

Global prevalence of hypertension health and social care essay

[Health & Medicine](#), [Disease](#)



High blood pressure is a major contributing factor for cardiovascular disease. WHO report (2002) showed that India may be the largest cardiovascular disease load in the universe by the twelvemonth 2020.

WHO report in India 2005 stated that prevalence of high blood pressure was increased by approximately 30 times among urban community people and by approximately 10 times among the rural community people. Many causes might hold contributed to this lifting tendency such as lifestyle alteration, alteration in diet and stress, increased population and unemployment have been implicated.

High blood pressure is a `` ignored disease, " harmonizing to a study released by the Institute of Medicine (IOM) . Despite high blood force per unit area being the cause of decease in one of six grownups and the greatest individual hazard factor for decease from cardiovascular disease, 1000000s of people are developing, populating with, and deceasing from high blood pressure. The decennary from 1995 to 2005 saw a 25 % addition in the decease rate from high blood force per unit area, the study notes. The Institute of Medicine study besides highlighted the fiscal barriers to take downing blood force per unit area. Surveies have shown that the cost of medicines to patients is significantly related to patient attachment ; this is particularly apparent in patients with low income, chronic unwellness, and multiple prescriptions.

Kalavathy et al. , (2000) High blood pressure is one of the major community wellness job in India. This one found from several Indian urban and rural studies. More surveies shows a prevalence rate of high blood pressure

among urban population running from 1 % in 1949 to 36 % in 2003 and for rural people from 1.97 % in 1958 to 20.2 % in 1994. Determining the degree of high blood pressure and besides differing age groups representing the survey population so the rates are different. Developed states with a more aging group will be expected to hold a higher prevalence of high blood pressure than a underdeveloped state with a younger group such as India, but some surveys, which have documented a high prevalence rate of high blood pressure in developing states.

Few late conducted studies from Western India shows high prevalence of systolic high blood pressure at old age groups (bulk in age group of 70 old ages) , among Kerallite 51.8 % from South India and Assamese 63.63 % . Every twelvemonth about 5.3 hundred thousand Indians die of high blood pressure related coronary disease. It has been found from in a survey Northern India that the incidence of high blood pressure increased from 3.98 % in 1963 to 26.78 % in 2000 among work forces while the incidence of high blood pressure increased from 6.67 % to 27.65 % among adult females. Systolic high blood pressure has been considered to be one of the most of important causes of morbidity and mortality taking to major diseases like stroke, cardiovascular and nephritic diseases.

Urban survey in India had shown a more per centum of population in the pre high blood pressure phase. Excess competition in academic field is one of the emphasis for the younger people in India and besides unemployment.

Number of surveys have already explained that the relationship between Blood force per unit area and hazard of bosom diseases. Pre hypertensives

have more opportunity to travel into phases of high blood pressure. Hence it is besides possible that the immature stressed people with prehypertensives degree of blood force per unit areas may be at hazard factor to develop bosom diseases.

This survey accent on two demands such as sleep and command blood force per unit area. Adequate slumber is indispensable demands for human existences. The human being needs remainder & A ; slumber to conserve energy and good being, prevent weariness, supply organ to reprieve and alleviate tenseness. Sleep want consequence in a lessening in organic structure temperature, a lessening in immune system map.

If sleep continues over a longer clip it increases the hazard of more serious wellness jobs such as weakened immune system, diabetes mellitus, depression, high blood force per unit area and fleshiness. There are place remedial steps to better slumber such as utilizing comfort devices, devouring warm milk, reading narrative book and by supplying good airing.

Non pharmacological intercessions to take down blood force per unit area

There is turning grounds that non pharmacological intercessions lower high blood force per unit area. These intercessions are non dearly-won and are by and large good in advancing good wellness. They besides help in cut downing the cardiovascular hazard factors with a small cost. (Joyce M. Black)

Indian Medical Association 2001 study `` In pull offing high blood pressure, antihypertensive drugs have of import function, but focal point may be directed towards some lifestyle alterations ". Dietary alteration, physical activities may act upon the minimize of Blood force per unit area. Body weight decrease, less alcohol consumption, limitation of salt and besides K, Ca supplementation can better the procedure of take downing Blood force per unit area. Fiber rich diet either and low Na could cut down the Blood force per unit area by about 5 millimeters Hg among high blood pressure clients. Other than this, behavioural alterations like halt smoke, regular exercisings, relaxation therapies like yoga, etc, have good consequence on high blood pressure clients. The consequence of lifestyle alterations may forestall a demand of drug direction for high blood pressure. For this all hypertensive clients should be tried ab initio one or more of the lifestyle alterations.

Gupta 1997 recommends progressive relaxation, deep external respiration exercising and yoga may assist to cut down the blood force per unit area.

TK Luqman -Arafath study 2002 shows that the mortality rate from both Ishemic bosom disease and stroke doubles while every 20 mmHg systolic or 10 mmHg diastolic rise in Blood force per unit area. In fact, even minimal decrease in Blood force per unit area among the general population could decidedly cut down cardiovascular events. For illustration, a 3 mmHg decrease in systolic Blood force per unit area would take to an 8 % decrease in stroke mortality rate and a 5 % decrease in mortality rate due to coronary arteria disease. There has been increasing of import gives to the

preventative steps like regular exercisings, express joying combined with speculation, less ingestion of intoxicant, cut down the consumption of Na and the Dietary alterations to take down the Hypertension rate.

Many literatures reveal that laughter therapy helps in cut downing the blood force per unit area. Laughter promises a utile attack to intervention of high blood pressure. Systematic instruction of laughter therapy exert a positive influence on a client with hypertensive reduces blood force per unit area.

The Benefits of laughter therapy

Laughter therapy is an first-class type of exercising. The laughter therapy has three types, in the first type, one laughs freely and aloud with unfastened oral cavity, in the 2nd type, one laughs without any sound with closed oral cavity and in the 3rd type, one pours out loud effusions of laughter through the pharynx like neighing of Equus caballus.

A figure of research surveies reveals that laughter has many wellness benefits. During the thirteenth century Surgeons used wit to deflect patients from hurting entirely. Later, in the twentieth century, came the scientific survey of the consequence of laughter on overall wellness.

Harmonizing to Kay Herth (1984) laughter as a emphasis fellow. Laughter has a built in equilibrating mechanism that encourages two measure action of stimulation and relaxation due to let go of of chemicals adrenaline and nor epinephrine. This reduces anxiousness, tenseness and depression.

Therefore, it helps in extenuating several serious diseases such as high blood pressure, bosom disease, diabetes, anxiousness, insomnia etc.

Fry states that laughter is a good aerobic exercising. He says that 100 laughs a twenty-four hours is equal to 10 proceedings rowing or jogging.

Berk, Tan, Fry et Al (1997) reported drawn-out emphasis creates unhealthy physiological alterations and Stress causes the adrenal secretory organs to let go of corticoids and emphasis endocrine alterations during gay laughter.

In a survey at Canada 's University of Waterloo documented that laughter additions degree of immunoglobulin IgG and IgM and concludes that laughter consequences in improved unsusceptibility.

Cognetal (diary of behavior medical specialty (1997) has reported the ability of laughter to let go of musculus tenseness and helps to let go of neuropeptides which are organic structure 's natural hurting stamp downing agents. Therefore, laughter has multi drawn-out attack for the alleviation of hurting, in painful conditions such as arthritis, spondylitis, etc.

Lloyd (1990) showed that laughter is a combination of deep inspiration and full halitus animating first-class airing and fantastic remainder. Thus laughter additions lung capacity and oxygenation. This would profit patients with lung diseases such as bronchitis, bronchial asthma.

The findings of Dr. Lee Berk and Dr. Stanle (1999) during their more than 10 old ages research on laughter addition the figure of 'activated ' T cells and increases the degrees of gamma interferon, a lymphokine that activates many immune constituents.

Need FOR THE STUDY

Coronary events such as a "heart attack" are still the most common consequence of high blood pressure. Increased blood force per unit area is related to increased badness of coronary artery disease, stroke, neuropathy, peripheral vascular diseases, aortic aneurism, and heart failure. About all people with heart failure have antecedent high blood pressure. If high blood pressure is left untreated, about half of hypertensive clients will die of heart disease, a 3rd will die of stroke, and the staying 10 % to 15 % will die of a nephritic failure. High blood pressure is besides a "silent factor" in the etiology of many deaths attributed to stroke or heart attacks.

These upsetting tendencies indicate the demand for renewed energy in the conflict against high blood pressure. Hypertension related morbidity and mortality will not diminish until suppliers appreciate the demand for alterations in drug intervention protocols. Now chiefly bar focused and strongly urge usage of non pharmaceutical steps to forestall and handle high blood pressure. (Joyce m. black, 2001)

Harmonizing to Indian Express Bureau (2004) one in every 10 Indian suffer from high blood force per unit area. Now a yearss antihypertensive drugs are available to command blood force per unit area. These drugs have their ain side effects and are expensive. Non conformity to medicine is really common among hypertensive patients due to assorted grounds. Antihypertensive medicines entirely can not command blood force per unit area, physiological relaxation is really of import for keeping blood force per unit area.

The research worker observed that most of the hypertensive patients had unequal cognition about significance, hazard factors, marks and symptoms of high blood pressure and its related complications. The hypertensive patients do not follow the non pharmacological steps like exercising, emphasis on cutting down activities like yoga and turning away from diet which contains more cholesterol. These patterns are not adopted by the bulk of the patients largely because of unknowingness and deficiency of accent by the wellness suppliers.

Sushil Bhatia, the editor of *Lorvani* (2004) , province that joying combined with speculation, harmonises all our sense organs in a minute of entire concentration and brings equilibrium to mind, organic structure and external respiration which are like three bases of a rope. Peoples utilizing this therapy experience dramatic alleviation from upsets such as depression, migrane and high blood pressure.

American Journal of Medical Science reported that emphasis on endocrine alterations during gay laughter.

The research worker during her clinical exposure in the community has observed that many older people are enduring from high blood pressure. Some hypertensive people are taking medicines, some are not taking medicine on a regular basis. Those hypertensive patients do not follow the non pharmacological steps like exercising and speculation. Based on the information showed on prevalence of high blood pressure, research worker recognized the demand for learning laughter therapy to the hypertensive

people in this selected rural community. Therefore this survey was undertaken to measure the consequence of laughter therapy on blood force per unit area and slumber among patients with high blood pressure.

STATEMENT OF THE PROBLEM

A survey to measure the consequence of laughter therapy on blood force per unit area and slumber among patients with high blood pressure in a selected rural community at Coimbatore.

AIM OF THE STUDY

The chief purpose of the survey is to find whether laughter therapy makes a important difference in blood force per unit area and slumber among hypertensive patients in comparing with the non receiving systems of laughter therapy.

Specific OBJECTIVES

The specific aims of the survey are

1. To find the degree of blood force per unit area in the experimental and control group before and after laughter therapy.
2. To find quality of slumber reported by the sample in the experimental and control group before and after laughter therapy.
3. To find the association of blood force per unit area and slumber with demographic variables such as business, exercising and diet.

Hypothesis

H1: There will be important difference in average systolic and diastolic blood force per unit area before and after intercession in experimental group.

H2: There will be important difference in average systolic and diastolic blood force per unit area of the experimental and control group after intercession.

H3: There will be important difference in average mark of slumber before and after intercession in experimental group.

H4: There will be important difference in average sleep mark of the experimental and control group after intercession.

OPERATIONAL DEFINITION

1. Blood force per unit area

It refers to the force per unit area of the blood within the arterias of the organic structure. When the ventricle of bosom contracts, blood is forced out into the aorta and travels through the largest arterias to the smallest arterias, arteriolas and capillaries. The pulsing extends from the bosom through the arterias and disappears in the arteriolas. The pulsing is measured by utilizing a sphygmomanometer and is expressed in millimeter of Hg.

a) Systolic blood force per unit area

It is the maximal grade of force per unit area exerted by the blood against the wall of the blood vass during the ventricular contraction when the left

ventricle is coercing the blood into the aorta. The first sound is called systolic blood force per unit area.

B) Diastolic blood force per unit area

This is the lowest force per unit area that occurs when the bosom is in the resting period merely before the contraction of the left ventricle. The 2nd sound is called diastolic blood force per unit area.

2. High blood pressure

It is defined as relentless lift of the systolic blood force per unit area and diastolic blood force per unit area from the normal degree. Normal blood force per unit area: 120/80 millimeter of Hg.

3 STAGES OF HYPERTENSION

Systolic blood force per unit area Diastolic blood force per unit area Level of blood

120 - 139mm of Hg. 80 - 89 millimeter of Hg pre high blood pressure

140 - 159 millimeter of Hg 90 - 99 millimeter of Hg phase I hypertension

& gt ; 160 millimeter of Hg & gt ; 100 millimeter of Hg phase II high blood pressure

3. Sleep

Sleep is a province of remainder in which the nervous system is inactive, the eyes are closed, the musculuss are relaxed and the head is unconscious. The features of slumber can be verbalized by the individual who experiences the

slumber. In this survey the self study of slumber is measured on a sleep graduated table.

4. LAUGHTER THERAPY

The laughter therapy is an first-class type of exercising which control blood force per unit area by cut downing the release of emphasis related endocrines and brings about relaxation.

Premise

1. High blood pressure is more common among grownups than adolescent age group.
2. Blood force per unit area can be kept in control by medicine and lifestyle alteration.
3. Laughter could give alleviation from physical or mental emphasis.

Boundary line

1. The survey is limited to one community.
2. The survey is delimited to patients within the age group of 40 to 60 old ages.

Scope OF THE STUDY

The degrees of blood force per unit area and slumber are measured in hypertensive patients before and after intervention. If there is a important decrease in the blood force per unit area and positive result in the features of slumber of experimental group of sample, it is a clear effectivity of

laughter therapy. Teaching laughter therapy is simple and it can be practiced easy. If the topics are able to execute this therapy without any trouble, this intercession is acceptable, it is clear indicant of the public-service corporation value of laughter therapy for hypertensive patients. The findings will be good to wellness patterns to actuate hypertensive patients and patients on antihypertensive drugs to command and keep their blood force per unit area at normal degree.

CONCEPTUAL FRAMEWORK

A conceptual theoretical account can be defined as a set of constructs and those premises that integrate them into a meaningful constellation (Fewett, 1980) .

The development of a construct was theoretical account is a cardinal procedure required before carry oning existent research. The model influences each province of research procedure. The conceptual model innursingresearch can assist to supply a clear concise thought of cognition in the country.

Conceptual frame work for this survey was a nursing procedure theoretical account based on Dorothy. E. Johnson 's behavioral system theory (1980) .

Harmonizing to Johnson, nursing positions the person as a set of interrelated or mutualist parts working as an incorporate whole. Johnson identified seven subsystems. The subsystems are affiliative, aggressive, dependence, eliminative, ingestive, renewing, and sexual. These subsystems carry out particular map for the system as a whole. Disturbance in any of the system

normally affects the other. The stairs of the nursing procedure are incorporated with the Dorothy E. Johnson 's theoretical account. Nursing procedure is a deliberate activity where the pattern of nursing is performed in a systematic order. Johnson presents a three measure nursing procedure, the stairs are entitled nursing diagnosing which parallel the appraisal and diagnosing stage, the 2nd measure nursing end peers to the execution and 3rd measure is rating. This survey focused on kids and the dependence system which is one among the subsystems which result in blessing, attending, acknowledgment, and physical aid.

Appraisal

Appraisal is the procedure of roll uping informations sing each subsystem. Data on demographic profile (age, instruction, business, income, nutrient and exercising wonts, history of antihypertensive medicines) was collected.

Diagnosis

Through appraisal from the subsystem jobs are identified and diagnosing is made and it provides footing for nursing intercession. In this survey the informations collected through observation of blood force per unit area and utilizing interview agenda. The diagnosing is made and categorized into prehypertension, phase I hypertension and stage II high blood pressure.

Nursing ends

After diagnosing is made the end is to keep or reconstruct the individual 's behaviour system balance, and stableness through planning intercessions. In

this survey the end is to cut down blood force per unit area and to advance slumber.

Intervention

Nursing activity is an external regulative force assists the individual to recover equilibrium. In this survey the nursing activity is to learn the laughter therapy techniques to the experimental group for a period of clip to convey alteration in the blood force per unit area and slumber.

Evaluation

Evaluation refers to look intoing the subsystem identified as debatable for balance and overall system stableness. In this survey the research worker compared the experimental group with the control group by utilizing the observation of blood force per unit area and self report quality of slumber given by sample.

Figure -1 Highlights the conceptual model on modified nursing procedure based on Dorothy E. Johnson Behavioural System Model.

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