

Experience Report: Follow-up of a Patient with Type 2 Diabetes Mellitus in Primary Health Care

Relato de Experiência: Acompanhamento de Paciente com Diabetes Mellitus Tipo 2 na Atenção Primária à Saúde
Relato de Experiencia: Seguimiento de Una Paciente con Diabetes Mellitus Tipo 2 en la Atención Primaria de Salud

RESUMO

Objetivo: Relatar a experiência de acadêmicos de Medicina durante o acompanhamento de uma paciente portadora de Diabetes Mellitus tipo 2 atendida durante as aulas práticas da disciplina Comunidades, na Unidade Básica de Saúde, enfatizando a importância da adesão terapêutica e do cuidado integral. **Método:** Estudo descritivo, qualitativo, do tipo relato de experiência, desenvolvido durante atividades práticas da disciplina Comunidades VI, realizadas entre agosto e novembro de 2025 na Unidade Básica de Saúde Vila Sinhá II, em Bragança (PA). **Resultados:** A paciente, do sexo feminino, 48 anos, com diagnóstico de Diabetes Mellitus tipo 2 há 12 anos, apresentava controle glicêmico inadequado, obesidade grau I e baixa adesão terapêutica. Foram observadas alterações laboratoriais compatíveis com resistência insulínica e dislipidemia mista. **Conclusão:** O acompanhamento permitiu compreender a complexidade do manejo do diabetes na Atenção Primária, ressaltando o papel da adesão, da educação em saúde e do acompanhamento multiprofissional no controle da doença.

DESCRIPTORIOS: Diabetes Mellitus Tipo 2; Atenção Primária à Saúde; Adesão ao Tratamento; Educação em Saúde; Cuidado Integral.

ABSTRACT

Objective: To report the experience of medical students during the follow-up of a patient with Type 2 Diabetes Mellitus attended during the practical classes of the Community discipline at the Primary Health Care Unit, emphasizing the importance of therapeutic adherence and comprehensive care. **Method:** A descriptive, qualitative study, in the form of an experience report, developed during practical activities of the Community VI discipline, carried out between August and November 2025 at the Vila Sinhá II Primary Health Care Unit in Bragança (PA), Brazil. **Results:** The patient, a 48-year-old female, diagnosed with Type 2 Diabetes Mellitus for 12 years, presented inadequate glycemic control, grade I obesity, and low therapeutic adherence. Laboratory alterations compatible with insulin resistance and mixed dyslipidemia were observed. **Conclusion:** The follow-up allowed for a better understanding of the complexity of diabetes management in Primary Health Care, highlighting the role of adherence, health education, and multiprofessional monitoring in disease control.

DESCRIPTORS: Type 2 Diabetes Mellitus; Primary Health Care; Treatment Adherence; Health Education; Comprehensive Care.

RESUMEN

Objetivo: Relatar la experiencia de estudiantes de Medicina durante el seguimiento de una paciente con Diabetes Mellitus tipo 2, atendida durante las clases prácticas de la asignatura Comunidades, en una Unidad Básica de Salud, enfatizando la importancia de la adherencia terapéutica y del cuidado integral. **Método:** Estudio descriptivo, cualitativo, de tipo relato de experiencia, desarrollado durante las actividades prácticas de la asignatura Comunidades VI, realizadas entre agosto y noviembre de 2025 en la Unidad Básica de Salud Vila Sinhá II, en Bragança (PA). **Resultados:** La paciente, de sexo femenino, de 48 años, con diagnóstico de Diabetes Mellitus tipo 2 desde hace 12 años, presentaba control glucémico inadecuado, obesidad grado I y baja adherencia terapéutica. Se observaron alteraciones de

laboratorio compatibles con resistencia a la insulina y dislipidemia mixta. **Conclusión:** El seguimiento permitió comprender la complejidad del manejo de la diabetes en la Atención Primaria, destacando el papel de la adherencia, la educación en salud y el acompañamiento multiprofesional en el control de la enfermedad.

DESCRIPTORES: Diabetes Mellitus tipo 2; Atención Primaria de Salud; Adherencia al Tratamiento; Educación en Salud; Cuidado Integral.

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INTRODUCTION

Diabetes mellitus is a metabolic disorder characterized by persistent hyperglycemia, resulting from the interaction between genetic and environmental factors that compromise insulin secretion and action⁽¹⁾. Chronic hyperglycemia leads to pathophysiological changes that affect various organs and systems, contributing to acute and chronic complications, constituting an important public health problem⁽²⁾.

Type 2 diabetes mellitus accounts for 90 to 95% of cases of the disease and results from insulin resistance associated with relative pancreatic secre-

tion deficiency⁽³⁻⁴⁾. Obesity, physical inactivity, and family history are determining factors for its development and progression⁽⁵⁾. Inadequate adherence to treatment and poor glycemic control are factors that favor micro- and macrovascular complications, such as retinopathy, nephropathy, and ischemic heart disease⁽⁶⁻⁷⁾.

In Brazil, the prevalence of type 2 diabetes mellitus has been increasing, especially in middle-aged adults, which reinforces the importance of primary health care in the prevention and management of this condition⁽⁸⁻⁹⁾. The work of the multidisciplinary team, combined with health education, plays

a central role in promoting self-care and adherence to treatment⁽¹⁰⁻¹²⁾.

The present study aims to report the experience of medical students during the follow-up of a patient with type 2 diabetes mellitus treated at a Basic Health Unit, highlighting the importance of therapeutic adherence and comprehensive care.

METHOD

This is a descriptive, qualitative experience report developed during the practical activities of the Communities VI course in the Medicine program at Faculdade Afya de Bragança.

Experience Report

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The experiences took place between August and November 2025, at the Vila Sinhá II Basic Health Unit, located in the municipality of Bragança (PA). The population served corresponds to patients registered in the unit's coverage area, under continuous monitoring by the Family Health Strategy teams.

The consultations were supervised by a preceptor physician with a degree in Family and Community Medicine, and clinical observations were recorded using the SOAP (Subjective, Objective, Assessment, and Plan) method.

The case reported refers to a patient followed up during a routine consultation, previously diagnosed with type 2 diabetes mellitus, and selected because she represents a frequent scenario in primary care practice: the challenge of glycemic control and therapeutic adherence in chronic diseases.

As this was a supervised academic activity, no identifiable patient data was disclosed, in accordance with the ethical principles set forth in Resolution No. 466/2012 of the National Health Council.

RESULTS

During practical activities at the Vila Sinhá II Basic Health Unit, from August to November 2025, a 48-year-old female patient with type 2 diabetes mellitus for 12 years and mixed dyslipidemia was monitored. She reported a family history of chronic diseases, with her father being diabetic and her mother hypertensive.

The patient attended for a reassessment of routine laboratory tests, reporting continued high blood glucose levels, even while using oral hypoglycemic agents. She complained of fatigue, polyuria, and polydipsia, and when asked about her treatment, she acknowledged difficulty adhering to pharmacological treatment and resistance to lifestyle changes, especially regarding physical activity and healthy eating.

She weighed 85 kg, was 1.64 m tall,

and had a body mass index (BMI) of 31.6 kg/m², characterizing grade I obesity⁽¹³⁾. Laboratory tests showed total cholesterol of 272 mg/dL, triglycerides of 175 mg/dL, fasting blood glucose of 266 mg/dL, and urea of 33 mg/dL. Liver enzymes, TGO and TGP, and type I urine test were normal. A cranial CT scan showed enlargement and cerebrospinal fluid density of the sella turcica of 1.0 cm, and the patient was referred to neurology for evaluation.

The tests were analyzed, and the patient's condition was interpreted as inadequate glycemic control in a patient with a long history of type 2 diabetes mellitus, associated with mixed dyslipidemia and obesity, consistent with chronic insulin resistance. The use of dapaglifozid 10 mg/day was maintained, glibenclamide 5 mg was replaced by glimepiride 4 mg/day, and rosuvastatin 40 mg was started at night, according to current guidelines⁽¹¹⁻¹²⁾.

The patient was advised on the importance of therapeutic adherence and dietary re-education, emphasizing the impact of non-adherence on the onset of acute and chronic complications, such as neuropathy, nephropathy, retinopathy, and cardiovascular events. Self-care, home blood glucose monitoring, and multidisciplinary follow-up were reinforced.

The experience provided students with an opportunity to understand the complexity of long-term diabetes management, highlighting the importance of health education and an interdisciplinary approach in primary care.

DISCUSSION

The patient's case reflects a recurring scenario in primary health care: patients with long-standing diabetes, a positive family history, and poor therapeutic adherence, factors that compromise metabolic control and increase the risk of complications^(2,5,6).

The prolonged duration of the disease is associated with progressive fail-

ure of pancreatic β cells, which justifies the need for intensified treatment^(3,4). A BMI of 31.6 kg/m², corresponding to grade I obesity, is an important factor in insulin resistance⁽¹³⁾.

Lack of medication adherence and absence of lifestyle changes are recognized as critical barriers to glycemic control^(8,14,15). Health education, when integrated with a self-care strategy and multidisciplinary follow-up, significantly improves clinical outcomes and quality of life^(9,10,16).

The clinical management adopted, based on the Guidelines of the Brazilian Diabetes Society (2024) and the Clinical Protocol and Therapeutic Guidelines (PCDT) of the Ministry of Health (2022), reinforces the importance of combination therapy and continuous monitoring^(11,12).

This experience demonstrated to students the essential role of Primary Health Care in the control of chronic diseases, offering longitudinal follow-up, therapeutic bonding, and a comprehensive approach, which are pillars for therapeutic success and the prevention of complications of type 2 diabetes mellitus.

CONCLUSION

The experience highlighted the importance of multidisciplinary follow-up and health education in the management of type 2 diabetes mellitus, emphasizing the need for integrated and continuous interventions. Adherence to treatment and lifestyle modification are fundamental pillars for achieving an effective therapeutic response and satisfactory metabolic control, which are indispensable elements for preventing complications and promoting quality of life. The experience provided medical students with a broader understanding of the complexity of the disease, the barriers to therapeutic adherence, and the essential role of Primary Health Care in promoting comprehensive care and preventing complications.

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