Quality of Life among Patients with Hypertension at Selected Tertiary Hospital In Kelambakkam, Kanchipuram District, Tamil Nadu, India

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Abstract

A descriptive study to assess the quality of life among patients with hypertension in a selected tertiary hospital at kelambakkam, kanchipuram District, Tamilnadu. The objectives were to assess the quality of life among patients with hypertension and to associate the quality of life of patients with hypertension and the selected demographic variables. 75 samples were participated in the study by using purposive sampling technique.WHO QOL - BREF tool was used to assess the quality of life among patients with hypertension. The study findings revealed that (52) 69.33% of the samples had low quality of life, (22) 29.33% of them had moderate quality of life and (1) 1.33% only had good quality of life. The results revealed that there is a statistical significance found between the Quality of life and selected demographic variables respectively age ($x^2=10.69$), weight ($x^2=4.34$),duration of hypertension ($x^2=3.79$) co-morbid condition ($x^2=0$). There is no statistical significant association found quality of life among patients with hypertension.

Keywords: Quality of life, patients with hypertension.

Introduction

Hypertension is a global public health issue and a leading cause of cardiovascular disease1. Hypertension (HTN) exerts a substantial public health burden on cardiovascular health status and health care systems in India 2. HTN is directly responsible for 57% of all stroke deaths and 24% of all coronary heart disease (CHD) deaths in India3. One in three adults worldwide, according to the report, has raised blood pressure – a condition that causes around half of all deaths from stroke and heart disease4.

Global health report showed the prevalence of hypertension as 22% in the year 2014 5. American Society of Hypertension and International Society of Hypertension 2013 reported that about 1/3 rd of adults have hypertension in developed and developing countries 6.

Quality of life (QOL) is the subjectively determined personal satisfaction with daily life, as influenced by the individual’s evaluation of his/her physical, psychological, social, and spiritual wellbeing7. World Health Organization defines QOL as “an individual’s perception of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns” 8,9.

In different studies conducted to assess the relation between QOL and hypertension, most of the studies reported lower scores in most dimensions as physical capacity, social functioning, mental health, psychological functioning, vitality as compared to general population 10,11.

From the above statistics it indicates that hypertension is an burning issue, for chronic diseases like hypertension assessing the quality of life can help in evaluating physical and psychosocial impact of the
disease on affected individuals.

**Materials and Method**

A Quantitative approach with descriptive design was used in the study. The study was conducted in medical ward in a selected Hospitals. A purposive sampling technique was used to select 75 samples with the following inclusion criteria viz. Patients with hypertension who are willing to participate in the study, who all are available during the time of the study and patients who can understand Tamil or English language.

Patients who are critically ill, Patients who have pregnancy induced hypertension were excluded from the study, Self-structured administered questionnaire was used to elicit the demographic variables and WHO-QOL BREF tool was used to assess the quality of life among patients with hypertension and the score was interpreted as follows 0 - 50 - Low quality of life, 51 - 75 - Moderate quality life, 76 - 100 - Good quality of life.

**Findings and Discussion**

**Frequency and percentage distribution of demographic variables of patients with hypertension.**

Majority 42 (56%) were in the age group of 30 – 40 years, 39(52%) were females, 60(80%) of them were married, 26(34.66%) were having high school education, 27(36%) were moderate workers, 30(40%) were having normal weight, 39(52%) of them having hypertension since 1 – 3 years, 45(60%) were having co morbidities and 36(48%) were taking 1- 2 antihypertensive drugs to control hypertension.

**Table.1 - Assessment of quality of life among patients with hypertension**

<table>
<thead>
<tr>
<th>Domains</th>
<th>Low quality of life</th>
<th>Moderate quality of life</th>
<th>Good quality of life</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>Domain – I physical</td>
<td>42</td>
<td>56</td>
<td>33</td>
</tr>
<tr>
<td>Domain – II psychological</td>
<td>43</td>
<td>57.33</td>
<td>32</td>
</tr>
<tr>
<td>Domain – III social relation</td>
<td>53</td>
<td>70.6</td>
<td>19</td>
</tr>
<tr>
<td>Domain – IV environmental</td>
<td>48</td>
<td>64</td>
<td>27</td>
</tr>
<tr>
<td>Overall quality of life score</td>
<td>52</td>
<td>69.33</td>
<td>22</td>
</tr>
</tbody>
</table>

The above table reveals that, majority of the patients 52(69.33%) had low quality of life, 22 (29.33%) of them had moderate quality of life, 1 (1.33%) of them had good quality of life.

**Table.2 - Mean and Standard deviation of quality of life of patients with hypertension**

<table>
<thead>
<tr>
<th>S.No</th>
<th>Level of Quality of life</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Good quality of life</td>
<td>01</td>
<td>1.33%</td>
<td>44</td>
<td>10.67</td>
</tr>
<tr>
<td>2.</td>
<td>Moderate quality of life</td>
<td>22</td>
<td>29.33%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Low quality of life</td>
<td>52</td>
<td>69.33%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Association of quality of life of patients with hypertension with demographic variables.

The Chi-square association revealed there was significant association between quality of life with selected demographic variables like Age ($\chi^2 = 10.69$), Weight($\chi^2 = 04.34$), Duration of hypertension($\chi^2 = 03.79$) and Co-morbidities ($\chi^2=0.7949$). Considering the other demographic variables like Gender($\chi^2 = 33.08$), Marital status($\chi^2 = 50.25$), Education($\chi^2 = 15.23$), Occupation($\chi^2 = 25.23$) and Number of anti hypertensive drugs($\chi^2 = 13.32$) doesn’t show any significant association.

Conclusion

Quality of life is important to everyone. The results of the study confirmed that the quality of life of patients with hypertension is impaired by assessing the four domains (Physical, Psychological, Social relationship, Environmental). So the health care professionals can create awareness regarding health promotion among hypertensive patients to prevent further cardiac diseases in patients with hypertension. Further studies can focus on the intervention that will improve the QOL of hypertensive patients.

Ethical Clearance - Ethical clearance was Obtained from Institutional Human Ethical Committee Chettinad Academy of Research and Education. Formal written permission obtained from the hospital authorities. Consent was obtained from each participants after explaining the procedure.

Conflict of Interest - Nil

Source of Funding - Self

References

4. The World health statistics 2012 report, released today, puts the spotlight on the growing problem of the noncommunicable diseases burden. 16 MAY 2012 | GENEVA