

ASSESSMENT OF THE QUALITY OF LIFE AMONG HYPERTENSIVE PATIENTS IN URBAN HEALTH CENTRE OF SRI GURU RAM DAS HOSPITAL, AMRITSAR.

By : Amandeep Kaur Bajwa*

*Associate Professor, Sri Guru Ramdas College of nursing, Vallah, Amritsar, India.

Abstract

The present study was undertaken to assess quality of life among the hypertensive patients in U.H.C of S.G.R.D CHARITABLE HOSPITAL, Sri Amritsar. Hypertension is a persistent elevation of the systolic blood pressure (SBP) at a level of 140 mmHg or higher and diastolic blood pressure (DBP) at a level of 90 mmHg or higher. Hypertension is a major risk factor for stroke, myocardial infarction (heart attacks), heart failure, aneurysms of the arteries (e.g. aortic aneurysm), and peripheral arterial disease and is a cause of chronic kidney disease. Dietary and lifestyle changes can improve blood pressure control and decrease the risk of associated health complications. So, Regular exercise trains your heart to respond quickly and efficiently to external physical stresses.

Key Words: The quality of life, Hypertensive patient, Prevalence

About Author:



The Author is working as a Associate professor in SGRD college of nursing Vallah Amritsar. She did PG Diploma in hospital and health management.

Introduction:

Health is related deeply to life-style. Ideal health will however, always remains a mirage, because everything in our life is subject to change. Health may be described as a potentiality—the ability of an individual or a social group to modify himself or itself continually, in the face of changing conditions of life not only, in order to function better in the present but also to prepare for the future. Dietary and lifestyle changes can improve blood pressure control and decrease the risk of associated health complications. So, Regular exercise trains your heart to respond quickly and efficiently to external physical stresses.

Lifestyles have a relationship with hypertension. A lack of regular physical activity increases risk for

many heart conditions, including high blood pressure. The remedy is to include exercise as a regular part of routine. Daily exercise is a remedy or preventive measure for cardiovascular problems. By increasing blood flow and promoting cardiovascular efficiency, exercise provides benefits to your entire circulatory system. Additionally, regular exercise trains your heart to respond quickly and efficiently to external physical stresses.

The study is limited to:

- Peoples who are having hypertension.
- Peoples who are willing to participate in the study.

Materials and Methods

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This study aims to assessing the quality of life among hypertensive patient. It was decided to use **WHO BREF- 100** questionnaire to determine quality of life among hypertensive patient. Research design helps the investigator in the selection of subject descriptive survey and simple correlation design is adopted in the present study to achieve objective. A descriptive survey is research design that

Table 1.

Independent variables	Study sample	Dependent variables	Criterion measurement
Age Dietary habits Religion Gender	100 hypertensive patients of urban health center, Amritsar.	Knowledge score of hypertensive patients of urban health center at Amritsar.	Knowledge score of hypertensive patients : 26-60 satisfied 61-95 average 96-130 very satisfied

This study (Table 1) was conducted in population of UHC, SGRD Charitable Hospital, Amritsar. The study population consisted of 100 hypertensive patients of selected U.H.C. Simple random technique is used to select the sample. The Data has been collected from 100 hypertensive patients of selected U.H.C area, S.G.R.D Charitable hospital Sri Amritsar that fulfill the sampling criteria using the questionnaire which was prepared in English and Punjabi .

Discussion

It deal with the analysis, interpretation and discussion of data obtain from 100 hypertensive patient under U.H.C, of S.G. R.D charitable hospital, Sri Amritsar. KERLINGER defined analysis as “the categorizing, ordering, manipulating and summarizing of data to obtain answers to research questions”. The purpose of analysis is to reduce the data to be intelligible and interpretable form, so that the relations of research can be tested ABDELLAH AND LEVINE (1979) stated that interpretation of tabulated data can bring to light the real meaning of the finding of a study.

A standardized WHO-BREF-100 QOL questionnaire and socio-demographic profile was prepared to assess the quality of life of hypertension patient. The data collected was analyzed and interpreted in the accordance with objectives:

Subjects studied were distributed according to various categories age, gender, religion, dietary habit, educational status, marital status etc. The subject findings were as follows:

As per age, it was founded that 31% of the subjects were in the age group of 36-50 yrs. In this study it was founded that majority (61%) of the subjects was having female gender. During analysis it was found

undertaken to describe the frequency of occurrence of phenomenon rather than to study relationship or more variables often at a single point in time, where as a correlation survey is a research design that relate multiple variable measured at a single time point. The dependent variables in present study were quality of life among hypertensive patients.

that majority of population (79%) were having Sikh minority. As per type of family, it was found that majority (54%) of the subject was having joint family. During analysis it was found that vegetarian and non - vegetarian was having equal percentage i.e. 50%. In this study it was found that majority (29%) of the subject was having middle educational status. Also, it was found that majority (82%) of the subject was married.

Majority (58%) of the subject was having unemployed. As indicated in the table, majority (59%) of the subject was having family income up to Rs.10, 000.

The majority of 31% population having duration of hypertension more than 4 year, more chances of having hypertension in patient with social habit of smoking i.e.66%, patient with family history(54%), co morbid disease (diabetic mellitus 65%), 91% are known to hypertensive, 59% of population are treated with drugs.

Results have shown that majority of population are having moderate (score 61 -95) quality of life i.e.76%. The mean score of quality of life among hypertensive patient is 88.51.

It was concluded that there is a strong correlation between changing lifestyle factors and increase in hypertension. However statistical test is applied which is significant.

The data in the Table 2 shows that 76% of the hypertensive patients were having good quality of life and 23% were having the average quality of life and only 1% of the sample came under the category of poor quality of life.

Table 2: Frequency percentage of Quality of life of Hypertensive patients under urban health centre

N=100		
Quality of life	F	%
Good>90 score	23	23
Average 61-95	76	76
Poor<=60 score	1	1

Table 3: Association of quality of life of hypertensive patients with demographic variables

Demographic variable	Category			Chi	df	P value
	Poor	Average	Good			
Age (years)						
20-35	0	10(66.7%)	5(33.3%)	9.364	6	0.154 ^{NS}
36-50	0	20(64.5%)	11(35.5%)			
51-65	0	24(85.7%)	4(14.3%)			
>65	1(3.8%)	22(84.6%)	3(11.5%)			
Gender						
Male	1(2.6%)	30(76.9%)	8(20.5%)	1.743	2	.418 ^{NS}
Female	0 (0%)	46(75.4%)	15(24.5%)			
Religion						
Hindu	1(5.0%)	14(70%)	5(25%)	4.452	4	.348 ^{NS}
Sikh	0	61(77.2%)	18(22.8%)			
Christian	0	0	0			
Others	0	1(100%)	0			
Type Of Family						
Nuclear	0	35(79.5%)	9(20.5%)	1.963	4	.743 ^{NS}
Joint	1(1.9%)	39(72.2%)	14(25.9%)			
Extended	0	2(100%)	0			
Dietary Habits						
Vegetarian	1(2.0%)	35(70%)	14(28%)	2.561	2	.278 ^{NS}
Non Vegetarian	0	41(82%)	9(18%)			
Educational Status						
Primary	0	14(73.7%)	5(26.3%)	3.959	8	.861 ^{NS}
Middle	1(3.4%)	23(79.3%)	5(17.2%)			
10+2	0	19(76%)	6(24%)			
Graduate	0	18(72%)	7(28%)			
Post-Graduate		2(100%)	0			
Marital Status						
Married	0	64(78%)	18(22%)	17.789	4	.001*
Unmarried	0	4(44.4%)	5(55.6)			
Widow/Widower	1	8(88.9)	0			
Divorce	-	-	-			
Occupational Status						
Employed	0	23(74.2%)	8(25.8%)	1.178	6	.978 ^{NS}
Unemployed	1(1.7%)	44(75.9%)	13(22.4%)			
BUSINESSMAN	0	3(75%)	1(25%)			
Laborer	0	6(85.7%)	1(14.3%)			
Family Income						
Upto Rs. 10000	0	46(78%)	13(22%)	8.035	6	.236 ^{NS}
Rs.10001-Rs. 15000	1(5.9%)	11(64.7%)	5(29.4%)			
Rs.15001-Rs.20000	0	12(70.6%)	5(29.4%)			
More than Rs.20001	0	7(100%)	0			

Duration Of Hypertension (years)						
≤1	0	18(75%)	6(25%)	3.280	6	.773 ^{NS}
2	0	16(76.2%)	5(23.8%)			
3	1(4.2%)	18(75%)	5(20.5%)			
≥4	0	24(77.4%)	7(22.6%)			
Social Habits						
No drug abuse	0	55(83.3%)	11(16.7%)	28.488	8	.000*
Smoker	1(20%)	1(20%)	3(60%)			
Alcoholic	0	15(65.2%)	8(34.8%)			
Both smoking and alcohol	0	2(66.7%)	1(33.3%)			
Use of drugs	0	3(100%)	0			
Family History of hypertension						
Patients with family history	0	41(75.9%)	13(24.1%)	1.233	2	.540 ^{NS}
Patients without family history	1(2.2%)	35(76.1%)	10(21.7%)			
Co-Morbid Diseases						
Diabetes Mellitus	0	47(72.3%)	18(27.7%)	103.631	6	.000*
Dyslipidemia	0	28(87.5%)	4(12.5%)			
Renal failure	1(100%)	0	0			
COPD	0	1(50%)	1(50%)			
Known Hypertension						
Yes	1(1.1%)	69(75.8%)	21(23.1%)	.106	2	.949 ^{NS}
No	0	7(77.8%)	2(22.2%)			
History Of Any Hospitalization For Hypertension						
Yes	1(6.3%)	13(81.3%)	2(12.5%)	9.456	4	.051*
No	0	63(75.9%)	20(24.1%)			

The Data in the Table 3 represents that marital status, social habits, comorbid disease, and history of hypertension and treated with drug, diet and exercise is associated with the quality of life of hypertensive patients. it means that the patients who did not have the habit of smoking and alcohol drinking were having the good quality of life.

Discussion

The findings of the present study have been discussed in accordance with the objectives of the study. Literatures that depict hypertension problems are more likely to be occurring in population. The present study was undertaken with the preview to assess quality of life among the hypertensive patients. The present study is conducted in urban health centre SGRD charitable hospital, Sri Amritsar. Subject's chosen for the study was the population under urban health centre SGRD charitable hospital, Sri Amritsar.

The major findings revealed that population were age group of 36-50 yrs. (31%), gender (female 61%), religion (Sikh 79%), dietary habit findings are equal i.e.50%, educational status (middle 29%), marital status (married 82%). Majority (58%) were

unemployed having hypertension. Majority (59%) were having family income up to Rs. 10, 000.

The majority of 31 % population having duration of hypertension more than 4 year, more chances of having hypertension in patient with social habit of smoking i.e.66%, patient with family history(54%) , co morbid disease(diabetic mellitus 65%),91% are known to hypertensive,59% of population are treated with drugs.

The study also revealed that majority of population are having moderate (score 61 -95) quality of life i.e.76%. The mean score of quality of life among hypertensive patient is 88.51.

The result revealed that 76% patients have moderate quality of life, 23% population has good quality of life and 1% population has poor quality of life.

Conclusion

This descriptive study was conducted on 100 subjects in urban health centre SGRD Charitable hospital, Sri Amritsar on population by Random sampling.

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Being a descriptive study, hypertension experienced by population was assessed. Subjects were given with standardized WHO BREF -100 QOL questionnaires. It was founded that 31% of the subjects were in the age group of 36-50 yrs. Majority (61%) of the subjects was having female gender. During analysis it was found that majority of population (79%) were having Sikh minority. In this study it was found that majority 54% of the subject was having joint family. Vegetarian and non - vegetarian was having equal percentage i.e. 50%. Majority 29% of the subject was having middle educational status and majority 82% of the subjects were married, 58% of the subject was having unemployed, 59% of the subject was having family income up to Rs.10, 000.

The majority of 31% population having duration of hypertension more than 4 year, more chances of having hypertension in patient with social habit of smoking i.e.66%, patient with family history 54%, 91% are known to hypertensive, 59% of population is treated with drugs.

Results have shown that majority of population are having moderate (score 61 -95) quality of life i.e.76%. The mean score of quality of life among hypertensive patient is 88.51.

It was concluded that there is a strong correlation between changing lifestyle factors and increase in hypertension. However statistical test is applied which is significant.

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