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# High Blood Pressure and the Measures to Prevent Cardiovascular Disease of Hypertension

Hypertension has been one of the causes of deaths of many people all over the world, but still there hasn't been any meaningful improvement in how the condition is management. The management of hypertension across the world still remains poor. There is need to come up with measures that can effectively control the condition and in this in a bigger extent could significantly help to reduce the immortality rate of hypertension related deaths worldwide. For effective control and management of hypertension, first, it would be very vital to identify all the risk factors that arise as a result of lifestyle and those that are directly connected to the condition and device ways to manage these risk factors as this can be one way that may help to lower the blood pressure. Moreover, as an evidence-based practice strategy, it is very important when the following practices are followed: performing regular screening, observing and maintaining effective communication with the patients, coming up with a regular program for monitoring patients, and last but not least is strict adherence to treatment. Above all, there is a very high likelihood of effective prevention and control of hypertension through implementation and observation of lifestyle change practices like eating a balanced and checked diet and engaging in physical exercise regularly as these are some of the strategies that can be used help to control blood pressure.

## PICOT Question

Will the lifestyle change (eating balanced and healthier diets and engaging in regular physical exercise) by male patients with hypertension help in regulation of blood pressure and reducing the risk to development of cardiovascular related illnesses?

## PICOT STATEMENT

P – Population: Male adults between 40 to 70 years of age with a clinical diagnosis of hypertension, and with multiple co-morbidities.

I – Intervention: The subjects will be subjected to lifestyle change (eating balanced and healthier diets and engaging in regular physical exercise).

C – Comparison: The patients will be compared to the hypertension patients who manage and treat the condition by using medication.

O – Outcome: The expected changes are regulation of blood pressure and reducing the risk to development of cardiovascular related illnesses.

T – Time: The outcome would be assessed within the recovery phase of six months.

## Literature Search

Rao, Kamath, Shetty, & Kamath, A. (2012) also contend that hypertension is a leading risk

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factor for cardiovascular illnesses but the condition can be sought and intervention measure employed for its effective treatment. This research paper gives a quantitative analysis of hypertension prevalence and how it relates with socio-demographics of the patients. The study was based on a survey conducted on cross-sectional community where 1,239 respondents all aged above 30 years participated in the survey by engaging in personal interviews and taking of their anthropometric and blood pressure measurements. The results indicate a prevalence of hypertension at 43.3% with males having a higher prevalence of hypertension (51.6%) as compared to females whose prevalence stand at 38.9%.

I chose this study because it gives statistical analysis, which is research-based, about the prevalence of hypertension among adults. This research agrees with several other research conducted on different people whose outcome found the hypertension prevalence being higher in males as compared to females. Prevalence also increases as people age. The study also noted family history of hypertension, obesity, and current diabetic status among others as some of the factors that correlate with hypertension. High blood pressure can be managed effectively if the magnitude of the condition and these correlates are identified and known.

This quantitative research paper had the aim of studying the blood pressure and body dimensions and to establish the rate of prevalence of hypertension and obesity among young adults. Dua, Bhuker, Sharma, Dhall, & Kapoor (2014) conducted the study on men and women of the Punjabi community living in Rohashana area and Jaina building. The participants were aged between 18 and 50 years of age. The variables that were measured include: weight, pulse rate, height, upper arm circumference, Body mass index (BMI), fat percentage, skinfold thicknesses, systolic blood pressure (SBP), and diastolic blood pressure (DBP). The findings of the research indicate that mean value of all the measured variables mentioned were found to be higher for men as compared to the measurements of their female counterpart but with exception of skinfold thicknesses. The Body mass index (BMI) and fat percentage of females was found to be higher when compared to that of males. The study suggests that there is a direct correlation between percentage fat, Body mass index and both the systolic blood pressure, and diastolic blood pressures. Odds are high for subjects who are obese to develop hypertension as compared to subjects with normal Body mass index.

I chose this study because it quantitatively analyses the correlation between obesity and hypertension. The prevalence of hypertension is higher in obese people as compared to those with normal weights. Also men are at risk of developing hypertension as compared to females. This is paper is also significant in answering our PICOT question because it suggests that modification of the patient's lifestyle and adoption of practices that aim in weight management (these include proper and healthy dieting, regular physical exercises) can be help in intervention.

There are inconsistencies in the available data that relates the association between tea consumption and the changes in the blood pressure. Consequently, Tong et al. carried out this quantitative research to establish the relationship that exists between the consumption of tea and blood pressure changes. The study was conducted on 1109 participants from China 472 of them being men and 637 women. The study period considered was over a five-year period. The BP of the participants was measured in 2002 and 2007. The results shows that there existed an inverse proportionality between tea consumption and 5-year diastolic blood pressure but the same did not reflect on systolic blood pressure. When compared with no tea consumption, a daily consumption of at least 10g of team raised the diastolic blood pressure from 2.41 mmHg to

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3.68 mmHg.

I chose this study because it gives statistics on how diet can affect the blood pressure levels. Although this study has a limitation of holding constant other factors that may affect the blood pressure of the participant within the five-year study period, this type of research can be conducted by assessing the impacts of other types of meals on blood pressure and come up with best dieting approaches to prevent high blood pressure.

This study adopted a qualitative methodology approach to gather data. The main of the study was to investigate the experience hypertension patients had with the illness and also to explore the reasons as to why they chose not to adhere to hypertensive care recommendations issued in primary health clinic settings. This data was acquired through interviews administered to 25 patients with hypertension who were registered in follow-up attendance clinics in nine government primary health clinics in the two districts of Hulu Langat and Klang in Malaysia. The results of the study indicate there being evidence of lack of adequate self-empowerment and community support for patients in Malaysia. Most of the patients interviewed confessed to not taking their antihypertensive medication or adopting lifestyle change.

I chose this study because it focuses on disclosing the level of information and support that communities receive in a bid to sensitise them on hypertension, its management and control and how these practices affect adherence to intervention measures. The paper recommends a dialogue between patients and health care professionals that aims in listening to the concerns raised by the patients by giving them a chance to ask questions regarding their worries. Most patients refrain from taking medication for fear of side effects. Educating them on the importance of adherence and adopting a more self-management approach can be responsive to the needs of communities and individuals.

This qualitative study was conducted on a focus group with an aim of identifying barriers that hinder lifestyle management in general practice in Australia in cases involving hypertension. Hypertension is one of the leading causes of death and disease problem worldwide, yet the management of the condition remains suboptimal. Howes et al. contend that identification and control of lifestyle risk factors related to lifestyle should be a medical main concern in all patients because a checked lifestyle possesses significant beneficial effects in intervention and regulation of blood pressure. The research was based on purposeful sampling where six groups, each comprising thirty subjects, were selected and the participants were taken through an iterative thematic analysis which was audio recorded. The outcome of the data collected indicate that the participant, in general, had the feeling that they possessed the necessary knowledge to give broad advice on lifestyle. In general, the study identified major barriers as: reluctance by patients, time constraints, limited access to health information, and ambivalence among others.

I chose this study because it involves direct participation of patients of hypertension therefore airing their opinion on adopting to lifestyle changes and the challenges that come with it. There is need to conduct a lifestyle assessment and management of factors that affect the ability of the patient to cope with the changes in lifestyle. Also, the paper makes suggestions that can be necessary in achieving the intervention practices captured in the PICOT statement. The paper suggests that there is need to empower health practitioners in order for them to continue giving valuable lifestyle advice and counselling.

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This paper is a qualitative study whose aim was to explore the patients' awareness, their behavior, attitudes, and experiences in seeking health care all of which are in relation to exposure, management and control of hypertension in Colombia. Legido-Quigley et al., in this paper, also asserts that hypertension is one of the leading causes of early deaths worldwide. The study was conducted on 26 subjects with hypertension and also included four family members all coming from two regions. The study identifies lack of sufficient knowledge about the condition by some of the participants and some of them were not even aware of ways to prevent high blood pressure.

I chose this study because it focuses on some of the challenges that affect effective intervention of hypertension. Some barriers include: financial constraints which hinder the patient from accessing quality Medicare, shortage of drugs and specialist care among others. These shortcomings can be addressed by ensuring that there is good communication between the healthcare service providers and the patients and emphasis made on the importance of adherence to medication. Also, there is need to reduce the cost of access to medication and specialized care to ensure all the patients are taken care of.

### **Proposed Evidence-Based Practice Change**

Effective prevention and control of hypertension can be achieved through implementation and observation of lifestyle change practices like eating a balanced and checked diet and engaging in physical exercise regularly as these are some of the strategies that can be used help to control blood pressure. Also to control the condition, the patient needs to observe strict adherence to anti-hypertensive medication.

### **Conclusion**

The risk factors to hypertension range from obesity, lifestyle, diets, family history with the disease, and age among others. The prevalence of the disease is higher in obese people, aged patients and among males. To effectively manage the condition, simple practices like lifestyle change which involves regular physical exercises and a balanced diet can play a very big role.