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Research Article

**SOCIO-DEMOGRAPHIC BARRIERS TO CONTROL
HYPERTENSION IN ADULTS**¹Dr. Ayesha Habib, ²Dr Syed Rafeh Ali Bokhari, ³Dr. Arslan Anwar¹MBBS, King Edward Medical University, Lahore, Pakistan.²Government Filter Clinic 2-C-2 Township Lahore³CMO DHQ Teaching Hospital Gujranwala**Abstract:****Objective:** To know about the causative factors leading to uncontrolled hypertension.**Methods:** The study follows descriptive, cross sectional design conducted at cardiology outdoor clinic at Mayo hospital Lahore. Study was completed over period of 6 months during June to December 2017. Patients who were known cases of hypertension with poor control were included in study and the poor treatment history was also present. Poor control was confirmed on basis of clinical history. Data collection was done on questionnaires designed by authors and evaluated by research department.**Results:** total 59 patients with mean age to 52±5 years were included in study. 35 males and 24 females were present in study population. Sociodemographic factors play an important role in poor hypertensive control. 50% patients had sociodemographic factors as cause of poor hypertensive control followed by unavailability of physicians, inability to reach hospital, poor family care, taking homeopathic medicines, poor compliance to take medicine due to long term antihypertensive intake, poor dietary control. These factors were present in 6(10.2%), 7(11.5%), 5(8.5%), 3(5.1%), 8(13.6%), 8 (13.6%) and 2(3.4%) and 12(20.4%) patients had self-ignorance a major cause of poor control.**Conclusion:** Poor sociodemographic status, poor family care, self-ignorance, poor dietary control and non-compliance for long term medicine intake were the common factors responsible for poor hypertensive control.**Keywords:** hypertension, control, factors.*** Corresponding author:****Dr. Ayesha Habib,**

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INTRODUCTION:

Hypertension is a common non communicable disease. It has several risk factors, which include high fatty meals intake, high salt intake, old age, renal diseases, family history etc. the most common cause of hypertension is unknown. It is called essential hypertension and it constitutes 80% of all hypertensive patients. The complications related to hypertension are ischemic heart disease, stroke, renal failure, retinopathy etc. [1]

In a study conducted over Chinese population about awareness of hypertension and its control, it was concluded that much attention is needed towards creating general public awareness forums about hypertension. Awareness in healthy group was 63%, good hypertensive control 9%, unaware group 14%, poor control 13%. [2]

In Vietman similar survey was done and conclusion was low rate of hypertension control and awareness and majority of population was hypertensive [3]. In a rural South Asian study results were, the overall prevalence of CKD, 38.1% (95% confidence interval 36.2–40.1%): 21.5% with eGFR <60 mL/min/1.73 m² and 24.4% with UACR ≥30 mg/g. CKD prevalence varied across the three countries (58.3% in Sri Lanka, 36.4% Bangladesh and 16.9% Pakistan; P <0.001) [4].

METHODOLOGY:

Study follows cross sectional study design in outdoor clinic of cardiology department Mayo hospital, Lahore, Pakistan during June to December 2017 over the period of 6 months. 59 patients who were already diagnosed cases of hypertension with poor control were included in study. Males were 35 and females were 24 in study sample. Detailed history was taken from all patients and physical examination was performed in order to see hypertension related complications in patients. The information was

recorded on a questionnaire. Patients were inquired about their knowledge about hypertension and its control, complications related to poor hypertensive control. Factors responsible for poor control were also asked like educational status, socio-economic status, living condition, and other associated stress disorder, accessibility to health physician etc. in order to figure out the reason for poor control of hypertension. Data analysis was done using SPSS version 16.

RESULTS:

The mean age of patients were 52±5 years. There were 35 males and 24 females, 59.3% and 40.7% respectively. 34 patients were from lower socioeconomic class, 17 were from middle class and 8 were from upper class family. 41 patients were from villages while 18 from cities. House wives and working ratio was 11, 15 and 13 respectively. 5 were teachers, shopkeepers were 5, workers and landlords were 4 in number out of 59.

47.4% patients had poor knowledge about hypertension control and its complications. 33% had a little knowledge while 18% had good knowledge about the disease. When patients were inquired about the factors responsible for poor control of hypertension, sociodemographic were the most common. 50% patients had sociodemographic factors as cause of poor hypertensive control followed by unavailability of physicians, inability to reach hospital, poor family care, taking homeopathic medicines, poor compliance to take medicine due to long term antihypertensive intake, poor dietary control. These factors were present in 6(10.2%),7(11.5%),5(8.5%),3(5.1%),8(13.6%),8(13.6%) and 2(3.4%) and 12(20.4%) patients had self-ignorance a major cause of poor control.

Table1: characteristics of study population.

Characteristics	Frequency %
Age	52.2±5.7 years
Gender	
Male	35 (59.3%)
Female	24 (40.7%)
Socioeconomic status	
Lower	34 (57.6%)
Middle	17 (28.8%)
Upper	8(13.6%)

Educational status	
Illiterate	20(39.9%)
5 th grade	15(25.4%)
Middle	10(16.9%)
High school	10(16.9%)
graduation	4(6.8%)
Rural	41(69.5%)
Urban	18(40.5%)
Occupational status	
Farmer	11(18.6%)
Driver	6(10.2%)
Teacher	5(8.5%)
Housewife	15(25.4%)
Landlord	4(6.8%)
Shopkeeper	5(8.5%)
Others	13(22%)

Table 2: factors causing poor hypertension control.

Factors	Frequency (percentage%)
Poor socioeconomic status	30(50.8)
Inaccessibility to physician	6(10.2)
Can't reach hospital	7(11.8)
Lack of care taker	5(8.5)
Homeopathic treatment	3(5.1)
Self-ignorance	12(20.4)
Avoidance from long term drug intake	8(13.6)
Drug addiction	8(13.6)
Poor dietary control	2(3.4)

DISCUSSION:

The cardiovascular, cerebrovascular, renal and retinal complications associated with chronic poorly controlled hypertension can be prevented by adopting low fatty and salty meals intake, regular exercise, good compliance to medicines and provision of easily accessible and cost effective health facilities to population. Dyslipidemia was the most common cause of CVS diseases in a survey conducted in 2014, followed by hypertension, comprising of 85% and 42% risk factors [5].

The lack of awareness is a major cause for poor hypertensive control. It is need of hour to provide skilled medical professionals at primary healthcare level and to provide anti-hypertensives at primary healthcare level. So that, any hypertensive urgency or emergency can be treated well in time [6]. Among elderly males and females the avoidance from long term oral intake of medicines is also another major risk factor for poor hypertensive control. Besides that, self-ignorance and inadequate family care is also a major contributing factor [7]. Poor literacy rate and inability to understand are also the factors responsible for lack of understanding and awareness about the disease and its outcomes [8].

CONCLUSION:

Poor sociodemographic status, poor family care, self-ignorance, poor dietary control and non-compliance for long term medicine intake were the common factors responsible for poor hypertensive control.

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