International Journal of Trend in Scientific Research and Development (IJTSRD)
Volume 8 Issue 2, March-April 2024 Available Online: www.ijtsrd.com e-ISSN: 2456 – 6470

Assess the Knowledge and Perception of Risk Factors of Cardio Vascular Disease in Hypertensive Clients Attaining Medicine OPD of IMS & SUM Hospital

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ABSTRACT

Introduction: Hypertension is a major risk factor for cardiovascular disease worldwide and is one of the most important reasons to visit physician. In today's life people aims at a modern life style which consumes more time for economic growth of life and less time for self health care, this situation leads to several health problem like cardiovascular disease.[14]

Methods: To gather data for the interview method, a non-experimental survey research approach was used. 100 samples were chosen using a purposeful sampling strategy. The study was carried out at the IMS& SUM Hospital in BBSR, Odisha. ABCD risk questionnaire was used to assess a knowledge & perception of hypertensive clients coming to medicine OPD in the period of data collection.

Results: The study's conclusions showed that the mean level of knowledge of hypertensive client that is 47.5 with p value 0.023693 which is extremely significant at< 0.05 level of significant. The result of statistical analysis shows that there was significant association between knowledge & perception regarding cardiovascular disease with occupation, area of living, family type, duration of hypertension, family history, and duration of treatment at < 0.05 level of significant.

Conclusion: The study was concluded that the hypertension clients had good level of knowledge on risk of cardiovascular disease & they have the good perception regarding risk of cardiovascular disease.

KEYWORDS: *Knowledge, Perception, hypertension, cardiovascular disease, risk factor, hypertensive client*

How to cite this paper: Prajnya Elinar Digal | Dhanya V J | Sailendra Kumar Behuria | Himadri Prusty "Assess the Knowledge and Perception of Risk Factors of Cardio Vascular Disease in Hypertensive Clients Attaining Medicine OPD of IMS & SUM Hospital" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-8 | Issue-2, April 2024, pp.123-127, URL: www.ijtsrd.com/papers/ijtsrd64564.pdf

IJTSRD64564

INTRODUCTION

According to the estimates of the World Health Organisation (WHO), 9.4 million fatalities annually, or 16.5 percent of all deaths, are related to excessive blood pressure. The presence of many risk factors, particularly high blood pressure, cholesterol levels, smoking, inactivity, stress, and food, has an impact on the mortality from coronary heart disease (CHD). Up to 90% of fatalities have a risk factor related to the person's way of life[1].

Significantly alterable risk factors for both heart disease and mortality include hypertension. Cardiovascular disease (CVD) and mortality have been found to be reduced by the link between blood pressure and CVD management.[2] With regard to lowering heart disease-related mortality and morbidity, there is strong evidence that both primary and secondary prevention are capable of doing so.[3]

To make wise decisions that can lower a person's total cardiovascular risk, it is crucial to be aware of the risk factors for heart disease.[4] According to the Health Belief Model (HBM), a person must believe they are at risk for contracting an illness in order to be

motivated to alter their behaviours. Therefore, it's crucial to promote behaviour change towards improved health by having adequate knowledge and perception of risk. [1]

The prevalence of cardiovascular disease (CVD) has reached epidemic levels worldwide. All around the world, it is the main cause of sickness and mortality.[5]Life-threatening cardiovascular events like myocardial infarction and stroke happen suddenly and are frequently fatal, despite the disease's years-long aetiology.[6] Changes in risk variables can reduce clinical events and fatalities in patients with known cardiovascular disease (CVD) as well as in those who are at high risk due to one or more risk factors. The traditional CVD risk factors include smoking, hypertension, hyperlipidemia, being overweight, leading a sedentary lifestyle, and eating poorly.[7] Since each of these risk factors is changeable, preventing CVD is a goal that is within reach. The ability to effectively prevent CVD requires information, which is a crucial precondition. [8, 9]

Due to the fact that most of the risk factors for cardiovascular disease (CVD), including hypertension, dyslipidemia, diabetes, obesity, smoking, lack of physical activity, stress, unhealthy eating habits, and diabetes, are either preventable or controllable, CVD is one of the most preventable causes of death in the world.[9] Enhancing population-based preventative initiatives could lead to a large drop in CVD morbidity and death because social and environmental factors such as these are known to contribute to CHD and stroke.[10]

To modify people's health attitudes, behaviours, and lifestyle practises, it is essential that they have knowledge of CVD and its modifiable risk factors.[11] Knowledge advancement about the identification of heart attack and stroke symptoms will result in earlier presentation for medical therapy, which may enhance patient outcomes.[12] Since the majority of CVD risk factors are changeable, having a good understanding of them will help people take proactive steps to lower their risk.[13]

OBJECTIVES:-

1. To assess the knowledge of cardiovascular disease risk factor among hypertensive clients.
2. To assess the perception of cardiovascular disease risk factor among hypertensive clients.
3. To find out the association between knowledge and perception regarding risk factor to heart disease among hypertensive clients with selected demographic variable.

Materials and methods:

To gather data for the interview method, an approach to non-experimental survey research was adopted. To choose 100 samples, a purposeful sampling strategy was applied. The study was conducted in IMS& SUM Hospital, BBSR, Odisha. ABCD risk questionnaire was used to assess knowledge & perception of hypertensive clients coming to medicine OPD in the period of data collection. The different aspects of tools are: Main cause of cardiovascular disease, dietary pattern, Contraindicated diet, Sign & Symptom of cardiovascular disease, prevention of risk factor during Hypertension.

ABCD risk questionnaires consist of 3 scales:-

- Perceived risk of Heart Attack
- Assess the respondent‘s own risk
- Perception concerning their probability of developing a cardio- vascular disease

PERCEPTION:-

This tool consists of 10 questions based on perception regarding the risk factor of cardio-vascular diseases.

Results

Table - 1: Sample profile of study Population. N=100

Age of the hypertensive client	F	%	Area of living	F	%
30-40 years	57	57%	Urban area	56	56%
41-50 years	22	22%	Rural area	35	35%
51- 60 years	14	14%	Industrial area	9	9%
>60 years	7	7%	**Family type**		
Gender			Nuclear family	58	58%
Male	61	61%	Joint family	27	27%
Female	39	39%	Single	15	15%
Religion			**Duration of hypertension**		
Hindu	86	86%	More than 5 year	45	45%
Muslim	7	7%	6 month- 3 year	16	16%
Christian	7	7%	3-5 year	17	17%
Education			Less than 6 month	22	22%
Graduate	35	35%	**Family History**		
Secondary	33	33%	Yes	62	62%

Primary	22	22%	No	25	25%
Illiterate	10	10%	Confused	13	13%
Occupation			**Obtaining Information**		
Self employment	20	20%	Health worker	40	40%
Private	47	47%	News Paper	28	28%
Government	17	17%	Other Sources	32	32%
Non worker	16	16%			

Table - 2: Level of knowledge of hypertensive clients on different risk of cardiovascular disease

N=100

Level of knowledge	No. of hypertensive clients	Percentage
Good	63	63%
Average	29	29%
Poor	8	8%
Total	100	100%

Table -2 depicted that knowledge level on risk of cardiovascular disease 63% of client had good knowledge, 29% of clients had average knowledge, and 8% of clients had poor knowledge in their response.

Table - 3: Knowledge of hypertensive clients on risk factors of cardiovascular disease.

N=100

Knowledge level/score	Minimum score	Maximum score
Good (11-15)	0	15
Average (6-10)		
Bad (<6)		
Mean	47.5	

Table-3 revels that the mean value of knowledge level on cardiovascular disease was 47.5. Where the minimum score for the knowledge was 0 and maximum score was15.

Table-4: Perception of hypertensive clients on different risk factors of cardiovascular disease.

N=100

Perception	No of hypertensive clients	Percentage%
Strongly agree	22	22%
Agree	25	25%
Disagree	40	40%
Strongly disagree	13	13%
Total	**100**	**100%**

Table 4 depicted that perception regarding the risk factors of cardiovascular disease 22% of clients were selected strongly agree, 25% of clients were selected agree, 40% of clients were selected disagree & 13% of clients were select strongly disagree.

Table - 5: Association between the knowledge and perception of cardiovascular client with selected socio-demographic variables.

N=100

Sl. no	Demographic variable	Chi-square value	Degree-of freedom	P value	Inference
1	Age	7.7985	3	.050	Not significant
2	Gender	0.0737	1	.786	Not significant
3	Religion	5.4985	3	.063	Not significant
4	Education	18.2297	3	.000	**significant**
5	Occupation	18.5445	3	.000	**significant**
6	Area of living	12.641	2	.001	**significant**
7	Family type	7.2403	2	.026	**significant**
8	Duration of hypertension	9.4663	3	.023	**significant**
9	Family history	14.1331	2	.000	**significant**
10	Duration of treatment	9.0224	3	.028	**significant**
11	Information obtaining	1.4905	2	.474	Not significant

Discussion

The current study was done on all hypertensive clients coming to medicine OPD to access the knowledge and perception of cardiovascular disease risk factors. Total 100 hypertensive clients in OPD of IMS & SUM Hospital were taken as sample. ABCD risk questionnaire was used to assess knowledge & perception of hypertensive clients coming to medicine OPD in the period of data collection. The different aspects of tools are: Main cause of cardiovascular disease, dietary pattern, contraindicated diet, Sign & Symptom of cardiovascular disease, prevention of risk factor during Hypertension. The analysis of the study showed that the mean value of level of knowledge on risk of cardiovascular disease is 47.5.

From the present study the following findings are obtained: - Age: The majority 57% of hypertensive client were in between 30-40 years. Gender: The majority 61% of hypertensive clients were male. Religion: The majority 86% of hypertensive clients were Hindu. Education: The majority 35% of hypertensive client were Graduate. Occupation: The majority 47% hypertensive clients were private employ. Area of Living: The majority 56% hypertensive clients were living in urban area. Family type: The majority 58% hypertensive clients were living in nuclear family. Duration of hypertension: The majority 45% hypertensive clients were more than 5 year. Family History: The majority 62% of hypertensive client family members were affected in hypertension. Duration of treatment: The majority 36% hypertensive clients had taking treatment more than 5 year. Information obtaining: The majority 40% of hypertensive client were obtaining information regarding HTN from health worker. The knowledge level of hypertensive clients on risk of cardiovascular disease were Good knowledge 63%, Average knowledge 29% and poor knowledge 8%.The mean value of knowledge level on cardiovascular disease was 47.5.

Conclusion

The study was concluded that the hypertension clients had good knowledge level on risk of cardiovascular disease & they have the good perception regarding risk of cardiovascular disease.

Funding: None

Ethical statement: Taken from Institutional Ethics Committee, SUM Nursing College, SOA University, Bhubaneswar

Conflict of interest: Nil

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