

Assignment 1 information booklet of long term condition management

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1.Introduction

The global health impact of hypertension (high blood pressure) is the primary topic of this research. It looks at the problems associated with hypertension, such as how common it is and the risks it poses. The financial and health costs associated with hypertension are discussed. We propose two theoretical frameworks for hypertension: the General Theory and the Cultural Prescribing Model. How legislative social and medical goals are executed to reduce hypertension is another topic explored in this study.

1.1 Definition of Hypertension

Hypertension, or high blood pressure, is a medical condition that occurs when the pressure of blood vessels on the artery walls is regularly too high and lasts for an extended period. Blood pressure is determined by the sum of the heart's systolic and diastolic pressures. Systolic pressure represents the force applied to the wall of an artery while the cardiac muscle contracts (Aslan et al., 2020). Diastolic pressure, on the other hand, measures the force exerted while your heart is at rest amid beats. The usual definition of hypertension is a systolic blood pressure of at least 140 mmHg and a diastolic blood pressure of at least 90 mmHg. Consistently high blood pressure strains the arteries and organs, increasing the risk of several health problems. The term "silent killer" refers to hypertension seldom showing any noticeable signs until it has progressed significantly or causes a medical emergency, such as a heart attack or stroke. Therefore, regular blood pressure checks are essential for diagnosing and managing hypertension.

There are two main categories of hypertension: primary (essential) and secondary. Primary hypertension, which often occurs for no apparent reason, accounts for most instances. In contrast, renal illness, hormonal abnormalities, and certain medications contribute to secondary hypertension (Bernabe-Ortiz et al., 2020). Vascular disease, heart attacks, strokes, heart failure, renal disease, and vision problems are serious complications that may arise from uncontrolled hypertension. It is a significant public health problem across the globe, leading to a considerable burden of illness and death.

Managing hypertension requires a multifaceted strategy that includes lifestyle changes and, in some situations, medicines. Adopting a nutritious diet, minimizing salt intake, participating in regular physical exercise, keeping a healthy weight, managing stress, limiting alcohol use, and quitting smoking are all lifestyle modifications. Antihypertensive medications, for example, may be recommended to decrease blood pressure and minimize the risk of problems (Bernardo and Perez, 2023). Early identification, frequent monitoring, and efficient hypertension treatment are critical in reducing related health issues and improving long-term

results for those with this illness. Individuals may proactively reduce their blood pressure and improve their overall health and well-being by increasing their knowledge of hypertension, its risk factors, and appropriate treatment options.

1.2 Burden and Prevalence of Hypertension

Hypertension is a global health issue affecting many of the world's population. According to the World Health Organization (WHO), hypertension affects around 1.13 billion people globally. This astonishing figure emphasizes the issue's scope and the need for appropriate management and preventative efforts. Hypertension is a common long-term ailment in the United Kingdom. Hypertension is estimated to affect over 30% of individuals in the UK, making it a severe public health concern (Boutouyrie et al., 2021). According to the National Health Service (NHS), over half of those over 65 in the United Kingdom have hypertension, showing a greater incidence among the elderly. According to the British Heart Foundation, more than 12 million individuals in the UK have excessive blood pressure.

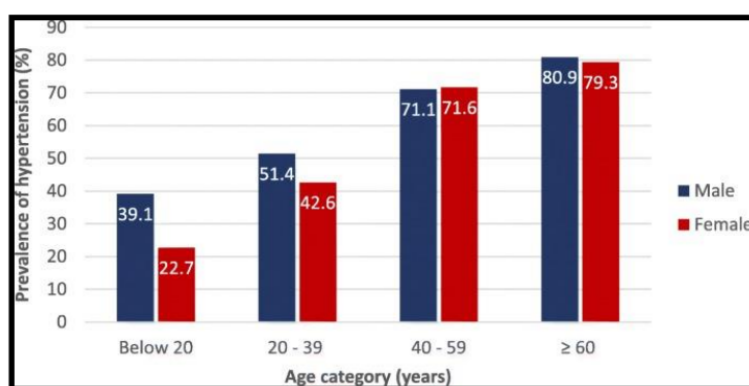


Figure 1: Prevalence of Hypertension

Image Source: (Google.com, 2023)

The burden of hypertension goes beyond personal health repercussions and has significant social and economic implications. Uncontrolled hypertension is a major cause of cardiovascular disorders such as heart attacks and strokes, contributing to morbidity and death rates. Hypertension is estimated to be responsible for roughly 62,000 premature deaths annually in the United Kingdom alone (Burnier and Egan, 2019). The financial cost associated with hypertension is significant. The NHS in the United Kingdom spends billions of pounds each year on treating and managing hypertension-related diseases. The indirect

expenses of hypertension, such as lost productivity and poor quality of life, add to the economic burden of hypertension. It is critical to emphasize that some communities are disproportionately affected by hypertension. There are significant health disparities in the United Kingdom due to hypertension prevalence. Individuals from poorer socioeconomic origins, particular ethnic groups (such as those of African-Caribbean heritage), and those who live in disadvantaged regions are more prone to high blood pressure.

The burden of hypertension should be addressed by prevention, early identification, and effective care. Population-wide efforts promoting healthy behaviours, such as regular physical exercise, a low-sodium, saturated-fat diet, and smoking cessation, are critical for avoiding and controlling hypertension. Regular blood pressure monitoring and prompt access to healthcare services are critical for early identification and intervention (Campbell et al., 2022). International cooperation and research are required to discover novel ways of hypertension treatment. It is feasible to minimize the burden of hypertension and improve global health outcomes by increasing awareness, improving access to healthcare services, and adopting evidence-based therapies.

1.3 Risk Factors and Aetiology of Hypertension

Several risk factors contribute to hypertension development, and recognizing these variables is critical for successful prevention and control measures. Hypertension is a complicated illness impacted by genetic, environmental, and lifestyle variables.

⁴ Age is a significant risk factor for hypertension, and the prevalence of hypertension rises with age. According to worldwide data, the prevalence of hypertension climbs from 1% in those aged 18-24 years to over 66% in people aged 65 and more. It is estimated that roughly 70% of persons over 65 in the United Kingdom have hypertension (Cao et al., 2022). The development of hypertension is also influenced by family history. Individuals with a family history of hypertension are likelier to get the ailment. According to studies, having one or both parents with hypertension raises the probability of acquiring the illness by two to three times when compared to persons who do not have a family history of the condition.

Obesity is a substantial modifiable risk factor for high blood pressure. According to worldwide estimates, obesity accounts for around 40% of hypertension instances (Costa et al., 2021). In the United Kingdom, roughly 58% of people are overweight or obese, and obesity is connected with a two to six fold increased risk of getting hypertension compared to healthy people.

Sedentism and a lack of regular physical exercise have been related to an increased risk of hypertension. Physical inactivity is thought to contribute to 10% of hypertension cases worldwide. Over 40% of individuals in the United Kingdom still need to fulfil the recommended physical activity recommendations (Del Seppia et al., 2022). Regular physical activity, such as aerobics and strength training, may help decrease blood pressure and minimize the chance of developing hypertension.

Unhealthy eating habits, such as a diet low in fruits and vegetables, are risk factors for hypertension. High salt consumption is thought to be responsible for around 62% of strokes and 49% of coronary heart disease cases caused by hypertension worldwide. The average daily salt consumption in the United Kingdom is roughly 8.4 grams, exceeding the recommended limit of 6 grams (DiPette et al., 2020). A diet consisting of fruits, vegetables, whole grains, low-fat dairy products, and reducing sodium-rich processed foods may help prevent and control hypertension.

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Tobacco use, including smoking and second-hand smoke exposure, is a significant risk factor for hypertension. Smoking is thought to be responsible for 10% of all hypertension cases worldwide (Du et al., 2021). In the United Kingdom, smoking is connected with an increased risk of developing hypertension, and smokers are more likely than non-smokers to have uncontrolled blood pressure. Quitting smoking and avoiding tobacco smoke is critical for lowering the risk of hypertension.

Another modifiable risk factor for hypertension is excessive alcohol use. It is estimated that alcohol usage accounts for around 16% of all instances of hypertension worldwide. Drinking more than moderate quantities of alcohol is related to an elevated risk of hypertension in the United Kingdom (Gabb, 2020). For men and women, moderate alcohol intake is up to 14 units per week spread out across multiple days.

Blood pressure levels may also be affected by chronic stress and psychological variables. Prolonged stress increases the body's stress response, resulting in elevated blood pressure. While stress does not cause hypertension, it may contribute to its development and worsen current hypertension (Howarth et al., 2020). Stress management approaches such as relaxation exercises, mindfulness, and seeking social support may all aid in blood pressure control.

Main Body

2. Impacts of Hypertension

2.1 Physical Implications

Hypertension has severe bodily consequences if it is not treated or is inadequately managed. Continuously elevated blood pressure levels place excessive pressure on the arteries and critical organs, leading to various issues. Cardiovascular disease is one of the most severe hazards connected with hypertension (Laar et al., 2019). High blood pressure narrows and stiffens the arteries, boosting the risk of strokes, heart failure, and various cardiac disorders. According to the World Health Organization (WHO), hypertension is a significant risk factor for coronary heart disease, accounting for roughly 45% of all heart disease fatalities and 51% of all stroke deaths globally.

Hypertension also raises the risk of attack considerably. Blood arteries in the brain may weaken and burst due to high blood pressure, resulting in a haemorrhagic stroke. It may also lead to the production of blood clots, which may obstruct the supply of blood to the brain and cause an ischemic stroke. Another consequence of hypertension is renal injury, which occurs due to elevated pressure in the blood arteries inside the kidneys, which may affect their function over time (Li et al., 2022). This may result in chronic renal disease and, in severe cases, kidney failure, necessitating treatment or kidney transplantation for survival.

Hypertension may affect the eyes and eyesight. It may damage the blood vessels in the retina, resulting in hypertensive retinopathy. Untreated, this may result in vision loss and perhaps blindness. Individuals with diabetes should be aware that hypertension may aggravate diabetic retinal degeneration and kidney disease, increasing the risk of complications related to diabetes.

2.2 Psychological Implications

Hypertension has the potential to have adverse effects on a person's mental health. The persistent nature of the ailment, as well as the possibility of consequences, may contribute to increased stress, worry, and depression (Maron, 2023). Dealing with the diagnosis, managing drug regimes, and making lifestyle adjustments may be difficult, leading to emotions of frustration and worry. Fear of future cardiovascular events or consequences may also increase stress and negatively impair a person's overall quality of life.

The adverse effects of several antihypertensive drugs, such as drowsiness or mood shifts, might negatively impact a person's emotional state. Healthcare practitioners must address

the psychological consequences of hypertension and give appropriate assistance and resources to assist patients in coping with the emotional issues associated with the illness.

2.3 Social Implications

Hypertension may have social consequences that impair a person's everyday life and relationships. It may involve lifestyle changes such as dietary limitations such as limiting salt intake and avoiding items that might raise blood pressure. These changes may influence an individual's social activities, such as eating out or attending parties where food options are restricted. Physical activity requirements may also need changes to workout regimens or restrictions on specific activities, impacting social involvement and engagement.

Medication adherence is critical in hypertension management; patients may need to take many drugs daily. Medication regimens and associated side effects may influence an individual's daily routine and may need preparation and reminders (Li et al., 2020). The price of drugs, doctor visits, and laboratory testing may also have financial consequences, particularly for those without appropriate health insurance coverage.

Hypertension might limit productivity at work owing to accompanying symptoms or problems. Absenteeism or presenteeism (being present at work but doing poorly) may occur, harming both the person and the company. Individuals and their families may face financial hardship due to hypertension-related healthcare costs and the probable requirement for time off for medical visits.

2.4 Wider Implications on Families

Hypertension impacts not just the people who are diagnosed but also their families. Family members often play an essential role in supporting and aiding hypertension control. They may endure emotional stress and worry due to one's health, mainly if they monitor blood pressure, provide medicines, or aid with lifestyle changes (Oke, 2022). Families may need to make lifestyle modifications to accommodate their loved one's dietary changes, such as changing meal planning or avoiding particular foods. The cost of pharmaceuticals and healthcare bills may have financial consequences, affecting the family's entire budget and financial stability.

Moreover, having one family member with hypertension might raise awareness and motivate others to prioritize their cardiovascular health. This may result in good family lifestyle changes such as adopting better eating habits, increased physical exercise, and frequent blood pressure monitoring.

3. Theoretical Perspectives and Models for Improved Outcomes

3.1 UK Model: The Comprehensive Model

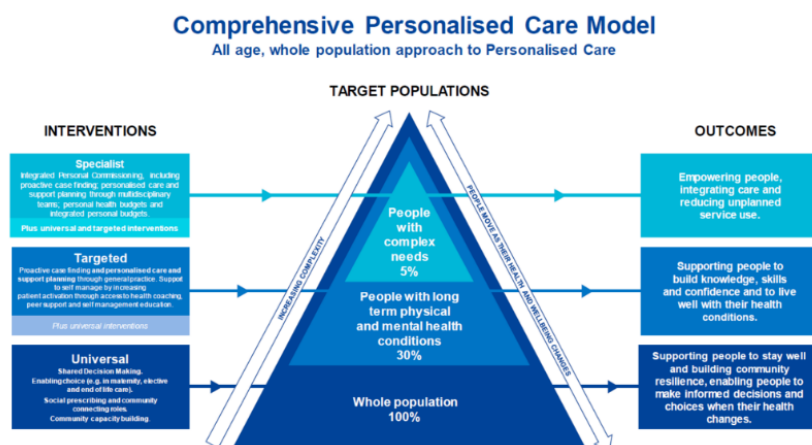


Figure 2: Comprehensive Model

Image source: (Google.co.in, 2023)

The Comprehensive Model is a method that tries to enhance outcomes for persons with hypertension by considering numerous elements of therapy and meeting patients' diverse needs. This concept understands that hypertension management entails more than simply medical treatments. Health and happiness are examined with the social, psychological, and environmental elements that influence them.

Clinical and non-clinical approaches to illness treatment are combined in the Comprehensive Model (Pietropaoli et al., 2019). The importance of individualized treatment for each patient is emphasized. The approach considers the importance of communication between doctors, patients, and family members in treating hypertension. The Comprehensive Model encourages patients and clinicians to work together to develop a self-management plan that addresses proper nutrition, regular exercise, stress management, and abstinence from tobacco and excessive beverage use. With knowledge and a feeling of control, individuals can better control their heart rate and make educated choices about their health care.

The Comprehensive Model acknowledges the importance of social support in hypertension therapy (Ramzy', 2019). Increased efforts by charities, social agencies, and advocacy

organizations to improve hypertension patients' ability to find information, resources, and support. This proposal aims to improve health outcomes and patient satisfaction by meeting patients' needs and delivering treatment in settings other than hospitals.

3.2 International Model: The Social Prescribing Model



Figure 3: Social Prescribing Model

Image source: (Google.co.in, 2023b)

The Social Prescribing Model is an all-encompassing strategy that considers the effect of social factors on people's health and happiness. Treating health problems like hypertension at their source necessitates facilitating access to non-medical subjects' local services and activities (Rêgo et al., 2019). Social prescribing aims to improve people's health by considering all the factors that contribute to it, not just those traditionally prioritized.

The Social Prescribing Model acknowledges that social variables such as social isolation, restricted access to healthy food alternatives, and a lack of physical exercise opportunities may all influence the onset and growth of hypertension. Healthcare practitioners may assist patients in addressing these social and economic health factors and enhance hypertension

treatment by prescribing non-medical measures. Individuals may be connected to community programs and services that encourage healthy lifestyles, such as fitness classes, dietary counselling, programs for stress management, and support groups, via social prescribing. These therapies may give social support, boost physical activity, improve nutrition quality, and decrease stress, which is crucial in hypertension management.

The Social Prescribing Model values collaboration between healthcare practitioners and community groups (Reintam Blaser et al., 2019). This teamwork guarantees that hypertensive persons get comprehensive and coordinated treatment that meets their medical and social requirements. Healthcare systems may improve patient outcomes, increase self-care, and enhance the overall quality of life for those with hypertension by adding social prescriptions to hypertension therapy.

4. Implementation of Political Health and Social Care Agendas

4.1 Local Initiatives and Policies

Local healthcare institutions and communities are essential in adopting hypertension treatment efforts and policies. These local activities increase awareness, offer access to healthcare services, and encourage stakeholder participation. Health promotion efforts are often used to educate the general public about elevated blood pressure, its risk factors, and the need for prevention and control (Rojas et al., 2019). Public awareness events, instructional materials, and targeted outreach activities may all be part of these efforts.

Community screening programs are also an essential local endeavour for hypertension control. These tools give users easy access to blood pressure measures, enabling them to detect and monitor their blood pressure levels. If hypertension instances are identified early, individuals might be directed to appropriate healthcare facilities for further examination and treatment.

Collaborations with ordinary doctors are critical for local hypertension control. Local healthcare organizations collaborate extensively with primary care practitioners to provide comprehensive and coordinated treatment for hypertension patients (Salman, Shulman and Cohen, 2020). These partnerships include building care pathways, adopting collaborative decision-making processes, and encouraging frequent blood pressure monitoring.

4.2 National Initiatives and Policies

Management of long-term illnesses, such as hypertension, is commonly prioritized in national health and social care agendas. National programs seek to standardize evidence-

based hypertension management throughout the country (Sarrafzadegan and Mohammadifard, 2019). This might include creating clinical recommendations outlining best practices for hypertension screening, diagnosis, therapy, and monitoring.

National strategies also emphasize the integration of care services to improve hypertension control. This might involve encouraging healthcare professionals to adopt digital medical records to increase information exchange and care coordination. Furthermore, governmental efforts may commit funding for preventative interventions, such as sponsoring community-based programs that encourage healthy lifestyles and assist hypertensive patients.

National agendas often stress the relevance of studies and data collecting in informing policy creation and evaluating intervention efficacy (Bernardo and Perez, 2023). Supporting research studies on controlling hypertension, epidemiological monitoring to track prevalence and trends, and assessment of healthcare treatments to identify areas for development may all be part of this.

5. Person-Centred Care Approaches for Hypertension Management

5.1 Self-Management Strategies

Person-centred care methods in hypertension control emphasize equipping people with the information and abilities to engage in their care actively. Self-management methods are critical to reaching this aim. Healthcare practitioners assist clients in making educated decisions regarding their lifestyle choices, medication adherence, and checking their blood pressure by offering information and support.

Self-management education provides hypertensive persons the required information about the disorder, its associated dangers, and the need for healthy lifestyle changes (Unger et al., 2020). They educate about dietary adjustments such as lowering salt intake and boosting fruit and vegetable consumption. They are also advised to engage in regular physical exercise and adequately manage stress. Individuals are empowered by education to take charge of their health and make educated decisions about managing their illness.

Goal setting is another crucial aspect of person-centred hypertension treatment. Individuals and healthcare professionals collaborate to develop reasonable and attainable objectives. These objectives include achieving and maintaining target cardiovascular levels, lowering weight, stopping smoking, or limiting alcohol use. Individuals' enthusiasm for and dedication to self-management are increased when they are involved in goal-setting.

Individuals with hypertension must have their blood pressure checked regularly. Self-monitoring at home is emphasized in person-centred care (Rojas et al., 2019) so that patients may maintain tabs on their blood pressure levels. By keeping track of their readings, patients are better prepared to discuss any concerns they may have with their doctors at follow-up appointments. Self-monitoring motivates patients to actively participate in their care and adjust their therapy as needed.

5.2 End-of-Life Care Considerations

When patients with hypertension have severe issues or a short life expectancy, it is essential to think about end-of-life care from a person-centred perspective (Zhou et al., 2021). This approach aims to help individuals and their loved ones in every way possible during this trying period.

Communication between healthcare providers, patients, and their families is essential for person-centred end-of-life care for hypertension patients. The goal is to consider the individual's tastes, beliefs, and objectives. Comfort, respect, and high quality of life are the goals of the individualized care plans that patients and their loved ones create in collaboration with medical experts.

The pain, shortness of breath, and fatigue resulting from untreated hypertension are emphasized here. Palliative care services may be used to give symptom control and support to hypertensive patients reaching the end of their lives (Vu et al., 2021). Emotional and psychological assistance is also required to handle anxiety, depression, and other problems or issues that people and their families may have. Person-centred end-of-life care includes assistance for the person's family and individual. This may include counselling, grief support, and practical aid to alleviate the family's emotional and logistical load.

6. Recommendations for Improvement

Enhancing Person-Centred Care

- Promoting collaborative decision-making, cultural sensitivity, and individualized treatment plans may increase patient participation and satisfaction. Healthcare practitioners should focus on communication, active listening, and comprehensive evaluations to deliver individualized treatment.

Promoting Collaborative Care

- Collaboration is necessary for comprehensive hypertension treatment among healthcare professionals, primary care, specialists, and community programs (Maron, 2023). Coordination and continuity of care may be improved via integrated care pathways, interdisciplinary teams, and efficient communication systems.

Strengthening Health Education and Awareness

- Raising public knowledge of hypertension, its risk factors, and preventative strategies is critical. Making accessible and evidence-based health education available via many channels may empower people to make educated choices and take control of their health.

6.1 Conclusion

It is concluded that managing hypertension requires a multifaceted and thorough strategy. Understanding the effects of hypertension and adopting person-centred treatment may help healthcare providers and stakeholders improve outcomes and quality of life for those with this chronic illness.

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