

Hypertension: Literature Review

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A Self-Management Approaches Among Hypertensive Residents in Nursing Homes in Malaysia.

Research conducted a face-to-face survey with 200 hypertensive residents from 24 nursing home and 30 caregivers to evaluate the effectiveness of self-management of hypertension in Malaysia because the researchers observed that the number of hypertension patients in Malaysia increased from 42.6% in 2006 to 43.5% in 2011 due to an increasing age population (Wei & Omar, 2017). A sample was collecting from April 2014 to December 2014. All participants were mandated to stay in the nursing home for three months, and they must be physically active; no one can be bedridden. The caregivers directed them to modify their lifestyle and to adhere to medications to low their blood pressure. The researchers identified that from the 200 residents: 124 residents (62%) control their blood pressure, and 76 residents (38%) still having uncontrolled blood pressure (Wei & Omar, 2017). Lowering the blood pressure will reduce the mortality rates.

Key Points

Including the caregiver in controlling hypertension in older adults is crucial because they need someone to remind them about antihypertensive medication administration and check their blood pressure daily using the blood pressure monitor. For example, 73.3% (n = 22) of the caregivers confirm their full responsibility to ensure that all medications are taking as prescribed (Wei & Omar, 2017). Moreover, the old adults show higher dependence on their caregivers to

help control hypertension. For example, 66.7% (n = 20) of the 30 caregivers reported holding full responsibility for medication-related tasks, reminding the hypertensive residents to take their medication every morning or evening (Wei & Omar, 2017). Therefore, the caregivers played an essential role when managing high blood pressure in the elderly. They managed the dose and frequency of antihypertensive medications to assure that they are not overdosing or missing any dose. In addition, proper medication administration will help to maintain blood pressure in the average baseline.

It is essential to teach the caregivers about the proper technique to record the blood pressure because blood pressure is one of the five vital signs. Therefore, a good technique will improve the accuracy measure of blood pressure and help the residents to receive appropriate treatment. Nevertheless, the researchers identified that some caregivers were not concerned with helping residents to monitor their blood pressure regularly (36.7%, n=11) due to limited knowledge about the correct technique to use the manual blood pressure monitor (Wei & Omar, 2017). Therefore, the truth is that giving training skills to the caregiver on the appropriate technique used to measure the blood pressure will help to reduce the bias and get accurate results because they will gain knowledge.

Assumptions

According to Wei & Omar (2017), the change related to age increased systolic blood pressure and augmented heart disease complications, including heart attack, heart failure, and stroke. Of the 200 residents, 59% (n = 108) had at least one co-morbidity, specifically diabetes mellitus, heart disease, and hyperlipidemia. However, having hypertension and those morbidity diseases will put patients at a higher risk of death. The researchers provided that only 46.5% (n =

93) Wei & Omar 2017). However, keeping systolic blood pressure under control will help to manage hypertension and reduce those associated risks. The caregivers play a capital role when managing hypertension to the residents, and they monitor the blood pressure measurements before the residents take antihypertensive medications. The nurses need to pay attention to the systolic number when recording the old adults' blood pressure rate and educate them on exercising and changing their lifestyles to help keep their blood pressure within the normal range.

Deficit/Conclusion

According to the American Society of Hypertension and the International, hypertension is a systolic blood pressure of 140 mmHg or higher and diastolic blood pressure of 90 mm Hg or higher. Uncontrolled blood pressure can increase the resident's risk of heart failure, stroke, and death (Hinkle & Cheever, 2018). Therefore, physicians have the responsibility to give knowledge on controlling hypertension to the patients. For example, the researchers state that 70 (n = 140) residents reported that they did not get any information from the healthcare provider regarding their blood pressure. No one informed them about the importance of managing their blood pressure (Wei & Omar, 2017). The truth is that implicating the caregiver in the residents' care help to increase the possibility to manage hypertension faster. We positively agree that to reduce the complications of hypertension and morbidity, and the health professional staffing needs to inform the patients about their disease and educate them about controlling their blood pressure. If the health professional fails to provide information and education to the patients, the lack of knowledge will decrease the chance of improvement and increase the risk of death. Moreover, the nurses need to teach their caregivers about the proper technical skills to use blood

pressure machines when taking vital signs because many nursing residents were higher dependent on the caregivers.

Factors Associated With Awareness, Treatment, and Control of Hypertension Among 3579 Hypertensive Adults in China: Data From The China Health and Nutrition Survey.

A study led in China using 3579 hypertensive adults from ten different provinces and 288 communities. The study focuses on examining knowledge, treatment, and the management of hypertension in the Chinese population suffering from hypertension. According to Wei et al. (2021), China has many hypertensive populations globally, with 244.5 million (23.2%) adults having hypertension in 2015. After observing the danger that hypertension caused in human life, such as congestive heart failure, stroke, and heart attack. Chinese researchers researched with Chinese hypertensive population aged ≥ 18 years with a mean age of 60 years. The researchers also identified an increasingly unhealthy lifestyle observed in China, such as lack of physical activity, binge drinking, and high sodium consumption (Wei et al., 2021). The variables were selected based on the population age, demography, life behaviors, education level, and socioeconomic status. The result revealed that women acquired consciousness about hypertension measure rapid than men. The older people with age ≥ 65 years and urban residents control their hypertension better than the young and rural residents (Wei et al., 2021).

Key Points

The associated factors, including sex, age, and smoking or using alcohol, contributed positively to control hypertension. For example, women were alert about hypertension. They were able to control it better (1.32, 1.04) compared with men. The older adults over 65 years

were more careful about their health. They were aware of and controlled hypertension better (1.84, 1.34) than young and mid-aged. The researchers identified an increased hypertension awareness, treatment, and control for the people who do not currently smoke or drink alcohol (Wei et al., 2021). Smoking increases the blood pressure and heart rate, causing reduction of the arteries wall and forms a blood clot. The blood cannot flow normally, so it causes stress to the heart to cause stroke and heart attack (Beckerman, 2021). Reducing all those associated factors will reduce the risk of morbidity.

Moreover, taking medication as prescribed by the physician will help to control hypertension. The researchers confirm that the people with higher education levels and higher socioeconomic status demonstrate positivity on awareness, medications, and control of hypertension. As state by Wei et al. (2021), people living in urban regions and those from Eastern China were more likely to control their hypertension than people living in rural areas because the urban and Eastern populations have easy access to healthcare facilities and primary health care professionals. In additional. Higher education levels control their hypertension (2.16; 1.79) than those with low education levels (Wei et al., 2021). The urban and higher education people get medications to treat their hypertension because they have a primary care physician available to prescribe them an appropriate hypertensive medication. The hypertensive medications decrease peripheral vascular resistance and myocardial contraction rate (Hinkle & Cheever, 2018). Therefore, respecting the administration of hypertensive medications will help to decrease complications associated with hypertension.

Assumptions

The study revealed that only one-fifth (20.3%) of participants in the research had their blood pressure controlled (Wei et al., 2021) because the people in the study do not become compliant to change their behavior. They smoke, use a heavy drink, and do not take hypertensive medications properly. Another reason for the low percentile rate is that physicians prescribe expensive drugs than essential drugs to treat hypertension (Wei et al., 2021). It will be helpful if the doctors remove the financial barriers by prescribing the essential hypertensive medications to help everyone afford them instead of buying expensive drugs. Teaching people about the consequences of hypertension, giving them the strategies to manage behavior, and respecting taking medication will help them control their blood pressure.

Deficit/Conclusion

To sum up, prolonged hypertension can lead to many complications, including strokes, heart failure, myocardial infarction, kidney disease, and impaired vision (Wei et al., 2021). Therefore, to help manage their hypertension and decrease complications associated with the disease, the patients must be aware of the danger of hypertension and behave better by respecting antihypertensive treatment and modifying their lifestyle. The researchers identified that 55.7% of people were aware of their disease, and 46.5 % were taking antihypertensive medications to help lower their blood pressure. Nevertheless, only 20.3% of the people achieved controlling their blood pressure (Wei et al., 2021) due to noncompliance with behavior changes, sex, age, socioeconomic status, and higher education. For example, the rate of smoking and alcohol used was elevating in men than in women; due to the lifestyle change, women show awareness of hypertension and control it better than men (Wei et al., 2021). We positively agree that the patients must be involved in controlling hypertension by being conscious of the dangers of high

blood pressure and trying to change their lifestyles by quitting smoking, reducing their alcohol consumption, and exercising. It is the nurses' task to teach their patients about the consequences of hypertension in the body and educate them about antihypertensive medications. If the nurses fail the teaching, the patients will have uncontrolled hypertension and lead to cardiovascular disease.

Conclusion

This literature review examined three articles from 2017-2021 in three different countries: China, Malaysia, and Palestine. All three research examine the awareness, treatment, and self-management of hypertension to the populations because hypertension is a common chronic disease that causes chronic conditions such as heart failure, stroke, peripheral artery disease, and kidney disease. It can lead to death when leaving untreated—almost 9.4 million deaths each year worldwide from hypertension (Wei et al., 2021). Therefore, controlling hypertension will help to decrease the risk of mortality and cardiovascular morbidity. Nurses are responsible for educating patients about changes in lifestyle, including exercises, eating a low-sodium diet, reducing weight, and taking medication as prescribed (Khairy et al., 2021). The doctors can communicate with the patients and inform them about the importance of taking medications. Keeping a good relationship will allow patients to ask questions and clarify any issue they have. The truth is that getting knowledge about hypertension will influence the patients to be motivated, participate effectively in the treatment, and improve good outcoming by maintaining blood pressure at the baseline level. The certified nursing assistant will help the nurse monitor residents' blood pressure by taking blood pressure every 8 hours. Moreover, all health care teams can work together to help patients managing their hypertension.

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