

ORIGINAL

Quality of life in hypertensive patients attending a facility during the COVID-19 health emergency in North Lima

Calidad de vida en hipertensos que acuden a un establecimiento durante la emergencia sanitaria por el COVID-19 en Lima Norte

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ABSTRACT

Quality of life in hypertensive patients is one of the priorities committed to health and well-being, given that it depends on how well the person can minimize the risks caused by this disease. Therefore, the objective of this study is to determine the quality of life in hypertensive patients who visit a healthcare facility during the COVID-19 health emergency in northern Lima. This is a quantitative, descriptive, cross-sectional study of a population of 131 hypertensive patients who responded to a questionnaire on sociodemographic aspects and a questionnaire on quality of life in hypertension. The results show that 64,1 % (n=84) of hypertensive patients have a good quality of life, 9,2 % (n=12) have a fair quality of life, and 26,7 % (n=35) have a poor quality of life. In conclusion, strategies for the promotion and prevention of hypertension should be implemented to provide the population with the necessary information about the disease and how to counteract it.

Keywords: Quality of Life; Hypertension; Noncommunicable Diseases.

RESUMEN

La calidad de vida en hipertensos es una de las prioridades comprometidas en el bienestar de salud, dado que va a depender de como la persona pueda minimizar los riesgos a causa de esta enfermedad, por lo que el objetivo de investigación es determinar la calidad de vida en hipertensos que acuden a un establecimiento durante la emergencia sanitaria por el COVID-19 en Lima Norte. Es un estudio cuantitativo, descriptivo-transversal, conformada por una población de 131 pacientes hipertensos que respondieron un cuestionario de aspectos sociodemográficos y el cuestionario de calidad de vida en la hipertensión arterial. En sus resultados podemos observar que, el 64,1 % (n=84) de los pacientes hipertensos tienen una buena calidad de vida, 9,2 % (n=12) regular calidad de vida y 26,7 % (n=35) mala calidad de vida. En conclusión, se debe realizar estrategias de promoción y prevención de la hipertensión arterial, y así permita a la población la información necesaria de la enfermedad y como contrarrestarla

Palabras clave: Calidad de Vida; Hipertensión; Enfermedades no Transmisibles.

INTRODUCTION

The COVID-19 pandemic has become a significant challenge for health systems in every country around the world. Although the future course of the pandemic remains unpredictable, strict adherence to classic public health guidelines is imperative.⁽¹⁾ It has been observed that this new coronavirus disease has not only tested health facilities and public health in general, but also affects the social and economic sectors; that is, it affects the well-being of the general population across the globe.⁽²⁾

Currently, non-communicable diseases (NCDs) are becoming increasingly prevalent. They are undermining the health systems of nations around the world, causing high mortality rates and accounting for 71 % (41 million) of annual deaths globally. Of the NCDs, those affecting the cardiovascular system cause the highest number of deaths each year (approximately 18 million), one of which is high blood pressure (HBP).⁽³⁾

The World Health Organization (WHO) reported in 2021 that 1,28 billion people (mainly in the 30-79 age group) worldwide have hypertension, most of whom live in developing countries. Forty-six percent of people with hypertension are unaware that they have this condition. Approximately one in five people with hypertension are not adequately controlled.⁽⁴⁾

In recent decades, developing countries have seen a significant shift toward higher blood pressure; however, in these countries, only 1 in 3 people know their blood pressure status, and 8 % have their systolic blood pressure under control.⁽⁵⁾ This growing burden widens the inequality gap, contributes to massive economic hardship for patients and caregivers, and increases costs for the health system, which faces challenges such as a low ratio of health professionals to patients and a lack of access to medicines. Established risk factors include an unhealthy diet (high salt intake and low fruit and vegetable consumption), physical inactivity, tobacco and alcohol use, and obesity.^(6,7)

However, the COVID-19 health emergency has greatly affected people with chronic diseases, especially hypertensive patients. As a result of the current situation, health facilities have restricted care to the population, and the monitoring and follow-up of these patients has been neglected, thereby compromising their health and well-being. All healthcare and resources available in the healthcare system were reallocated to emergency care for COVID-19 patients.^(8,9)

Given the situation of people with hypertension, this is a matter of concern and requires immediate intervention by the authorities and the multidisciplinary health team to resume the care and treatment of this disease, which significantly affects the quality of life of patients.^(10,11) Healthcare personnel and primary care facilities must strengthen their inpatient and outpatient care efforts to attract these patients back to healthcare facilities. Comprehensive care must also be reinforced from a preventive and promotional perspective to improve the health monitoring of these users and thus help reduce the burden of this disease during the COVID-19 health emergency.^(12,13)

In a study conducted in Spain with 262 hypertensive patients, 58 % of participants reported an improved quality of life, while 42 % reported a worse quality of life. The study concluded that hypertensive patients who adhere to treatment, eat a healthy diet, and have healthy habits improve their quality of life.⁽¹⁴⁾

In a study conducted in Brazil with 47 hypertensive participants, the results showed that 85 % of participants had low quality of life and 15 % had high quality of life. The study concluded that the risk factors for their disease and any comorbidities that may arise affected their quality of life.⁽¹⁵⁾

In a study conducted in Mexico with 158 hypertensive participants with comorbidities, the results showed that 56,6 % of participants had an excellent quality of life, 9,7 % had a good quality of life, and 1,6 % had an average quality of life. The study concluded that proper treatment and lifestyle improvements allow patients to have a healthy quality of life.⁽¹⁶⁾

Therefore, the research objective is to determine the quality of life of hypertensive patients who visit a healthcare facility during the COVID-19 health emergency in northern Lima.

METHOD

Research type and design

In the study, according to its properties, it is quantitative, and about its methodology, it is descriptive-cross-sectional and non-experimental.⁽¹⁷⁾

Population

The population consists of a total of 131 people diagnosed with HTN.

Inclusion Criteria

- Hypertensive individuals who attend the health facility.
- Hypertensive individuals over 30 years of age
- Hypertensive individuals who are continuing treatment at the health facility
- Hypertensive individuals who voluntarily agree to participate in the study

Technique and Instrument

The data collection technique was a survey, which included sociodemographic aspects and the Mini-Questionnaire on Quality of Life in Hypertension (MINICHAL).

MINICHAL consists of two dimensions (mood and somatic manifestations) with 16 items with Likert scale responses where “0 = no, absolutely not,” “1 = yes, a little,” “2 = yes, quite a lot,” and “3 = yes, very much.” The final score ranges from 0 (best health) to 48 (worst health), meaning that the higher the score, the worse the health of the patient diagnosed with HTN.⁽¹⁸⁾

The reliability of the instrument was determined using Cronbach’s alpha statistical test, obtaining a value of 0,972 ($\alpha > 0,8$), which makes the instrument reliable for the study.

Place and Application of the Instrument

The necessary arrangements were made for formal admission to the health facility, and information was provided to ensure that they had the required knowledge about the research to be carried out.

RESULTS

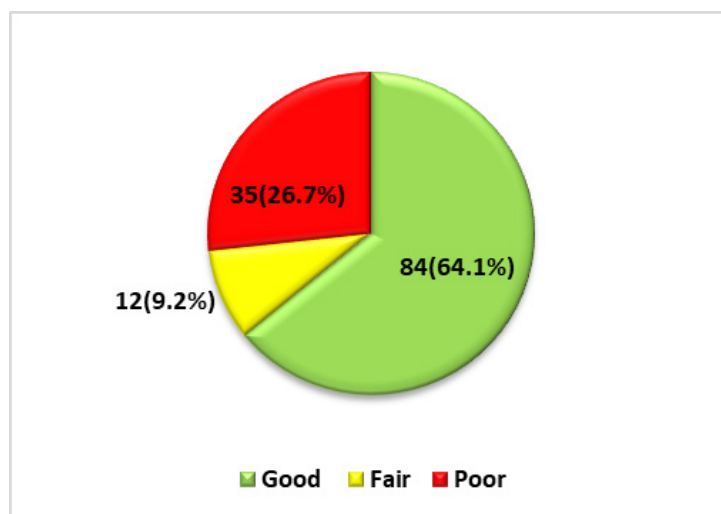


Figure 1. Quality of life in hypertensive patients who attend a health facility during the COVID-19 health emergency in Northern Lima

In figure 1, we can see that 64,1 % of hypertensive participants have a good quality of life, 9,2 % have a fair quality of life, and 26,7 % have a poor quality of life.

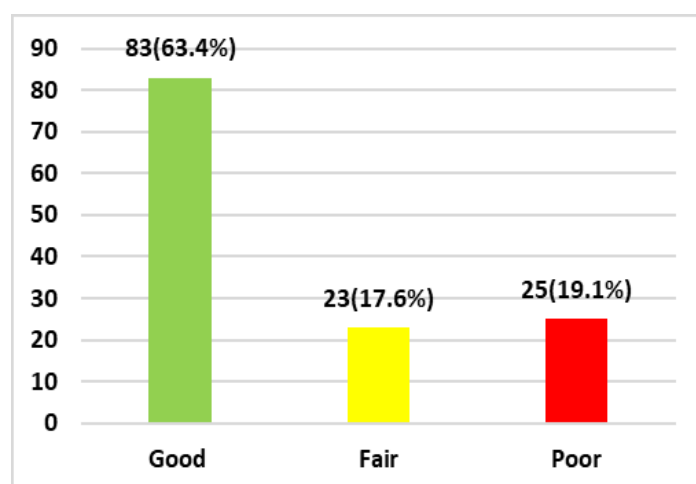


Figure 2. Quality of life in terms of mood in hypertensive patients who attend a health facility during the COVID-19 health emergency in Northern Lima

In figure 2, with regard to the results for the mood dimension, we can see that 63,4 % of hypertensive participants have a good quality of life, 17,6 % have a fair quality of life, and 19,1 % have a poor quality of life.

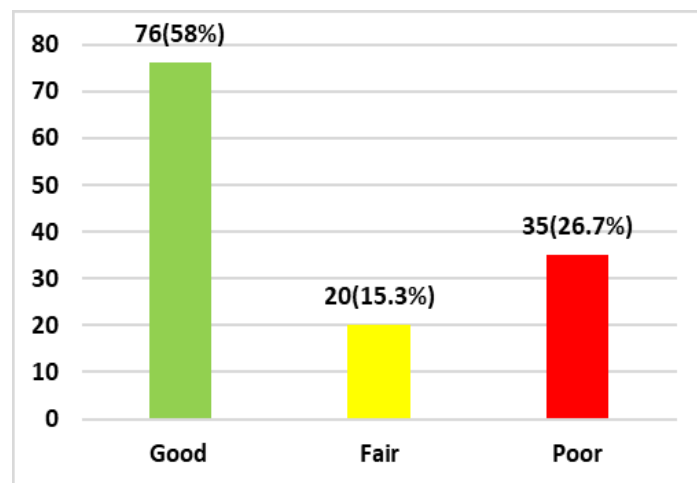


Figure 3. Quality of life in terms of somatic manifestations in hypertensive patients who visit a healthcare facility during the COVID-19 health emergency in northern Lima

In figure 3, with regard to the results of the somatic manifestations dimension, we can see that 58 % of hypertensive participants have a good quality of life, 15,3 % have a fair quality of life, and 26,7 % have a poor quality of life.

DISCUSSION

NCDs such as HTN have become health problems in recent decades, causing morbidity and mortality at worrying levels worldwide. Different countries are making significant efforts to implement public health measures focused on these conditions. Assessing the QoL of hypertensive patients is essential, as it gives us an insight into how these people's health is progressing in various dimensions of their lives.

The quality of life results are suitable for the participants. This is because most of the participants were continuers, adhered to their drug treatment, and had family support. In turn, the high level of knowledge and information that patients have about their disease leads to better responsibility for their health and well-being, given that HTN can be controlled if the person maintains a proper balance.

In terms of dimensions, we observe that hypertensive patients have a good quality of life. This is because mood is understood as the emotions we feel, which can be positive or negative, in response to life circumstances such as physical suffering, which depends on recovery to a better or worse state of well-being for the individual. In most patients, hypertension is often accompanied by anxiety, depression, and other psychological disorders that seriously affect their quality of life. This is evident in patients with prehypertension, who were more psychologically distressed than non-hypertensive patients, and revealed that women were more anxious than men. Therefore, the implementation of psychological interventions can help them eliminate negative emotions, stabilize their mindset, build confidence to overcome the disease, and prevent adverse emotions from harming their health, thus improving the effectiveness of drug treatment and the quality of patient care.

Somatics are based on the physical symptoms of a condition, such as hypertension, which will cause limitations in the patient's daily activities or routines. While it is true that patients who do not follow their medical treatment regimen are at greater risk of having a poorer quality of life than those who do comply with their treatment, pharmacological treatment combined with lifestyle adjustments remains the most effective way to control hypertension. Pharmacological treatment together with lifestyle adjustments remains the effective control of hypertension, so adherence to drug treatment is the main factor contributing to achieving the desired clinical outcome. Non-adherence to antihypertensive medication is the main cause of poor control of HTN and can lead to worsening of the disease, which can affect patients' quality of life.

Hypertension must be addressed from a therapeutic perspective and through the application of health care and self-care, linked to the implementation of appropriate lifestyles. Nurses must strengthen their health promotion efforts in these patients to achieve positive results that benefit the health of hypertensive patients.

CONCLUSIONS

It is concluded that hypertensive patients should be monitored through home visits to detect whether they are complying with their treatment, as well as to verify that they are following the personal care advice given to them at the health facility.

It is concluded that strategies for the promotion and prevention of high blood pressure should be implemented to provide the population with the necessary information about the disease and how to counteract it.

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FINANCING

None.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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