

Annual Cardiology 2017: Home based management of hypertension among elderly: Indian Scenario - Shashi Mawar - AIIMS, India

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In India Hypertension is one of the most significant public health problems & a common lifestyle disease. The burden of the disease is more among elderly population. In India 100 million patients are with hypertension. Overall estimates for the prevalence of awareness, treatment, & control of blood pressure (BP) are 25.3%, 25.1% & 10.7% for rural Indians & 42.0%, 37.6% & 20.2% for urban Indians, respectively. Epidemiological researches on hypertension suggest that less than half of the hypertensive persons in a population know that they have increased blood pressure. Screening for HT is not a routine - opportunistic or systematic in Indian set up. Home based screening for elderly is the need of the time as this group is vulnerable to develop HT & are dependent on family members for hospital visits as well as finance. Due to poor access to health care, the high cost of treatment, social stigma, & low awareness they tend to ignore the disease. Several challenges encompass the management of HT. Among older adults HT is frequently underdiagnosed & undertreated. Increased awareness, treatment, & control of high blood pressure are critical for the reduction of mortality & morbidity. There is a need to shift focus from expensive tertiary care for non-communicable diseases to primary & secondary prevention provided by nurses at community level would be cost effective. It is recommended that community screening programs combined with simplified investigative evaluation & intense patient education & follow-up may greatly increase the success rate. The population approach directed at the whole population, irrespective of individual risk levels involves multifactorial approach, based on the community based multimedia program involving non-pharmacotherapeutic interventions A multimedia approach for hypertension management involve all characteristics of care, including (1) detection, referral, & follow up; (2) diagnostics & medication management; (3) patient education, counseling, & skill building; (4) coordination of care; (5) population health management; & (6) performance measurement. Community based multimedia program can be practiced & implemented at large scale to control HT among elderly. This basically focuses on individual needs of elderly including socialisation & reducing stress through self-help groups which is very important as most of the elderly are depressed due to lack of socialisation & family support. Effective evidence-based strategies for blood pressure control numerous studies have been identified effective evidence-based strategies in the control of high blood pressure used by nurses. Good quality studies demonstrated that, use of nurse prescribing, treatment algorithms, community monitoring is effective evidence-based strategies that significantly reduced both systolic & diastolic blood pressure. Numerous studies

demonstrated that nurse's role in patient education significantly improved patient's health lifestyle behaviors, medication adherence self-efficacy & reduced body mass index. These are regarded as important facets for long term control of blood pressure in communities. At present in India average population served per govt. allopathic doctor is 11,039. Therefore, nurses should be considered as intermediate strategy to manage non communicable diseases like HT using the task shifting policy to meet the human resource crisis. Nurses need to be adequately prepared for practicing the expanded roles. Such preparations must use evidence-based strategies that provide nurses the opportunity to reflect on their own practices. Hypertension control among elderly in India can be achieved by better government policies, political focus & social determinants of health such as education, development health system, proper health care financing, free or low-cost BP medicines, education for health care providers, free primary care, use of innovation in technology, collaboration with various stakeholders & patient empowerment. The present study showed that the prevalence of hypertension was significantly higher in individuals >40 years as compared to those <40 years. As age increases, hypertension increases, in their study, conducted among 1298 participants also found the significant association of hypertension with age. The percentage of hypertensives among the illiterate respondents was observed slightly higher as compared to the literate ones. Hypertension proportion in different education classes was found significant. Wang et al. also found that both SBP and DBP were inversely associated with the level of school education independent of all other risk factors. Education makes the people aware of the disease and the precautions to be undertaken by a healthy individual. No significant association was found between hypertension and marital status, but significant differences were found in different occupation classes. These are consistent with the findings reported by Tsutsumi et al. which revealed that occupation and related stress were independent risk factors of hypertension. Univariate analysis showed hypertension more prevalent in professional and clerk classes. The confounding factors were adjusted in the multivariate analysis which showed that skilled personnel had significantly higher odds of hypertension. Higher prevalence of hypertension was found in the upper class as compared to other classes. Similar findings were reported in a study conducted among Lucknow adults. Societies that are in transitional stage of economic and epidemiological change have a higher prevalence of hypertension among the upper socioeconomic groups. In the present study, overweight and obese participants had higher prevalence of hypertension as compared to the participants with

normal weight whereas underweight participants showed higher prevalence. BMI was found to be not significantly associated with hypertension. Inconsistent findings in relation to BMI were also reported by studies conducted in Odisha and West Bengal. Among risk factors, a significant association was found with tobacco products intake in this study. This is consistent with previous where tobacco use has been found to be associated with hypertension. There was a significant association of hypertension with smoking in our study. In addition, smoking was found to be significantly associated with hypertension in the Maharashtra study. Hypertension was not significantly associated with individuals who consume alcohol than those who did not in this study. On the contrary, alcohol has been reported as an independent risk factor by other authors as well.