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Group 2

Programme –

**MSc in Public health and social
care in practice**

**Module – Community care and
management of longer term
conditions**

LCHS7003 Component 1

**Information booklet of longer
term conditions management**



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Topic –

**Hypertension
management**

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Leaflet- Personalised Care for Hypertension Management

1. Introduction

One of the most common and preventable factors in heart disease and stroke in the United Kingdom is hypertension or high blood pressure. It occurs as the pressure of the blood on the walls of the arteries remains elevated throughout leading to overstrain on the heart and blood vessels. This condition does not always display any obvious symptoms, and it may be accumulated silently, yet, when untreated, it may cause severe health-related issues. This leaflet aims at assisting individuals to learn about hypertension, know what it is, how it can be caused and how it can impact health, and provide simple and practical steps that can be adopted by individuals to control as well as prevent it (Iqbal and Jamal, 2023).

This booklet is targeted at adults with or who could develop high blood pressure. It strives to make people realize the influence of everyday habits, social aspects, and rules concerning health on blood pressure. The booklet helps people take action to take care of their heart health, because it provides facts and discusses the key health principles, such as avoiding issues, empowering individuals, and equity (National Heart, Lung, and Blood Institute, 2024).

2. Understanding Hypertension

2.1 Definition and Physiology

Hypertension or high blood pressure is a chronic condition in which the pressure of blood flowing against the inner lining of the blood vessels remains elevated than normal. Physicians use the

scale of millimetres of mercury (mm⁻ Hg) and indicate it as two digits the first figure (systolic) is the pressure value when the heart contracts, and the second figure (diastolic) is the pressure value when the heart relaxes after contracting. When the numbers are 140/90 mm Hg and above most of the time, then this is a normal reading and it is when the blood pressure is high (Mayo Clinic, 2024).

2.2 Prevalence and Burden

- **Global scale:** High blood pressure is one of the most prevalent long-term health issues in the world because more than 1 billion people have it.
- **UK prevalence:** Approximately, one out of every three adults in the United Kingdom has high blood pressure, and many of them are not aware of it as they may not have any symptoms.
- **Age factor:** The risk of developing high blood pressure increases with age; it increases gradually after 40 years.
- **Gender trends:** Men are more susceptible to high blood pressure before the age of 65. The high blood pressure rate between men and women is similar after age 65.
- **Ethnic disparities:** Black Africans of Caribbean origin are prone to severe issues like heart failure, stroke, and kidney diseases.
- **Socioeconomic influence:** Black Africans of Caribbean origin are prone to severe issues like heart failure, stroke, and kidney diseases.

- **Global impact:** The increasing population imposes a lot of burden on healthcare systems, which results in premature mortality and expensive health-related expenditures.
- **Key insight:** The hypertension treatment does not only demand some prevention techniques but these are necessary in the high-risk and underserved communities.

(World Heart Federation, 2023)

2.3 RISK FACTORS AND CAUSES

• Lifestyle-Related Factors

High blood pressure may occur due to a lot of reasons. Other major risks of the lifestyle include being overweight or obese, excessive consumption of salt, smoking, excessive alcohol consumption, constant stress, and lack of physical activity. Consumption of large amounts of saturated fat and little fruit and veg also increases the risk.

• Genetic and Biological Factors

When a family member has a high blood pressure or heart disease, then they are more likely to get it as well. The reason why this is true is because genes and inherited body characteristics influence how the blood pressure is regulated.

• Environmental and Societal Factors

Blood pressure can increase due to air pollution, high levels of noise, and inadequate health facilities. Money issues can aggravate it since it becomes difficult to either eat healthy, work out safely, and receive preventative care.

• Preventive Considerations

The right food, physical activity, reducing stress and maintaining a healthy mind can enable one to make better decisions and maintain healthy blood pressure long-term (Elendu et al., 2024).

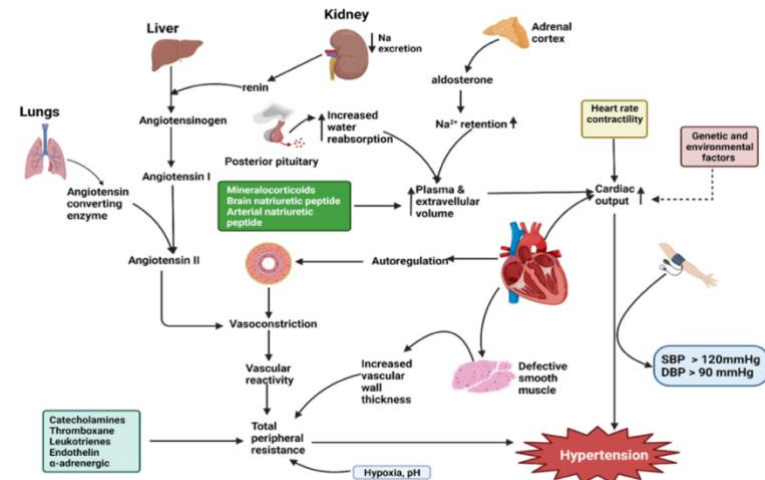


Figure A- Role of Multifactor in the Regulation of Blood Pressure
(Adua, 2022)

3. HEALTH VALUES AND LIFESTYLE MANAGEMENT

3.1 CORE HEALTH VALUES

The values that drive healthcare in the United Kingdom, prevention, empowerment, dignity, inclusion, compassion, and collaboration, are key in wellbeing promotion and effective hypertension management. Prevention refers to the minimization of risk factors before severe problems occur by identifying concerns early and educating the people on the same. Empowerment allows individuals to be in charge of their own health by informing them

about their blood pressure and making healthy life decisions. Dignity and inclusion imply respectful care which is open to all persons regardless of their background, ethnicity or income. This would be significant towards bridging health disparities that are usually linked to the prevalence of hypertension with disadvantaged groups (Stanford, 2020). Compassion is the process of providing caring, person-centred care, which is conscious of emotional and mental difficulties associated with having a long-term condition (Grosios, Gahan and Burbidge, 2010).



Figure B- Inclusion Health Principles (NHS, 2023)

3.2 LIFESTYLE STRATEGIES

The lifestyle modifications prove to be quite effective in prevention and management of high blood pressure without losing the main concepts of good health. A healthy diet such as DASH plan is centered on fruits, vegetables, whole grains, lean meat, and low-fat dairy (National Heart, Lung, and Blood Institute, 2025). The daily intake of salt should be reduced to less than six grams to maintain healthy blood pressure. The high potassium food like bananas and

leafy greens also benefit the heart. The regular physical activity such as walking quite fast, swimming, or biking at least 30 minutes four or five days a week exercises the heart and reduces stress. Reduction of alcohol consumption, quitting smoking, and application of stress-relieving techniques like yoga, meditation, or deep breathing are also effective in maintaining the blood pressure levels. These habits demonstrate the value of healthy habits through demonstrating that prevention is effective when the people take care of themselves (Samadian, Dalili and Jamalain, 2016).

3.3 COMMUNITY HEALTH PROMOTION

The use of community health programs assists individuals to change their lifestyles and ensure that all individuals have equal opportunities to prevent high blood pressure. Nations such as Blood Pressure UK conduct national programs such as the Know the Numbers Week where adults are asked to monitor their blood pressure regularly and understand the meaning of the numbers. The NHS BP@Home initiative allows individuals to monitor their own blood pressure at home using digital technology, which allows identifying issues early and keeping them within control. Integrated Care Systems and local health groups also have outreach initiatives in such places as workplaces, shops and community centers to assist individuals who do not see physicians regularly (Charchar et al., 2023).



*Figure C- Know Your Week Number Program
(Bloodpressureuk.org, 2025)*

4. IMPACT ON INDIVIDUALS AND FAMILIES

4.1 PHYSICAL IMPACT

- **Increased Cardiac Workload:** The heart is always under pressure due to the high blood pressure and thus, it may cause chest pain, heart failure and heart attacks.
- **Arterial Damage:** Constant high blood pressure causes the arteries to be stiff and narrow and this increases the risk of plaque forming (a condition known as atherosclerosis).
- **Cerebrovascular Risk:** Hypertension is the primary cause of stroke and is directly associated with vascular dementia which results due to brain damage caused by high blood pressure.
- **Kidney Damage:** Excessive pressure damages small blood vessels in the kidney that may result in chronic kidney complications and later the failure of kidney.

- **Ocular Effects:** The elevated blood pressure may damage the tiny blood vessels in the retina of the eye resulting in a condition known as hypertensive retinopathy. This may cause vision impairment or blindness in case it becomes serious.
- **Silent Progression:** Physical issues are not fast at all and do not have visible signs, and that is why one should identify them in the first place and continue self-checking.

(Mayo Clinic, 2023)

Evidence however reveals that the outcomes may vary with the timing of identification of the problems and the adherence of the individuals to the plan. Close surveillance and encouragement of people often help in repairing the damage and this proves that ease of access to prevention and treatment should be looked at equally with the efficacy of the medication.

4.2 PSYCHOLOGICAL IMPACT

- **Emotional Distress:** The diagnosis of hypertension is a reason to be afraid and to be anxious and people fear the possibility of heart or brain issues.
- **Perceived Loss of Control:** Dealing with the long-term condition will make they feel less in control, which results in stress, frustration, and mental exhaustion.
- **Treatment-Related Anxiety:** Being on top of the health, taking medicine as scheduled and making changes in the way they live becomes a source of constant anxiety particularly when the facts about the health are difficult to assimilate or feel cumbersome.

- **Impact on Quality of Life:** The diet, reduced socializing and modifications of daily routines can make life less pleasant and could lead to depression.
- **Risk of Psychological Comorbidity:** Emotional stress and chronic stress associated with high blood pressure predisposes people to being depressed and less willing to take charge of their health.

(Celano et al., 2016)

Nevertheless, such a primary-care facility lacks built-in mental-health support. This prevents the feeling of empowerment of patients. It demonstrates that the mental-health care should be included in the treatment of high blood pressure as well as not a side-by-side add-on.

4.3 SOCIAL AND FAMILY IMPACT

- High blood pressure usually compels the family to alter their mode of living such as consuming less salt and preparing their food in a different manner.
- Taking medicine, visiting a doctor, and measuring blood pressure using devices are expensive and stressful to families.
- Feeling sick or fatigued may create difficulties working and decrease the income of a family.
- People working with the patient, such as spouses, can also be emotionally exhausted when they need to maintain the treatment plan and habits under control.
- Dietary guidelines can be incompatible with traditional food and cooking methods, and it is difficult to change habits.

- Social, cultural and economic pressures tend to confound, and high blood pressure becomes more difficult to manage within the family and communities (Baik and Bird, 2023).

Such programs are however not accessible to all families who wish to learn about family health and doctors might not possess sufficient training to learn about cultural differences. This may complicate the enhancement of care, and this demonstrates the need to enhance policies, which should better accommodate families and that consider social diversity in high blood pressure management.

Table: Summary of Impacts

Impact Area	Key Effects	Critical Insight
Physical Impact	• Cardiac strain • Arterial damage • Stroke & vascular dementia • Kidney disease • Retinopathy	Outcomes vary based on early detection and treatment access; prevention systems are as crucial as medication effectiveness.
Psychological Impact	• Anxiety & fear • Loss of control • Treatment-related stress • Reduced quality of life	Mental-health support is rarely integrated into primary care, limiting empowerment and long-term adherence.
Social & Family Impact	• Household dietary changes	Access to family-health education and culturally competent care remains

	• Financial strain • Work limitations • Caregiver burden • Cultural barriers	inconsistent, highlighting the need for inclusive policies.
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5. PERSONALISED CARE AND SELF-MANAGEMENT

5.1 MEANING OF PERSONALISED CARE

Personalised care refers to the ability of health services to be tailored to meet the needs, preferences and values of the individual. The NHS Universal Personalised Care Model allows individuals to make their decisions and determine the way their care is administered and planned. It applies shared decision-making, where patients and physicians coming to an agreement on the form of treatment and health coaching, which instills confidence and motivation in people to control their own health. Personalised care planning ensures that when developing treatment plans, the lifestyle, social background, and goals of the person are put into consideration. In the case of high blood pressure, it would entail coming up with care plans that align a person with their individual risks, their daily routine and culture in order to ensure that the process of the blood pressure control is more stable and sustainable (NHS ENGLAND, 2019).

5.2 SELF-MONITORING AND PATIENT EMPOWERMENT

Self-care entails the need to manage the blood pressure. Monitoring the blood pressure at home allows them to see the figures

frequently, observe changes and see early indicators that they are not in control of the blood pressure. It makes them more self-aware and enables them to quickly change the lifestyle or drugs with the assistance of the physician. NHS BP@Home project enables them to measure the blood pressure at home using permissionable devices and online applications and forward the data to the doctor through electronic methods. It can also be done using digital apps and wearable gadgets, which can help those record readings, provide medication reminders, and monitor the extent of movements. Goal setting such as losing weight, reducing salt or maintaining the appropriate blood pressure among others makes them feel confident and successful. Patients will adhere to the treatment plan, maintain healthy activities, and speak effectively with their health team when they know well what is happening to them (Kario, 2021).

5.3 BARRIERS AND FACILITATORS

Although there are numerous advantages of personalised care, it is accompanied with numerous obstacles that may complicate self-management. Inadequate health literacy can prevent individuals to interpret their blood-pressure results or how lifestyle change is important. Access to online tools, mobile applications, and remote monitoring services is restricted by the digital divide, which is particularly high with older people or low-income earners. Some advice can also not be accepted by people due to cultural norms and beliefs that determine how the people perceive illness, diet, and the use of medicine (Shahin, Kennedy and Stupans, 2019). Inclusive and culturally sensitive communication is one of the methods that health professionals can employ to combat these barriers. It is possible to provide translated materials, speak in simple language, and use visual aids so that various groups could comprehend. Peer-education programmes also enable people to learn through the experience of

other people in the community. Nurses, dietitians, pharmacists, and counsellors can collaborate/work as a multidisciplinary team to provide complete care and follow-up. Such initiatives render individualised care just, accessible and receptive to the variations of individuals (Johnson et al., 2023).

6. THEORETICAL FRAMEWORKS FOR HYPERTENSION CARE

6.1 UK FRAMEWORK: BIOPSYCHOSOCIAL / NHS SELF-MANAGEMENT MODEL

Combined with the Biopsychosocial Model (Physiopedia, 2023) and the NHS Self-Management Framework provides a comprehensive foundation to work with the high blood pressure issue in the UK. The Biopsychosocial Model explains that poor health is a result of a combination of body, mind, and society and the high blood pressure is not only a medical issue but also an issue that is influenced by the way they live and the mental well-being and the environment. The physical part examines such factors as genes, weight, and the mechanism of the metabolism. The mind aspect examines the stress, worry and the emotional state.

Biopsychosocial (BPS) model

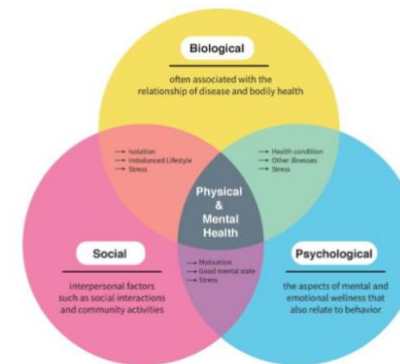


Figure D- BPS Model (Hardie, 2021)

The NHS Self-Management Model assists individuals in becoming in control of their health. It provides them with the means to know about their state, monitor their health, and make decisions with the doctor. This is to provide the patients with the knowledge and confidence to manage their health. These programs are effective since they consider the entire individual, are empowerment-oriented, and aligned with the NHS values such as inclusion and teamwork. However, they work best in the case of patients involvement and resource availability. Individuals with poor health literacy, lacking access to digital tools, or limited support might not receive the benefit fully, and they will have to provide them with special assistance and equitable access to self-management tools (NHS England, 2020).

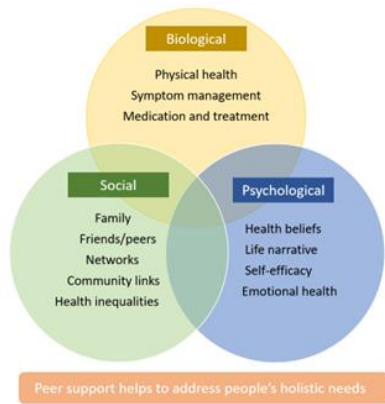


Figure E- NHS Self Management Model (NHS England, 2023)

6.2 INTERNATIONAL FRAMEWORK: WHO CHRONIC CARE MODEL

The Chronic Care Model (CCM) by WHO is a global model that assists in the management of chronic conditions such as high blood pressure. It examines six primary sections, namely how health services are coordinated, how people can be assisted in managing their own health, the manner in which health care is provided, aids that can be used to aid in making decisions, systems to facilitate sharing of health information, and local community resource assistance. The model desires an entire system in which care groups collaborate with patients who can understand and desire to enhance their well-being, such that well-being is enhanced (Grudniewicz et al., 2023).

Focus	Individual empowerment and lifestyle self-management	System-wide coordination and community involvement
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Strengths	Personalised, behaviour-focused, supports patient autonomy	Adaptable to multiple health systems; strong for population-level care
Limitations	Dependent on health literacy and patient motivation	Requires significant funding, trained staff, and strong data systems
Relevance to UK	Supports daily self-monitoring and personalised care	Can enhance primary care coordination and reach underserved groups

Reference: (Lawless et al., 2025).

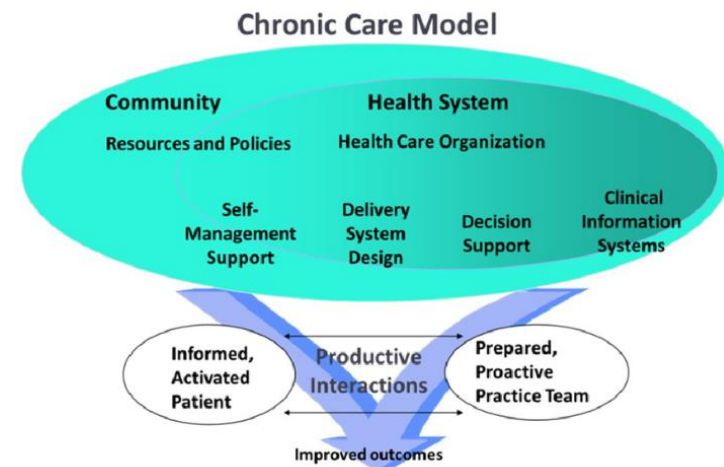


Figure F- WHO Chronic Care Model (Gee et al., 2015)

7. POLICY AND POLITICAL CONTEXT

7.1 NATIONAL POLICIES

The care of hypertension in the United Kingdom is subject to very robust national guideline that aims at preventing, detecting early and assisting individuals in self-management of this condition. According to the NHS Long Term Plan (2019/2029), high blood pressure is a significant cause of heart disease, as well as of avoidable cardiac deaths. The plan is interested in identifying individuals with high blood pressure without their knowledge by increasing the community check-ups, providing more individuals with the capacity to use digital tools like BP@Home, and empowering patients to play an active role in managing their blood pressure. It helps in individualized care because it adapts treatment to the needs and situation of individuals (NHS England, 2025).

The NICE Guideline NG136 (2019) provides explicit information on the diagnostics and treatment of high blood pressure. It insists on proper blood pressure measurement, lifestyle modification, and appropriate age, background, and other health-related medication. NICE also advises individuals to install blood pressure monitors at the comfort of their homes to enable them to manage their health and reduce the rate of visiting physicians. The plan published by Public Health England, Health Matters: Preventing Cardiovascular Disease, discusses the changeable risk factors, such as overweight, smoking, eating poorly, and not exercising. These national rules combined form a comprehensive plan combining medical care with community health interventions, to reduce the number of early deaths caused by heart disease nationwide in the UK (National Institute for Health and Care Excellence) (NICE), 2023).

7.2 LOCAL STRATEGIES

Integrated care systems (ICSs) in every part of the country promote the realization of national objectives by joining NHS groups, local councils and volunteer organizations. Numerous ICs have provided blood pressure measurements in the pharmacies, workplace sites, and communal centers to ensure that individuals who do not attend primary care frequently check their blood pressure. Physicians and local health groups maintain digital files and risk lists on patient data. They observe the patients and conduct health education such as healthy meals classes, quit smoking, and exercise (NHS England, 2022).

7.3 POLICY GAPS AND CHALLENGES

Although there has been an improvement, there are still issues. Lack of sufficient number of workers, unequal distribution of money and limited educational resources to suit different cultures prevent equitable service. In other areas, people are still not able to monitor themselves in terms of their health due to the absence of technology and digital literacy. The solution of these issues requires a consistent amount of money and health strategies that comply with diverse cultures to provide equal high blood pressure treatments in the UK (Heena and Nidhi, 2022).

8. RECOMMENDATIONS AND FUTURE DIRECTIONS

8.1 STRENGTHENING PERSON-CENTRED CARE

In order to enhance the management of hypertension, the strategy to be adopted in the future would consider the patient as the priority and providing power to take care of his or her health. Increasing health coaching at the NHS will help patients to understand how to take care of themselves, make achievable

targets, and retain healthy lifestyles. Providing explicit patient education, in most languages, and culture-sensitive is an operation to ensure that all individuals can comprehend and adhere to their treatment plans. More effective follow-up, such as the digital check-ins regularly or nurses in the community clinic, allows individuals to keep their medication and seek immediate assistance in case their measurements increase (NHS England, 2023).

8.2 ENHANCING PUBLIC HEALTH AND EQUALITY

Community and public health should work harder to reduce the number of people with high blood pressure. The community can also facilitate the community through local programs, such as local screening and wellness events where individuals can be educated about it and access those who do not attend regular doctors. Making telehealth and remote care tools more accessible by providing low-cost home monitoring devices and digital learning assistance will make more individuals digitally inclusive. Collaboration among health providers, local councils, charities, and employers can make places conducive to the promotion of healthy lifestyles such as the safe walking zones, reduced salt content in food and work-based wellness programs to enable employees (Nyame et al., 2024).

8.3 CONCLUDING REFLECTION

The prevention of high blood pressure, individualized treatment and supportive policies are required to manage high blood pressure in a proper way. The UK can reduce the risks of the heart and blood vessels by educating patients, engaging communities and making effective use of established medical practice to ensure the health of future generations is better. Long-term management of high blood pressure requires long-term collaboration, innovation and solid commitment to providing everyone with equitable health services (Parry et al., 2023).

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