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A Study To Assess The Knowledge On Dash Diet Among Hypertensive Patients In A Selected Village Kanchipuram District Tamilnadu

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ABSTRACT

DASH stands for Dietary Approaches to Stop Hypertension. The DASH diet is a lifelong approach to healthy eating that's designed to help treat or prevent hypertension. The DASH diet encourages to reduce the sodium in diet and eat a variety of foods rich in nutrients that helps in lower blood pressure, such as potassium, calcium and magnesium. The objectives of this study is to assess the knowledge regarding DASH diet among hypertensive patients in rural population and to findout the association between knowledge on DASH diet with selected demographic variables . The sampling technique was purposive sample technique with sample size of 40 participants between the age group of 30-60 years. Self structured tool was used for data collection and it was validated by nursing and medical experts. Structured interview schedule were used to assess the knowledge on DASH diet.. The collected data was tabulated and analyzed by using Descriptive statistics. The study shown that 40% had adequate knowledge, 55% had moderately knowledge and 5% had inadequate knowledge. There is no significant association between the level of knowledge with selected demographic variables participants.

KEY WORDS: Assess, Knowledge, DASH diet, Hypertension.

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INTRODUCTION

“Stable blood pressure for steady health”

“Hypertension defined as a persistent elevation of the systolic blood pressure at a level of 140mm Hg or higher and diastolic blood pressure at a level 90 mmHg or higher” Cardio Vascular Disease(CVD) is a leading cause of mortality and is responsible for one third of all global deaths. Nearly 85% of the global mortality and disease burden from CVD borne by low and middle income countries. In India approximately 53% of CVD deaths are in people younger than 70 years of age. In China the corresponding figure is 35%. The majority of the estimated 32 million heart attacks and strokes that occur every year are caused by one or more cardiovascular risk factors – Hypertension, diabetes, smoking, high levels of blood lipids and physical inactivity.¹

The seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure recommends that lifestyle modifications should be the initial treatment strategy for lowering blood pressure. In addition to advocating weight reduction, physical activity, dietary sodium reduction, and moderation of alcohol consumption, as recommended by earlier guidelines endorses the DASH diet for patients with elevated BP. Evidence supporting the efficacy of this diet comes primarily from the DASH feeding trials, in which a diet high in low-fat dairy products, fruits, and vegetables; lower in fats; and rich in fiber significantly lowered clinic-measured BP with or without sodium reduction.²

High blood pressure (BP) is ranked as the third most important risk factor for attributable burden of disease in south Asia Lim SS, Vos T, Flaxman AD, Danaei G, Shibuya K, Adair-Rohani H, et al. stated that Hypertension exerts a substantial public health burden on cardiovascular health status and healthcare systems in India. High blood pressure is directly responsible for 57% of all stroke deaths and 24% of all coronary heart disease (CHD) deaths in India . The WHO rates Hypertension as one of the most important causes of premature death worldwide, in a systematic analysis of population health data for attributable deaths and attributable disease burden, has ranked hypertension in south Asia as second.³

NEED FOR THE STUDY

In an analysis of worldwide data for the global burden of Hypertension by Kearney PM, Whelton M, Reynolds K, Muntner P, Whelton PK, He J, 20.6% of Indian men and 20.9% of Indian women were suffering from Hypertension in 2005. The rates for Hypertension in percentage are projected to go up to 22.9 and 23.6 for Indian men and women, respectively by 2025. Recent studies from India have shown the prevalence of Hypertension to be 25% in urban and 10% in rural people in India [4,8–10]. per the World Health Statistics 2012, of the estimated 57 million global deaths in 2008, 36 million (63%) were due to Non-Communicable Diseases (NCD). The largest proportion of

NCD deaths is caused by, raised blood pressure 13%. Hypertension is reported to be the fourth contributor to premature death in developed countries and the seventh in developing countries. Recent reports indicate that nearly 1 billion adults (more than a quarter of the world's population) had hypertension in 2000, and this is predicted to increase to 1.56 billion by 2025. Earlier reports also suggest that the prevalence of hypertension is rapidly increasing in developing countries.⁴

"One in three Indian adults has high blood pressure" The Global Burden of Diseases; Chronic Disease Risk Factors Collaborating Group has reported 35-year (1980-2005) trends in mean levels of body mass index (BMI), systolic BP and cholesterol in 199 high-income, middle-income and low-income countries. Mean systolic BP declined in high and middle-income countries but increased in low-income countries and is now more than in high-income countries. The India specific data are similar to the overall trends in low-income countries. The prevalence of hypertension in the late nineties and early twentieth century varied among different studies in India, ranging from 2-15% in Urban India and 2-8% in Rural India.⁵

OBJECTIVES OF THE STUDY

- ◆ To assess the knowledge on DASH diet among hypertensive patients
- ◆ To find out the association between knowledge on DASH diet with selected demographic variables.

OPERATIONAL DEFINITIONS

Assess: It is refer that organized systematic and continues process of collecting data

Knowledge: The understanding ability of people living in rural areas on dash diet as obtained by using structured interview schedule.

DASH diet: Dietary Approaches to Stop Hypertension are a dietary pattern promoted by the U.S.-based National Heart, Lung, and Blood Institute to prevent and control hypertension. **Hypertension:** Hypertension defined as a persistent elevation of the systolic blood pressure (SBP) at a level of 140mm Hg or higher and diastolic blood pressure (DBP) at a level 90 mmHg or higher"

METHODOLOGY

Research approach: Quantitative Descriptive Research Approach

Research design: Descriptive Research Design

Research setting: The research was conducted in pooncheri village, kanchipuram district, Tamil Nadu.

Population: The accessible population in the present study will be adult of age group30-60 years residing at pooncheri.

Sampling criteria:

Inclusion criteria

- Who are willing to participate in the study.
- Who are diagnosed as hypertension

Exclusion criteria

- Who are not available at the time of study.
- Who cannot understand and speak Tamil.

Sample size: The sample size was 50 hypertensive patients from pooncherry

Sampling technique: Purposive sampling technique was used for data collection.

Data collection method: Structure interview technique was used to collect data between 9 am to 1 pm depending upon the availability of the sample for the duration of 1 week.

Data analysis: Descriptive statistics like frequency distribution, percentage, mean and chi-square test was used to analyze the data.

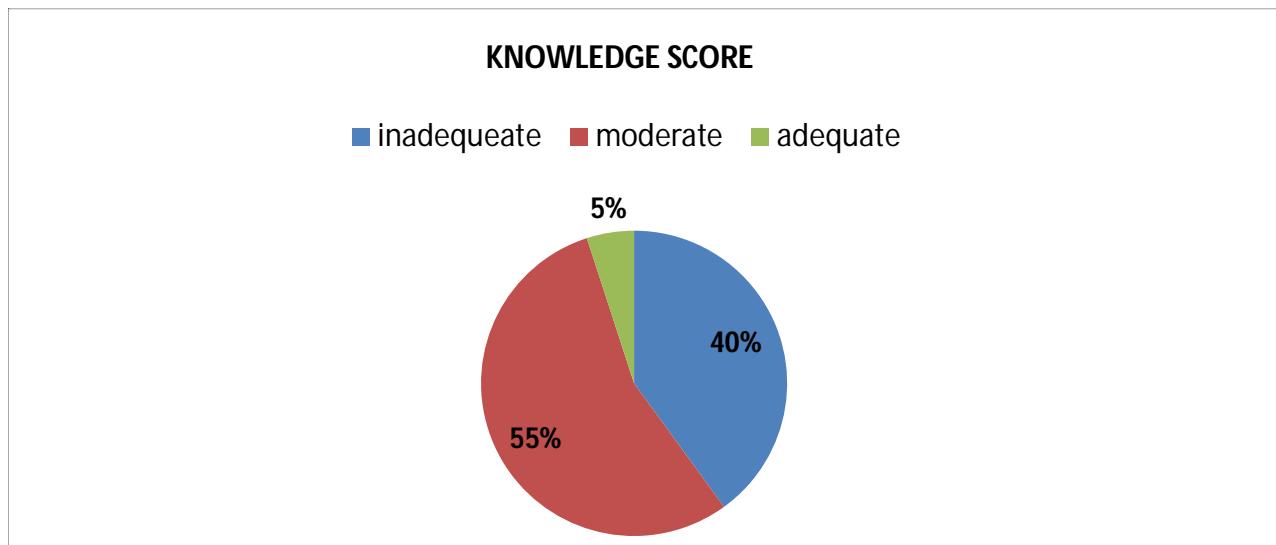


Figure:1 Distribution of Knowledge on DASH diet among hypertensive patients

RESULTS AND DISCUSSION

The collected study was tabulated and analyzed. In that population 20 (40%) had adequate knowledge, 27 (55%) had moderate knowledge and 3 (5%) had inadequate knowledge. Majority of the people are 30(75%) with in the age group of 40-65 years. Majority of people are 29(73%) were male. Majority of people are 17(43%) were illiterate. Majority of people are 23(58%) had family history of hypertension. Majority of people are 37(93%) were more than 10 period of hypertension. Majority of people are 37(93%) were taking non vegetarian

CONCLUSION

This study shows people have less knowledge on DASH diet for hypertension. This study can be used by the health care personnel as a guidance for their research and as routine in the patient care to increase the awareness of DASH diet among public.

ETHICAL CLEARANCE: OBTAINED

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