

World Congress on Hypertension and Cardiovascular Diseases

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Home based management of hypertension among elderly: Indian Scenario



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In India Hypertension is one of the most significant public health problem and a common lifestyle disease. The burden of the disease is more among elderly population.

In India 100 million patients are with hypertension. Overall estimates for the prevalence of awareness, treatment, and control of blood pressure (BP) are 25.3%, 25.1% and 10.7% for rural Indians and 42.0%, 37.6% and 20.2% for urban Indians respectively. (J Hypertens. Jun 2014; 32(6): 1170–1177). Epidemiological studies on hypertension suggest that less than half of the hypertensive persons in a population know that they have increased blood pressure.

Screening for HT is not a routine - opportunistic or systematic in Indian set up. Home based screening for elderly is the need of the time as this group is vulnerable to develop HT and are dependent on family members for hospital visits as well as finance. Due to poor access to health care, the high cost of treatment, social stigma, and low awareness they tend to ignore the disease.

Several challenges encompass the management of HT. Among older adults HT is frequently underdiagnosed and undertreated.

Increased awareness, treatment, and control of high blood pressure are critical for the reduction of mortality and morbidity. There is a need to shift focus from expensive tertiary care for non-communicable diseases to primary and secondary prevention provided by nurses at community level would be cost effective. It is suggested that community screening programs combined with simplified diagnostic evaluation and intense patient education and follow-up may greatly increase the success rate.

The population approach directed at the whole population, irrespective of individual risk levels involves multifactorial approach, based on the community based multimedia program involving nonpharmacotherapeutic interventions

A multimedia approach for hypertension management involve all aspects of care, including (1) detection, referral, and follow up; (2) diagnostics and medication management; (3) patient education, counseling, and skill building; (4) coordination of care; (5) population health management; and (6) performance measurement.

Community based multimedia program can be practiced and implemented at large scale to control HT among elderly. This basically focuses on individual needs of elderly including socialisation and reducing stress through self help groups which is very important as most of the elderly are depressed due to lack of socialisation and family support.

Effective evidence based strategies for blood pressure control

Numerous studies have identified effective evidence based strategies in the control of high blood pressure used by nurses. Good quality studies demonstrated that, use of treatment algorithms, nurse prescribing, community monitoring are effective evidence based strategies that significantly reduced both systolic and diastolic blood pressure (Clark et al., 2010; Denver et al., 2003; Kotseva et al., 2010).

Numerous studies demonstrated that nurses' role in patient education significantly improved patients' health lifestyle behaviors, medication adherence self-efficacy, and reduced body mass index. These are regarded as important facets for long term control of blood pressure in communities (Clark et al., 2010; Fahey et al., 2005; Glynn et al., 2010; Hacıhasanoglu and Gozum, 2011).

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At present in India average population served per government allopathic doctor is 11,039. Therefore nurses should be considered as intermediate strategy to manage non communicable diseases like HT using the task shifting policy to meet the human resource crisis. Nurses need to be adequately prepared for practicing the expanded roles. Such preparations must use evidence based strategies that provide nurses the opportunity to reflect on their own practices.

Hypertension control among elderly in India can be achieved by better government policies, political focus and social determinants of health such as education, development health system, proper health care financing, free or low-cost BP medicines, education for health care providers, free primary care, use of innovation in technology, collaboration with various stakeholders and patient empowerment.

Biography

Shashi Mawar has an experience of 18 years in various positions in the field of medicine. Presently she is a lecturer at the College of Nursing, AIIMS, New Delhi. She is a lifetime member of Trained Nurses Association of India, Nursing Research Society of India, Indian Association of Neonatal Nurses and Indian Association of Preventive and Social medicine. She has participated as a coordinator, panelist and resource person at various National and International forums. She has authored several papers in both national and international publications.

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