

Knowledge, Attitude and Practice of Life Style Modification in The Management of Hypertension

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Abstract

Hypertension remains as one of the most important public health challenges Worldwide because of the associated morbidity, mortality, and the cost to the society. Despite the availability of safe and effective antihypertensive medications and the existence of clear treatment guidelines, hypertension is still inadequately controlled in a large proportion of patients worldwide. Unawareness of lifestyle modifications, and failure to apply these were one of the identified patient-related barriers to blood pressure control. This cross-sectional study was conducted to assess knowledge, attitude and practice of life style modification in the management of hypertension among 100 conveniently selected study subjects. Average age of the patients was 36.96±13.04 years. More than half of the respondents (56%) passed SSC level of education. Almost 99% of the study subjects knew that smoking is associated with hypertension. About 94% respondent told excessive salt intake is bad for health. Almost all of them knew that excessive salt intake results high blood pressure. About 93% told that physical exercise has effect on blood pressure. Three-fourth of the study subjects told that physical exercise decrease cholesterol. About 40% took part physical exercise regularly. The study found levels of knowledge on non-drug control of hypertension was quite good but practice level was poor.

Key words: knowledge; attitude; practice' life style modification; management; hypertension

Introduction

Hypertension is a major risk factor for non-communicable diseases like stroke, cardiovascular disease and chronic kidney disease. Complications of hypertension account for 9.4 million deaths worldwide every year. Hypertension is responsible for 45% of deaths due to heart disease and 51% of deaths due to stroke.¹ Hypertension .an important and common risk factor for considerable morbidity and mortality not only in the industrialized world but also in developing countries. Thus, the problem of hypertension can be truly considered as pandemic.² Life style modifications are universally accepted, not only as the first step in the management of hypertension but also as a way to prevent hypertension. In addition to lowering blood pressure,

these measures can also reduce other cardio vascular risk factors. This cost involved is minimal and there are hardly any risks. Hypertensive patients irrespective of this stage or grade should be motivated to adopt this measures.³ High blood pressure ranked as the leading single risk factor for global burden of disease. Additionally, high blood pressure was one of the 5 leading risk factors for Global Burden of Disease in all regions with the exception of Oceania, Eastern sub-Saharan Africa, and Western sub-Saharan Africa. In these regions, high blood pressure was ranked as the number 6 risk factor attributable to burden of disease. The high prevalence of hypertension, particularly in Asia, has contributed to the present pandemic of

cardiovascular disease and death. Highly populated developing Asian countries, such as India and China, have a large absolute number of individuals with hypertension. Up to now, the epidemiology of hypertension in the Western world is well studied, but there are less data concerning the scope of the problem of hypertension in Asian countries. Hypertension is an increasing problem in Southeast Asia, particularly in Bangladesh. Although some epidemiological studies on hypertension have been conducted in Bangladesh, but awareness level on hypertension in this nation remain unclear. Increasing public awareness is the key, as is access to early detection. Raised blood pressure is a serious warning sign that significant lifestyle changes are urgently needed. People need to know why raised blood pressure is dangerous, and how to take steps to control it. To raise this kind of awareness, countries need systems and services in place to promote universal health coverage and support healthy lifestyles: eating a balanced diet, reducing salt intake, avoiding harmful use of alcohol, getting regular exercise and shunning tobacco. Access to good quality medicines, which are effective and inexpensive, is also vital, particularly at the primary care level. As with other non-communicable diseases, awareness aids early detection while self-care helps ensure regular intake of medication, healthy behaviors and better control of the condition.

Methods

This was descriptive type of cross-sectional study, conducted among hypertensive patients. Data were collected from conveniently selected places of Dhaka. This study was conducted for a period of six months. Non-probability convenient sampling technique was applied. A semi-structured pre-tested & self-administered questionnaire was used to collect data. Data were collected by pre-tested structured questionnaires and in face to face interview. Information about socio-demographic characteristics was also obtained. Life style modification includes smoking, physical activity and dietary habit was obtained. The respondents were selected consecutively who met the inclusion and exclusion criteria. After data collection, data were sent to the researcher, which was sorted, scrutinized by the researcher himself by the selection criteria and then data were analyzed by personal computer by SPSS version 20.0 program. The open-ended questions were grouped and categorized. Data were analyzed by descriptive statistics. Limitations of studies are very common in social work. One of the major difficulties was the time constraint. Some respondents were incapable of understanding the importance for conducting a study. Hence, they showed deprecating attitudes toward the interviews or skip some questions. In some cases they showed non-cooperation and considered the interviews a waste of time.

Results

Age group (yrs)	Number	Percentage
≤25	19	19
26-50	68	68
51-75	13	13
Total	100	100
Mean±SD	36.96±13.04	

Table 1: Distribution of respondents by age group.

Average age of the patients was 36.96±13.04. Most of the patients (68%) belonged to 26-50 years age group followed by ≤25 years 19% and 51-75 years 13%.

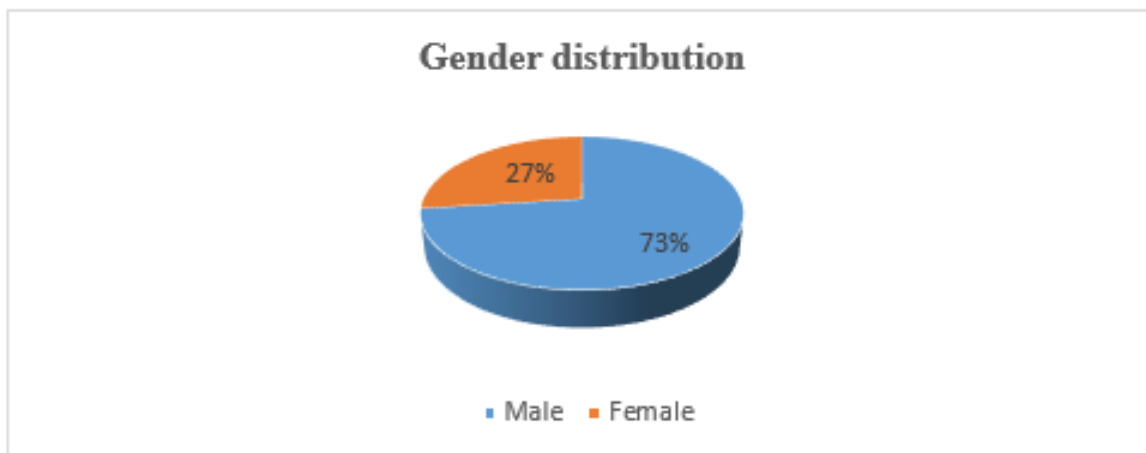
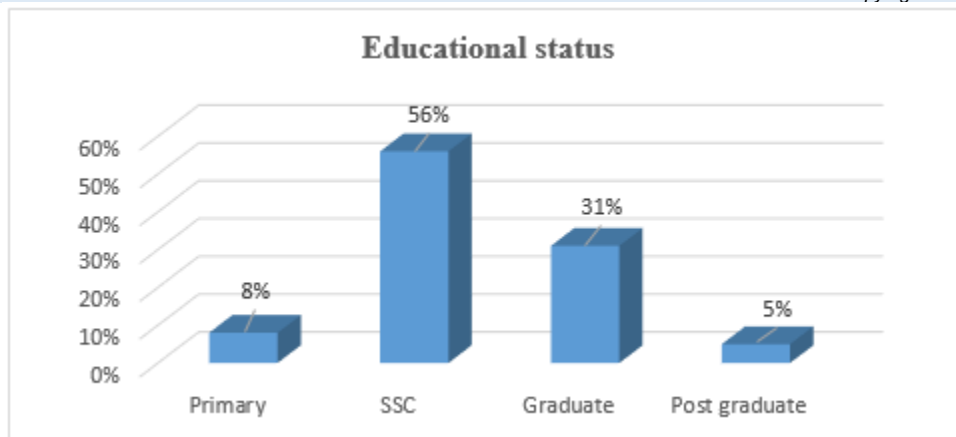
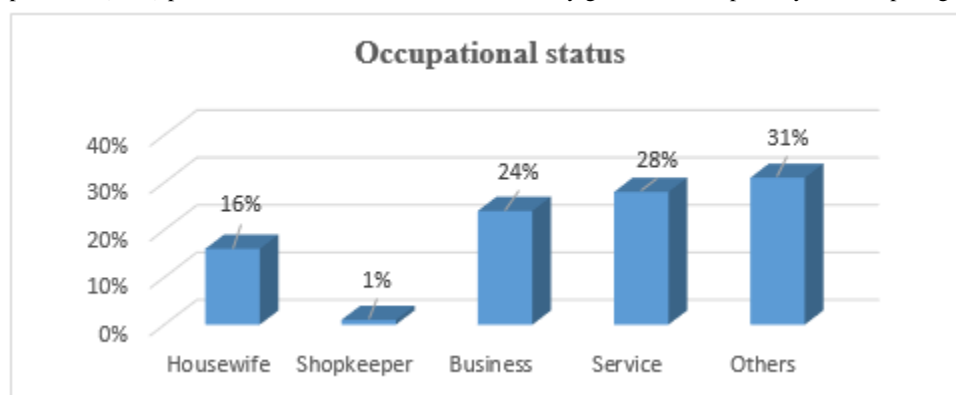


Figure 1: Gender distribution.

Male and female distribution was 73% and 27%.

**Figure 2:** Educational status distribution.

More than half of the respondents (56%) passed SSC level of education followed by graduate 31%, primary 8% and post graduate 5%.

**Figure 3:** Occupational status of the respondents.

Housewife, shopkeeper, business, service and other type of jobs were 16%, 1%, 24%, 28% and 31%.

Income	Number	Percentage
≤10000	10	10
10001-20000	73	73
20001-30000	13	13
>30000	4	4
Total	100	100

Table 2: Monthly family income.

About 73% of the study subjects had monthly income 10001-20000 BDT followed by 13% family had 20001-30000 BDT, 10% family had ≤10000 BDT and 4% family had >30000 BDT.

Knowledge	Number	Percentage
Is there any association between smoking and hypertension?		
Yes	99	99
No	1	1
If yes, what type of association?		
Cancer	58	58
Hypertension	1	1
Lung cancer	19	19
Tuberculosis	14	14
Stroke	8	8
Total	100	100

Table 3: Knowledge on smoking.

Almost 99% of the study subjects knew that smoking is associated with hypertension. More than half of the respondents told cancer is the effect of smoking followed by lung cancer 19%, tuberculosis 14%, stroke 8% and hypertension 1%.

Practice	Number	Percentage
Do you smoke?		
Yes	23	23
No	77	77
If yes, how long in years?		
Mean±SD	11.74±11.96	
How many sticks every week?		
Mean±SD	21.91±14.26	
Total	100	100

Table 4: Practice of smoking.

About 77% respondents did not smoke and 23% study subjects smoked. Among smokers average years of smoking was 11.74 years and average sticks 21.91 consumed per week.

Knowledge	Number	Percentage
Excessive salt intake is good or bad for health?		
Bad	94	94
Good	6	6
Effect of excessive salt intake		
Hypertension	100	100
Average amount of salt intake every day (tsf)		
Mean±SD	2.44±1.68	
Total	100	100

Table 5: Knowledge and practice on salt intake.

About 94% respondent told excessive salt intake is bad for health. Almost all of them knew that excessive salt intake results high blood pressure. Average amount of salt intake was 2.44 tsf every day.

Knowledge	Number	Percentage
Is there any effect of physical exercise on blood pressure?		
Yes	93	93
No	7	7
If yes, what are those?		
Fitness	26	26
Decrease cholesterol	74	74
Do you take part physical exercise regularly?		
Yes	40	40
No	60	60
If yes, how long in minute?		
Mean±SD	66.22±34.50	
Total	100	100

Table 6: Knowledge and practice on physical activity.

About 93% told that physical exercise has effect on blood pressure. Three-fourth of the study subjects told that physical exercise decrease cholesterol. About 40% took part physical exercise regularly. Average physical exercise per day was 66.20 minute.

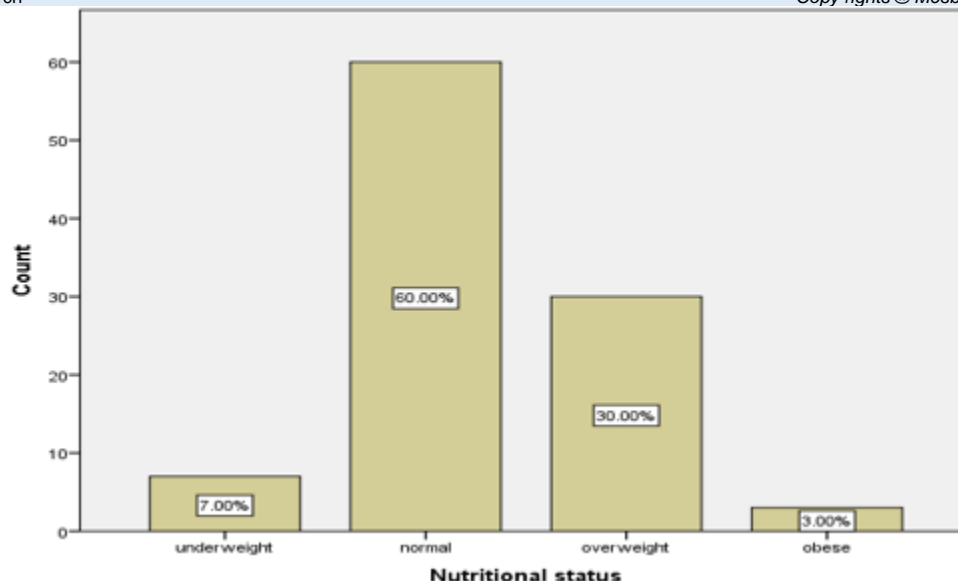


Figure 4: Nutritional status of the study subjects.

Normal, overweight, underweight and obese were 60%, 30%, 7% and 3%.

Food item	Number	Percentage
Meat		
Yes	89	89
No	11	11
Egg		
Yes	96	96
No	4	4
Milk		
Yes	70	70
No	30	30
Fish		
Yes	98	98
No	2	2
Fruits		
Yes	63	63
No	37	37
Total	100	100

Table 7: Food item consumed last seven days.

Meat, egg, milk, fish and fruits were taken by 89%,

Discussion

Hypertension is an overwhelming global challenge. Appropriate lifestyle changes are the cornerstone for the prevention of hypertension. They are also important for its treatment; although they should never delay the initiation of drug therapy in patients at a high level of risk. Lack of knowledge, attitude and practice are some of the barriers of having a healthy lifestyle and controlling high blood pressure. The present study found that 99% of the study subjects knew that smoking is associated with hypertension. More than half of the respondents told cancer is the effect of smoking. Good knowledge about salt, alcohol and smoking effect is an essential part of successful treatment of hypertension. A study showed 94.6%, 83.8%, and 59.9% participants had knowledge of the danger of salt, alcohol and smoking on hypertension management, respectively. Eighty percent, 85% and 98.5% of the participants avoid adding salt in their food, drinking alcohol and smoking, respectively.⁴ The number of participants with knowledge about salt restriction and avoiding smoking are more than the findings in a research done in Ghana, (60%) and (38%), respectively. Regarding the knowledge about the balanced diet, only 39.2% know the importance of balanced diet and this finding is low when compared with research done in Ghana (59%).⁵ This study revealed that 94% respondent told excessive salt intake is bad for health. Almost all of them knew that excessive salt intake results high blood pressure. The patient's knowledge on blood pressure and exercise was 59.2% and 67.7%, respectively.⁴ The attitude toward exercise is good when

96%, 70%, 98% and 63% respondents.

compared with the result of a research done in Ghana (60%).⁵ On the contrary, knowledge about hypertension is low when compared with a research done in Kinondoni Municipality, Dar es Salaam (66.8%).⁶ It is possible to prevent the development of hypertension and to lower blood pressure levels by simply adopting a healthy lifestyle. The recommended lifestyle measures that have been shown to be capable of reducing blood pressure include: (i) salt restriction, (ii) moderation of alcohol consumption, (iii) high consumption of vegetables and fruits and low-fat and other types of diet, (iv) weight reduction and maintenance and (v) regular physical exercise. In addition, insistence on cessation of smoking should be part of any comprehensive lifestyle modification plan to reduce the risk of high blood pressure and cardiovascular disease.⁷⁻⁸ Hypertensive patients irrespective of their stage or grade should be motivated to adopt these measures. Motivating patients to implement lifestyle changes is probably one of the most difficult aspects of managing hypertension. In this study 93% told that physical exercise has effect on blood pressure. Three-fourth of the study subjects told that physical exercise decrease cholesterol. About 40% took part physical exercise regularly. Average physical exercise per day was 66.20 minute. Assessment of the level of patient physical activity revealed that 10.2% of the patients reported to practice "little or no activity", 32.0% reported occasional activity, 41.8% walked briskly or run and only 14% claimed doing regular physical activity. The number of patients who did vigorous physical activity (regular physical activity) and walked briskly or run is low when compared with a

study done in Nairobi, Kenya 75.7% and 77.4% respectively.⁹ Furthermore, the number of patients who walk briskly is low when compared with the finding in Nigeria (99.3%).¹⁰ This may be due to poor knowledge on the importance of physical activity in management of hypertension. The patient's daily activity among study participants as measured in this study was, sitting 18.5%, standing 11.5%, walking 43.1% and heavy labor 27%. The number of patients whose daily activity include sitting was lower when compared with the study done in Nigeria (29%).¹¹ The difference may be because of the fact that participants are engaged in different activity to get their daily food and most of them do not have care givers. Different studies have been conducted on lifestyle modification programs and educational interventions for patients with high blood pressure. Despite the effectiveness of educational interventions on the lifestyle of patients with high blood pressure¹², the results of one study showed that educational interventions had no significant effect on weight, blood pressure level and physical activity in people at the risk of ischemic heart diseases.¹³ In another study, although health education improved the knowledge of patients with high blood pressure, it had no significant effect on the level of their blood pressure.³⁵ Another study found no significant effect from educational interventions on blood pressure³⁶ and another one found no significant relationship between weight changes and changes in diastolic blood pressure.¹⁴ Generally, practice of the participants and their knowledge toward life style modification in management of hypertension is not as required. This may be because of the poor knowledge and poor adherence to the practices. In addition, health professional might not be counseling their clients by giving adequate time regarding the importance of the lifestyle in the management of hypertension and its cost effectiveness.

Conclusion

Knowledge regarding hypertension is an important measure used for decreasing the prevalence of hypertension. Life style modification is the easiest way to prevent or control high pressure. The increase level of knowledge on life style changes will help to have desired intervention goal in people who are most motivated. The study found adequate levels of knowledge on lifestyle modification in case of hypertension but found poor practice of non-drug control of hypertension. About 93% told that physical exercise has effect on blood pressure. Three-fourth of the study subjects told that physical exercise decrease cholesterol. About 40% took part physical exercise regularly. Average physical exercise per day was 66.20 minute.

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