

Research Article

Knowledge of disease condition and medications among hypertension patients in Lesotho



Eltony Mugomeri, MTech^{a,*}, Maseabata V. Ramathebane, MPharm^a, Lineo Maja, MPharm^a, Peter Chatanga, MSc^b, and Lipalesa Moletsane, BA^a

^aFaculty of Health Sciences, Department of Pharmacy, National University of Lesotho, Maseru, Lesotho; and

^bFaculty of Science and Technology, Department of Biology, National University of Lesotho, Maseru, Lesotho

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Abstract

This study evaluated the levels of knowledge of hypertension and the associated medications among hypertension patients in Lesotho and assessed the significance of these indicators on hypertension treatment outcomes. About 81% (n = 212) of the patients had hypertension monocondition while the remaining had multiple chronic conditions. Seventy-six percent of the patients had uncontrolled hypertension. Nearly 36% had inadequate knowledge about hypertension while 44% had inadequate knowledge about their medicines. In total, 52.4% of the patients defaulted appointment dates while 64.6% failed to take their medications as prescribed at least once. Inadequate knowledge of antihypertensive medicines was significantly associated ($P = .028$) with having uncontrolled hypertension. Inadequate knowledge of antihypertensive medicines is an important determinant of uncontrolled hypertension. Improving the knowledge of hypertension and the associated medications is an important intervention required in this population. *J Am Soc Hypertens* 2016;10(1):41–46. © 2016 American Society of Hypertension. All rights reserved.

Keywords: Health literacy; Lesotho; non-communicable disease; uncontrolled hypertension.

Introduction

Noncommunicable diseases (NCDs) are among the leading causes of morbidity, disability, and mortality in the world despite public health efforts to improve the detection and management of these diseases.¹ Limited resources in developing countries such as Lesotho hampers the control of non-communicable diseases.² Lesotho is a small landlocked country completely surrounded by South Africa. The high burden of human immunodeficiency virus (HIV) and *Mycobacterium tuberculosis* infections consumes a significant proportion of the already strained health budget in Lesotho leaving insufficient resources to tackle NCDs such as hypertension.

Hypertension is an important public health problem with a world prevalence of 26.4% among adults.³ However, most people with hypertension are not aware of their condition. For instance, in Namibia and Kenya, only 3% and 6% of those with hypertension were found to be aware of their condition, respectively.⁴ Hypertension ranks among the top causes of morbidity and mortality among adults in Lesotho.⁵ In addition, the condition is the third most common cause of hospital visits and admissions in the country.⁶ Available data show that the prevalence of hypertension in the country is estimated at 40.7% and 26.8% in the 45–49 and 40–44 age groups, respectively.⁷

Most patients diagnosed with hypertension in Lesotho have uncontrolled condition. According to Thinyane et al,⁶ about 75.6% of the hypertensive patients in Lesotho have uncontrolled hypertension. Clinical practice guidelines for the management of hypertension recommend initial monotherapy regimen with a change in therapy when blood pressure (BP) targets are not met.⁸ However, poor adherence to these guidelines in Lesotho may be contributing to uncontrolled hypertension. Knowledge of the disease and medications have also been implicated as

Conflict of interest: All authors declare that they have no conflict of interest.

*Corresponding author: Eltony Mugomeri, MTech, Faculty of Health Sciences, Department of Pharmacy, National University of Lesotho, Roma Campus, P.O. Roma 180, Maseru, Lesotho. Tel: +266 58500112; fax: +266 22340000.

E-mail: emugomeri@yahoo.com

a major cause of poor treatment outcomes of chronic NCDs,¹ including hypertension.

Health literacy is an important determinant of treatment outcomes in patients suffering from chronic NCDs⁹ such as hypertension. Adequate basic health literacy influences ability to apply literacy skills to lifestyle modifications and health-related materials such as prescriptions, appointment cards, and medicine labels. Williams et al¹⁰ present low-literacy levels among patients with chronic NCDs as a major barrier in educating them about their disease condition and medication. The same study notes that inadequate health literacy increases the cost of health care through inappropriate use of medicines. Notwithstanding the high-literacy level of 82%,¹¹ Lesotho may have low levels of health literacy. Nutbeam⁹ considers improving health literacy as an important public health goal in developing countries and summarizes the functional health model as shown in Figure 1. The model is particularly important in developing countries such as Lesotho where health literacy levels are generally low.

The most cost-effective intervention against NCDs such as hypertension is health literacy awareness campaigns which promote lifestyle modification.¹² Improved health literacy leads to better self-management competencies in hypertension patients. Deakin et al¹³ emphasize that improving eating habits and exercising are the most critical lifestyle modifications in hypertension patients. Sacco et al² highlight that community health workers can play an important role in promoting health literacy in developing countries.

Very little is known about the level of health literacy among patients on hypertension treatment in Lesotho. Therefore, this study evaluated the levels of knowledge of disease condition and medications among hypertension patients in Lesotho and assessed the significance of these two indicators on treatment outcomes of the condition.

Methods

Study Setting

Lesotho is a small landlocked mountainous country of about 1.8 million people which is completely surrounded

by South Africa.¹⁴ The country is divided into 10 administrative districts with the capital city, Maseru, in Maseru district. Each district has, in addition to clinics, at least one district hospital which serves as a referral center for the diagnosis and treatment of diseases. This study was conducted in all the ten districts of Lesotho. Each hospital or clinic has one specific day in a month for checkup of hypertension patients.

Data Collection

Data were collected between November 2014 and January 2015 on hypertension checkup days for each hospital or clinic. The study included patients who had been on hypertension treatment for at least six months in 9 district hospitals and 19 clinics in the country. The study purposively sampled all the hypertension patients who visited the hospital or clinic on the hypertension appointment day and were willing to participate in the study. For each hospital or clinic, sampling was done once on the hypertension checkup day within the period of data collection. Data were collected from 345 patients who had hypertension.

Using a data collection form, six-month retrospective data including medical history and BP measurements were collected from the medical records. At each hospital or clinic, primary care physicians and nurses were interviewed briefly on the protocol of BP measurement. According to the primary care physicians and nurses, BP values in the medical records were measured by qualified nurses using electronic sphygmomanometers. However, the aneroid sphygmomanometers were used when the electronic machines were not working.

Before taking the measurements, patients were advised to sit quietly in a relaxed position and rest for about 5 minutes with legs uncrossed and the right arm free of clothes. The patient's right arm was then placed on a table with the palm facing upward. The appropriate cuff size was selected and the BP was measured in a sitting position with the arm at the same level with the heart. The artery position mark on the cuff was aligned with the brachial artery and the cuff wrapped securely. The systolic and diastolic BP readings were then recorded. A second reading was taken to confirm

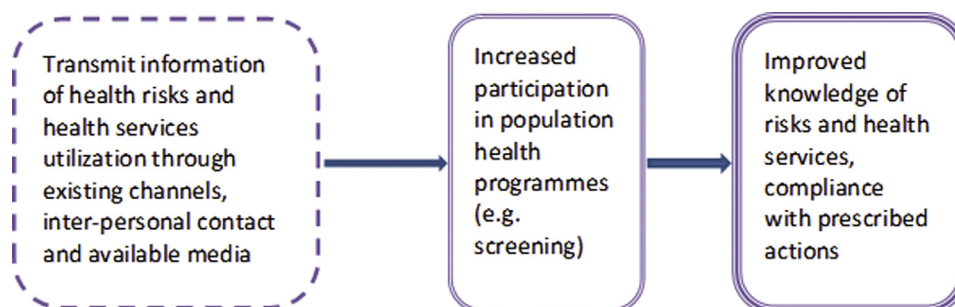


Figure 1. Functional health literacy model. Adapted from Nutbeam.⁹

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