

The leading cause of death health and social care essay



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INTRODUCTION

Hypertension has become a significant problem in many developing countries experiencing epidemiological transition from communicable to non-communicable diseases. Every individual in an effort to make his living comfortable, but does not realize how much of stress and anxiety have an adverse effect on the body system, one of which being the circulatory system (i. e.) the blood and the blood vessels. Hypertension, the silent killer which remains asymptomatic, until the damage effect of it can be seen.

Hypertension, an important and common risk factor for considerable morbidity and mortality not only in the industrialised world but also in the developing countries. Thus, the problem of hypertension can be truly considered as pandemic. But the individual continues to remain asymptomatic owing to the gradual onset and progressive damage occurring to the blood vessels leading to hypertension. It is influenced by many factors such as age, sex, diet, personal habits, family history, emotional factors, socio economic status etc. Constant elevation of blood pressure can lead to irreversible changes in vital organs such as heart, brain and kidney. Thus an individual more often presents with illness such as Ischemic heart disease, myocardial infarction and cerebro vascular accident, if hypertension is not treated and controlled at the initial stage. Hypertension is called the silent killer because the person has its symptom often free. Once it develops, the client should be checked frequently for hypertension. It is important to remember that hypertension is only a sign, not a disease. Since it is a single most important predictor of cardio vascular diseases. The ability to treat hypertension effectively is one of the major cardio vascular advances to this

century (Kinger, L. H. 2002). Hypertension is the most common chronic disease among adults with approximately 65 million adults suffering from the condition in the United States alone. It is a major preventable risk factor for heart disease and stroke, which are leading causes of death among middle aged to older adults. Approximately, 50 million people in U. S have hypertension. About 20 percent of adult population develops hypertension. Hypertension appears in over 30 percent of the individuals in the age of 65. The seventh report of the joint national committee (JNC-7, 2009) on prevention detection and evaluation of treatment of high blood pressure has redefined normal blood pressure as less than 120/80 mmHg and created a new blood pressure category called " Pre-hypertension" for those with systolic blood pressure of 120 to 139 and a diastolic blood pressure of 85-95 mmHg. Pharmacological intervention provides an effective means for both prevention and treatment of high blood pressure. However the blood pressure is not persistently raised in all and not all need to be treated with antihypertensive drugs. The goals can be achieved by two main modalities, life style modification and definite therapy, both being used serially or together. Management of self primarily involves a treatment plan with self-care activities such as taking prescribed medications, managing illness and its effects by monitoring physical and behavioral status to make appropriate management decisions and plans about care. Among chronic conditions like hypertension, clinical trials have been modestly effective in encouraging patients to take part in management of self care activities. A collaborative care approach to medical encounters involving a partnership between patients and clinicians may improve outcomes for chronic disease patients.

Appropriate self-management of hypertension and other chronic conditions
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include adherence to prescribed treatment, but this is only one aspect. Though the pharmacological treatment of hypertension has been shown to decrease the risk of cardio vascular disease other complications like stroke, coronary heart disease and renal insufficiency may occur. The relationship between a patient with hypertension and management of self is unique. Unlike patients with most diseases who simply carry out their physicians instruction, people with hypertension must make important daily decisions on their own, regarding their medical care. These decisions determine in large part how well the patient's blood pressure is controlled and thus how susceptible they are to complications. All of this demands a rather sophisticated knowledge and practical skill base by the patient that can be formed only through the ongoing education by health care team members. So, management of self among patients with hypertension requires adequate knowledge and practical skills in number of key areas. Therefore, to decrease the complication of hypertension and to improve the quality of life, the patients with hypertension should have knowledge and practical skill in controlling blood pressure and its complication.

BACKGROUND OF THE STUDY:

Worldwide totally of 972 million adults with hypertension in 2000. Number of affected adults almost 2-fold greater in developing versus developed countries (639 million versus 333 million). Number of adults with hypertension expected to increase by 1.56 billion by 2025(WORLD HEALTH ORGANISATION 2009)

Hypertension is one of the leading cause of death & disability among the adults globally. The increasing incidence of hypertension will exert a

devastating price on the physical and economic health of the global community. In India 196 million adults are affected with hypertension. (WHO-2007) Number of adults with hypertension expected to increase by 1.56 billion by 2025 (American heart association). High blood pressure is a global epidemic. Globally 32 million people died due to non-communicable diseases and over half of them (16.7 million) died due to cardio vascular diseases. As per World Hypertension League (2009), globally 7 million people die every year due to high blood pressure and over 1.5 billion suffer from the disease. According to World Hypertension League (WHL) 2009 an estimated 2.27 million died due to cardio vascular disease during 1990. In that 196 million of adults were affected with hypertension. The prevalence of cardio vascular diseases is 2 to 3 times higher in urban than rural population due to exposure to behavioral risk factors such as inappropriate nutrition (processed & packaged, restaurant/fast food), insufficient physical activity, and increased tobacco consumption. The prevalence of hypertension was 59.9 and 69.9/1000 in males and females respectively. World Health League (WHL) 2009 had reported that high salt consumption was the cause of hypertension in about 3 in 10 adults. Hypertension is the biggest single risk factor for death worldwide, causing 64 percent strokes, 49 percent heart attacks and 54 percent kidney diseases. Many of these diseases could be prevented by eating less sodium. In 2011, elaborating on the government efforts to prevent and control diabetes and Hypertension, 15-20 crore people were screened for diabetes and hypertension. Expressing concern over the initial results of the tests in Bangalore and Chennai, 14 percentage of people in Bangalore were found to be diabetic and 21 percentage with high blood pressure. In Chennai out of 3 lakh persons, 50 thousand were found diabetic <https://assignbuster.com/the-leading-cause-of-death-health-and-social-care-essay/>

and 60 thousand were found hypertensive. Hypertension is an iceberg disease. It is a continually distributed variable in population. W. H. O. survey (2005) showed that in India the prevalence was 59.9 and 69.9 per 1000 in males and females in urban area, and 35.5 and 35.9 per 1000 in males and females in rural area. A number of people across the globe suffer from problems due to abnormal blood pressure, either high blood pressure (hypertension), or low blood pressure (hypotension). Like diabetes and high cholesterol, high blood pressure has also become a life style disease. Surprisingly, young people are equally affected by the problem of increased blood pressure due to increasing stress and hectic lifestyle and without knowing the importance of management of self on hypertension. It is now time to take appropriate action to ensure that people with hypertension everywhere receive the quality of care that they deserve. It is hoped that global awareness of hypertension and its complications will be raised and that the necessary attention will be paid to the need for improved self care for people with hypertension throughout the world. At the same time patients should also understand the need for management of self and its importance in preventing complications of hypertension. So more emphasis will be needed on appropriate educative sessions regarding management of self, for the promotion of knowledge which will enhance the management of self care practices of patients with hypertension.

NEED FOR THE STUDY

16th May 2012 | Geneva -The World health statistics 2012 report, put the spotlight on the growing problem of the non-communicable diseases burden. According to the report, one in three adults worldwide has raised blood

pressure - a condition that causes around half of all deaths by stroke and heart disease." This report is further evidence of the dramatic increase in the conditions that trigger heart disease and other chronic illnesses, particularly in low-and middle-income countries," says Dr. Margaret Chan, Director-General of World health organization (WHO-2012). " In some African countries, as much as half of the adult population has high blood pressure." For the first time, the World Health Organization's annual statistics (2012) report includes information from 194 countries on the percentage of men and women with raised blood pressure and blood glucose levels. In Africa, (2007) general survey report on hypertension showed that however, more than 40% (and up to 50%) of adults in many countries are estimated to have high blood pressure. Most of these people remain undiagnosed, although many of these cases could be treated with low-cost medications, which would significantly reduce the risk of death and disability from heart disease and stroke. Even though they are treated with medications, the self management practices are seen very less among them. Overall in world wide the percentage of hypertension is increases at every minute. A study conducted about the prevalence of hypertension report that 972 million people in the world are suffering from hypertension. Incident rates of hypertension ranges between 3 to18% depending on the age, gender ethnicity and body size of the population studied. The factors contributing to the increased prevalence of hypertension is mainly based on environmental factors, genetic factors and factors like alcohol intake, high fat intake, body mass index and hormonal problems, and non-adherence to medications, diet, lack of self-monitoring of blood pressure, exercises, stress etc.

Hypertensives when compared to normotensives develop twice as much as <https://assignbuster.com/the-leading-cause-of-death-health-and-social-care-essay/>

coronary heart disease, four times as much congestive heart failure and seven times as much stroke. The risk factors can be conquered through lifestyle modifications and management of self on hypertension. In order to reduce the high incident rate, now the health system is giving more emphasis on life style modifications along with other measures. Life style modifications and management of self is important because how we live determine our choices and this choice decide how healthy we are. Our daily routine may lead us to many risk factors. Habits like eating out at restaurant and eating fast foods, drinking alcohol, smoking, staying up late and not getting enough sleep, spending more time in front of television, computer and more use of vehicles rather than walking are the risk factors for hypertension. A study conducted by Edyer, et al(2005)revealed that a comprehensive lifestyle intervention can substantially lowers the blood pressure, and improves the blood pressure control. Lifestyle can be modified only by individual' s own decision. This can be achieved through adequate knowledge on self care practices which controls the blood pressure. The above study emphasized the importance of knowledge about management of self that helps to control blood pressure level and prevent the complications. The investigator during her clinical posting in V. H. S has come across patients with hypertension who recurrently got admitted with complications of hypertension. While interacting with those patients she found that some patients are not having adequate awareness regarding management of self on hypertension. On further enquiry the investigator found that, most of the patients were not following the prescribed life style modifications. This is due to the fact that they did not know about the importance of management of self on hypertension such as diet, exercise, <https://assignbuster.com/the-leading-cause-of-death-health-and-social-care-essay/>

medications, follow-up etc. so the investigator felt the need to assess the knowledge regarding management of self among patients with hypertension.

STATEMENT OF THE PROBLEM:

A study to assess the knowledge regarding management of self among patients with hypertension in selected hospitals in Chennai

OBJECTIVES:

1. To assess the knowledge regarding management of self among patients with hypertension in selected hospitals in Chennai. 2. To associate the knowledge regarding management of self with selected demographic and variables among patients with hypertension.

OPERATIONAL DEFINITIONS:

ASSESS:

In this study the term “assess” refers to the process of gathering information expressed by the patients with hypertension as response to the structured interview schedule and analyzing with the statistical method.

KNOWLEDGE:

In this study, knowledge refers to the awareness about management of self on hypertension as expressed by the patients as response to the structured interview schedule and given scores.

MANAGEMENT OF SELF:

In this study it refers to the ability of the patients with hypertension to take care of their own health, which includes regular intake of medications,

exercises, diet regimen, and regular follow up, and adopting life style modifications which are elicited by structured interview schedule.

ASSUMPTIONS:

1. The knowledge regarding management of self among patients with hypertension will vary from adequate to inadequate. 2. The knowledge regarding management of self among patients with hypertension will be influenced by the demographic variables.

DELIMITATION:

The period of data collection is limited to 4 weeks. The study is limited to patients who are attending the outpatient department and inpatient department of selected hospitals in Chennai. PROJECTED OUTCOME: 1. Participation in this study results helps in rethinking and self evaluation which will motivate the patients to update their knowledge regarding management of self on hypertension. 2. The findings of the study will help us to make recommendations to the hospital administration and health care professionals on various educative sessions regarding management of self on hypertension.

CONCEPTUAL FRAME WORK

A conceptual frame work is made up of intellectual concept abstract. These concepts are assembled together to convey the association between them. It serves as a guide to identify systematically and precisely defined relationship among the variables. The conceptual framework adopted for the study was based on Pender's health promotion model (1987). Health promotion is " directed towards increasing the level of well-being & self

actualization in a given individual or group". This model focuses on the aspects of, Modifying factors Cognitive perceptual factors Participating in health promoting activities

MODIFYING FACTORS:

It refers to the situational, maturational, socio cultural, personal and biological factors. In this study it refers to the demographic variables of patients with hypertension like age in years, gender, educational status, occupation, marital status, family monthly income, dietary habits, and clinical variables like duration of illness in years, family history of hypertension, and history of information received regarding management of self on hypertension.

COGNITIVE PERCEPTUAL FACTORS:

In this model, cognitive perceptual factors have important motivational significance. These variables can be modified through nursing actions In this study, it refers to the knowledge of patients regarding management of self on hypertension like, regular checkup, self monitoring, diet, salt restriction, weight monitoring, exercise, follow up, complications and warning signs of hypertension.

PARTICIPATING IN HEALTH PROMOTING ACTIVITIES:

The participation of patients in the study is considered as one of the health promoting behavior as this will help the patients to be aware of existing their knowledge regarding management of self on hypertension and enhances through the advices given.

CUES FOR NURSING ACTION:

The responses of the patients regarding their knowledge on management of self on hypertension provide cues for nursing action like reinforcing the patients for their existing measures in terms of DASH diet, exercises, weight reduction, life style modifications, blood pressure monitoring, self care measures, follow-up and awareness about warning signs and other care. And also the patients were recommended to undergo various educative and demonstrative sessions regarding management of self on hypertension to control it. Modifying factors cognitive perceptual participating in Factors health promoting behavior

KNOWLEDGE OF PATIENTS REGARDING MANAGEMENT OF SELF ON HYPERTENSION:

1. General information about hypertension. 2. Information regarding health promoting behavior includes, Regular check up Self monitoring of blood pressure Diet Salt restriction Weight monitoring Exercise Follow up Complications of hypertension

DEMOGRAPHIC VARIABLES:

Age Sex Educational status Occupational status Family monthly income Personal habits Dietary habits Duration of illness Family history of hypertension history of received information regarding management of self on hypertension Participation of patients in the study and sharing information regarding management of self on hypertension Eliciting the knowledge regarding management of self on hypertension through structured interview schedule Reinforcement Adequate knowledge Moderate knowledge Inadequate knowledge Cues for nursing action recommended the patient to undergo

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various educative and demonstrative sessions regarding management of self on hypertension.