



Evaluation of Quality of Life in Patients with and without Hypertension in Amir Al-Momenin Hospital, Zabol

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ABSTRACT

Hypertension is one of the most prevalent and most important health threats and is probably one of the most important health problems and a common asymptomatic disease, which causes irreparable complications, especially in the elderly. Therefore, the present study was conducted to evaluate the quality of life in patients with and without hypertension in Amir-al-momenin Hospital in Zabol. This is a causal-comparative study. The statistical population of this study included people with high blood pressure, who, after referral to the office or referral to the emergency department, were transferred to the intensive care unit of the heart and the heart department. They were selected by random sampling by referring to these sections on a daily basis in a sample of 30 individuals. First, the list of names of all those who identify a cardiologist (cardiologist), who has high blood pressure and hospitalized in the above sections, was prepared, and then from this list, the number was selected randomly, with it They were interviewed and after explaining the research goals and satisfying them, those who had the criteria for entering the research were selected and invited to participate in the research. The sample size in this research is 120. At the beginning of the completion of the questionnaire, the research objectives were described for the study group. The measurement tool in the present study is the World Health Organization's Quality of Life questionnaire. 60 high-pressure hypertensive patients (30 women and 30 men) were asked to complete questionnaires and 60 family members and associates from the patient, they were matched. After describing the research goals for each family member and their complete satisfaction, the questionnaires were completed. The findings showed that there was a significant difference between the two groups in terms of quality of life ($p = 0.001$, $df = 58$, $t = 9.4$), and patients with hypertension had lower quality of life Suffer. The results of our research indicate that in healthy people, the quality of life is at a higher level. The quality of life in the elderly with blood pressure is lower than the healthy group.

Key words: Quality, Hypertension

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INTRODUCTION

Hypertension is one of the most prevalent and most important health threats, and nearly one quarter of all deaths in the elderly are due to high blood pressure or its complications. Chronic blood pressure is a common and asymptomatic disease that is caused by general or functional disorders

and is called primary blood pressure [1]. Diagnosis of coronary artery disease, including blood pressure, in addition to raising physical problems, causes a significant disorder in patients' mental state. One of these disorders is anxiety, depression and uncertainty about the future [2].

As the age increases, systolic blood pressure increases, but diastolic blood pressure remains constant, which is due to tightening of the arterial walls. Hypertension is more common with age in

women. Twenty-one systolic and diastolic pressure of 10 millimeters will double the mortality rate due to stroke and cardiac events. If high blood pressure is not appropriate, 50 percent of patients are congestive heart failure and 33 percent due to stroke -10% due to complications of kidney failure [3]. Arterial hypertension is likely to be one of the most important health problems and a common disease, asymptomatic in developed countries. This symptom is usually easy to treat and often results in death complications if left untreated. The uncheckedness of this disease can reduce its early diagnosis and also the fact that genetic-social and nutritional factors are different in different societies, and this can be effective in the pattern of high arterial hypertension. . On the other hand, understanding the pattern of high blood pressure in the arteries and recognizing high risk groups and controlling factors that affect it can lead to timely recognition and treatment of this fatal disease and also screening for its risks. High blood pressure, called hyperthyroid medicine [4]. It requires high blood pressure (up to 140 mm systolic and 90 mm diastolic) and continuous (usually within several weeks or months). High risk factors, high blood pressure, heredity, high birth weight, inadequate nutrition, alcohol consumption, low physical activity are psychosocial and environmental factors. [4] In the United States, the prevalence of hypertension in the age range of 40-50 years is 20-25%. And in the ages of 60-50 years, it is about 40% and over 80 years of 60% higher. High blood pressure is 20 to 10 years old without symptoms, and only regular screenings and alert people can reveal its diagnosis. In Iran, the prevalence of high blood pressure is based on statistics that extracted from the heart project is 23.2% of the population aged 35 to 65, which is 25.1% in men and 21.5% in women [4].

Blood pressure in addition to undesirable physical effects, such as arteriosclerosis, stroke, stroke, and renal failure, can also affect the mental health and quality of life of affected patients. The World Health Organization defines the quality of life as such. Understanding people's position of life with regard to the culture and system of value in which they live, as well as their goals, experiences, criteria and their dependence [5]. But in the twenty-first century, the main concern of researchers and researchers is not merely to increase life expectancy, but by looking at the figures, it can be seen that if the main challenge of health in the twentieth century was just "to

survive and increase life, the challenge of the century New () is quality of life [6]. In the area of quality of life associated with health, four main dimensions, including the physical, physical dimension, psychological dimension, social dimension and environmental dimension are considered [7 , 8]. Research results show that quality of life in patients with high blood pressure is often lower than expected and should be taken into consideration [9]. The results of the research showed that many hypertensive patients believed that the use of antihypertensive drugs regularly and daily is much harder than bearing the symptoms of hypertension, therefore, in the regular use of medications Prescribed, neglected, and general perception of patients remained negative from their health [10]. Improving the quality of patients with high blood pressure requires major changes in their attitude to the current and future conditions of the disease and their impact on their lives, and drug therapy is not able to provide these changes [9].

In a study conducted in the United States, they said that untreated high blood pressure has a negative relationship with quality of life [11]. Several studies have shown that the quality of life of patients with low blood pressure is low [12]. For example, Robbins et al. In evaluating the quality of life, 315 patients with hypertension found that cognitive function, level of social activity and general health were lower in these patients and physical health status such as the incidence of physical symptoms and sleep disturbance was higher [11]. With regard to the increasing number of patients with hypertension in Iran and the world as well as the adverse effects of quality of life on a variety of chronic diseases such as blood pressure, the quality of life of this group of patients is of particular importance. Since most of the psychological therapies are less effective in improving the quality of life as the most important therapeutic goal, the aim of this study is to show the effect of quality of life on hypertension.

MATERIALS AND METHODS

This study is a causal-comparative study that seeks to compare the quality of life in patients with and without hypertension in Amiral-momenin Hospital in Zabol. The statistical population of this study included people with high blood pressure, who, after referral to the office or referral to the emergency department, were transferred to the intensive care unit of the heart

and the heart department. They were selected by random sampling by referring to these sections on a daily basis in a sample of 30 individuals. First, the list of names of all those who identify a cardiologist (cardiologist), who has high blood pressure and hospitalized in the above sections, was prepared, and then from this list, the number was selected randomly, with it They were interviewed and after explaining the research goals and satisfying them, those who had the criteria for entering the research were selected and invited to participate in the research. The sample size in this research is 120. At the beginning of the completion of the questionnaire, the research objectives were described for the study group. The measurement tool in the present study is a World Health Organization Quality of Life Questionnaire. 60 patients with high blood pressure (30 women and 30 men) were asked to complete the questionnaire and 60 family members and female assistant conductors Literacy were matched. After describing the research objectives for each family member and their complete satisfaction, questionnaires were completed.

To collect data, the World Health Organization's Quality of Life Questionnaire (WHO) has 26 items that are derived from the 100 item version of this questionnaire. The questionnaire examines the quality of life in four areas: physical health, mental health, social relationships, environmental health. Each of these fields has 7, 6, 3 and 8 questions, respectively. The questionnaire has a total of 26 questions and the first two questions do not belong to any of the areas and generally assess the quality of life in general. The items of the questionnaire are also evaluated on a 5-point scale. In each field, a score of 20-4 is obtained, which can be converted into a score of 100-0, in which the lower the rating points, the worse the quality of life.

In order to collect the data, the researchers referred to the Amiral-momenin Hospital heart centers after coordinating with the authorities, and after communicating with patients with hypertension, they provided a brief explanation about the research and its purpose, and they were asked to Questionnaires responded. After answering, questionnaires were collected and for each patient the family of patients was interviewed and after completing the research goals, the questionnaires were completed. After completing the questionnaires, they entered the

16SPSS software. Based on descriptive statistics and ANOVA, considering the 95% confidence coefficient for all variables, it was analyzed.

Findings

The findings showed that there is a significant difference between the two groups in terms of quality of life ($p = 0.001$, $df = 58$, $t = 9.04$), and patients with hypertension suffer from lower quality of life.

Table 1: Differences in quality of life scores in both patient and healthy groups

df	Quality of Life			Variables/ Statistical index
	SD	X	Number	
58	15.86	84.18	60	Healthy
58	12.04	73.85	60	Patient
		- 4.01		T
		0.001		P

In other words, there is a significant difference between the two groups of patients with high blood pressure and normal people in terms of quality of life.

DISCUSSION

According to the research findings, there was a significant difference between the healthy group and the group with high blood pressure in terms of quality of life, so that the quality of life in people with hypertension was at a lower level.

In this regard, research has also been carried out in other research centers that are in line with our results. It should be noted that in almost all of the investigated cases, no results were found to contradict our findings.

Keitler explained that high blood pressure due to the effect of the body's peripheral nerves on the affected person is a factor in reducing the quality of life, and if properly controlled, it will improve the quality of life of the person. [13] Mikami and colleagues believe that high blood pressure, Due to various reasons such as social, psychological (depression) and financial deficiencies, lead to quality of life degradation, and sometimes the side effects of lowering blood pressure medications due to complications may decrease the quality of life [14], But University of York research has led to a decline in the quality of life in older people with high blood pressure According to this study, blood pressure lowering drugs will improve the quality of life [15].

Maria, in her study, states that high blood pressure due to defects in individual and social abilities leads to degrading the quality of life of the elderly, and quality of life control in elderly people with hypertension is one way to become aware of the effectiveness. Treatment for them, in which case the choice of drug type can be a very determinant factor. According to this study, blood pressure lowering drugs not only have a significant effect on goodness but also have different positive effects on quality of life, and even type of medication also affects changes in quality of life [16]. Fujisawat, in his study, concluded that treatment and control of blood pressure in the elderly improves not only the quality of life that has been reduced, but also the side effects of hypertension, one of which is stroke and a severe deleterious effect on It also prevents the quality of life [17].

Our findings in this study also confirm the negative effects of high blood pressure elevation in quality of life; therefore, the study of high blood pressure in the elderly is one of the necessary and should be considered quite seriously.

Our findings in this study also confirm the negative effects of high blood pressure on quality of life, therefore, the study of high blood pressure in the elderly is one of the necessary and should be considered as a matter of urgency.

CONCLUSION

The result of our research suggests that in healthy people, the quality of life is at a higher level. The quality of life in the elderly with blood pressure is lower than the healthy group, probably because high blood pressure in elderly people not only reduces physiological and physical capacities, but also creates complications as A risk factor for developing cardiovascular, cerebral and cardiac problems, such as depression, decreases other abilities, such as the cognitive abilities of drug dependence, and economic costs play a very important role in the life of the elderly, and if it is not treated or controlled timely, the effects of malaise remain.

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