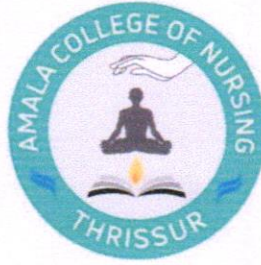




Amala
COLLEGE OF NURSING
ACCREDITED BY NAAC WITH A GRADE

AMALA COLLEGE OF NURSING AQAR (2023-2024)



CRITERION 8 – B 3 NURSING COLLEGE

Key Indicator 8.1

Metric No. 8.1.7 - College undertakes community oriented activities

SUBMITTED TO



National Assessment and Accreditation Council

REPORT OF HEALTH EDUCATION



In Collaboration with Adult Health Nursing Department

WORLD *Hypertension Day*

May-17



Theme-Measure your blood pressure
accurately, control it, live longer

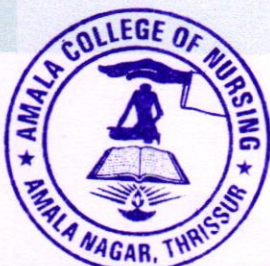
Competitions

- ELOCUTION
 - LOGO DESIGNING
- (2 participants from each batch)

Programs

- BP CAMPAIGN
- DISTRIBUTION
OF FLYER-
DASH DIET

Organized By 2nd Sem BSC Nursing Students, NSS and
Students Union



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HEALTH EDUCATION ON HYPERTENSION

Submitted TO
Mrs. Shaly
Asso. professor
Amala college of Nsg.
Thrissur.

Submitted by
Linda Joy
1st year MSc Nsg
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Submitted on 29/8/2023


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INTRODUCTION

Hypertension is the commonest cardiovascular disorders, posing a major public health challenge to populations in socio-economic and epidemiological transition. It is one of the major risk factors for cardiovascular mortality, which account for 20-50% of all deaths.

DEFINITION

Isolated systolic hypertension is defined as a systolic the pressure of 140 mm of Hg and a diastolic blood pressure of less than 90 mm of Hg.

Hypertension also known as high or raised blood pressure, is a condition in which the blood vessels have persistently raised pressure. Blood is carried from the heart to all parts of the body in the vessels. Each time the heart beats, it pumps blood into the vessels. Blood pressure is created by the force of blood pushing against the walls of blood vessels (arteries) as it is pumped by the heart. The higher the pressure the harder the heart has to pump.



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CLASSIFICATION

Hypertension is divided into primary & secondary.

Hypertension is classified as essential when the causes are generally unknown.

Essential hypertension is the most prevalent form of hypertension accounting for 90% of all cases of hypertension.

Hypertension is classified as secondary when some other disease process or abnormality is involved in its causation. prominent among these are diseases of kidney (chronic glomerulo-nephritis) & chronic pyelo-nephritis, Tumors of adrenal glands, congenital narrowing of the aorta & toxemias of pregnancy.

RISK FACTORS

These may be classified as

- Non modifiable risk factors.
- Modifiable risk factors.

NON MODIFIABLE RISK FACTORS.

- Age: Blood pressure rises with age in both sexes & the rise is greater in those with higher initial blood pressure.

- Sex

early in life there is little evidence of a difference in blood pressure between the sexes.

However at adolescence, men display a higher average

level. This difference is most evident in young and middle aged adult. Late in life the difference narrows & the pattern may even be reversed. Post menopausal changes in women may be contributing factors for this change.

- Genetic Factors.

there is considerable evidence that blood pressure levels are determined in part by genetic factors, & that the inheritance is polygenic.

- Ethnicity.

population studies have consistently revealed higher blood pressure levels in black communities than other ethnic groups. Average difference in BP between the two groups varies from slightly less than 5 mm Hg during the second decade of life to nearly 20 mm of Hg during the sixties.

MODIFIABLE RISK FACTORS.

- Obesity.

epidemiological observations have identified obesity as a risk factor for hypertension. The greater the weight gain, the greater the risk of high blood pressure.

- Dietary Fibres.

Most fibres reduce plasma total & cholesterol.



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- Salt intake

There is an increasing body of evidence to the effect that a high salt intake (i.e. 4-8 gram) per day increases the blood pressure proportionately. Low sodium intake has been found to lower the blood pressure. Besides sodium there are other mineral elements such as potassium which are determinant of blood pressure. Potassium antagonizes the biological effect of sodium, & therefore by reducing blood pressure, potassium supplements have been found to lower blood pressure or mild to moderate hypertensive. Other cations such as calcium, cadmium, & magnesium have also been suggested as of importance in reducing blood pressure levels.

- Saturated Fat:-

The evidence suggest that saturated fat raises blood pressure as well as the level of serum cholesterol.

- Alcohol:

high alcohol intake is associated with an increased risk of blood pressure.

- Physical activity

physical activity by reducing body weight may have an indirect effect on blood pressure.

- Environmental Stress.

The term hypertension itself implies a disorder initiated by tension or stress. It is accepted fact that the psychosocial factors operate through mental process consciously or unconsciously to produce hypertension.



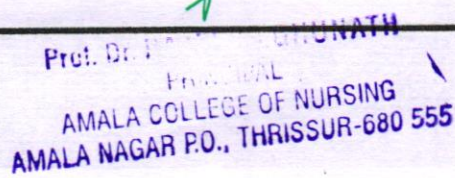
Other Factors.

PREVENTION OF HYPERTENSION

primary prevention.

Primary prevention

192



this involves a multi-faceted approach, based on the following non-pharmacological therapeutic interventions.

NUTRITION.

- Reduction in salt intake to average of not more than 5g per day
- Moderate fat intake.
- The avoidance of high alcohol intake.
- Restriction of energy intake appropriate to body needs.

WEIGHT REDUCTION

The prevention & correction of over weight (BMI > 25) is a prudent way of reducing the risk of hypertension & indirectly CHD, goes with dietary changes.

• EXERCISE PROMOTION.

The evidence that regular physical activity leads to fall in body weight, blood lipids & blood pressure goes to suggest that regular physical activity should be encouraged as part of strategy for risk factor control.

• BEHAVIOURAL CHANGES.

Reduction of stress & smoking, modification of personal life style, yoga & medication could be profitable.

advice on all risk factors & related health behaviour. The whole community must be mobilized & made aware of the possibility of primary prevention.

• SELF CARE

A important element in community based health programmes is patient participation. The patient is taught self care i.e. to take his own blood pressure & keep a log book of his readings.

SECONDARY PREVENTION.

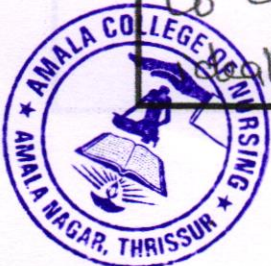
The goal of secondary prevention is to detect & control high blood pressure in affected individuals.

EARLY DETECTION.

Early detection is major problem. This is because high blood pressure rarely causes symptoms until organic damage has already occurred & our aim should be control it before this happens. The only effective method of diagnosis of hypertension is screen the population.

TREATMENT.

The aim of treatment should be to obtain a blood pressure below 140/90 & ideally a blood pressure 120/80.



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PATIENT COMPLIANCE

the treatment of high blood pressure must normally be lifelong & this presents problems of patient compliance, which is defined as 'the extent to which patient behaviour (in terms of taking medicines, following diets or executing other life style changes) coincides with clinical prescription.'

ACTIONS TO MANAGE HYPERTENSION.

Hypertension can be managed by making lifestyle changes & possibly by taking medicines.

NUTRITION.

- Eat a diet that is high in fibre & potassium, and low in salt, added sugar & fat. An example eating plan is called the DASH diet. DASH stands for Dietary Approaches to Stop Hypertension. To eat this way.
- eat plenty of fresh fruits & vegetables. Try to fill one-half of your plate at each meal with fruits & vegetables.
- Eat whole grains, such as whole wheat pasta, brown rice, or whole grain bread.
- Eat low-fat dairy products.
- Avoid fatty cuts of meat, processed or cured meats & poultry with skin.

ALCOHOL USE

- Do not drink alcohol if

MEDICINES

Take medicine only as told by health care providers. The medicines does not work as well when you skip doses. Skipping doses also puts you at risk for problems.

MONITORING

Before you monitor your blood pressure

- Do not smoke, drink caffeinated beverages, or exercise within 30 mins before taking a measurement.
- empty the bladder.
- sit quietly for at least 5 mins before taking measurements.

GENERAL INFORMATION.

- Talk with your health care providers about your diet, exercise habits and other life style factors that may be contributing to hypertension.
- Review all the medicines you take with your health care providers because there may be side effects or interactions.
- keep all follow-up visits.



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- Avoid pre-made & processed foods. These tend to be higher in sodium, added sugar, and fat
- Reduce daily sodium intake. Many people with hypertension should eat less than 1500mg of sodium a day.

LIFESTYLE

- Maintain healthy body weight.
- Get at least 30 mins of exercise that causes hearts to beat faster most days of the week. Activities may include walking, swimming, or biking
- Include exercise to strengthen muscle such as weight lifting. Try to do these type of exercise for 30 mins at least 3 days a week.
- Do not use any products that contain nicotine or tobacco. These products include cigarettes, chewing tobacco, & vaping devices such as e-cigarettes.
- Control any long-term conditions such as high cholesterol or diabetes
- Identify source of stress & find ways to manage stress. This may include medication, deep breathing or making time for fun activities

FOOD ALLOWED IN HYPERTENSION

- Berries

Blueberries and Strawberries contain antioxidants.
• Eat them as a snack or sweet treat after meals.

- Bananas

Banana contains potassium, which can help manage hypertension. Other potassium-rich foods include
→ Apricots
→ lentils
→ prunes
→ acorn squash
→ potatoes

- Beets.

Drinking beet juice reduces blood pressure in the short and long term, because it contains dietary nitrate.

- Dark chocolate

Cacao, an ingredient in dark chocolate, contains flavonoids, an antioxidant.

- Kiwis

A daily serving of kiwi can help manage mildly high blood pressure.

- watermelons

Watermelon contains an amino acid called



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People can consume watermelon.

- as juice
- in salads, including fruit salad.
- in smoothies
- in a chilled watermelon soup

• Oats

Oats can contain a type of fiber called beta glucan.

ways of eating oats include.

- having a bowl of oatmeal for breakfast
- using rolled oats instead of breadcrumbs
- sprinkling them on yogurt dessert.

• Leafy green vegetables

leafy green vegetables are rich in
fiber.

Examples are

cabbage

mustard greens

spinach

kale

• Garlic

It has antibiotic and antifungal properties

• Fermented Foods.

These are rich in probiotics, which
are beneficial bacteria that may help manage
blood pressure

• Lentils and other pulses.

• Natural yoghurt

• Pomegranates

• Cinnamon

• Nuts

• Citrus fruits.

• Oily fish

example: anchovies

Sardines

mackerel

albacore tuna

• Tomato extract

FOODS TO AVOID

• Salt

• Caffeine

• Alcohol

• Processed Foods

• Canned Foods with preservatives-

• High sodium Foods such as pickles, potato chips, other salty snacks.

• Fried Foods such as french fries and chicken strips.

• Fatty meats especially red meat,

• Vegetable oil and margarine, which are high in trans fat

• grape fruit.

• Pizza



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COMPLICATION

The Common complications are target organ diseases occurring in the Heart

Brain

Kidney

Eyes

Hypertensive Heart Diseases.

- Coronary artery diseases
- Left ventricular hypertrophy
- Heart failure

→ Cerebro vascular Disease

stroke

→ peripheral vascular Diseases.

→ Nephrosclerosis

→ Retinal damage

CONCLUSION

Hypertension is when the Force of blood pumping through arteries is too strong. If this condition is not controlled, it may put at risk for serious complications. Hypertension is managed by lifestyle changes, medicines or both lifestyle changes to manage hypertension including losing weight, eating a healthy low sodium diet, exercising more, stopping smoking and limiting alcohol.

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