

Hypertension: Literature Review

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06/11/2021

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This literature review presents a discussion on the importance of managing hypertension and the ramifications of unmanaged hypertension. Hypertension is referred to as the silent killer due to the lack of symptoms that accompany the disease. According to (Capriotti et al., 2020), hypertension causes damage to the endothelial lining of the arteries and resistance against the left ventricle of the heart. The results of unmanaged hypertension can be dangerous and even fatal. In this article, the author analyzes the adherence of hypertensive patients to medications and the factors that influence patient adherence.

Adherence to hypertension medication: Quantitative and qualitative investigations in a rural Northern Vietnamese community

This study demonstrates both quantitative and qualitative research to link the level of patient adherence to medications and the cardiovascular risk among hypertensive patients. Previous studies link a higher adherence to antihypertensive drugs with better blood pressure management and a lower risk of cardiovascular disease. Therefore, this study examines factors that influence adherence and the correlation between cardiovascular risk and the level of a patient's adherence to medication.

Key Points

This study includes a population aged 35 to 64 years. The author collects the age, sex, and blood pressure for a baseline. The number of days the prescription was active divides the number of days the patients took the drug to calculate an adherence percentage. The author determined

that 80% was the threshold between adherent and non-adherent. Of the 315 patients that were analyzed, 49.8% of patients were adherent. No association was found between cardiovascular disease and being adherent.

Assumptions

The author found that there were significant differences in adherence based on age. The author suggests that future studies and healthcare should consider age when focusing on whom to target regarding adherence guidance rather than a patient's risk profile. Increased age was related to higher adherence meaning younger patients could benefit from more guidance, reminders, and checkups.

Deficit/Conclusion

The author concluded that a patient's age has more impact on adherence than a patient's risk profile for cardiovascular disease. An increase in age showed an increase in adherence. This conclusion is reasonable, and future studies regarding medication adherence should consider these results. If nursing fails to accept this line of reasoning, medical personnel could be targeting the wrong patients based on their risk profile instead of their age. Targeting those who are already adherent will serve no use for those who are not, increasing the chance that the younger population will continue to have a higher rate of non-adherence. The younger population must understand the risks of being non-adherent to antihypertensive medications.

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Key Points

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Assumptions

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Deficit/Conclusion

Paragraph goes here discussing the conclusion of the article. Follow the MEAL paragraph formatting and use Grammarly.com. Do you accept the authors' line of reasoning? What are the implications for this article? If nursing fails to accept this line of reasoning, what would the implications be?

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Deficit/Conclusion

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Conclusion

Write a conclusion here in your overall paper. Follow the MEAL paragraph formatting and use Grammarly.com. Provide a summary/conclusion of the analysis of all three articles.

Discuss how the information can improve:

- Patient outcomes
- Nursing practice
- Evidence-based practice/Quality Improvement efforts
- Healthcare as a whole

References

- Capriotti, T. (2020). In *Davis advantage for pathophysiology: introductory concepts and clinical perspectives* (pp. 338–339). essay, F.A. Davis.
- Nguyen, T.-P.-L., Schuiling-Veninga, C. C., Nguyen, T. B., Vu, T.-H., Wright, E. P., & Postma, M. J. (2017). Adherence to hypertension medication: Quantitative and qualitative investigations in a rural Northern Vietnamese community. *PLOS ONE*, *12*(2). <https://doi.org/10.1371/journal.pone.0171203>