

**Chapter 1 : Health education for hypertensive patients.**

*This full-color, easy-to-read handout describes the risk factors, prevention, diagnosis, and treatment of high blood pressure. Hispanic populations have low control rates for hypertension, a major risk factor for heart disease and stroke. Also, they have high prevalence of high blood cholesterol.*

Received Aug 28; Accepted Jan This article has been cited by other articles in PMC. Abstract Background Community-based health education programs may be helpful in improving health outcomes in patients with chronic illnesses. This study aimed to evaluate community-based health education strategies in the management of hypertensive patients with low socioeconomic status in Dongguan City, China. Methods This was a randomized, non-blinded trial involving hypertensive patients enrolled in the community health service centre of Liaobu Town, Dongguan City, China. Participants were randomized to receive one of the three community-based health education programs over 2 years: Outcomes included the changes in the proportion of subjects with normalized blood pressure BP , hypertension-related knowledge score, adherence to antihypertensive treatment, lifestyle, body mass index and serum lipids. Results After the 2-y intervention, the proportion of subjects with normalized BP increased significantly in Group 2 from Improvements in hypertension-related knowledge score, adherence to regular use of medications, appropriate salt intake and regular physical activity were progressively greater from group 1 to group 2 to group 3. Group 3 had the largest reductions in body mass index and serum LDL cholesterol levels. Community-based intervention, Health education, Hypertension, Blood pressure, Serum lipids Background Hypertension is a serious public health concern. More than one-quarter of the adult population over the world has hypertension, a significant health burden in many countries [ 1 , 2 ]. As a major chronic non-communicable disease, hypertension is the most important risk factor for cardiovascular and kidney diseases, stroke and premature death if not detected early and treated appropriately. Targeted interventions for patients with hypertension to control blood pressure are needed to improve health related quality of life and reduce hypertension-related complications and mortality in China. Health education may result in lifestyle modifications and increase adherence to antihypertensive medications to improve effective blood pressure BP control in hypertensive patients [ 4 , 5 ]. There is now an increasing community-based effort in the prevention and control of hypertension in China. Hypertension is a major chronic disease that is often managed at community health service centers in China. Health education may play a key role in the management of hypertensive patients [ 11 , 12 ]. The common tools of health education in community health centers in China include health posters, health booklets, individualized lecture, and public lecture [ 13 ]. As a developing country, health education is still in an experimental stage in Chinese communities. There are some limitations in most currently available health education programs in China. The contents in most health education programs are often difficult to understand for lay readers, considering that most patients have relatively low educational levels. The educational methods may be somewhat boring and ineffective [ 14 ]. The community health service center in Liaobu Town, Dongguan City in recent years developed an interactive health education workshops program in the management of hypertensive patients. The educational tools include cartoon pictures and animations illustrating cardiovascular disease progress models, treatment and prevention measures. It is designed to accommodate the educational levels of the majority of hypertensive patients primary or middle school managed at community health centers in China. The aim of this study was to evaluate this new interactive health education workshops program in comparison with two common health education strategies self-learning reading, regular didactic lecture by assessing the changes in hypertension-related knowledge, antihypertensive medications adherence, lifestyle and anthropometric, biochemical and clinical parameters. Methods Study design This study was a randomized, non-blinded community-based health education trial involving participants at the Community Health Service Centre in Liaobu Town, Dongguan City, China. Informed consent was obtained from all study participants. Patients were eligible if they met the following inclusion criteria: Patients were not eligible if they met anyone of the following exclusion criteria: The recruitment was conducted in September With an estimated proportion of normalized blood pressure at In our

study, a total of eligible patients agreed to participate in the study. They were assigned randomly to one of the three health education on hypertension groups by a statistician who was blinded to the intervention using a computer-generated random sequence number. Each lecture lasted about 30 minutes. The interactive education workshop on hypertension was given through the active involvement of participants in the use of visual health education tools cartoon pictures, animation, food models, salt spoons, oil pots, pedometer and cardiovascular disease models. The number of individuals in group 2 and group 3 shall not be less than 10 in each class. For absentees, the next available lecture would be arranged within a month. The health education syllabus is comprised of 5 chapters with 60 sections, including hypertension-related knowledge, healthy diet, regular physical exercise, alcohol drink and cigarette smoking cessation, and adherence to anti-hypertensive medications. The learning materials were disseminated through the three different health education strategies.

*Three educational interventions for the control of essential hypertension in ambulatory patients were based on analyses of the educational needs of patients and providers.*

**Summary** What is blood pressure? Blood pressure is the force of your blood pushing against the walls of your arteries. Each time your heart beats, it pumps blood into the arteries. Your blood pressure is highest when your heart beats, pumping the blood. This is called systolic pressure. When your heart is at rest, between beats, your blood pressure falls. This is called diastolic pressure. Your blood pressure reading uses these two numbers. Usually the systolic number comes before or above the diastolic number. How is high blood pressure diagnosed? High blood pressure usually has no symptoms. So the only way to find out if you have it is to get regular blood pressure checks from your health care provider. Your provider will use a gauge, a stethoscope or electronic sensor, and a blood pressure cuff. He or she will take two or more readings at separate appointments before making a diagnosis. For children and teens, the health care provider compares the blood pressure reading to what is normal for other kids who are the same age, height, and gender. What are the different types of high blood pressure? There are two main types of high blood pressure: Primary, or essential, high blood pressure is the most common type of high blood pressure. For most people who get this kind of blood pressure, it develops over time as you get older. Secondary high blood pressure is caused by another medical condition or use of certain medicines. It usually gets better after you treat that condition or stop taking the medicines that are causing it. Why do I need to worry about high blood pressure? When your blood pressure stays high over time, it causes the heart to pump harder and work overtime, possibly leading to serious health problems such as heart attack , stroke , heart failure , and kidney failure. What are the treatments for high blood pressure? Treatments for high blood pressure include heart-healthy lifestyle changes and medicines. You will work with your provider to come up with a treatment plan. It may include only the lifestyle changes. These changes, such as heart-healthy eating and exercise, can be very effective. But sometimes the changes do not control or lower your high blood pressure. Then you may need to take medicine. There are different types of blood pressure medicines. Some people need to take more than one type. If your high blood pressure is caused by another medical condition or medicine, treating that condition or stopping the medicine may lower your blood pressure.

Chapter 3 : High Blood Pressure | Hypertension | MedlinePlus

*Health education for hypertensive patients. Levine DM, Green LW, Deeds SG, Chwalow J, Russell RP, Finlay J. Three educational interventions for the control of essential hypertension in ambulatory patients were based on analyses of the educational needs of patients and providers.*

This means the force of blood against your artery walls is too strong. It also means your heart is working hard to move blood. High blood pressure usually has no symptoms, but over time, it can damage your heart, blood vessels, eyes, kidneys, and other organs. With help from your doctor, you can manage your blood pressure and protect your health. Taking medicine Learn to take your own blood pressure. Keep a record of your results. Ask your doctor which readings mean that you need medical attention. Take your blood pressure medicine exactly as directed. Missing doses can cause your blood pressure to get out of control. If you do miss a dose or doses check with your healthcare provider about what to do. Avoid medicine that contain heart stimulants, including over-the-counter drugs. Check for warnings about high blood pressure on the label. Some decongestants can worsen high blood pressure. Lifestyle changes Maintain a healthy weight. Get help to lose any extra pounds. Cut back on salt. Limit canned, dried, packaged, and fast foods. Season foods with herbs instead of salt when you cook. Request no added salt when you go to a restaurant. This plan recommends vegetables, fruits, whole grains, and other heart healthy foods. Begin an exercise program. Ask your doctor how to get started. Simple activities like walking or gardening can help. Break the smoking habit. Enroll in a stop-smoking program to improve your chances of success. Ask your healthcare provider about programs and medicines to help you stop smoking. Limit drinks that contain caffeine coffee, black or green tea, cola to 2 per day. Never take stimulants such as amphetamines or cocaine; these drugs can be deadly for someone with high blood pressure. Limit alcohol to no more than 1 drink a day for women and 2 drinks a day for men. Follow-up care Make a follow-up appointment as directed by our staff. When to seek medical care Call your doctor immediately or seek emergency care if you have any of the following: Chest pain or shortness of breath call Moderate to severe headache Weakness in the muscles of your face, arms, or legs Trouble speaking.

**Chapter 4 : Hypertension | Nurse Teachings**

*title = "Health education for hypertensive patients", abstract = "Three educational interventions for the control of essential hypertension in ambulatory patients were based on analyses of the educational needs of patients and providers.*

From the central vasomotor sympathetic nerve jaras begins, which continues downward to the spinal cord and spinal cord out of the column in the thoracic sympathetic ganglia and abdomen. Vasomotor center stimulation delivered in the form of an impulse that moves downward through the sympathetic nervous system into sympathetic ganglia. At this point, preganglionic neurons release acetylcholine, which will stimulate post-ganglion nerve fibers to blood vessels, where with the release of norepineprin cause constriction of blood vessels. Various factors such as anxiety and fear can affect blood vessels respond to stimuli vasoconstriction. Individuals with hypertension are very sensitive to norepinephrine, although it is not clear why it can happen. At the same time stimulate the sympathetic nervous system in which blood vessels in response to emotional stimuli, the adrenal glands are also stimulated, resulting in additional vasoconstriction activity. Adrenal medulla to secrete epinephrine, which causes vasoconstriction. Adrenal cortex to secrete cortisol and other steroids, which can strengthen the vasoconstrictor response of blood vessels. Vasoconstriction resulting in decreased flow to the kidneys, causing release of renin. Renin stimulates the formation of angiotensin I is then converted into angiotensin II, a powerful vasoconstrictor, which in turn stimulates the secretion of aldosterone by the adrenal cortex. This hormone causes retention of sodium and water by kidney tubules, causing increased intra-vascular volume. All these factors tend to trigger a state of hypertension. As consideration gerontologis where structural and functional changes in peripheral vascular system are responsible for blood pressure changes that occur in the elderly. These changes include atherosclerosis, loss of elasticity of the connective tissue and a decrease in vascular smooth muscle relaxation, which in turn reduce the ability to stretch resources distension and blood vessels. Consequently, the aorta and large arteries decreases its ability to accommodate the volume of blood pumped by the heart sekuncup volume resulted in a decrease cheating heart and increased peripheral resistance Smeltzer, In old age to consider the possibility of "false hypertension" due to brachial artery stiffness that is not compressed by a cuff sphygmomanometer Darmojo, Signs and symptoms of hypertension can be divided into: No symptoms There are no specific symptoms that can be associated with increased blood pressure, in addition to the determination of arterial pressure by the examining physician. This means that arterial hypertension will never be diagnosed if arterial pressure was not measurable. Symptoms commonly Terlazim often said that the symptoms that accompany hypertension include headache and fatigue. In fact this is a symptom of terlazim that most patients who seek medical help. According Rokhaeni , clinical manifestations some patients who suffer from hypertension, namely: Complained of headaches, dizzinessb. GlucoseHyperglycemia diabetes mellitus is the originator of hypertension may be caused by increased catecholamines increased hypertension d. Serum potassiumHypokalemia can megindikasikan the main aldosterone cause or be a side effect of diuretic therapy. Serum calciumIncreased serum calcium levels can cause hypertensionf. Thyroid Examination Hyperthyroidism can cause vasoconstriction and hypertensionh. Uric acidHiperurisemia has become the implications of hypertension risk factorsk. Urinary SteroidsKenaiakn may indicate hiperadrenalismel. Photo chest Showed calcification in the area of valvular obstruction, enlarged heartn. CT scanTo study the cerebral tumor, encephalopathyo. ECGCan indicate an enlarged heart, strain patterns, conduction disorders, elevation of the P wave is one early sign of hypertensive heart disease VII. Hypertension disease management principles include: Therapy without Medication Without drug therapy are used as measures for mild hypertension and as a supportive action in moderate and severe hypertension. Without drug therapy include: Diet The recommended diet for people with hypertension are: Physical Exercise Physical exercise or sports are organized and directed that recommended for patients with hypertension is a sport that has four principles: Psychological Education Provision of psychological education for patients with hypertension include: Application of biofeedback is mainly used to cope with somatic disorders such as headache and migraine, also

for psychological disorders such as anxiety and tension. Health Education Counseling The purpose of health education is to improve patient knowledge about hypertension and its management so that patients can maintain life and prevent further complications. Therapy with Drugs The aim of treatment of hypertension is not only lowers blood pressure but also reduce and prevent complications from hypertension for patients to grow stronger. Treatment of hypertension is generally needed lifelong sufferer. Alternative medicine administration - Plus the drugs into the 3rd and 4th- Re-evaluation and consultationc. Follow Up to retain therapy To maintain long-term therapy requires a good interaction and communication between patients and health workers nurses, doctors by providing health education. Things that should be considered in patient interaction with health workers is as follows: Each time patients check out, the patient was told his blood pressure measurements 2. Talk to people with goals to be reached regarding his blood pressure 3. Discuss with patients that hypertension can not be cured, but can be controlled in order to reduce morbidity and mortilitas 4. Reassure the patient that the patient can not say high blood pressure based on what she feels, blood pressure can only be known by measuring the tool wear tensimeter 5. Patients should not discontinue medication without prior discussion 6. Wherever possible therapeutic measures included in the way of living patients 7. In certain patients may benefit if the patient or family can measure blood pressure at home 9. Keep it simple use of antihypertensive drugs eg 1 x daily or 2 times daily Discuss with patients on anti-hypertensive medications, side effects and problems that may occur Reassure the patient the possibility of the need to modify the dosage or change medications to achieve minimal side effects and maximum effectiveness Keep costs to a minimum therapy For the less compliant patients, try to visit more often Contact the patient immediately, if not come at the appointed time. Seeing the importance of patient adherence in the treatment so it will need all the knowledge and attitudes of patients about the understanding and implementation of treatment of hypertension.

**Chapter 5 : Health education for hypertensive patients – Johns Hopkins University**

*(See "Patient education: High blood pressure treatment in adults (Beyond the Basics)" and "Choice of drug therapy in primary (essential) hypertension".) WHERE TO GET MORE INFORMATION Your health care provider is the best source of information for questions and concerns related to your medical problem.*

What is hypertensive heart disease? Hypertensive heart disease refers to heart conditions caused by high blood pressure. The heart working under increased pressure causes some different heart disorders. Hypertensive heart disease includes heart failure, thickening of the heart muscle, coronary artery disease, and other conditions. Hypertensive heart disease can cause serious health problems. The types of hypertensive heart disease include: Narrowing of the arteries Coronary arteries transport blood to your heart muscle. When high blood pressure causes the blood vessels to become narrow, blood flow to the heart can slow or stop. This condition is known as coronary heart disease CHD , also called coronary artery disease. CHD makes it difficult for your heart to function and supply the rest of your organs with blood. It can put you at risk for heart attack from a blood clot that gets stuck in one of the narrowed arteries and cuts off blood flow to your heart. Thickening and enlargement of the heart High blood pressure makes it difficult for your heart to pump blood. Like other muscles in your body, regular hard work causes your heart muscles to thicken and grow. This alters the way the heart functions. These changes usually happen in the main pumping chamber of the heart, the left ventricle. The condition is known as left ventricular hypertrophy LVH. When you have CHD, your heart must work harder. If LVH enlarges your heart, it can compress the coronary arteries. Over , Americans die from heart disease every year. The main risk factor for hypertensive heart disease is high blood pressure. Your risk increases if: Men are more likely to get heart disease than women who have not gone through menopause. Men and postmenopausal women are equally at risk. Your risk for heart disease will increase as you age, regardless of your sex. Symptoms vary depending on the severity of the condition and progression of the disease. You may experience no symptoms, or your symptoms may include: Seek emergency care immediately or call if you faint or have severe pain in your chest. Regular physical exams will indicate whether you suffer from high blood pressure. If you do have high blood pressure, take extra care to look out for symptoms of heart disease. When to see the doctor Your doctor will review your medical history, conduct a physical exam, and run lab tests to check your kidneys, sodium, potassium, and blood count. One or more of the following tests may be used to help determine the cause of your symptoms: Your doctor will attach patches to your chest, legs, and arms. The results will be visible on a screen, and your doctor will interpret them. Echocardiogram takes a detailed picture of your heart using ultrasound. Coronary angiography examines the flow of blood through your coronary arteries. A thin tube called a catheter is inserted through your groin or an artery in your arm and up into the heart. Exercise stress test looks at how exercise affects your heart. You may be asked to pedal an exercise bike or walk on a treadmill. Nuclear stress test examines the flow of blood into the heart. Treatment for hypertensive heart disease depends on the seriousness of your illness, your age, and your medical history. Medication Medications help your heart in a variety of ways. The main goals are to prevent your blood from clotting, improve the flow of your blood, and lower your cholesterol. Examples of common heart disease medications include: Surgeries and devices In more extreme cases, you may need surgery to increase blood flow to your heart. A pacemaker produces electrical stimulation that causes cardiac muscle to contract. Implantation of a pacemaker is important and beneficial when cardiac muscle electrical activity is too slow or absent. Cardioverter-defibrillators ICDs are implantable devices that can be used to treat serious, life-threatening cardiac arrhythmias. Coronary artery bypass graft surgery CABG treats blocked coronary arteries. This is only done in severe CHD. A heart transplant or other heart-assisting devices may be necessary if your condition is especially severe.

**Chapter 6 : Hypertension ~ HEALTH EDUCATION**

*Health Education an Effective Intervention in Hypertensive Patients - Free download as PDF File (.pdf), Text File (.txt) or*

*read online for free. Objective: Assessment of impact of health intervention on KAP and hypertensive status of patients in an urban slum of Mumbai.*

### Chapter 7 : Health Education for Hypertensive Patients | JAMA | JAMA Network

*Here at ONC we have interviewed a primary care provider who has made great strides with providing patient education and care for his hypertensive patients through using an electronic health record. Managing Hypertensive Patients is a Team Effort.*

### Chapter 8 : Goals and Objectives hypertension | PCORE

*education class to empower hypertensive patients to take the necessary steps to lower their blood pressure readings and follow up with their Primary Care Provider for further management. To formulate a group education class, expertise from Cardiology and Clinical Psychology.*

### Chapter 9 : Patient Education :: Treatments :: Antihypertensive Therapy

*The Facts About High Blood Pressure. High blood pressure (also referred to as HBP, or hypertension) is when your blood pressure, the force of blood flowing through your blood vessels, is consistently too high.*