Assessment of Risk Factors, Health Related Quality of Life among Hypertensive Patients in Primary Health Care Center- Iraq-2020

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Abstract

Background; Chronic diseases disturb life expectancies, (1) that effect psychological, social, and economical status.(2) The present study evaluated the risk factors and health related quality of life (HRQL) among hypertensive patients. Objectives: Assessment of risk factors, (HRQL) among hypertensive patients in AL-Andalus primary health care center in AL-Ramadi city during the period January–March-2020. Materials &methods: a cross sectional study involved 100 hypertensive patients using Flanagan Quality of Life Scale in AL- Andalus primary health care center in AL-Ramadi city during the period January–March-2020. Results: The study revealed that 66% of the patients were males and 67% of them were over 55 years, working, graduated, smokers and from urban area. About half of females were over 55 years that 42% of them completed 2nd school but all of them were not-working and from rural area. Sixty percent of persons had high blood cholesterol level with average mean was 240, 220 mg/dl for males & females respectively, the same percent had cardiac disease while, 40% of them had diabetes mellitus for both sexes. The average body mass index was 39, 36 among males and females respectively. Thirty eight percent of patients had good and very good material and physical well-being with average mean $2.5 \pm (0.5)$, while only twenty- four percent had good and very good relationships with other people, the average mean was $2.0 \pm (0.5)$ with statistical significance with sex. Thirty-two percent of persons had good and very good social, community, and civic activities with average mean $2.4 \pm (1.0)$ and significant with sex. Only twenty-eight percent of persons had personal development and fulfillment with average mean $2.5 \pm (0.4)$ and significant with sex, while forty-two percent of them had recreation with average mean $3.0 \pm (1.0)$ that also significant with sex. Conclusion: High risk factors for both sexes and poor quality of life, mostly among female hypertensive patients.

Key Words: *Hypertensive patients' "Health Related Quality of life", Risk factors, Sex*

Introduction

Hypertension decreases life expectancy because mostly ends with heart failure, ischemic heart disease, cerebra-vascular accidents and kidney diseases which increasing of mortality and morbidity rates,[3] and decreasing quality of life[4]. Cardiac diseases have great burden on health all over the world, (5) with estimation of (29.2%) of total deaths globally[6]. Promoting of health improves the personal perception and quality of life[7]. Quality of life is "an individual perception in relation to values, culture, expectations and health status satisfaction[8]. Quality of life is important to detect the outcome of health care when cure is impossible. [9] With complex outcomes, quality of life is assessing of patient's life problems as physical, mental, emotional and spiritual performance[10]. Uncontrolled blood pressure, diabetes mellitus, lipid profile, obesity, emotional stress and smoking lead to coronary heart diseases, [11] [12] which have negative effect on their physical, psychological status and quality of life[13].

Objectives of the study: Assessment of risk factors, quality of life among hypertensive patients in AL-Andalus primary health care center in AL-Ramadi city during the period January – March 2020.

Materials & Methods: A cross sectional study

carried out among 100 hypertensive patients by using Flanagan Quality of Life Scale in AL- Andalus primary health care center in AL-Ramadi city during the periodJanuary–March-2020.

Population: An interview had done among 100 hypertensive patients by using convenience non-probability sampling.

An interview questionnaire based on: 1. Demographic characteristics & risk factors that include age, gender, education, marital and job status, history of diabetes millets, obesity, and smoking. 2. Chronic Quality Of Life Scales contained 15 items representing five conceptual domains QOLS.

Item Scaling: The QOLS scores are summing that the higher score (quality of life). Average total score for healthy populations is about 90%. (14) Scores ranged from 25% worse to 100% better. When these scores were condensed into three groups: -25% to 25%, 30% to 65% and 70% to 100%. (15) The QOLS was originally a 15-item instrument that measured five conceptual domains of quality of life: material and physical well-being, relationships with other people, social, community and civic activities, personal development and fulfillment, and recreation. After descriptive research that queried persons with chronic illness on their perceptions of quality of life by using Flanagan Quality of Life Scale [16] (Table 1).

Table 1: Flanagan Quality of Life Scale (QOLS) original conceptual categories and scale items.

Conceptual Category	Scale Item
Material and Physical Well-being	Material well-being and financial security Health and personal safety
Relationships with other People	Relations with parents, siblings, other relatives Having and raising children Relations with spouse or significant other Relations with Friends
Social, Community, and Civic Activities	Activities related to helping or encouraging others Activities related to local and national government
Personal Development and Fulfillment	Intellectual development Personal understanding Occupational role Creativity and personal expression
Recreation	Socializing Passive and observational recreational activities Active and participatory recreational activities

Statistical Analysis: -Statistical tests applied by using SPSS Version 24,, calculating of mean, SD, $\times^2$ value was < 0.05 **Body Mass Index** : A tape measure and a weighing scale used to estimate the height and weight and calculated the BMI for each female according to the formula: BMI = Weight / Height² (Kg/m²). BMI ranges as the following: underweight < 18.5 kg/m², normal weight: 18.5-25, overweight::25-30, obese >30 [17].

Results

Table (2,3): Distribution of patients according to socio demographic characteristics showed that 66% of them were males, 34% were females. Sixty seven percent of males were over 55 years, graduated, working and from urban areas, while 52% of females were over 55years, 42% completed secondary school but all of them were not- working and from rural area.

Table (2) Distribution of patients according to socio demographic characteristics

	Male		Female		Total	
Number	66	66%	34	34%	100	100%
1.Age						
<35years	6	9%	------	------		
36-45 years	8	12%	8	24%		
46-55 years	8	12%	8	24%		
>55 years	44	67%	18	52%		
Total	66	100%	34	100%		
2.Education	Male		Female			
Illiterate	6	9%	10	29%		
1st school	6	9%	10	29%		
2nd school	10	15 %	14	42%		
Gradated	44	67%	------	------		
Total	66	100%	34	100%		
3.Residence	Male		Female			
Urban	44	67%	-----	-----		
Rural	22	33%	34	100%		
Total	66	100%	34	100%		
4. Occupation	Male		Female			
Working	44	67%	---------	--------		
Not-working	22	33%	34	100%		

Table 3: Mean and Percentage of Domains scores of QOL according to Sex

Item	Male Mean (N = 66)	Female Mean (N = 34)	Total Mean (N = 100)	% Scores
1. Material and physical well-being	2.6 ±(0.5)	2.4 ±(0.5)	2.5 ± (0.5)	38
2. Relationships with other People	3.0± (1.4)	1.0± (1.6)	2.0± (0.5)	24
3. Social, Community, and Civic Activities	2.8 ± (1.0)	2.0± (1.0)	2.4± (1.0)	32
4. Personal Development and Fulfillment	2.6 ± (0.2)	2.4 ± (0.6)	2.5± (0.4)	28
5. Recreation	3.5 %± (1.4)	2.5± (1.6)	3± (1.0)	42

Discussion

The study revealed that most of patients were males, graduated from urban area, smokers. and more than half of them were over 55 years. Another study found that age has a significant effect on HRQoL[18], while others found that sex, age, graduation, working, and obesity had significant on HRQoL[19]. The study showed that there was high level of blood cholesterol with obesity for both sexes, the same finding was observed in study in Baghdad of high risk factors and unhealthy lifestyle[20]. More than half of persons had cardiac diseases and less had diabetes mellitus for both sexes, also more than half of males were smokers, the same finding was observed in a study that 21.6% were smoker, 6o.3% were diabetic, with high lipid profiles and physical inactivity[21,22]. Astudy of the same nature, it was concluded that patients with diabetes and hypertension have poor quality of life in comparison with healthy people[23]. As so less than half of persons in our study had good material, physical well-being and recreation with poor relationships with other people, social, community, and civic activities that mostly among females. A study among Pakistanis hypertensive patients observed that most of them were females and had poor quality of life[20].

Conclusion

High risk factors for both sexes and poor quality of life, mostly among female hypertensive patients. High blood pressure compared to men. The quality of life that both sexes lead has an influential role in causing many diseases.

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Ethical Clearance: Not required

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