Quality of life of patients with hypertension

Qualidade de vida dos portadores de hipertensão arterial

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Abstract

Objective – To assess the quality of life and risk factors to patients with hypertension who participate in the group "Group ComViva Health". **Methods** – This is a field study of a quantitative exploratory, descriptive and not experimental. **Results** – Most employees with chronic diseases such as rating their quality of life satisfactory in many respects, but there is still a significant proportion of subjects who indicated dissatisfaction with their full quality of life. Driven often by family and friends through the knowledge acquired in the common sense, many of them have doubts about the pathology and even taboos related to treatment, thus hindering the adherence to it. Although the developers claim to know the disease and assume that it does not interfere with their quality of life there is still a very large deficit of knowledge about the disease and ways to prevent complications during the course of chronic disease. **Conclusion** – No need to include directly the change of habits was one of the most worrisome data collected for this study because even assuming employees know about its importance, yet do not thus increasing the complications related to hypertension.

Descriptors: Quality of life; Hypertension; Health education

Resumo

Objetivo – Avaliar a qualidade de vida bem como os fatores de riscos aos portadores de hipertensão arterial sistêmica que participam do grupo "ComViva Saúde". **Métodos** – Trata-se de uma pesquisa de campo do tipo quantitativa exploratória, não experimental e descritiva. **Resultados** – A maioria dos colaboradores portadores de doenças crônicas avalia sua qualidade de vida como satisfatória em muitos aspectos, porém ainda há uma parcela significativa de sujeitos que indicaram pleno descontentamento com sua qualidade de vida. Orientados muitas vezes por familiares e amigos através do conhecimento adquirido no senso comum, muitos deles possuem dúvidas a respeito da patologia e até tabus relacionados ao tratamento, dificultando assim a adesão ao mesmo. Apesar de os colaboradores afirmarem conhecer a doença e assumirem que a mesma não interfere em sua qualidade de vida ainda há um déficit muito grande de conhecimento sobre a patologia, bem como formas de prevenir complicações durante o curso da doença crônica. **Conclusão** – Há necessidade de incluírem diretamente a mudança de hábitos que foi um dos dados mais preocupantes levantados por esta pesquisa, pois mesmo os colaboradores assumindo saber sobre sua importância, ainda não o fazem aumentando assim as complicações relacionadas à hipertensão arterial sistêmica.

Descritores: Qualidade de vida; Hipertensão; Educação em saúde

Introduction

Blood pressure is a physiological parameter that varies widely among populations, among different individuals and in the same individual in different situations. Physiologically, blood pressure is determined by the ratio between cardiac output and peripheral resistance. These two variables are related to dozens of other variables, neuroendocrine, metabolic, genetic, nutritional, cardiac and renal, neuropsychiatric, and these are related to numerous other anthropometric, social, racial, nutritional habits and lifestyles[1].

In Brazil there are about 17 million hypertensive patients, 35% of the population 40 years and more[1]. This number is growing, its appearance is increasingly short and it is estimated that about 4% of children and adolescents are also suffering[2]. The disease burden represented by the mortality due to disease is very high and all that hypertension is a serious public health problem in Brazil and worldwide[3].

The main causes of primary hypertension are a heritage, ethnic group, age, and social class, ingestion of electrolytes in the diet, obesity, alcohol abuse, smoking and oral contraceptive use[4].

The classification used later, is recommended by the Brazilian Society of Cardiology (Sociedade Brasileira de Cardiologia) based on parameters Americans[5]. In this current rating, the optimal pressure is lower than that 120mmHg systolic and 80mmHg diastolic. The Ministry of Health (MOH) considers the optimal value, where there is less risk to the cardiovascular system[6].

The identification of hypertensive disease in the population is no easy task, since it requires measurement of blood pressure and information regarding the recent use of antihypertensive medication[7-8].

The strategies for the implementation of preventive measures of hypertension depend on the performance of interdisciplinary teams, adoption of public policies, community activities, organization and planning of health services[9-10].

Quality of life relating to health is defined as the measurement of perceived functional status, impact, limitations, conditions and treatment perspective that patients with chronic diseases and heart disease have a cultural context and value system[11].

Theories seeking to explain and guide approaches to obtain the commitment of patients with chronic diseases began to be systematically investigated[12-13].

In health, interest in the concept of quality of life is relatively recent and stems, in part, the new paradigms that have influenced policies and practices in the industry for decades[14-15]. Thus health and disease processes configure understood as a continuum, related to economic, sociocultural, experience and personal lifestyles[16].

So some questions arise as:

How committed to that cause hypertension in patients'quality of life? What factors contribute to lack of adherence to treatment of hypertension? What are the epidemiological characteristics of patients with hypertension?

Hypotheses of this research, we have:

The involvement of hypertension is directly related to people with lower socioeconomic status.

The lack of knowledge about the deleterious effects of hypertension is not related to treatment adherence.

Is there a relationship between age, obesity and physical inactivity with the onset of hypertension.

The general purpose was to assessing quality of life related to health and risk factors to patients with hypertension participating in the group "Group ComViva Health" and the specific objectives was to determine the involvement of the disease on quality of life of patients with hypertension; to sort the main factors contributing to non-adherence to treatment and prevention of hypertension and to specify which epidemiologic characteristics of patients with hypertension.

Methods

This is a character field research quantitative, descriptive and exploratory, where they were reviewed literature over the last 10 years.

This survey was conducted in a Higher Education Institution (HEI) in the municipality of Campinas. Participants are part of the group "Group ComViva Health", Clinical Health, data were collected from November to December 2010.

The study participants consisted of 24 employees of a randomly chosen HEI involved in the group "Group ComViva Health" to prevent and control hypertension.

We conducted a survey of the number of employees involved with SAH group "Group ComViva Health", totaling 14 employees. The sample used for this study were all employees who agreed to participate voluntarily in the study.

The trial included all employees who: are patients with hypertension, participated in the group "Group ComViva Health" within the institution, who agreed to participate in the study made official by signing the Informed Consent (IC) and who were present at the time of data collection.

We excluded all employees who were not present on the day of the interview or refused to participate.

We used an instrument adapted from Schulz *et al.*[17] (2008) translating the questionnaire Minichal for data collection.

Data were collected between October-November 2010, where there were 14 samples and 6 refusals, and disengaged the four institutions, two were transferred from campus, two are away on medical leave and two did not join the project totaling 70% of representative sample.

Data were compiled and tabulated in Excel spreadsheet according to the sequence of questions. Subsequently underwent simple percentage calculation for the quantification of variables.

Results and Discussion

In research conducted in a Higher Education Institution (HEI) was obtained a sample of fourteen contributors who have submitted the basic characteristics of the evaluation and analysis of quality of life.

With data collection have achieved the following results:

Table 1. Distribution of total collaborators as their socio-demographic characteristics. Campinas-SP, 2011

		Nº (%)
Sex	Female	11 (78,6%)
	Male	03 (21,4%
Total		14 (100%)
Skin color	White	08 (57,1%)
	Black	03 (21,4%)
	Brown	03 (21,4%)
Schooling	Elementary	01 (7,2%)
	Middle School	09 (64,3%)
	Higher education	03 (21,4%)
	Postgraduate	01 (7,2%)
Body weight	40 - 60 kg	05 (35,7%)
	60 - 80 kg	06 (42,9%)
	80 - 100 kg	03 (21,4%)

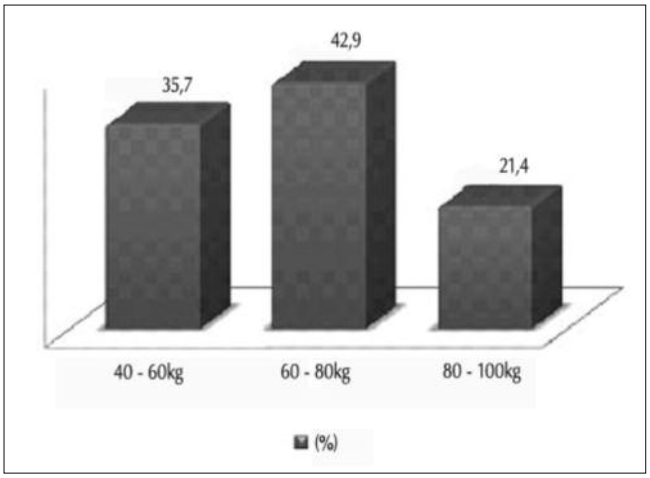
In Table 1 we see data of 14 employees interviewed being predominantly literate with 78.6%, while males represented only 21.4% of the sample. The largest number of women met in hypertension is observed perhaps because of the characteristics of the woman as caregiver and more attentive to aspects of their health.

See also features on the skin color 57.1% of the employees found the white while the other 42.8% divided between blacks and mulattoes. The average age of developers hypertensive was 47.3 years.

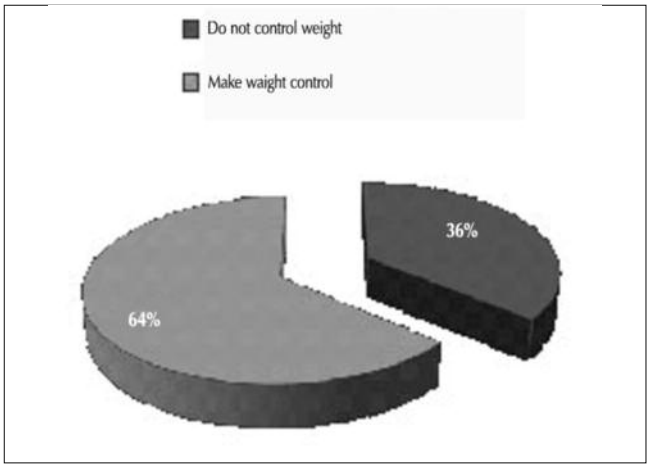
The schooling was also questioned and the majority of respondents (64.3%) reported to the school, only 7.2% of contributors said have studied elementary (4th grade), while 21.4% received higher education and 7.2% completed post-graduate course.

We also note that in relation to body weight most collaborators (42.9%) referred not to be in your ideal weight weighing between 60 and 80 kg and 21.4% of them weighed between 80 and 100 kg they admitted not having concern in controlling weight[18].

Using the graphical representation can show this group more easily.

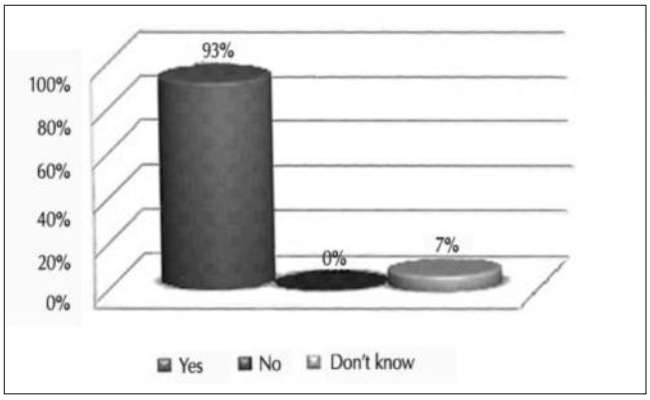


Graph 1. Distribution of body weight of employees (%). Campinas-SP, 2011



Graph 2. Control body weight by collaborators of IES (%). Campinas-SP, 2011

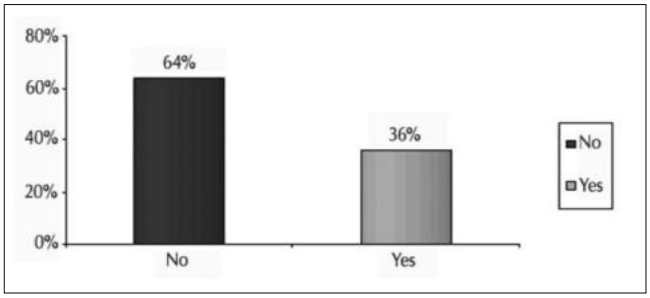
In Graph 1 we can see more clearly the current situation of employees who were part of the search, noting that 64.3% of them reported having their weight between 60 and 100 kg and 64.3% of them are not doing any control of weight as shown in Graph 2. Despite data developers showed know all risks of overweight and disarray or even the absence of a healthy diet for the hypertensive.



Graph 3. A family history of collaborators with HAS. Campinas-SP, 2011

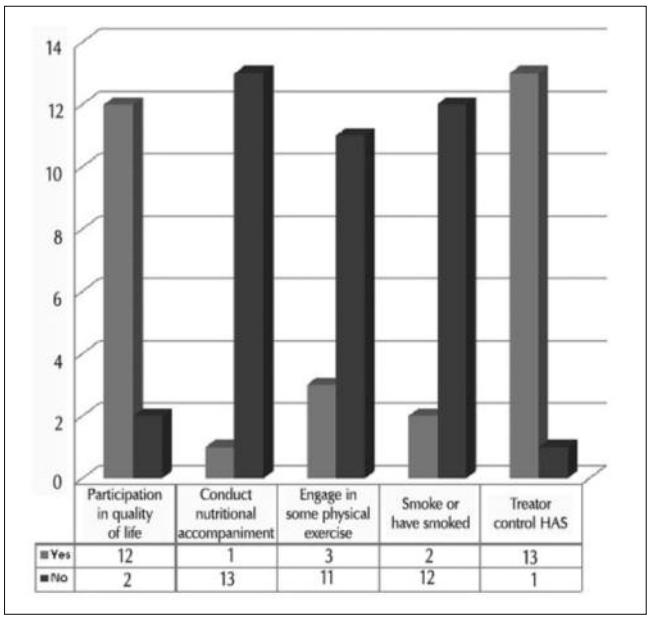
Graph 3 shows that when asked about people in your family who HAS 93% of respondents reported having a family history of hypertension and only 7% did not inform.

Through this raised the following questions:



Graph 4. The HAS somehow affects the quality of life of people. Campinas-SP, 2011

In Graph 4 we see the opinion of the employees surveyed about the interference of the disease on quality of life, the majority (64.3%) responded that the disease does not interfere in anything their quality of life has 35.7% assumed the disease interferes too not only in quality of life, but also in their daily activities, but many pointed out that "the disease, when controlled does not interfere in anything, the bearer can follow his life normally."



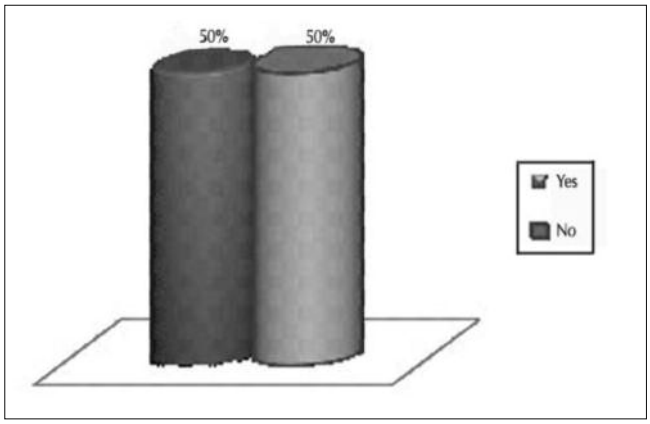
Graph 5. Representation of the response of employees interviewed about the practice of healthy habits. Campinas-SP, 2011

In Graph 5 we can observe that the practice of healthy habits is not among the main concerns of respondents, with 85.7% of respondents said they participate in programs of quality of life, while only 14.3% said not participating or ever having participated in such programs. Already we see the nutritional accompaniment worrying data with 92.9% of participants assuming make no nutritional accompaniment and only 7.1% say care giving diet with the guidance of a qualified professional. As to the practice of physical exercise 78.6% reported not practicing any type of activity, assuming sedentariness and only 21.4% reported practicing physical exercises occasionally.

In relation to the habit of smoking have obtained positive data, because 85.7% of the survey participants said they have never smoked, while 14.3% (2 respondents) have already made use of cigarette, participants mentioned 01 smoker for over 6 years. How to perform the treatment or control hypertension got 92.9% of contributors said control and treat somehow HAS, while 7.1% assumed not to make any control of pathology.

Graph 6 shows that half of respondents have a symptom related to the use of antihypertensive drugs such as xerostomia or dry mouth. Many of them reported that this is the worst part of the treatment, when drug therapy is initiated, as have many adverse effects related to the use of these drugs, xerostomia occurring nausea, malaise, among other symptoms. This implies to the population studied in a decreased quality of life.

Based on this principle and to validate the hypotheses of the study, was applied also in the population studied the quality of life scale adapted model Flanagan (EQVF), and she obtained the following results:



Graph 6. Symptom related "dry mouth" to the use of antihypertensive drugs. Campinas-SP, 2011

Table 2 shows the degree of satisfaction of the population interviewed following the aspects of quality of life scale of Flanagan, were assessed 15 points. The first one was with respect to the material comfort of respondents considering housing, food and financial situation, 14.2% of the employees were divided between very unhappy and dissatisfied, while 28.6% reported being dissatisfied with their current situation, the majority of respondents (57.1%) were divided between satisfied and very satisfied with aspects related to material comforts.

In relation to health, the answers were found: 78.9% said they were satisfied with health that possessed while 21.3% responded they were dissatisfied.

Date analysis of Table 3 then arose the question of personal relationships where they were questioned about their satisfaction about family, friends and partner. On family relationships (parents and siblings) accounted for 92.9% satisfaction according to respondents. When asked about constitute family (create children) most 80.4% were satisfied or very satisfied, while 7.1% were dissatisfied with this aspect, 14.2% said it indifferent and 7.1% reported being somewhat dissatisfied. Whereas the intimate relationships 85.7% of employees reported being very satisfied and 14.2% divided between indifferent and unhappy. Shortly thereafter the friendships accounted for 64.2% satisfaction, while other 28.5% responded be unsatisfied or indifferent.

Table 2. Total distribution of employee responses when questioned about his satisfaction with regard to their physical and mental well being. Campinas-SP, 2011

Physical and material well being	Degree of satisfaction	Nº	(%)
Material comfort (home, food, financial)	Very dissatisfied	1	7,1%
	Dissatisfied	1	7,1%
	Somewhat dissatisfied	0	0,0%
	Indifferent	0	0,0%
	Little satisfied	4	28,6%
	Satisfied	6	42,9%
	Very satisfied	2	14,2%
Health (physically well and vigorous)	Very dissatisfied	0	0,0%
	Dissatisfied	2	14,2%
	Somewhat dissatisfied	1	7,1%
	Indifferent	0	0,0%
	Little satisfied	2	14,2%
	Satisfied	9	64,3%
	Very satisfied	0	0,0%

Table 4 shows as for social activities, community and civic received the following responses: 57.1% were satisfied with his performance to help the next voluntarily, while 14.2% reported being dissatisfied, 14.2% took his dissatisfaction with this item and 14.2% were indifferent. In the sense of participation in associations or public interest activities only 35.7% of respondents reported being satisfied, while 42.6% divided between somewhat satisfied, somewhat dissatisfied and unhappy and 21.7% were indifferent to this item.

Date analysis of Table 5 as personal development and achievements the majority of participants (57.1) said to be satisfied with their learning, 28.4% of them were divided between somewhat dissatisfied, and very unhappy. Already regarding self-knowledge 64.3% were satisfied, and only 7.1% reported being dissatisfied with this item. Satisfaction with the work was also questioned and 57.1% reported being satisfied with the activity that performs. As for creative communication 71.4% reported being satisfied, while 21.4% reported being dissatisfied and only 7.1% were indifferent to this item.

Table 6 shows as recreation had a very satisfactory assessment, socialization or ability to make friends represented 92.9% satisfaction. With respect to recreation passive 57.1% assumed to be very satisfied and 42.9% described this activity as satisfactory taking hold at least one leisure activity per week. Regarding participation in active recreation 64.3% reported being satisfied, 14.2%

Table 3. Total distribution of degree of satisfaction of employees as to relation with other people. Campinas-SP, 2011

Relationship with other people	Degree of satisfaction	Nº	(%)
Relationship with parents, siblings and relatives (communications, and help)	Very dissatisfied	0	0,0%
	Dissatisfied	0	0,0%
	Somewhat dissatisfied	1	7,1%
	Indifferent	0	0,0%
	Little satisfied	0	0,0%
	Satisfied	7	50,0%
	Very satisfied	6	42,9%
Found a family (have and creat children)	Very satisfied	0	0,0%
	Dissatisfied	0	0,0%
	Somewhat dissatisfied	1	7,1%
	Indifferent	2	14,2%
	Little satisfied	1	7,1%
	Satisfied	5	35,7%
	Very satisfied	5	35,7%
Intimate relationship (spouse, boyfriend or another relevant person)	Very dissatisfied	0	0,0%
	Dissatisfied	1	7,1%
	Somewhat dissatisfied	0	0,0%
	Indifferent	1	7,1%
	Little satisfied	0	0,0%
	Satisfied	5	35,7%
	Very satisfied	7	50,0%
Close friends (share interests, activities and opinions)	Very dissatisfied	0	0,0%
	Dissatisfied	1	7,1%
	Somewhat dissatisfied	0	0,0%
	Indifferent	3	21,4%
	Little satisfied	1	7,1%
	Satisfied	7	50,0%

Table 4. Distribution of employee satisfaction degree about social activities, community and civic held by them. Campinas-SP, 2011

Social activities, community and civic	Degree of satisfaction	Nº	(%)
Voluntarily, help and support others	Very dissatisfied	0	0,0%
	Dissatisfied	2	14,2%
	Somewhat dissatisfied	1	7,1%
	Indifferent	1	7,1%
	Little satisfied	2	14,2%
	Satisfied	7	50,0%
	Very satisfied	1	7,1%
Participation in association and activities of public interest	Very dissatisfied	0	0,0%
	Dissatisfied	2	14,2%
	Somewhat disatisfied	2	14,2%
	Indifferent	3	21,4%
	Little satisfied	2	14,2%
	Satisfied	4	28,6%
	Very satisfied	1	7,1%

Table 5. Satisfaction of the respondents with respect to their personal development and their accomplishments. Campinas-SP, 2011

Personal development and achievements	Degree of satisfaction	Nº	(%)
Learning (frequent other general knowledge courses)	Very dissatisfied	2	14,2%
	Dissatisfied	1	7,1%
	Somewhat dissatisfied	2	14,2%
	Indifferent	1	7,1%
	Little satisfied	0	0,0%
	Satisfied	7	50,0%
	Very satisfied	1	7,1%
Self-knowledge (recognize your potential and limitations)	Very dissatisfied	0	0,0%
	Dissatisfied	1	7,1%
	Somewhat dissatisfied	2	14,2%
	Indifferent	0	0,0%
	Little satisfied	2	14,2%
	Satisfied	9	64,3%
	Very satisfied	0	0,0%
Work (interesting, rewarding	Very dissatisfied	1	7,1%
	Dissatisfied	0	0,0%
	Somewhat dissatisfied	1	7,1%
	Indifferent	1	7,1%
	Little satisfied	3	21,4%
	Satisfied	6	42,9%
	Very satisfied	2	14,2%
Creative communication	Very dissatisfied	0	0,0%
	Dissatisfied	0	0,0%
	Somewhat dissatisfied	0	0,0%
	Indifferent	1	7,1%
	Little satisfied	3	21,4%
	Satisfied	7	50,0%
	Very satisfied	3	21,4%

assumed to be dissatisfied and 21.4% were indifferent. Even with these positive data must understand that the patient is hypertensive goes through periods of adaptation to disease. Recreational and sports activities help the patient to change their focus on disease and assist in the treatment of the same, so the leisure and recreation are so important in quality of life of employees.

Table 6. Representation of responses from employees about their satisfaction with respect to recreation. Campinas-SP, 2011

Recreation	Degree of satisfaction	Nº	(%)
Participation in active recreation	Very dissatisfied	0	0,0%
	Dissatisfied	0	0,0%
	Somewhat dissatisfied	0	0,0%
	Indifferent	3	21,4%
	Little satisfied	2	14,2%
	Satisfied	6	42,9%
	Very satisfied	3	21,4%
Listen to music, watch TV or movies, reading, or other entertainment	Very dissatisfied	0	0,0%
	Dissatisfied	0	0,0%
	Somewhat dissatisfied	0	0,0%
	Indifferent	0	0,0%
	Little satisfied	0	0,0%
	Satisfied	6	42,9%
	Very satisfied	8	57,1%
Socialization ("make friends")	Very dissatisfied	0	0,0%
	Dissatisfied	0	0,0%
	Somewhat dissatisfied	0	0,0%
	Indifferent	1	7,1%
	Little satisfied	0	0,0%
	Satisfied	7	50,0%
	Very satisfied	6	42,9%

Conclusion

With this study can conclude that the majority of employees with chronic diseases have evaluated their quality of life as satisfactory in many respects, but there is still a significant portion of subjects who indicated full disagreement with their quality of life. This requires intervention of health professionals to evaluate each case separately and create an action plan that includes the withdrawal of guidance, and even psychological questions for these patients.

Although the developers saying about the disease and assume that it does not interfere in their quality of life is still a deficit too large of knowledge about the pathology, as well as ways to prevent complications during the course of chronic disease, including directly to changing habits who was one of the most concern raised by this research, because even the developers assuming to know about its importance, yet do not thereby HAS related complications.

When we compared the difference in gender QVRS were verified that existed both in the analysis carried out by Minichal as in analyzing Flanagan. As in other studies, factors such as gender, obesity, lower age and lower educational level seem to be related to a worst-case assessment of QV. It was also noted in the original study of Minichal, in which women had a worse score in relation to the mental state, other authors also claim that women are more often feelings of dissatisfaction and frustration, what influences in the QVRS, mainly in the field of psychological and in addition, men have, in general, better ability to tolerate diseases without being affected emotionally.

Several factors covered in the survey achieved a very high satisfaction and acceptance. Much of this result can be thanks to the work of university to create a group of educational practices aimed at the collective health of its

collaborators, since most of the respondents said that before to participate in the collective health actions ("Group ComViva Health") exist in HEIS had never participated in groups so mostly for lack of time or another reason, said to be very satisfied with aspects related to work.

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