



EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND PRACTICES REGARDING LIFESTYLE MODIFICATIONS AMONG PATIENTS WITH HYPERTENSION AND DIABETES MELLITUS.

Ms. Swapna M K., Asst. Prof, Amity College of Nursing, Amity University, Gurgaon

Abstract

Hypertension and Diabetes Mellitus are among the most Common chronic Non-Communicable diseases and multifactorial disorders affecting both developed and developing countries including India. The best prevention for these complications of these diseases is control of the blood pressure and blood sugar . Effective management in hypertension and Diabetes Mellitus requires a multisectorial approach. It is necessary to create public awareness of this danger and this study is intended to find out the knowledge and practice of lifestyle modification among these patients. An evaluative approach with quasi experimental non-equivalent pre-test post-test design was adopted for the study. Through non-probability Convenient sampling technique 100 samples were selected, 50 each in experimental and control group. Formal written permission was obtained from the authorities of the urban community; informed consent was obtained from patients to conduct the study. A structured knowledge questionnaire was used to assess the knowledge of hypertensive and Diabetes Mellitus patients on lifestyle modification in hypertension and Diabetes and practice rating scale was used to assess their practice. Data was analysed using descriptive and inferential statistics.

KEYWORDS: Hypertension, Diabetes Mellitus, lifestyle modification, knowledge, practice.

Introduction

India is experiencing a rapid increase in noncommunicable diseases (NCDs) while still grappling with a high burden of infectious diseases and maternal and child health conditions . Cardiovascular disease which is the leading cause of disease burden as measured by disability-adjusted life years in the country, caused an estimated 25% of India's NCD burden

in 2016. Hypertension is a major risk factor for CVD, particularly ischemic heart disease and stroke. While the prevalence of hypertension declined in many high-income countries from 1975 to 2015, it rose substantially in most low-income and middle-income countries, and especially in South Asia. In a recent nationally representative study among 1.3 million adults in India, we found that 25% of adults had raised blood pressure (BP), with even young adults aged 18–25 years having a substantial prevalence.

Hypertension is not a disease but it is an important risk factor for cardiovascular complications. It can be defined as a condition where blood pressure is elevated to an extent where clinical benefit is obtained from blood pressure lowering. Hypertension is the leading preventable cause of death worldwide. According to the National Family Health Survey, which screened 22.5 million people across India in 2017, one out of every eight Indian suffers from hypertension. It is commonly known as high blood pressure and contributes to 57 per cent of stroke deaths, and 24 per cent of coronary artery deaths. With changing lifestyles and gender roles, the impact of hypertension can be seen in both men and women. It therefore becomes extremely important to be aware of how high blood pressure affects the body to keep it in control and prevent fatalities.

The prevalence of hypertension in the last six decades has increased from 2% to 15% among the rural residents in India. According to directorate general of health services ,ministry of health and family welfare , government of India , the overall prevalence of hypertension in India by 2020 will be 159/1000 population.

In India, diabetes is rapidly reaching the place of potential epidemic with more than 62 million diabetic persons, and it is expected to rise up to 79.4 million individuals in the year 2030. Diabetes is a metabolic disease defined by hyperglycemia due to defects in insulin secretion, insulin action, or both. The chronic hyperglycemia of diabetes affects many of the body systems which include eyes, kidneys, nerves, heart, and blood vessels. It is increasing prevalence and associated health complications pressurize to crunch the financial gains in developing countries. Changes in dietary the conventional lifestyle constitutes vigorous physical activity followed by food rich in high fiber, whole grain-based diet, vegetables, and fruits. Physical inactivity is known to be associated with obesity, diabetes, hypertension, and metabolic syndrome. The American Diabetes Association recommends 30 min of moderate-

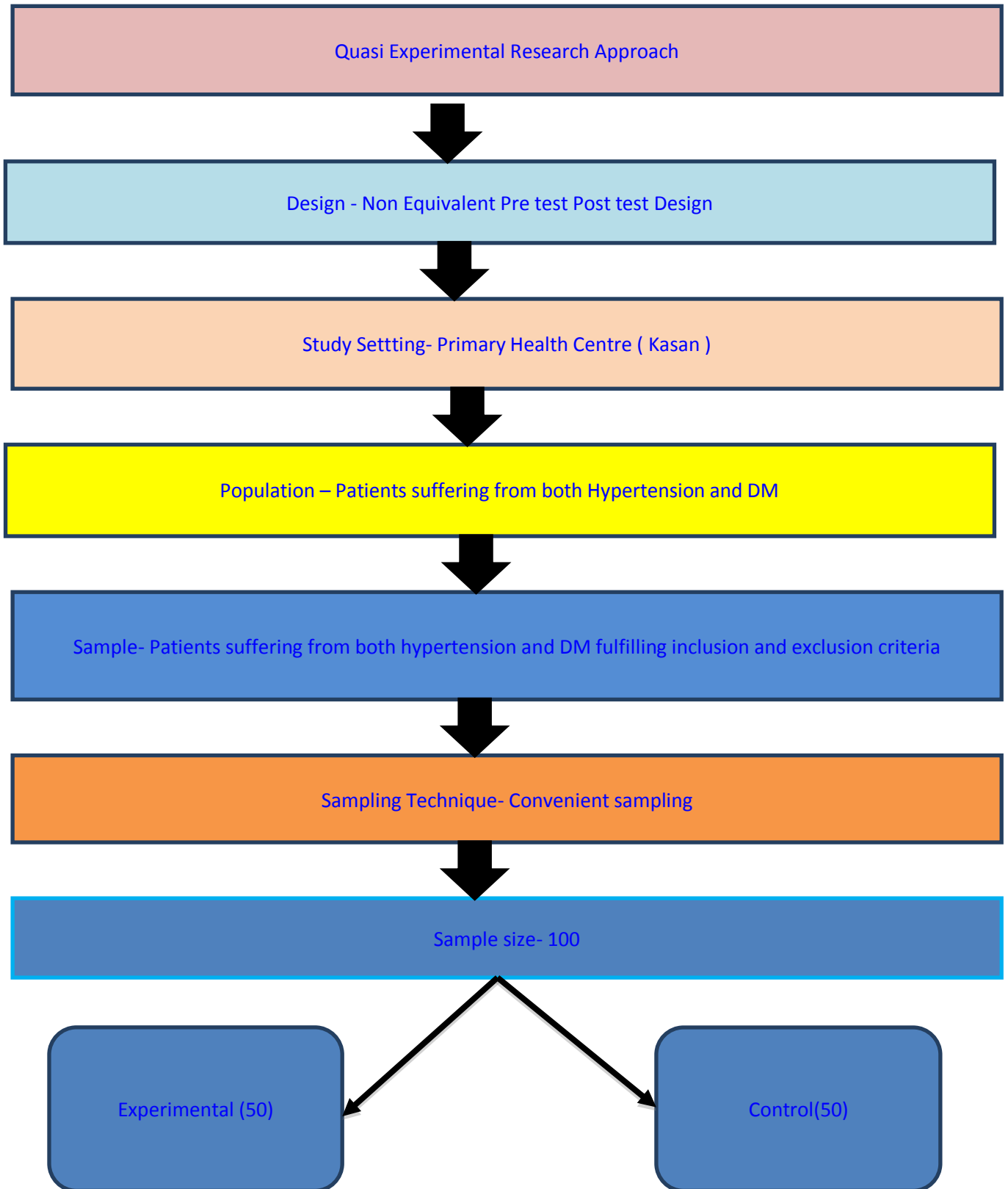
to-vigorous intensity aerobic exercise at least 5 days a week or a total of 150 min/week, and some type of strength training at least 2 times/week in addition to aerobic activity.

Lifestyle modification is indicated for all patients with hypertension and diabetes Mellitus Patients regardless of drug therapy , because it may reduce or even abolish the need for antihypertensive and diabetic drugs. In addition to the immediate goal of lowering blood pressure, the recommended lifestyle changes confer a range of lowering blood pressure , the recommended lifestyle change confer a range of health benefits , including better outcomes of common chronic diseases. Healthy life style changes are an important first step for lowering blood pressure and sugar level. Making lifestyle adjustments is key to maintaining normal blood pressure and sugar level. This study was motivated to carry out this study to bring awareness among hypertensive and Diabetes Mellitus patients on lifestyle modification, in the control of hypertension and Diabetes Mellitus due to changes in people's lifestyle, work related stress and altered food habits. After an extensive review of literature, the researcher has taken up this study to educate the hypertensive and Diabetes subjects on lifestyle modification.

Objectives

1. To assess the pretest level of knowledge and practice regarding Lifestyle modification of Patients with Hypertension and Diabetes Mellitus before the administration of structured teaching Programme in experimental group.
2. To administer structured teaching Programme on Lifestyle modification of Hypertension and Diabetes Mellitus among the patients in experimental group
3. To assess the pretest level of knowledge and practice regarding Lifestyle modification of Patients with Hypertension and Diabetes Mellitus before the administration of structured teaching Programme in control group.
4. To assess the post test level of knowledge and practice regarding Lifestyle modification of Patients with Hypertension and Diabetes Mellitus after the administration of structured teaching Programme in in experimental group.
5. To assess the post test level of knowledge and Practice regarding Lifestyle modification of Patients with Hypertension and Diabetes Mellitus after the administration of structured teaching Programme in control group
6. To Compare the Pretest and Post test Knowledge and Practice score regarding Lifestyle modification of Patients with Hypertension and Diabetes Mellitus in experimental group
7. To Compare the Pretest and Post test level of knowledge and Practice score regarding Lifestyle modification of Patients with Hypertension and Diabetes Mellitus in control group

Methodology



Results and Discussion

Result

Table. 1 Comparison of pretest and post test knowledge score with in experimental and control Group

CRITERIA MEASURE OF KNOWLEDGE SCORE				
Score Level	Pre Experimental	Pre Control	Post Experimental	Post Control
Adequate Knowledge (>75%)(25-36)	0(0%)	0(0%)	5(10%)	0(0%)
Moderately Adequate Knowledge (51-75%) (18-24)	3(6%)	4(8%)	45(90%)	7(14%)
Inadequate Knowledge (<50%) (0-17)	47(94%)	46(92%)	0(0%)	43(86%)

Figure No: 1 Comparison of pretest and post test knowledge score with in experimental and control Group

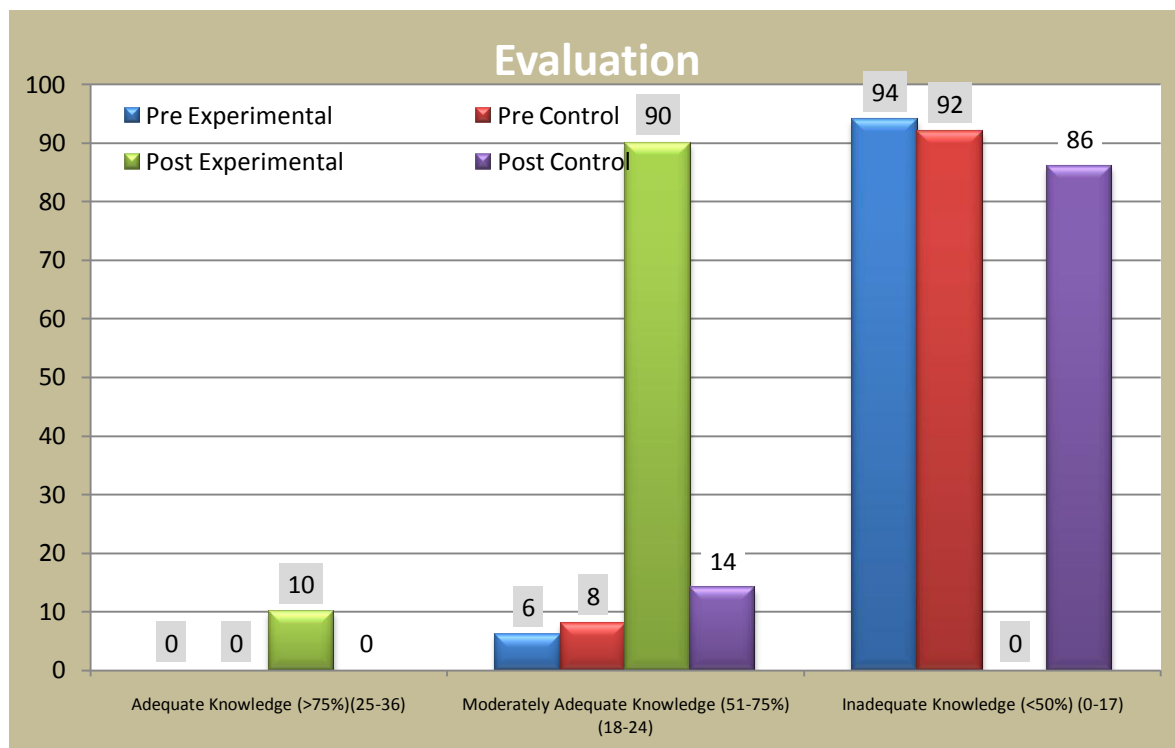
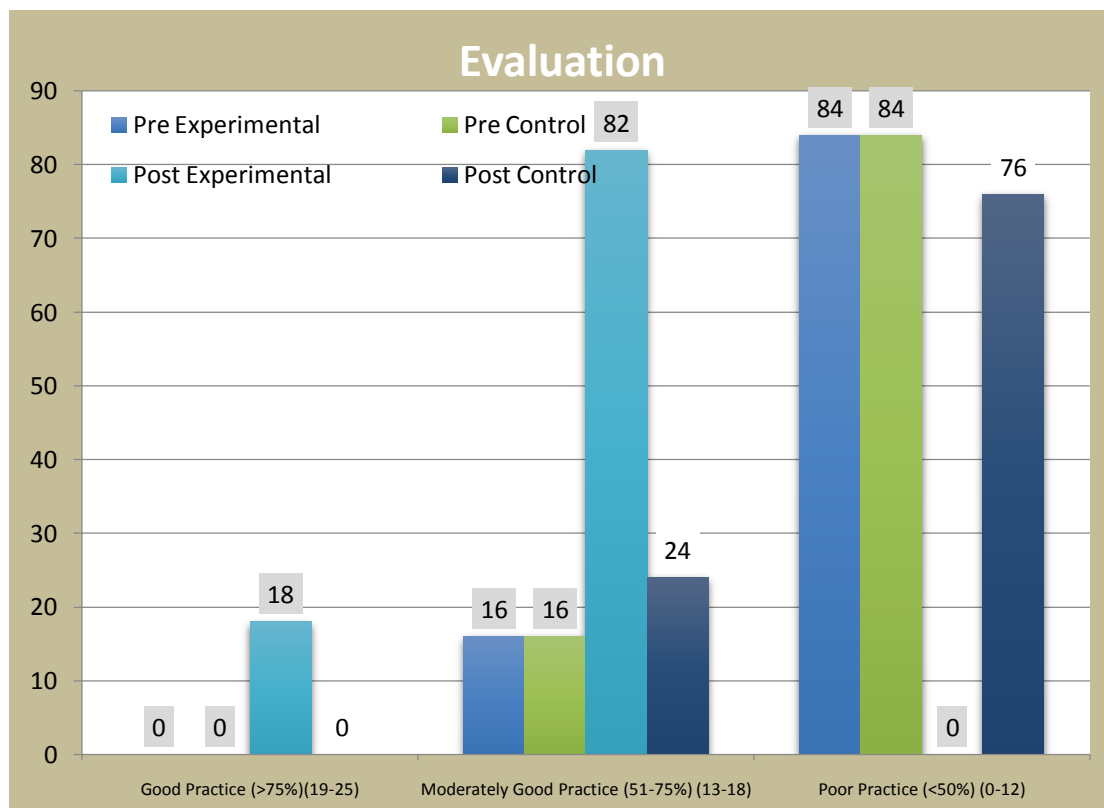


Table. 2 Comparison of pretest and post test practice score with in experimental and control Group

CRITERIA MEASURE OF PRACTICE SCORE				
Score Level	Pre Experimental	Pre Control	Post Experimental	Post Control
Good Practice (>75%)(19-25)	0(0%)	0(0%)	9(18%)	0(0%)
Moderately Good Practice (51-75%) (13-18)	8(16%)	8(16%)	41(82%)	12(24%)
Poor Practice (<50%) (0-12)	42(84%)	42(84%)	0(0%)	38(76%)

Figure No: 2Comparison of pretest and post test practice score with in experimental and control Group



Discussion

Findings of the present study reveal that in the pre-test of the patients in the experimental group 94% obtained inadequate knowledge score, 6% obtained moderate and no one had adequate knowledge score. Most of subjects (16%) had average practice, and 42% had poor practice. Whereas in the control group 46% patients obtained inadequate knowledge score, 8% obtained moderate and no patients had adequate knowledge score. In the post-test of the patients in the experimental group 10% obtained adequate knowledge score and 90% obtained moderate knowledge score. The majority of subjects (18%) had average practice, 41% had good practice whereas in the control group 14% had moderate knowledge score, and 12% had adequate knowledge. The majority of subjects had average practice score.

Conclusion

More such teaching programme is required for the public to get free from silent killer diseases. The data suggest that the high prevalence of DM and Hypertension is intimately related to lifestyle. Thus, changing the habits of our population from an unhealthy lifestyle to a healthy lifestyle can be an effective strategy for the prevention of Hypertension and Diabetes Mellitus.

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