appointments were presented to participants, followed by an interview to assess their impact on health.	Short animated videos show promise in capturing people's attention and making complex healthcare practices more understandable.
				Multidisciplinary team	
8	Sousa <i>et al.</i> , 2022 ⁽⁶⁾ Brazil Experience Report	To report the experience of educational actions on fall prevention in elderly people with Hypertension	36 older individuals, predominantly female (80.5%) Primary Care	A banner was created with images of rooms in the house to help identify fall risks for the elderly, adapted from a video game on the Google Play Store.	The application of the adapted game "Don't Let Grandma Fall" ("Não deixe a vovó cair" in Portuguese) encouraged the elderly to reflect on inappropriate situations in the home environment, which can be adapted to prevent falls.
				Nursing students	
9	Sun <i>et al.</i> , 2024 ⁽¹⁶⁾ China Randomized clinical trial (control group and experimental group)	To develop a behavioral digital health intervention for elderly hypertensive patients and evaluate the effectiveness of this program in two groups after three months of intervention.	54 older individuals, predominantly female (55.5%). Community health centers	The experimental group received a 12-week behavioral intervention via WeChat (a mobile social communication application in China), focusing on exercise, diet, blood pressure monitoring, and medication adherence, while the control group received routine health education and a self-management manual.	Participants in the experimental group experienced significant improvements in blood pressure control and weight reduction, as well as in medication adherence.
				Multidisciplinary Team	

DISCUSSION

Health education is a potential tool to minimize problems arising from the aging process⁽⁶⁾. When dealing with older people - a vulnerable group, with low education, low income and a high prevalence of chronic diseases - the choice of methodology to be used in educational interventions must consider the complexity of the aging process and the factors surrounding the individual, such as beliefs, cultural and life values, as well as family and institutional support⁽¹⁴⁾.

Among the health education strategies identified in the studies, participatory strategies and playful approaches stood out. Group activities, such as culture circles and social groups, were widely used among hypertensive elderly people^(11,14). According to Paulo Freire, these actions become liberating and emancipatory by valuing the subject's experiences and the exchange between scientific and popular knowledge, avoiding the vertical transmission of information⁽¹⁷⁾.

The use of active methodologies in educational practices favors autonomy through listening, speaking, asking, discussing, doing and teaching. Working with small groups allows for greater participant engagement, as well as better identification and integration among members⁽¹²⁾.

Interactive educational interventions can increase the self-efficacy of older people with chronic diseases when compared to expository strategies⁽¹⁵⁾. This type of methodology favors adherence to treatment, improves overall health and promotes self-care and assertive decision-making.

One of the educational approaches used to promote the health of hypertensive elderly people was the development of Educational Technology in Health (ETH). The use of booklets and brochures helps in the prevention of aggravations and complications, in addition to the adoption of healthier habits⁽¹⁰⁾.

The use of such educational instruments, however, must consider the local context, cultural beliefs and habits, as well as the schooling of the target audience, since expository interventions tend to be less effective when compared to active methodologies⁽¹⁵⁾.

According to NANDA International, the Nursing diagnosis "Inadequate Health Literacy (HL)" is defined as "an unsatisfactory pattern of obtaining, evaluating, and applying basic health information and services necessary for health decision-making"⁽¹⁸⁾. Patients with satisfactory levels of HL have a greater capacity to apply preventive and/or therapeutic measures when compared to individuals with limited literacy. Therefore, HL plays a crucial role in the management of chronic diseases and should be considered in the multidimensional assessment of the elderly person⁽¹⁹⁾.

Elderly populations residing in municipalities with higher levels of HL have better health outcomes when compared to those living in areas with lower literacy. Among the potential benefits are the prevention of approximately 1 million hospital visits per year and annual savings of US\$ 25.4 billion⁽¹⁹⁾.

An educational strategy for the elderly population that has stood out in recent years has been the use of games, such as puzzles, bingo, board games, and memory games. These playful resources can enhance cognitive functions, socialization, dialogue, and knowledge acquisition, positively impacting the health of the elderly person⁽²⁰⁾.

The adaptation of the electronic game “Don’t Let Grandma Fall” showed potential as an educational tool for hypertensive elderly people, promoting reflection on inadequate conditions in the home environment associated with the occurrence of falls⁽⁶⁾.

The number of elderly people with internet access in Brazil grew from 68% in 2018 to 97% in 2021. This result is also associated with the Covid-19 pandemic scenario, in which smartphones and mobile applications became instruments for monitoring information and stimulating self-care among people in social isolation. Digital gerontechnologies can make an important contribution to the health and improvement of care for the elderly person, and can be used as instruments for monitoring, information and promotion of healthy habits⁽²¹⁾.

Studies exploring intelligent health promotion systems, incorporating advanced technologies such as artificial intelligence, applications and mobile communication devices, have consistently demonstrated their effectiveness in managing chronic diseases. In China, WeChat, a mobile social communication application, is used as a platform for health interventions⁽¹⁶⁾. Similarly, in the United States, the ElderTree (ET) digital health intervention is employed as a strategy for self-management, motivation and monitoring of the health of older people⁽¹³⁾.

The use of animations constitutes a promising strategy in the teaching-learning process, as it makes the content more attractive and favors audience engagement. According to The Cognitive Theory of Multimedia Learning, people learn and assimilate information through words and images. Words can be oral or textual, while images comprise different forms of illustration, videos or animations⁽⁷⁾.

Educational videos, by combining different elements, such as images, text and sound, in a single resource, provide an interesting and applicable teaching-learning experience, especially for people with low levels of education. In addition, they allow for repetition of the content, favoring patient comprehension and information retention⁽⁸⁾.

The digital inclusion of older people plays an essential role in promoting healthy aging, reducing ageism and valuing this group in society. In this context, the need to improve public policies that ensure the safe inclusion of older people in digital media, as well as the ongoing education of this population about the proper use of these technologies, stands out⁽²⁵⁾.

In the health field, evidence shows that the use of audiovisual resources containing images, movement and sound promotes behavioral changes, improves knowledge and HL, and favors greater

adherence to prescriptions, when compared to traditional education⁽¹¹⁾.

Despite the evident benefits of health education for the elderly, its implementation still faces several challenges, such as the lack of specific training for health professionals to act as educators in the geriatric area, the low adherence of the elderly to educational activities and the insufficiency of more comprehensive and continuous public policies⁽⁹⁾.

The educational strategies cited in the studies were carried out, mostly, by nurses. In primary care, these professionals play an active role in the health education process, using didactic and technological resources to enhance pedagogical actions. However, the need for educational practices developed by multidisciplinary teams is highlighted, in order to broaden the diversity of knowledge⁽²²⁾.

One aspect highlighted in several studies^(6,11,15) refers to the feminization of health education groups, with a predominant participation of women and low male participation. Therefore, the importance of developing actions directed at older men, with more attractive thematic approaches capable of re-signifying social interaction and promoting health, is emphasized.

Study Limitations

A limitation concerns the reduced number of scientific publications on the investigated topic, highlighting gaps in knowledge and restricting the scope of the analyses. Furthermore, a predominance of studies with a lower level of evidence was observed, especially experience reports, in addition to methodological heterogeneity among the included studies, making it difficult to compare the findings and to conduct a more in-depth synthesis of the literature.

Moreover, the predominance of descriptive and qualitative approaches may limit the evaluation of the effectiveness of educational strategies, considering the scarcity of systematic evaluation methods and objective impact indicators. Finally, considering the nature of the scoping review, this study did not aim to critically evaluate the methodological quality of the included publications, but to map the evidence available in the literature. Thus, the results should be interpreted in light of these limitations, reinforcing the need for future research with more robust designs and greater scientific rigor on the subject.

Contributions of the Nursing Area, Health or Public Policy

This study shows that active, participatory, and dialogical methodologies in health education are effective in the care of older adults with hypertension in the context of primary health care. For Nursing, the findings reinforce the role of nurses as health educators and the need for innovative practices that go beyond the traditional teaching model. In the field of Health, the study broadens the understanding of educational interventions in the management of hypertension, valuing the protagonism of older adults. In the context of public policies, the results can support actions and programs aimed at the elderly

population, in addition to reinforcing the importance of professional training and the development of educational technologies to promote active and healthy aging.

The findings suggest that playful educational strategies mediated by digital technologies can increase the population's engagement in health promotion actions in the context of primary health care. Tools used in other countries, such as WeChat in China, can inspire adaptations for the Brazilian Unified Health System (UHS) through resources already disseminated in Brazil, such as WhatsApp and e-SUS APS applications. These technologies can be used to reinforce health guidelines, follow-up reminders, and education in accessible language.

In municipalities with limited resources, the implementation of these strategies can occur through intersectoral partnerships with universities, technical schools, and extension programs, reducing the costs of developing digital materials. Regional sharing of educational materials and the use of free or low-cost platforms can also increase the sustainability of these interventions.

CONCLUSION

This scoping review allowed the mapping of the scientific productions on health education strategies for older people with hypertension in the context of PHC. The use of active and participatory methodologies, such as culture circles, support groups, and the use of playful resources, such as games and videos, stood out as an educational strategy.

Health education should not be seen merely as a means of transmitting information, but as an essential strategy for promoting healthy aging. The study presents results that allow health professionals to recognize different health education methodologies aimed at better managing hypertension among older people assisted by PHC. Future studies should be developed with more robust designs, such as clinical trials and longitudinal studies, to analyze the effects of health education strategies on the prevention and treatment of NCDs, especially hypertension.

REFERENCES

1. Ceccon RF, Soares KG, Vieira LJES, Garcia Júnior CAS, Matos CCSA, Pascoal MDHA. Atenção Primária em Saúde no cuidado ao idoso dependente e ao seu cuidador. *Ciênc saúde coletiva* [Internet]. 2021 [citado 26 nov 2025];26(1):99-108. Disponível em: <https://doi.org/10.1590/1413-81232020261.30382020>
2. Scortegagna H de M, Santos PCS dos, Santos MIP de O, Portella MR. Letramento funcional em saúde de idosos hipertensos e diabéticos atendidos na Estratégia Saúde da Família. *Esc Anna Nery* [Internet]. 2021 [citado 24 out 2025];25(4):e20200199. Disponível em: <https://doi.org/10.1590/2177-9465-EAN-2020-0199>

3. Moraes Filho Iel M, Oliveira, WEF, Silva JR, Bravim LF, Dourado JA, Rodrigues MS, Carvalho Filha FSS, Tavares GG. Enfermagem no manejo da hipertensão arterial sistêmica na atenção primária: contribuições para a saúde planetária. *Nursing Edição Brasileira* [Internet]. 2024 [citado 07 out 2025]; 28(311):10148-55. Disponível em: <https://doi.org/10.36489/nursing.2024v27i311p10148-10155>
4. Silva ACR da, Barroso EG. Educação em saúde na atenção primária à saúde como estratégia de promoção do autocuidado em hipertensos. *Revista Foco* [Internet]. 2025 [citado 18 fev 2026];18(10):e10227. Disponível em: <https://doi.org/10.54751/revistafoco.v18n10-150>
5. Pereira A K da S, Assis JGN de, Barreto RG, Macedo LPV, Izidoro J da S, Alves ET da S. Educação em Saúde como Estratégia da Promoção da Qualidade de Vida na Pessoa Idosa. *Nursing Edição Brasileira* [Internet]. 2025 [citado 26 jan 2026];30(330):12056-67. Disponível em: <https://doi.org/10.36489/nursing.2025v30i330p12056-12067>
6. Sousa TC de, Ferreira LCC, Moreira RP, Cavalcante TF, Morais HCC. Educação em saúde na prevenção de quedas para idosos com hipertensão. *Rev enferm UFPE* [Internet]. 2022 [citado 15 out 2025];16(1). Disponível em: <https://doi.org/10.5205/1981-8963.2022.252832>
7. Pichayapinyo P, Sompopcharoen M, Thiangtham W, Sillabutra J, Meekaew P, Bureerat B, Somboonkaew A. Perceptions of the 2D short animated vídeos for literacy against chronic diseases among adults with diabetes and/or hypertension: a qualitative study in primary care clinics. *BMC Primary Care* [Internet]. 2024 [citado 06 dez 2025];25(1):374. Disponível em: <https://doi.org/10.1186/s12875-024-02621-z>
8. Peters MDJ, Godfrey C, Mcinerney P, Munn Z, Trico AC, Khalil H. Scoping reviews. In: Aromataris E, Munn Z, editors. *JBIM Manual for evidence synthesis*. JBI [Internet]. 2020 [citado 18 nov 2025]; Chapter 11. Disponível em: <https://doi.org/10.46658/JBIMES-20-12>
9. Ouzzani M, Hammady H, Fedorowicz Z, Elmagarmid A. Rayyan-a web and mobile app for systematic reviews. *Syst Ver* [Internet]. 2016 [citado 15 jan 2026];5(1):210. Disponível em: <https://doi.org/10.1186/s13643-016-0384-4>
10. Costa AMS da, Silva Marcelino R, Evangelista Folhadela R, Facundes Guimarães A, De Oliveira Gomes, V, Souza DBM de, Silva Furtado, MA. Desenvolvimento de uma tecnologia educativa em saúde para à pessoa idosa com hipertensão arterial sistêmica. *Revista JRG* [Internet]. 2025 [citado 23 jan 2026];8(18):e081764. Disponível em: <https://doi.org/10.55892/jrg.v8i18.1764>
11. Damasceno AJS, Aragão CP, Mesquita FMS, Vasconcelos VP, Sousa HL de, Sousa, LV de, Moreira ACA. A Extensão Universitária como estratégia para a Educação em Saúde com um grupo de idosos.

Revista Kairós-Gerontologia [Internet]. 2018 [citado 10 set 2025];21(4):317-33. Disponível em: <https://doi.org/10.23925/2176-901X.2018v21i4p317-333>

12. Gonçalves CET, Silva NR, Silva HL da. Intervenções educativas em grupo com idosos portadores de diabetes melito e hipertensão arterial. Revista Em Extensão [Internet]. 2022 [citado 06 out 2025];21(1):39-61. Disponível em: <https://doi.org/10.14393/REE-v21n12022-64187>

13. Gustafson DH, Sr Mares ML, Johnston D, Vjorn OJ, Curtin JJ, Landucci G, Pe-Romashko K, Gustafson DH Jr, Shah DV. An eHealth Intervention to Improve Quality of Life, Socioemotional, and Health-Related Measures Among Older Adults With Multiple Chronic Conditions: Randomized Controlled Trial. JMIR Aging [Internet]. 2024 [citado 10 dez 2025];6(7):e59588. Disponível em: <https://doi.org/10.2196/59588>

14. Machado ALG, Gomes AL, Borges FM, Silva AZ da, Jesus ACP de, Moreira TMM, Vieira NFC. Círculo de cultura na promoção da saúde de idosos hipertensos: relato de experiência. Ciênc cui saúde [Internet]. 2017 [citado 18 out 2025];16(1):3-6. Disponível em: <https://doi.org/10.4025/ciencsaude.v16i1.33551>

15. Morais HCC, Nascimento, LB, Cavalcante S do N, Lima LR de, Maniva SJC de F, Campos RKG, et al. Effect of educational interventions on self-efficacy of rural older people with chronic diseases. Rev Enferm UFPI [Internet]. 2023 [citado 21 nov 2025];12(1). Disponível em: <https://doi.org/10.26694/reufpi.v12i1.3974>

16. Sun T, Xu X, Ding Z, Xie H, Ma L, Zhang J, Xia Y, Zhang G, Ma Z. Development of a Health Behavioral Digital Intervention for Patients With Hypertension Based on an Intelligent Health Promotion System and WeChat: Randomized Controlled Trial. JMIR Mhealth Uhealth [Internet]. 2024 [citado 15 mar 2026];12(12):e53006. Disponível em: <https://doi.org/10.2196/53006>

17. Seabra CAM, Xavier SPL, Sampaio YPCC, Oliveira MF de, Quirino G da S, Machado M de FAS. Health education as a strategy for the promotion of the health of the elderly: an integrative review. Rev bras geriatr gerontol [Internet]. 2019 [citado 23 set 2025];22(4):e190022. Disponível em: <https://doi.org/10.1590/1981-22562019022.190022>

18. Herdman TH, Kamitsuru S, Lopes CT. Diagnósticos de enfermagem da NANDA-I: definições e classificação - 2024-2026. Porto Alegre: Artmed, 2024

19. Simões CF, Lopes LPN, Lara LDS, Cortês AL. Health literacy for elderly patients with high blood pressure: A scoping review. Res Social Adm Pharm [Internet]. 2024 [citado 18 fev 2026];20(9):846-859. Disponível em: <https://doi.org/10.1016/j.sapharm.2024.06.004>

20. Lima MFG, Linhares FMP, Vasconcelos EMR de, Freitas GN, Borba AK de OT, Lima LH de SS.

Práticas educacionais para mulheres idosas norteadas pelos construtos de Paulo Freire: revisão de escopo. *Rev bras geriatr gerontol* [Internet]. 2024 [citado 13 nov 2025];27:e230132. Disponível em: <http://dx.doi.org/10.1590/1981-22562024027.230132.pt>

21. Pimentel JC, Cavalcanti D de F, Freitas MAG de S, Barbosa LU, Medeiros SEG de, Pereira J de CN. Pessoa idosa e inclusão digital: aplicativos móveis disponíveis para download em smartphones. *R Pesq Cuid Fundam* [Internet]. 2025 [citado 5 mar 2026];17. Disponível em: <https://doi.org/10.9789/2175-5361.rpcfo.v17.857>

22. Nepomuceno AMT, Feitosa RP, Beserra LRM, Freitas PS, Sousa MM de, Moreira MASP. Tecnologias educativas para pessoas idosas submetidas ao cateterismo cardíaco: revisão de escopo. *Rev. enferm. UERJ* [Internet]. 2025 [citado 04 mar 2026];33(1):e84574. Disponível em: <https://doi.org/10.12957/reuerj.2025.84574>

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