REVIEW OF LITERATURE

Roccella EJ (1998), Schmeiser-Rieder A, (2000), Chockalingam A, (1998) carried out the assessment of clinical BP data study results shows the important to have access to patients’ clinical BP data so that the relationship between their perception of factors, such as BP control and initial clinical BP can be measured and evaluated in the context of their clinical values.

JNC VI (1997) Reported that the Improvement in recognition of the importance of systolic blood pressure (SBP) has been identified as one of the major public health and medical challenges in the prevention and treatment of hypertension. SBP is a strong independent risk factor for cardiovascular disease but no information is available on whether patients understand the importance of their SBP level.

Hansson L, (1998). Studied that in the United States most of the cases of uncontrolled hypertension were related to mild systolic hypertension

Grueninger J,(1995) was studied regarding the knowledge and awareness of BP plays an important role in one’s ability to successfully control hypertension. An earlier study by the same author showed an association between hypertension knowledge and compliance in hypertensive patients.

Balazovjech I, (1993). Recently it is the lack of knowledge of target systolic hypertension (systolic blood pressure) levels which was shown to be an independent predictor of poor BP control.

Moscal L, (2005) concluded in there study the Implementation of guidelines in diagnosis, treatment and prevention of non-communicable diseases is dependent on KAP of physicians involved in health and treatment sector. It was found that hypertension is one of the risk factors in cardiovascular diseases.

Viera AJ, (2008) in there work barrier in diagnosis and control of hypertension is the lack of knowledge and awareness about various aspects of hypertension. In addition, there are several
reasons for uncontrolled hypertension including undiagnosed hypertension, inappropriate or insufficient medication and wrong combination of drugs.

Khosravi AR, (2006) was found in the study wrong combination of drugs. It is indicated that hypertensive patients had adequate general knowledge and awareness about hypertension but they did not have comprehensive understanding of their condition. For example, they did not understand the importance of systolic blood pressure (SBP) control and did not care about regular blood pressure (BP) measurement which suggested that an educational and interventional program for hypertensive patients is necessary.

Svetkey LP (2005) studied the effects of comprehensive lifestyle modification on BP control conducted on 810 participants, were randomized to the advice only group, the established group (Consisting of weight loss, increased physical activity and reduced Na and alcohol intake) or established plus dietary approaches to stop hypertension DASH diet (consisting of established intervention in addition to the DASH dietary pattern). The primary outcome was change in systolic BP at 6 months. Net of advice only, mean systolic BP declined by 3.7 mm Hg for members of the established group (p<0.001) and 4.3 mm Hg for the established plus (p<0.001). The prevalence of hypertension decreased from a baseline of 38% to 17%. In the established group (p=0.01) and the 12% in the established plus DASH group (p=0.01) and to 12% in the established plus DASH group (p<0.001) compared with decrease in the advice only group.

Melinda Sue darling, (2009) a study conducted to determine the effectiveness of exercise intervention on 203 sedentary untreated patients with stage or 2 essential hypertension at Ishitawaka-Takata in year 2003. The participants were selected on the same selection criteria and divided in to five groups based on frequency and duration of exercise includes 30-60min/week, 61-90min/week, 91-120min/week and >120min/week. Except control group, all experimental group showed significant decrease in systolic and diastolic BP. This result demonstrated that minimal physical activity might decrease BP in adjusting adding beneficial amount of exercise more feasible for sedentary hypertensive patients.
Saounatsu M (2001), WHO was studied the in Patients need to be equipped to make informed decisions about their health since lack of pertinent health-related information can lead to poor adherence to therapy. It is also important for patients to appreciate the reasons for adhering to medicinal therapy as well as non-medicinal therapy. Patient education programmes can be used to raise patients’ awareness of the role played by both medicinal and non-medicinal therapy to maintain their health.

Ana Carolina Melchiors etal (2010) studied the validity of questionnaire described the quality of life profile of hypertensive patients and to assess the concurrent validity of the Minichal-Brazil instrument by comparing it to the generic World Health Organization’s (WHO) assessment instrument known as WHOQOL-BREF. A total of 191 adult patients (72.8% females) with hypertension were interviewed. Approximately one third of these patients had their hypertension controlled. The mean HRQOL as measured by the total Minichal score was 69.7 (SD = 19.2; 95%CI from 66.9 to 72.4); the “mental status” domain and “somatic manifestations” domain scores were 69.1 (95%CI from 66.1 to 72.2) and 69.9 (95%CI from 66.5 to 73.2) respectively. The means for the WHOQOL-BREF instrument were: in the “physical” domain = 61.5 (95%CI from 59.0 to 64.1); in the “psychological” domain = 65.7 (95%CI from 63.2 to 68.2); in the “social” domain = 72.3 (95%CI from 70.0 to 74.5); and in the “environment” domain = 59.7 (95%CI from 57.7 to 61.7). Minichal significantly correlated (p<0.001) with WHOQOL-BREF as regards all its domains except for the “environment” domain which did not correlate with the “somatic manifestations” domain. They concluded that Minichal-Brazil proved to be a useful tool in the assessment of HRQOL in hypertensive patients.

Lima-Costa, (2003), Brasil (2006). was carried out the study on the impact that disease has on quality of life should be assessed and monitored regularly this can be achieved through surveys that include measurements of functional capacity and wellbeing.