

## TO ASSESS THE EFFECTIVENESS OF STRUCTURE TEACHING PROGRAMME ON LIFESTYLE MODIFICATION AMONG HYPERTENSIVE PATIENTS IN UDAIPUR.

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### ABSTRACT

*Introduction: hypertension is a major risk factor for stroke and coronary heart disease, and is a major contributor to the onset and progression of chronic heart failure and chronic kidney failure. Hypertension is often not taken seriously by patients due to its chronic and silent nature. Establishing a proper managing plan that leads to sufficient control of blood pressure will result in the prevention of most complications and co-morbidities associated with hypertension. The most important aspect of long-term management of hypertension lies in lifestyle modification which includes diet, exercise, and social habits. Non-pharmacologic therapy plays an essential role in reducing blood pressure as well as in preventing the development of hypertension in normal individuals. Aim: to assess the pre & posttest knowledge among hypertensive patients in udaipur. Material and methodology: the research approach adopted for the study was evaluative approach. Nonrandomized convenient sampling technique was followed. A total of 30 respondents were selected for the study. Results: the level of knowledge assessment of the respondents reveals 21% in pre-test and 40% in posttest. Among 30 respondents post test scores shows very good knowledge in hypertension. Conclusion: this study needs to develop an understanding of the level of public awareness is helpful for health educators to plan for future programmes.*

**Key Words:** Hypertension, Lifestyle modification, Knowledge, Practice, Effectiveness, Structured teaching programme.

## INTRODUCTION

Hypertension is usually not taken seriously by patients due to its silent and chronic nature, which leads to poor control with severe morbidities and high mortality, mainly as a result of cardiovascular diseases.

Lifestyle recommendations for lowering blood pressure are

Smoking : Advice to stop smoking and assess for nicotine dependence (e.g. time of last cigarette, withdrawal symptoms) and offer counselling, support services and pharmacotherapy as appropriate.

Nutrition : Advise patients to limit salt intake to 4 g/day (65 mmol/day sodium) or less by choosing foods normally processed without salt, foods labelled 'no added salt' or 'low salt' (or 'reduced salt' products when other options are unavailable). High-salt processed foods (ham, bacon, sausages, canned or packet soups, stock cubes), salty snacks, takeaway foods high in salt, or salt added during cooking or at the table should be avoided. Advise patients to eat a diet that includes mainly plant-based foods (e.g. fruits, vegetables, pulses and a wide selection of wholegrain foods, moderate amounts of low-fat or reduced-fat dairy products), moderate amounts of lean unprocessed meats, poultry and fish, moderate amounts of polyunsaturated and monounsaturated fats (e.g. olive oil, canola oil, reduced-salt margarines

Alcohol: Advise patients to limit alcohol intake to a maximum of two standard drinks per day (men) or one standard drink per day (women) and have at least two alcohol-free days per week.

Physical activity: Advise patients to become physically active. It is clear that physical activity lowers resting and daytime ambulatory blood pressure. In clinical trials of people with hypertension, regular aerobic activity reduced systolic blood pressure by an average of 6.9 mmHg and diastolic blood pressure by 4.9 mmHg. Regular physical activity has an independent cardioprotective effect.

## MATERIAL AND METHODS:

A Structured teaching programme was planned to assess the knowledge of Hypertension among the Hypertensive patients in Udaipur. Non Randomized Convenient sampling technique was used. The Hypertensive patients between the ages 32-70 years were chosen for this study. The present study sample consisted of Hypertensive patients in order to have representation of patients from all the lifestyle modification in the communities. After reliability and validity A total of 30 respondents were examined through questionnaire method for knowledge of Hypertensive Patients according to standardized tool.

A Written consent was obtained for the participation of the Hypertensive patients in the study, after explaining the purpose of the study. on the first day collected the demographic variables and knowledge level of Hypertensive Patients assessed by questionnaire method and second day, with the

help of teaching aids given to all Hypertensive patients .On third day , post test was done by questionnaire method .

**DATA ANALYSIS**

Collected data were tabulated and analyzed using Descriptive and inferential statistics.

**RESULTS:**

**Table 1:**

**Frequency and percentage distribution of Hypertensive Patients as per sample characteristics:**

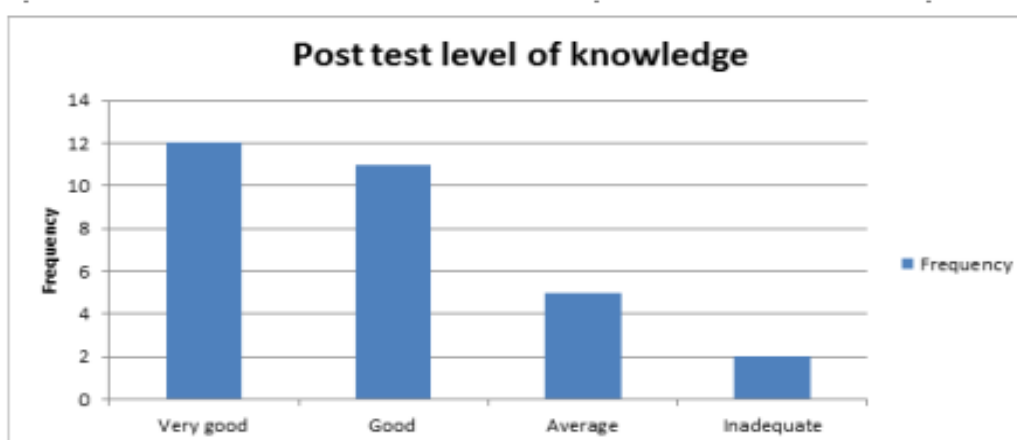
**N:30**

<b>Characteristics</b>		<b>Frequency</b>	<b>percentage</b>
<b>Age</b>	a.32-40 yrs	11	36.7
	b.41-45 yrs	11	36.7
	c.45-50 yrs	6	20
	d.>50 yrs	2	6.6
<b>Gender</b>	a.Male	21	70
	b.Female	9	30
<b>Religion</b>	a.Hindu	25	83.3
	b.Muslim	5	16.7
<b>Marital status</b>	a.Married	30	100
	b.unmarried	0	0
<b>Type of Family</b>	a.Nuclear	20	66.7
	b.Joint	3	10
	c.Extended	7	23.3
<b>Education</b>	a.Illiterate	5	17
	b.Primary	7	23.3
	c.secondary	8	26.6
<b>Income</b>	a.<5000	22	73.3
	b.5000-10000	7	23.3
	c.>10000	1	3.4
<b>Diet</b>	a.Vegetarian	17	56.7
	b.Non-veg	13	43.3

**Fig: 1-**Shows that in pre test 20% of the Hypertensive patients having poor lifestyle modification followed by good (17%), average (40%) and very good 23% level of lifestyle modification.

**Table 3: Frequency and percentage knowledge level of Hypertensive Patients after giving structured teaching programme.**

S.No	Level of knowledge	Frequency	Percentage
1.	Very good	12	40
2.	Good level	11	36.6
3.	Average	5	16.6
4.	Inadequate	2	6.66



**Fig: 2-** Indicates that in post test 7% of the Hypertensive patients having poor lifestyle modification followed by good (37%), average (16%) and very good 40% level of lifestyle modification.

## DISCUSSION:

This study finding reveals that 73.4% Hypertensive patients were in the age group 32-50 years and majority of them (70%) male, 46.7% were under graduated and 50% of them were self employed. Majority of patients (73.33%) were having income less than 5000 INR per month. 43.3% patients were non-vegetarian and 55% were having sedentary life style.

This study assessed the knowledge of life style modification among Hypertensive patients in Udaipur. It shows that mean scores of pre and post test knowledge level of lifestyle modification among Hypertensive patients 50.67(SD=10.72), 44.5(11.45) respectively.

These findings were supported by a study conducted to assess the lifestyle modification of the Hypertensive patients. It shows that 43.33% patients were in age group of 31- 45 years and majority of them (60%) were male, 31.67% were primary educated and 50% of them were self- employed. Majority of patients (73.33%) were having income less than 5000 INR per month. 51.67% patients were non-vegetarian and 55% were having sedentary life style. Majority of patients (61.67) reported

that any friend or relative having Hypertensive Patients have not influenced

### CONCLUSION:

On the basis of the findings of the study, Blood pressure is influenced by many factors like age, sex, physical activity, race, diet, smoking, alcohol intake, and many other factors that each plays a certain role in controlling blood pressure. Even a small decrease in blood pressure, can lead to huge, benefits on a public health scale. So lifestyle modifications to control blood pressure include the control of all possible related factors in order to achieve optimal blood pressure.

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