

Awareness of Hypertensive Patient Regarding Essential Hypertension in Ranya District

Blend Barazan Ameen
University of Raparin
School of Nursing
Assistant instructor

Abstract

Objectives: To assess awareness of hypertensive patients regarding essential hypertension in Ranya district. And to find out there relationship between awareness of those patients with some of sociodemographic characteristics such as age, gender, level of education, occupational status, and body mass index.

Methodology: (Quantitative design)a descriptive study was conducted at Kewarash health care center from 1st of October 2014 to the end of May 2015. To achieve the objectives of the study, non-probability sample of (60) patients diagnosed with essential hypertension, who were attendant to Kewarash health care center for receiving antihypertensive medications. A questionnaire was constructed by the researcher for the purpose of the study and it was used for data collection. The data were collected through the use of interview. The data analyzed through the application of descriptive statistical analysis such as: (frequency, percentage, mean of scores, Pearson's Chi Square and Correlation coefficient). By using (SPSS) version (20). Validity was determined by (5) experts. Reliability of questionnaire was determined through using test and retest approach (stability reliability). The results of reliability (r)=91.

Results: The study indicated that the majority of to the patients are aged between (61-70) years old, half of sample are female (58.3%), concerning patients' educational level, most of them were illiterate (51.7%). The findings of the study reveals that essential hypertensive patients aware to hypertension general information, risk factors, complication, and medication of hypertension. Also the study approves that there was a statistical significant association between hypertensive patient awareness and some of demographic characteristic such as (Age, gender, Level of education, occupational status. But no association found with body mass index).

Recommendation: Annually evaluation and continuous following up for hypertensive patients. Efforts to educate the patients that lifestyle modifications, regular intake hypertension medication can prevent elevation of blood pressure and its complication.

Keyword: Essential hypertension, Awareness

Introduction

Hypertension is called silent killer because it is a disease that usually occurs without symptoms (Basvanthappa, 2009). The World Health Organization has estimated that high blood pressure causes one in every eight deaths, making hypertension the third leading killer in the world. Globally, there are one billion hypertensive and four million people die annually as a direct result of hypertension. In the Eastern Mediterranean Region, specifically, cardiovascular diseases and stroke are becoming major causes of illness and death. They account for 31% of deaths, and hypertension currently affects 26% of the adult population in the region (WHO,

2005). Hypertension is sometimes called “The silent Killer” because people who have it are often free from symptoms. (Hajjar & Kotchen, 2003).

Blood Pressure (BP) is the force exerted by the blood against the walls of the blood vessels and must be adequate to maintain tissue perfusion during activity and rest. The maintenance of normal blood pressure and tissue perfusion require the integration of both systemic factors and local peripheral vascular effects (Lewis Sh, et al, 2000). A high percentage of persons with high blood pressure have primary hypertension (also called essential hypertension). Essential hypertension is the most prevalent form of hypertension accounting for 90% of all cases of hypertension (Park K, 2000). It is define as high blood pressure from an unidentified cause. Hypertension is a major risk factor for ischemic and hemorrhagic stroke, myocardial infarction, heart failure, chronic kidney disease, cognitive decline and premature death. Untreated hypertension is usually associated with a progressive rise in blood pressure. The vascular and renal damage that this may cause can culminate in a treatment-resistant state. The clinical management of hypertension is one of the most common interventions in primary care. Good control of blood pressure will result in prolonged survival (Vasan R, et al, 2001).

Method

A quantitative design, descriptive study has been carried out at the Kewarash health center from 1st of October 2014 to the end of May 2015. In order to assess awareness of hypertensive patients regarding essential hypertension in Ranya district, which is located in Sulaymaniyah governorate Kurdistan region/Iraq.

Non-probability purposive sample of (72) patients who are definitely diagnosed as having essential hypertension, who were attendant to Kewarash health center for receiving antihypertensive medications, (12) of sample excluded to pilot study.

Through extensive review of relevant literature a questionnaire was constructed by the researcher for the purpose of study and it is used for data collection. The questionnaire consisted of two parts: 1st one about demographic characteristics of patient. 2nd one include (28) items, which includes (4) section, section (1) consist of (7) items, about general information of essential hypertension, section (2) consist of (11) items, about risk factors of essential hypertension, section (3) consist of (8) items, about complication of essential hypertension, and section (4) consist of (4) items, about hypertension medication. The data were collected through the use of interview technique. Items were measured by using three level of (likert) scale and rating as, aware (3), little aware (2), and don't aware (1) (Polit D, and Hungler B, 1999). To content validity of instrument was established through penal of (5) experts. Reliability of the questionnaire was determined through the use of (test - retest) technique by using Pearson's coefficient of correlation formula. The results of reliability indicates that the reliability coefficient was ($r=91$) for hypertensive patients awareness. This means that the questionnaire format was adequately reliable as a tool for data collection. Data were analyzed through the application of descriptive statistical analysis such as: (frequency, percentage, mean of scores, Pearson's Chi Square and Correlation coefficient). Using the statistical package of social sciences (SPSS) version (20). Mean of score from 1 - 1.66 was considered low awareness, (1.67 - 2.33) was considered moderate awareness, and (2.34 - 3) was considered high awareness.

Result

Descriptive of Characteristics of the Sample

Table 1. Distribution of Hypertensive Patient According to their Sociodemographic Characteristics.

Age		F	%
31 – 40 years		4	5.0 %
41 - 50 years		11	21.7 %
51 - 60 years		22	25.0 %
61 – 70 years		15	33.3 %
≥ 71 years		8	15.0 %
Total		60	100
Gender		F	%
Male		31	41.7 %
Female		29	58.3 %
Total		60	100
Level of Education		F	%
Illiterate		32	51.7 %
Able to Read and Write		13	21.7 %
Primary School Graduate		11	18.3 %
Intermediate School Graduate		1	1.7 %
Secondary School Graduate		2	3.3 %
Institute Graduate and above		1	1.7 %
Total		60	100
Marital Status		F	%
Single		1	1.7 %
Married		47	78.3 %
Separate		1	1.7 %
Widow/ed		11	18.3 %
Total		60	100
Residential Area		F	%
Urban		48	80.0 %
Suburban		9	15.0 %
Rural		3	5.0 %
Total		60	100
Occupational status		F	%
Employed	Governmental	8	10.0 %
	Self Employed	6	13.3 %
Unemployed	Retired	13	21.6 %
	House Wife/female	30	50.0 %

	Jobless	3	5.0 %
Total		60	100
Body Mass Index		F	%
Normal Weight		15	25.0 %
Overweight		17	28.3 %
Obese Class I		18	30.0 %
Obese Class II		6	10.0 %
Obese Class III		4	6.7 %
Total		60	100
Smoking		F	%
Yes		9	15.0 %
No		41	68.3 %
Quit		10	16.7 %
Total		60	100
Number of cigarettes/day		F	%
1 - 10		1	11.1 %
11 - 20		5	55.5 %
≥ 21		3	33.3 %
Total		9	100
Family History		F	%
Yes		38	63.3 %
No		22	36.7 %
Total		60	100

This table indicates that (33.3%) of the patients their ages (61 - 70) years old, (58.3 %) of patient are female, (53.3%) of patient are illiterate. Regarding marital status table shows (78.3 %) of patient are married, and (28.3 %) of patients have (7-8) children. Also the table shows (76.6 %) of patient are unemployed, (80.0 %) of them lived in urban, (30.0 %) are obese class I, (68.3 %) of them are no smoker, and (63.3 %) of them have family history to hypertension.

Table 2. Distribution of Hypertensive Patient Awareness Regarding General Information of Essential Hypertension

No	Items	Scales level		Aware		Little A ware		Don't Aware		MS	Severity
		F	%	F	%	F	%				
1	Essential hypertension is high blood pressure that dose not have a known cause	20	33.3	5	8.3	35	58.3	1.75	L		
2	Persons has hypertension if blood pressure was above 139/89	34	56.7	7	11.7	19	31.7	2.25	M		

3	Do you know that hypertension is silent killer	34	56.7	7	11.7	19	31.7	2.25	M
4	Blood pressure varies all time. It may differ by 10 to 20 when it is measured by different time, even minutes apart	51	85	1	1.7	8	13.3	2.75	H
5	Hypertension consider on of the chronic disease	50	83.3	3	5	7	11.7	2.71	H
6	A minority of patient with hypertension suffer from headaches or fatigue	54	90	1	1.7	5	8.3	2.81	H.
7	Most people suffer from high blood pressure for many years without any symptoms.	26	43.3	10	16.7	24	40	2	M

H= High Aware M= Moderat Aware D= Low Aware M.S= Mean of score

This table indicated that the mean of scores was moderate awareness on item (2,3, and7), and high aware about items (4, 5, and 6). And they essential awareness on item (1)

Table 3. Distribution of Hypertensive Patient Awareness Regarding Risk Factor of Essential Hypertension.

No	level Items	Scales		Aware		Little Aware		Don't Aware		MS	Severity
		F	%	F	%	F	%				
1	Excessive salt intake with food increase the risk of hypertension	59	98.3	1	1.7	0	0.0	2.98	H		
2	Being overweight increase risk of hypertension	56	93.3	2	3.3	2	3.3	2.9	H		
3	Smoking increase the likelihood of essential hypertension	50	83.3	2	3.3	8	13.3	2.7	H		
4	No physical activity increase likelihood of hypertension	52	86.7	3	5.0	5	8.3	2.78	H		

5	Having personal family history of hypertension increase the likelihood that individual develop hypertension	34	56.7	6	10.0	20	33.3	2.23	M
6	Genetic factor may play role in essential hypertension	34	56.7	4	6.7	22	36.7	2.23	M
7	Older people are at risk of hypertension	46	76.7	5	8.3	9	15.0	2.61	H
8	Regular intake fatty food will increase the likelihood of essential hypertension	59	98.3	0	0.0	1	1.7	2.96	H
9	Excessive effort increase risk of essential hypertension	47	78.3	3	5.0	10	16.7	2.61	H
10	Restless sleeping one of the risk of essential hypertension	46	76.7	5	8.3	9	15.0	2.61	H
11	Stress peoples are at risk of essential hypertension	40	66.7	3	5.0	17	28.3	2.38	H

H= High Aware M= Moderat Aware D= Low Aware M.S= Mean of score

This table shows that the mean of score was moderatre aware about items (5, and 6), and high aware about items (1,2,3,4,7, 8, 9, 10, and 11).

Table 4. Distribution of Hypertensive Patient Awareness Regarding Complication of Essential Hypertension.

No	Items	Scales level		Aware		Little Aware		Don't Aware		MS	Severity
		F	%	F	%	F	%				
1	One of the complication of hypertension is stroke	46	76.7	4	6.7	10	16.7	2.6	H		
2	Heart failure may due to of not controlling of blood pressure	44	73.3	5	8.3	11	18.3	2.55	H		
3	Renal failure is one of the complication of hypertension	35	58.3	5	8.3	20	33.3	2.25	M		
4	Impaired vision are one of the complication of hypertension	42	70	3	5	15	25	2.45	H		
5	palpitation are one of the complication of	44	73.3	6	10	10	16.7	2.56	H		

	hypertension								
6	If blood pressure not treated may led to angina	39	65	7	11.7	14	23.3	2.41	H

H= High Aware M= Moderat Aware D= Low Aware M.S= Mean of score

This table shows that the mean of score was moderatre aware about items (3), and high aware about items (1,2, 4, 5, and 6).

Table 5. Distribution of Hypertensive Patient Awareness Regarding Medication Information of Essential Hypertension

No	Items	Scales level		Aware		Little Aware		Don't Aware		MS	Severity
		F	%	F	%	F	%				
1	The aim of blood pressure medication is to decrease blood pressure to achieve normal blood pressure level.	57	95	0	0	3	5	2.9	H.K		
2	Person with height blood pressure often should take tablets for many years	55	91.7	0	0	5	8.3	2.83	H.K		
3	If you your blood pressure is normal it's necessary to take your medication	53	88.3	3	5	4	6.7	2.81	H.K		
4	There is no cure for essential hypertension, but there are treatment	49	81.7	7	11.7	4	6.7	2.75	H.K		

H= High Aware M= Moderat Aware D= Low Aware M.S= Mean of score

This table shows that the study sample aware about essential hypertension medication information.

Table 6. Association between Awareness of Hypertensive Patient Regarding Essential Hypertension and Ages

No	Scales Level Age groups	Aware		Little Aware		Don't Aware		Total
		F	%	F	%	F	%	
		1	31-40 years	81	72.32	7	6.25	
2	41-50 years	231	75	30	9.74	47	15.25	308
3	51-60 years	483	78.40	33	5.35	100	16.23	616
4	61-70 years	298	70.95	20	4.76	102	24.28	420
5	≥71 years	164	73.21	16	7.14	44	19.64	224
Total		1257		106		317		1680
x ² obs= 21.9		df=8		x ² crit= 15.5		p≤0.05		

This table shows there is significant association between ages of patients and their awareness regarding essential hypertension at level of P value ≤ 0.05.

Table 7. Association between Awareness of Hypertensive Patient Regarding Essential Hypertension and Gender

No	Scales level Gender	Aware		Little Aware		Don't Aware		Total
		F	%	F	%	F	%	
		1	Male	548	78.28	28	4.0	
2	Female	708	72.24	77	7.85	195	19.89	980
Total		1256		105		319		1680
x ² obs= 12.7		df=2		x ² crit= 5.9		p≤0.05		

This table shows there is significant association between gender and patients' awareness regarding essential hypertension at level of P value ≤ 0.05.

Table 8. Association between Awareness of Hypertensive Patient Regarding Essential Hypertension and Level of Education

No	Scales level Level of education	Aware		Little Aware		Don't Aware		Total
		F	%	F	%	F	%	
1	Illiterate	660		50		186		896
2	Able to read and write	295		27		42		364
3	Primary school graduate	219		25		64		308
4	Intermediate school graduate	21		0	0.0	7		28
5	Secondary school graduate	46		4		6		56
6	Institution graduate	16		0	0.0	12		28
Total		1257		106		317		1680
x ² obs=34.6		df=10		x ² crit=18.3		p≤0.05		

This table shows there is significant association between level of education and patients; awareness of regarding essential hypertension at level of P value ≤ 0.05.

Table 9. Association between Awareness of Hypertensive Patient Regarding Essential Hypertension and Body Mass Index (BMI)

No	Scales Level of BMI	Aware		Little Aware		Don't Aware		Total
		F	%	F	%	F	%	
1	Normal weight	298	70.95	26	6.19	96	22.85	420
2	Overweight	363	76.26	27	5.67	86	18.06	476
3	Obese class I	379	75.19	37	7.34	88	17.46	504
4	Obese class II	128	76.19	10	5.95	30	17.85	168
5	Obese class III (morbid obesity)	88	78.57	7	6.25	17	15.17	112
Total		1256		107		317		1680
x ² obs= 7.55		df= 8		x ² crit= 15.5		p≤0.05		

This table shows there is no significant association between BMI and patients' awareness regarding essential hypertension at level of P value ≤ 0.05.

Table 10. Association between Awareness of Hypertensive Patient Regarding Essential Hypertension and Occupational Status

No	Scales level Occupational Status	Aware		Little Aware		Don't Aware		Total
		F	%	F	%	F	%	
		1	Employed	171	76.33	0	0.0	
2	Self employed	140	83.33	10	5.95	18	10.71	168
3	Retired	291	79.94	20	5.49	53	14.56	364
4	House wife	595	70.83	69	8.21	176	20.95	840
5	Out of work(jobless)	60	71.42	7	8.33	17	20.23	84
Total		1257		106		317		1680
x ² obs= 39.1		df= 8		x ² crit= 15.5		p≤0.05		

This table shows there is significant association between occupational status and patient awareness regarding essential hypertension at level of P value ≤ 0.05

Discussion

Throughout the course of data analysis, the present findings indicates that most of the patients (33.3%) their ages are (61-70) years, and (5 %)of patient between age group (30-40) years. Peoples those ≥ 55 years of age had marginally higher blood pressure incidence than those ≤ 45 years of age (Wenyu Wang, 2006). Regarding the patients gender the study findings (58.3%) are female. Women's blood pressures, especially the systolic readings, rise more sharply with age. Indeed, after age (55) years old, women are at greater risk for high blood pressure. This pattern may be partly explained by hormonal differences between the sexes. Estrogen tends to protect women against cardiovascular diseases, including hypertension, but as the production of estrogen drops with menopause, women lose its beneficial effects and their blood pressures climb (Smith GD. et al, 2005). Concerning the level of education, the findings revealed that the highest percentages of patients are illiterate (53.3%). Regarding the marital status, the findings of the present study have shown that the majority of subjects are married and represent (78.3%). Concerning occupational status the study shows that (76.6%) of study samples are an unemployed in which (50.0%) of them are house wife. Regarding to body mass index the study shows that (30.0%) of study samples are obese class I. Regarding to smoking the study indicated that the (15%) of patients are smoker. This can be explained that most of the samples of the study are female and they do not smoke, due to smoking cigarette for female are not common habits in this country especially in Ranya district. The study findings (63.3%) of patients have family history to hypertension.

Regarding table (2), the study has indicates that the mean of score are high at items (4,5,6), moderate awareness at items (2,3,7), and low awareness at item (1). The present study shows that item (6), obtain the highest mean of score (2.81). In which (90%) of subject have

high awareness that the minority of patient with hypertension suffer from headaches or fatigue. Item (4), obtained mean of score (2.75), in which (98.3%) of samples aware that the blood pressure varies all time. Blood pressure varies all the time. It is common for differ by 10 10 20 units when is measured at different times, even minutes apart (PEI, 2010). Item (5), obtain (83.3 %). Item (2, 3) it obtained mean of score (2.56), in which (86.7%) of samples has moderate awareness. The item (2) about persons has hypertension if blood pressure was above 139/89. And item (3) hypertension is silent killer. Blood pressure can vary greatly in an individual, when it is consistently above 140/90 it is diagnoses as hypertension. Causes of hypertension in most case are unknown (Jones j, 2006). Concerning items (7) they obtain mean of score (2.0). Regarding item (1), essential hypertension is high blood pressure that dose not have a known cause. It obtain low mean of score (1.75).

Concerning table (3), the study indicates that the mean of score are high at all items except item (5, 6), they have moderate mean of score. Present study shows that item (1), obtains the highest mean of score (2.98). In which (98.3 %) of subject have high awareness that the excessive salt intake with food increase the risk of hypertension. Taking high salt (sodium) in diet can cause body to retain fluid, which increases blood pressure (Mayo Clinic, 2015). Regarding table (4), The study has indicates that the mean of score are high at items (1,2,4,5,6), and moderate mean of score at items (3). The present study shows that item (1), obtains the highest mean of score (2.60). And item (3), about renal failure is one of the complication of hypertension, it obtain mean of score (2.25), Hypertension is a risk factor for all clinical manifestations of atherosclerosis since it is a risk factor for atherosclerosis itself (Safar ME, and Jankowski P, 2009). It is an independent predisposing factor for heart failure, stroke (White WB, 2009), coronary artery disease (Murphy BP. Et al,2009), renal disease (Tracy RE, and White S, 2009), peripheral arterial disease (Gardner AW, and Afaq A, 2008). It is the most important risk factor for cardiovascular morbidity and mortality, in industrialized countries (Novo S. et al, 2009). Concerning table (5), the study has indicates that the mean of score are high at items all Items. Item (1), it obtained highest mean of score (2.90), in which (95%) of study samples aware the aim of blood pressure medication is to decrease blood pressure to achieve normal blood pressure level.

It was good result that the hypertensive patients have high awareness to general information, risk factors, complication, and medication of hypertension. And this back to Efforts to educate the hypertensive patient that regular take medication, lifestyle modifications can prevent hypertension complication and death. In other hand this study inconsistent with the study done in Jamshoro, Sindh-Pakistan about, Hypertension Knowledge, Attitude and Practice in Adult Hypertensive Patients at LUMHS. In which concluded that the hypertensive patient have poor knowledge about hypertension (Shaikh Murtaza Ali. et al, 2012).

The findings of table (6), have depicted that there are significant association between awareness of hypertensive patients and age. Table (7) shows that there are significant association between awareness of hypertensive patients and gender. There is an agreement with study done among Turkish adults about Hypertension Knowledge-Level Scale (HK-LS): A Study on Development, Validity and Reliability. It found that there are significant relationships between knowledge with age and gender (Sultan Baliz. Et al, 2012). Regarding table (8) the study found a significant association between level of knowledge and level of education of study samples. There is an agreement with study about high blood pressure knowledge in an urban African-American community, were reported a relationship between knowledge level and history of hypertension and education level (Martins D. et al, 2001). Concerning occupational status, there is a large body of research exploring the connection between working life and health, including the examination of employment status and episodes of unemployment on health and mortality (Gallo WT. et al, 2006). This study found significant association between level of awareness and occupational status. These agree with a study done about prevalence,

management, and control of hypertension among US workers: Does occupation matter? In which found associations between hypertension and occupational status (Davila EP. et al, 2012). Table (9) shows there are no significant association between BMI and awareness of hypertensive patient. This may back to the study on small samples, and also the effect of treatment in many patients truncates the distribution of blood pressures and therefore reduces the correlation that would be observed between BMI and blood pressure in untreated settings.

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پوخته

ئامانچ: ئامانچى ئەم توپزىنەوہ برىتییە لە دیاریکردنى ئاستى ھۆشیاری كەسانى تووشبوو بە نەخۆشى بەرزى فشارى خوین دەربارەى بەرزى فشارى خوینى سەرەتایى و دۆزىنەوى پۆھندى لە نۆوان ھۆشیاری كەسانى تووشبوو بە نەخۆشى بەرزى فشارى خوین لەگەڵ بارى كەسایەتیی و كۆمەلایەتى نەخۆشەكان وەك (تەمەن، رەگەز، ئاستى خۆیندەوارى، پيشە و پۆھرى بارستایى لەش).

رێگاكانى كارگردن: توپزىنەوہ يەكى وەسفى (دارشتنى چەندى) لە (بنكەى تەندروستى كۆپەرەش) لە شارى (رانىيە) لە سەرەتای گەلا رېزانى (٢٠١٤) تاكو كوتايى گولا نى (٢٠١٥) ئەنجام دراوہ. بۆ بەدەست ھيئانى ئەم ئەنجامە (٦٠) نەخۆش وەك نەمونه وەرگىراوہ، كە نەخۆشى بەرزى فشارى خوینى سەرەتايان ھەبووہ، بۆ ئەم مەبەستەش كۆمەلەك پرسىار نامادە كراوون، و راستى پرسىارەكان لەلایەن پېنج شارەزا ھەلسەنگىراوہ. متمانەدارى پرسىارەكان لە رېيى (تافىكردن و دووبارە تافىكردنەوہ) كراوہ، ئەنجامى متمانەدارى پرسىارەكان دەرکەوت، كە متمانە (ر) = ٩١. زانبارىيەكان لە رېگەى چاوپېكەوتن لەگەڵ نەخۆشەكان كۆكراوہتەوہ، زانبارىيەكان شىكردنەوہيان لە رېگەى بەكارھيئانى شىكردنەوہى ئامارى وەسفى وەك (دووبارەبوونەوہ، رېژەى سەدى، پىرسون كای چوارگوشە، و ھاوكۆلكەى ھاوپەيوەندى) وە بەرنامەى ژمىريارى زانستە كۆمەلایەتییەكان چاپى (٢٠) ھوہ بۆ كراوہ.

ئە نجامەكان: توپزىنەوہكە دەرىخستووہ، كە زۆرىنەى نەخۆشەكان تەمەنيان لە نۆوان (٦١-٧٠) سائە، زۆرىيەى نەخۆشەكان رەگەزيان مى ينە بوون بە رېژەى (٣٠.٥٨٪). سەبەرەت ئاستى خۆیندەواریان زۆرىيەيان نەخۆیندەوارن بەرژەى (٧.٥١٪). ھەر وەھا توپزىنەوہكە نيشانىداوہكە ئاستى ھۆشیاری نەخۆشەكان دەربارەى بەرزى فشارى خوینى سەرەتايى بەرزە. ھەر وەھا ئەوہ دەرکەوتوہ كە پۆھندى ھەيە لە نۆوان ھۆشیاری نەخۆشەكانى تووشبوو بە بەرزى فشارى خوین سەرەتايى لەگەڵ بارى كەسایەتى و كۆمەلایەتى نەخۆشەكان وەك (تەمەن، رەگەز، ئاستى خۆیندەوارى، پيشە، بەلام و پۆھندى نەبوہ لەگەڵ پۆھرى بارستايى لەش).

پاسپاردە: پۆھستە بە شۆپوہىكى بەردەوام چاودىرى و بەدواچوون بۆ ئەو كەسانەى، كە نەخۆشى بەرزى فشارى خوینيان ھەيە بكرىت، لەگەڵ ھەلسەنگاندنى سالانە، ھەر وەھا رېنمايى بۆ گۆپىنى شۆپووزى ژيان و خواردنى دەرمانەكانى بەرزى فشارى خوین لە كاتى خويدا بكرىت، كە رېگىرە لە بەرزبوونەوہى فشارى خوین و ئالۆزىيەكانى دە كات.

المستخلص

الهدف: تهدف الدراسة الى معرفة وعي المرضى المصابين بارتفاع الضغط الدم فيما يتعلق بارتفاع ضغط الدم الأساسي في قضاء رانية. وكذلك إيجاد العلاقة بين وعي المرضى وبعض الخصائص الديموغرافية مثل (العمر، الجنس، المستوى التعليمي، الحالة المهنية، ومؤشر كتلة الجسم).

المنهجية: اجريت دراسة وصفية (تصميم الكمي) باتباع أسلوب تقييم طبق على المرضى المصابين بارتفاع ضغط الدم الأساسي والمسجلين في المركز الصحي الأولي (كيوه ره ش) في قضاء رانية للفترة من الاول من شهر تشرين الاول ٢٠١٤ لغاية نهاية مايس ٢٠١٥.

ولتحقيق اهداف الدراسة اختيرت عينة غرضية غير احتمالية مكونة من (٦٠) من المرضى المصابين بارتفاع ضغط الدم الأساسي والمسجلين في مركز كيوه ره ش الصحي الأولي. صممت استمارة استبانة لغرض الدراسة. وعرضت الاستمارة على (٥) خبراء لتحديد مصداقية محتوى الاستمارة الاستبانة.

و تم تحديد ثبات الاستبانة من خلال استخدام طريقة (اختبار وإعادة اختبار). وكانت نتيجة الثبات (ر) = ٩١. و بطريقة المقابلة الشخصية مع عينة البحث جمعت المعلومات. وقد حلت البيانات من خلال تطبيق أسلوب التحليل الإحصائي الوصفي للبيانات (التكرارات، النسب المئوية، الوسط الحسابي والانحراف المعياري) كما استخدم أسلوب التحليل الإحصائي الاستنتاجي للبيانات (مربع كاي) ومعامل بيرسون للارتباط.

النتائج: أشارت نتائج الدراسة الى ان أغلبية المرضى من الفئة العمرية (٦١-٧٠)، واغلبية المرضى من الاناث وبنسبة (٥٨.٢٪)، وبخصوص المستوى التعليمي ظهر أن نصف العينة من الاميين حيث شكلوا (٥١.٧٪). كذلك أظهرت نتائج الدراسة بان هناك علاقة إحصائية بين وعي المرضى المصابين بارتفاع ضغط الدم الأساسي وبعض الصفات الديموغرافية مثل (الفئة العمرية، الجنس، المستوى التعليمي، الحالة المهنية، ولكن لم يظهر هنالك علاقة مع مؤشر كتلة الجسم).

التوصيات: أوصت الدراسة بتقييم ومتابعة سنويا مستمرة لمرضى ارتفاع ضغط الدم. و بذل جهود اكثر لتوعية المرضى بأن تعديل نمط الحياة و أخذ العلاج بصورة منتظمة يمنع ارتفاع ضغط الدم ومضاعفاتها.