

# PRACTICES AND LIFESTYLE CHANGES IN PATIENTS WITH HYPERTENSION

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## Abstract

**Background:** Hypertension is the most public-health challenge globally. Management of it should take high priority.

**Objectives:** To compare between hypertensive practices and lifestyle changes of patients with HTN.

**Method:** A descriptive study was carried out Nov 2022 to Nov 2023. A total of 100 hypertensive cases were admitted into medical wards. Demographic-data-form and hypertensive-form of case practices among lifestyle changes. Direct interview technique was used to collect data.

**Results:** The mean age was 49.53 years and more of the participants were female 55%. Regarding education, that more cases were literate (literacy) 52%. In addition, majority of them were married 80%. Regarding family history, 50% had positive history. Housewife represented 51% of employment. Patients' practices regarding life style changes revealed a moderate mean score of 1.7.

**Conclusion:** The study indicated that the majority of items have low mean score in terms of practice. There was a significant relationship between patients' practice regarding hypertension and some demographic characteristics like level of education and family history. The patients were inadequate or deficit in some aspects related to lifestyle changes regarding hypertension disease

**Keywords:** Hypertension, Lifestyle changes, risk factors, Housewife

## Introduction

Globally, hypertension is a major public health problem. Determination of risk factors support intervention policies to decline the morbidity and mortality. It is the second most common reason for an outpatient visit [1]. The risk factors are connected to the lifestyle. Global modifiable risk factors are preventable and controllable. The specific preventive interventions can favorably affect public health in all countries [2]. Furthermore, hypertension is one of the leading causes of premature death worldwide, accounting for 7.6 million deaths in 2001 [3].

Iraq is experiencing urbanization and modernization cause changes in diet and physical activity due to raised longevity and improvement in the standard of living as smoking. Lifestyle modifications help to control hypertension and prevent high blood pressure in non-hypertensive people [1]. Some modifiable risk factors such as; smoking, raised cholesterol level, obesity, decrease physical activity and diet [4]. Lifestyle modifications by decrease weight, alcohol stopping, raised physical activity, fruit and vegetable intake, decline saturated fat intake and smoking cessation [5].

This study aimed to compare between hypertensive practices and lifestyle changes of patients.

## METHODS

A descriptive study was carried out Nov 2022 to Nov 2023. A total of 100 hypertensive cases were admitted into medical wards. Demographic-data-form and hypertensive-form of case practices among lifestyle changes. Direct interview technique was used to collected data. Data included Age (year), Level of education (Illiteracy, Primary school graduate, Secondary school graduate and Post graduate), Marital status, Family history of hypertension, and Job. Lifestyle changes included Low sodium food, Low fat food, Stress avoidance, Exercises, Rest, Smoking stop, Weight measure and Fruits and vegetables intake. Descriptive statistical analysis procedures were used for the data analysis by SPSS v.25. Quantitative data described by mean and SD whereas qualitative data described by number and percent.

## Results

The mean age was 49.53 years and more of the participants were female 55%. Regarding education, that more cases were literate (literacy) 52%. In addition, majority of them were married 80%. Regarding family history, 50% had positive history. Housewife represented 51% of employment (Table 1). Patients' practices regarding life style changes revealed a moderate mean score of 1.7 (Table 2).

**Table 1. Distribution of patients by their demographic characteristics**

Variables	No.	%
Age (year)	49.53	
Gender	Male	45
	Female	55
Level of education	Illiteracy	40
	Primary school graduate	20
	Secondary school graduate	12
	Post graduate	28
Marital status	Single	10
	Married	80
	Divorced	10
Family history of hypertension	Yes	50
	No	50
Job	Employer	49
	Housewife	51

**Table 2. Patients practices regarding life style changes**

Items	Always	Sometimes	Never	Mean	Severity
	%				
Low sodium food	15	33	45	1.5	L
Low fat food	22	22	56	1.6	M
Stress avoidance	6	38	66	1.2	L
Exercises	12	39	59	1.3	L
Rest	60	4	42	1.8	M
Smoking stop	13	38	49	1.3	L
Weight measure	33	37	30	1	L
Fruits and vegetables intake	70	15	15	2.7	H
Total				1.7	M

Cut-off-point interval : 1-1.67 = L; 1.68-2.33 = M; 2.34-3.00 = H

**Discussion**

The highest proportion of cases are within age group 50-60 years, disagrees with the study of Awotidebe et al. [6]. The distribution of demographic data revealed that most of the cases were female 55%, which dislike with the study of Malik et al. [7], which revealed the highest percent are males.

Regarding education, approximately the highest percent of subject were illiterate. Thus, disagree with the study of Abd El-Hay and El Mezayen [8]. Concerning marital status, the majority of individuals 80% were married. Positive family history with hypertension was 50%. Therefore, this result disagrees with the study of Mitwalli et al. [1]. Finally, the majority of the participants were housewives, and this result is in dissimilar with the study of Shankar et al. [9].

There were low mean scores for all items related to patients’ practices regarding life style changes. This is exception of some of them like low fat food and rest which represent moderate mean scores. Hence, the high mean scores can be demonstrated based on elevate in fruits and vegetables intake. This result disagree with the study of Williams and Hopper [10]. Rahimi and Nkombua concluded that the participants’ knowledge and practice of lifestyle are required modified and developed. The individuals lacked knowledge among the definition of hypertension and the meaning HTN of controlled. And they recommended assistant the cases and improvement on the identified pitfall, each consultation sessions should including several tools of educations and motivations for better behaviors and lifestyle modifications with extending to all the visitors the health facilities for them to adaptation a healthier diet, greater intaking of vegetables and availability of fitness facilities for the communities [11].

Huang et al. [12] showed that the implementations of a communities intervention programs involve HTN educations and lifestyle modification for rural resident is a powerful approaches to reducing HTN prevalence and improvements long-term health outcome. Some authors reported that uncontrolled hypertension was related with risk factors and lifestyle. It was more prevalent in males. The ignorance of the interviewed individuals about hypertension, its connected risk factors, change in lifestyle and beneath to take the medications may have been a major factors in the prevalence of uncontrolled hypertension [13-20]. Melnikov [21], in his cross-sectional-descriptive-correlational study, 430 patients (age groups (18-34, 35-49, 50-64, and >64) were viewed, by a questionnaire in 2018. He found elderly (more education and self-measured BP had better particular aspects knowledge of hypertension). He found females had higher

knowledge of normal BP. He concluded that the aging, experience education, and BP self-measuring are related to great total HTN knowledge. The health authorities attention must be draw to improve HTN knowledge of younger peoples, and to include BP self-measured in the regular practice of the nation.

Abdalla [22], determined that hypertensive cases were aware of the importance of therapeutic lifestyle changes in its management. The authors believe that novel approach is required to assist motivate cases who are detected with HTN in a 3rd-world countries and applied their knowledge.

### Conclusions

The study indicated that the majority of items have low mean score in terms of practice. There was a significant relationship between patients' practice regarding hypertension and some demographic characteristics like level of education and family history. The patients were inadequate or deficit in some aspects related to lifestyle changes regarding hypertension disease.

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