



## KNOWLEDGE AND PRACTICES REGARDING LIFE STYLE MODIFICATIONS AMONG HYPERTENSIVE PATIENTS

### Nursing

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### ABSTRACT

**Background of the study:-** Hypertension is one of the common non-communicable diseases. Hypertension is leading risk factor contributing to death and called silent killer. It has become a significant problem in many developing countries experiencing epidemiological transition from communicable to non-communicable chronic diseases. Knowledge regarding hypertension is an important measures used for decreasing the prevalence of hypertension.

**Objective-** To assess the knowledge and practices regarding life style modifications among hypertensive patients visiting selected areas of tertiary care hospital of district Ludhiana, Punjab.

**Methodology-** A descriptive design was used to assess knowledge and practices regarding lifestyle modifications among 300 hypertensive patients visiting selected areas of tertiary care hospital. Convenience sampling technique was used to select the sample. Structured questionnaire and checklist was used to assess knowledge and practices regarding lifestyle modifications among hypertensive patients.

**Results:** The present study revealed that two third 254(84.7%) hypertensive patients had average level of knowledge regarding lifestyle modifications and 232(77.3%) hypertensive patients had satisfactory level of practices regarding lifestyle modifications. The correlation between knowledge and practices was found to be weak positive 0.284 which was found to be significant at 0.000 level of significance. Education, socioeconomic status, frequency of smoke, type of alcohol had significant impact on knowledge of hypertensive patients regarding life style modifications while education, religion, marital status had impact on practices of hypertensive patients regarding life style modifications.

**Conclusion-** Study concluded that more than two third of hypertensive patients had average level of knowledge regarding lifestyle modifications and two third had satisfactory level of practices regarding lifestyle modifications. There is weak positive correlation between knowledge and practices and found to be significant.

### KEYWORDS

Knowledge, practices, life style modifications.

The emergence of hypertension and other cardiovascular diseases (CVDs) as a public health problem is strongly related to the aging of the populations, urbanization, and socioeconomic changes favoring sedentary habits, obesity, alcohol consumption, and salt intake, among others. Hypertension presents a major area of intervention because it is a frequent condition and is amendable to control through both non pharmacological lifestyle factors and pharmacological treatment. Life style measures for maintaining BP include reduced alcohol intake, reduced sodium chloride intake, increased physical activity, and control of overweight.

Hypertension is called silent killer. It increases the risk of stroke about four times more than people with normal blood pressure and risk of heart failure by 3 times that of people with normal blood pressure and is fast emerging as a modern epidemic disease in the world. It is estimated that by 2020, CVDs will be the largest cause of mortality and morbidity in India. Hypertension is responsible for 57% of stroke deaths and 24% of coronary heart disease deaths in India. In India, the prevalence of hypertension is reported to be increasing rapidly in urban areas and same trend is spreading to rural areas.

Knowledge regarding hypertension is an important measures used for decreasing the prevalence of hypertension. As it is a risk factor for cardiovascular and renal diseases including stroke, heart failure and kidney failure. Life style modifications are universally accepted, not only as first step in the management of hypertension but also as a way to prevent hypertension. A variety of dietary modifications are beneficial in treatment of hypertension, including reduction of salt intake, moderation of alcohol, physical activity, emotional stress, possibly increasing potassium and calcium intake and ingestion of vegetable diet or fish oil supplements.

The DASH(Dietary approach to control hypertension) diet combined with alcohol and salt reduction, weight loss, and aerobic exercise achieved a reduction of 14.2/7.4 mmHg among hypertensive patients, while hypertension prevalence fell over a period of 6 months from 38% to 12%.

### Methodology:

A descriptive research design was used to assess the knowledge and practices of life style modifications among hypertensive patients. The sample size consists of 300 hypertensive patients Convenience sampling technique was adopted to select sample from target population.

- Existing socio-demographic tools were referred to develop socio-demographic items

**Part-1(a)** Socio-demographic profile.

-1(b) Health information

-1(c) Clinical profile- included (BMI) *as per WHO criteria*, investigations (Systolic and Diastolic blood pressure readings *As per JNC 7 classifications*, random blood glucose readings *As per WHO recommendations* and comorbid conditions.

**Part-2** Structured questionnaire to assess knowledge regarding life style modifications.

**Part-3** Checklist to assess practices regarding life style modifications.

### Procedure for data collection:

- Data was collected in the month of January, 2017. Total sample size consists of 300 hypertensive patients attending hypertensive clinics of UHC Shimla Puri, RHC Pohir and Hero Heart of DMC& Hospital.

### RESULTS:

**Distribution of hypertensive patients according to level of knowledge regarding lifestyle modifications**

N=300

Level of knowledge	Score	f (%)	Mean±SD	Mean%
Good	25-35	42(14%)	26.34±1.783	75.25
Average	13-24	254(84.7%)	20.34±2.568	84.75
Below average	0-12	4(1.3%)	11.75±0.957	97.91

Maximum score- 35

Minimum score- 00

### Distribution of hypertensive patients according to level of practices regarding lifestyle modifications

N=300				
Level of practices	Score	f (%)	Mean±SD	Mean %
Satisfactory	16-30	230(76.6)	18.66±2.125	62.2
Unsatisfactory	1-15	070(23.3)	13.01±1.892	86.73

Maximum score- 30

Minimum score- 00

### Relationship between knowledge and practices regarding lifestyle modifications among hypertensive patients

N=300		
Score	Mean±SD	Correlation
Knowledge score	21.05±3.372	r=0.284
Practice score	17.33±3.167	p=0.000*

Maximum Knowledge score=35

\*significant p<0.05

Minimum Knowledge score=00

Maximum Practice score =30

Minimum Practice score =00

### DISCUSSION-

The aim of this study was to assess level of knowledge and practices related to hypertension, lifestyle behavior modifications and challenges those facing hypertensive problems.

**Objective 1:** To assess the knowledge and practices of life style modifications among hypertensive patients visiting selected areas of tertiary care hospital of district Ludhiana, Punjab.

The findings of the present study revealed that two third 254(84.7%) of hypertensive patients had average knowledge regarding lifestyle modifications followed by 42(14%) had good knowledge regarding lifestyle modifications and only 4(1.3%) subjects who had below average knowledge regarding lifestyle modifications. The mean knowledge score was 21.05 Regarding practices the findings of the present study revealed that two third 77.3% hypertensive patients had satisfactory practices regarding lifestyle modifications followed by 22.7% had unsatisfactory practices. The mean practice score was 17.33

**Gowda Swamy Yathi kumara (2013)** conducted a similar study on 50 hypertensive patients regarding lifestyle modifications. Results showed that 27(54%) had average knowledge, 10(20%) had poor knowledge, 9(18%) had good knowledge, 4(8%) had very good knowledge. The mean percentage of knowledge score was 52.89% Regarding practices the findings of the Gowda swamy study revealed that majority of hypertensive patients 39 (78%) had good lifestyle practices and 11(12%) had very good lifestyle practices. The mean percentage of practice score was 69.18%.

### Objective 2.To find out relationship between knowledge and practices of life style modifications among hypertensive patients.

In the present study mean knowledge score of hypertensive patients was 21.05±3.372 and practice score was 17.33±3.167. The correlation coefficient between knowledge and practice was found to be 0.284 which was highly significant and showed weak correlation (p=0.000).

A contrary study was conducted by **Gowda Swamy Yathi kumara (2013)** results showed mean knowledge score was 9.52±3.2 and practice score was 37.36±4.088.and the correlation coefficient between knowledge and practices was found to be -0.292which was weak negative significant correlation.

### Objective 3.To determine the association of knowledge and practices of life style modifications with selected socio-demographic variables among hypertensive patients.

The present study revealed that the association of mean knowledge score regarding lifestyle modifications among hypertensive patients were found to be statistically significant (p<0.05) with education, religion, frequency of smoke, type of alcohol and socioeconomic status while mean practice score regarding lifestyle modifications among hypertensive patients were found to be statistically significant with education, religion, marital status but it were found to be statistical non- significant with age ,habitat, occupation, dietary habits, history of smoke and alcohol, onset of hypertension, duration of

hypertension, past medical history, family history.

The findings of Lyalomhe B study showed that educational background had impact on knowledge and practices of hypertensive patients regarding life style modifications for the management of hypertension (p=0.046).

### CONCLUSION-

Study concludes that out of 300 hypertensive patients more than two third of subjects had average level of knowledge regarding lifestyle modifications and two third had satisfactory level of practices regarding lifestyle modifications. A weak positive correlation found between knowledge and practices of hypertensive patients regarding lifestyle modifications which was statistically significant (p=0.000). Knowledge had significant association with education, socio-economic status, frequency of smoke, type of alcohol whereas practices had significant association with education, religion, marital status and with other variables.

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