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ORIGINAL

Knowledge and adherence to treatment for arterial hypertension in men aged 30-60 years enrolled in a Health Center between July and December 2021

Conocimiento y adhesión al tratamiento para Hipertensión arterial en hombres con edades entre 30 y 60 años adscritos a un Centro de Salud entre julio y diciembre de 2021

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ABSTRACT

Official figures from the Pan American Health Organization and the Ministry of Health of Argentina in 2017 showed that one in three adults had high blood pressure in line with global figures.

Arterial hypertension (AHT) represents a major health problem due to the high prevalence of the disease and the poor control of treatment where Nursing is a main role in the reversal of this problem.

Therefore, a descriptive cross-sectional study was carried out with the aim of addressing the knowledge and adherence to treatment for hypertension in men aged 30 to 60 years old enrolled in a Health Center in the city of Rosario between July and December 2021. The study population consisted of 40 hypertensive men with a firm diagnosis of hypertension, prescription of pharmacological treatment and active attendance at the center during the study period. The survey technique was applied using a questionnaire of 16 multiple-choice questions with some open-ended questions in which a brief justification for the answers was requested.

The patients revealed to know their disease although there was a group that expressed not knowing the symptomatology. There was also little awareness of the risk that age represents in the evolution of the disease and the presentation of complications. Adherence to treatment in terms of compliance with taking medication at the prescribed time was low and patients justified this by forgetfulness, lack of time and the decision of not believing it necessary to take the medication when they feel well. Only a minority of patients performed the usual prescribed blood pressure controls, but the results on the adoption of a healthy diet and the reduction of salt consumption were acceptable.

Compliance with prescribed physical activity was low. Knowledge and adherence to treatment were deficient and corresponded to international figures.

Keywords: knowledge of and adherence to treatment; arterial hypertension; adult men.

RESUMEN

Las cifras oficiales de la Organización Panamericana de la Salud y el Ministerio de Salud de Argentina en 2017 mostraron que uno de cada tres adultos presentaba presión arterial elevada en consonancia con cifras globales.

La Hipertensión arterial (HTA) representa un problema de salud importante por la elevada prevalencia de la enfermedad y el escaso control del tratamiento en donde Enfermería es un rol principal en la reversión de esta problemática.

Por ello, se realizó un estudio descriptivo de corte transversal con el objetivo de abordar el conocimiento y la adhesión al tratamiento para Hipertensión arterial en hombres con edades entre 30 y 60 años adscriptos a un Centro de Salud de la ciudad de Rosario entre julio y diciembre de 2021. La población en estudio estuvo integrada por 40 hombres hipertensos adscriptos con diagnóstico firme de HTA, prescripción de tratamiento farmacológico y que fueron concurrentes activos al Centro durante el período de realización del estudio. Se aplicó la técnica de la encuesta utilizando un cuestionario de 16 preguntas de opción múltiple con algunas de respuesta abierta donde se pidió un breve fundamento de lo respondido.

Los pacientes revelaron conocer su enfermedad aunque hubo un grupo que expresó no conocer la sintomatología. También se encontró poca concientización sobre el riesgo que representa la edad en la evolución de la enfermedad y la presentación de complicaciones. La adhesión al tratamiento en el cumplimiento de la toma de medicación en el horario prescripto fue bajo y los pacientes se justificaron con olvido, falta de tiempo y la decisión de no creer necesaria la toma cuando se sienten bien. Fue minoría la cantidad de pacientes que realizan los controles habituales de tensión arterial prescriptos pero fue bueno el resultado sobre la adopción de una dieta saludable y aceptable sobre la reducción del consumo de sal. El cumplimiento de actividad física prescripta fue bajo. El conocimiento y la adhesión al tratamiento fueron deficitarios y se correspondieron con cifras internacionales.

Palabras clave: conocimiento y adhesión al tratamiento; hipertensión arterial; hombres adultos.

INTRODUCTION

High blood pressure (HBP) is one of the biggest challenges for public health worldwide. It is a silent disease, asymptomatic for the most part, which can progress undetected for years. Its impact on vital organs, such as the heart, kidneys, and brain, makes it a critical risk factor for serious conditions such as cardiovascular disease, stroke, and kidney disease. According to the World Health Organization, hypertension affects approximately 41% of adults over the age of 35 globally, although its prevalence varies between regions and socioeconomic contexts. In Argentina, it is estimated that more than 50% of the adult population suffers from hypertension, with effective control rates barely reaching 18%.

Hypertension represents a medical threat and a social and economic challenge. The costs associated with treatment and complications significantly impact healthcare systems and patients' quality of life. In addition, its relationship with modifiable risk factors, such as excessive salt consumption, a sedentary lifestyle, being overweight, and smoking, raises the need to address this problem from a preventive and multidisciplinary approach.

In this context, knowledge of and adherence to treatment plays a crucial role in managing hypertension. The lack of adequate information about the disease and its risks, combined with low levels of treatment compliance, contributes to low effectiveness in blood pressure control. This is particularly relevant in specific populations, such as working-age men, who face additional barriers related to long working hours and limited access to health services.

The present study focuses on analyzing the knowledge and adherence to treatment in hypertensive men between the ages of 30 and 60 who attend a health center in Rosario, Argentina. Given the high prevalence of HBP and the importance of promoting healthy habits at this stage of life, this age group represents a key stage for the prevention of chronic complications. The results obtained will enable the design of educational and healthcare interventions adapted to the specific needs of this population to improve control indicators and prevent future complications.

The health center where the research was carried out plays a fundamental role in the community, offering comprehensive primary care services. This space is not only dedicated to preventing and treating diseases but also acts as a point of reference for promoting healthy lifestyles. However, the area's socioeconomic context, characterized by the coexistence of formal housing and precarious settlements, poses additional challenges for implementing effective strategies.

The relevance of this study lies in its ability to provide detailed information on the barriers and facilitators that influence the management of AHT in middle-aged men. By identifying the factors that limit knowledge of and treatment adherence, it will be possible to design more effective programs that address not only the medical needs but also the socioeconomic and cultural needs of this population. In addition, the role of healthcare personnel, particularly nurses, is essential in educating, monitoring, and supporting patients, promoting a comprehensive and sustainable approach to the control of HTN.

Hypertension is a multifaceted problem that requires an equally diverse and coordinated approach. This study seeks to provide a solid basis for informed decision-making in the design of public health policies, and strategies focused on improving the quality of life of hypertensive patients and reducing the impact of this disease on the community.

What was the level of knowledge of and adherence to treatment for arterial hypertension in men aged between 30 and 60 registered at a health center between July and December 2021?

General objective

To describe the level of knowledge of and adherence to treatment for arterial hypertension in men aged between 30 and 60 registered at a health center between July and December 2021.

METHODS

Type of study/Design

The present research was a non-experimental, cross-sectional study. The depth and perspective were descriptive to address knowledge of and adherence to treatment for arterial hypertension in men aged between 30 and 60 registered at a Health Center between July and December 2021.

Area of Study

The Health Center is located in the Southwest District of Rosario. It began operating in November 1985, focusing on the neighborhood needs of an area that has grown enormously over the years. It has areas with material housing that have all the services and areas with irregular settlements of precarious housing.

The main economic activity in the neighborhood is represented by some metallurgical factories, distributors, workshops, and warehouses; the inhabitants have activities linked to construction, blacksmithing, domestic work, loading and unloading trucks, carpentry, and scavenging. As for means of transport, there are several urban bus lines, and many residents have their means of transportation. The streets are paved, and the Health Center is easily accessible.

The Health Center provides disease prevention, monitoring of chronic diseases, medical care for pregnant women and children, outpatient hospitalization with referral to reference hospitals, laboratory, dentistry, social assistance, vaccination, and mental health services, among others. In addition, it has an administration area, a pharmacy, a nursing office, a dentistry office, five pediatric offices, an obstetrics and gynecology office, a general medicine office, a psychology office, and a psychiatry office. There is also an area for dressings, a laboratory, a vaccination area, and a fever clinic for COVID-19 care. Recently, admissions have increased due to the loss of formal work and social security benefits that some residents experienced during the last pandemic.

The team comprises professionals from administration, general medicine, dentistry, obstetrics and gynecology, pediatrics, nursing, psychology, psychiatry, social work, pharmacy, general services, and health workers.

Participants

The study population consisted of 40 hypertensive men who attended the Health Center and had their medical records there. The Center's pharmacy records helped identify patients taking antihypertensive medication in the first place.

The inclusion criteria were that they were aged between 30 and 60 (inclusive), that they had a firm diagnosis of HBP with a medical prescription for pharmacological treatment, and that they were active attendees at the Center during the study period (July to December 2021). The exclusion criteria were that the patients did not agree to participate or did not complete the informed consent form.

Techniques and instruments

To gather the information necessary to carry out the present study, a survey technique was applied using a questionnaire of 16 multiple-choice questions with some open-ended questions where a brief justification of the answer was requested. The researcher administered the questionnaires in person, and the activity did not take more than 15 minutes. The invitation to participate in the study and the communication about the questionnaire was carried out, in some cases in the health center and, in others, by home visit.

Ethical considerations

All participants who met the inclusion and exclusion criteria and completed the Informed Consent document were guaranteed voluntary and informed participation. Patients were invited personally, and the anonymity of their participation, the confidentiality of the data provided, and the exclusive use of the data were guaranteed.

RESULTS

According to the data collected by the instrument, all 40 male hypertensive patients aged between 30 and 60 years assigned to the Health Center said they knew what HBP was. However, 1 in 5 patients said they did not know the symptoms. This age range corresponds to that indicated by Sanchez-Monge (2020) as the period of onset of the disease and health education is necessary to improve knowledge of HBP as recommended by SAHA (2018).

Table N° 1: Knowledge of the symptoms of arterial hypertension in male hypertensive patients aged between 30 and 60 years registered at the Health Center.

Knowledge of the symptoms	No. of patients	Percentage of patients
Knows	32	80
Does not know	8	20
Total	40	100

Source: survey data.

The hypertensive patients surveyed have an 87.5% prevalence of family history of HBP; however, only half of the patients knew that this history is a risk factor for their disease and the statement by Madrid Blanco Jiménez (2017) is corroborated that patients' knowledge of HBP and cardiovascular risk remains low.

Table N° 2: Knowledge of family history of hypertension as a risk factor in male hypertensive patients aged between 30 and 60 years registered at the Health Center.

Knowledge of family history as a risk factor	No. of patients	Percentage of patients
Knows	20	50.0
Does not know	10	25.0
Does not know	10	25.0
Total	40	100

Source: Survey data.

About whether age is a risk factor, a minority considered that it is, that the possibility of falling ill increases with time, and that with aging, more health complications appear. In contrast, the majority did not consider it risky and argued that the disease can occur at any stage of life regardless of age.

In this regard, Sanchez-Monge (2020) warned about this characteristic of HBP as a silent disease because it is generally asymptomatic, with a slow progression that causes significant damage that manifests itself several years after its onset. On the other hand, Delucchi et al. (2017) demonstrated the prevalence of arterial hypertension in 5,931 individuals in men, with an increase in this prevalence in both sexes as age advances.

Table N° 3: Knowledge of age as a risk factor in male hypertensive patients aged between 30 and 60 years registered at the Health Center.

Knowledge of age as a risk factor	No. of patients	Percentage of patients
YES	17	42.5
NO	23	57.5
Total	40	100

Source: survey data.

It was also revealed that less than half of the patients know they will have to undergo complete annual disease checks. Although non-invasive methods easily identify HBP, the worldwide prevalence of hypertension in adults over 35 is 41%, where those who are aware of the disease and its need for control barely reach half of the cases (Gómez et al., 2019). According to RENATA-2, the prevalence of high blood pressure in the adult population is 36.3%, with one in four people (24.2%) having the disease under control, hence the seriousness of the problem (Delucchi & Obregón, 2017).

Table N° 4: Awareness of the need for complete annual periodic checks of hypertension in male hypertensive patients aged between 30 and 60 years registered at the Health Center.

Knowledge of the need for complete annual periodic checks	No. of patients	Percentage of patients
YES	17	42.5
NO	23	57.5
Total	40	100

Source: survey data.

The provision of medication for these patients comes from the health center, except for those who collect it from the hospital after referral from their family doctor.

Table N° 5: Provision of medication for male hypertensive patients aged between 30 and 60 years registered at the Health Center.

Provision of medication by the health center	No. of patients	Percentage of patients
YES	37	92.5
SOMETIMES	3	7.5
Total	40	100

Source: survey data.

The surveyed population showed a very low level of treatment compliance in taking medication on time according to medical prescription, and almost half comply with it only sometimes, coinciding with the findings of Gómez et al. (2019), who expressed low adherence to drug therapy and lifestyle changes that would be associated with the availability of and access to health services, biases in the training of healthcare teams and patients' lack of awareness of their illness.

Some patients justified not following the schedule by forgetting, having a double job, spending many hours away from home, and believing that it was not necessary to take the medication because they felt well. The patients revealed that when they feel a symptom appear, they take some measures such as going to the health center to have their blood pressure taken, taking the medication prescribed by the doctor, or going on bed rest. Fernández et al. (2010) argue that the nurse's role is vital in advising and monitoring the patient in pharmacological therapeutic compliance and achieving control objectives.

Table N° 6: Taking medication at the prescribed time in male hypertensive patients aged between 30 and 60 years registered at the Health Center.

Taking medication on time	No. of patients	Percentage of patients
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YES	17	42.5
NO	4	10.0
SOMETIMES	19	47.5
Total	40	100

Source: survey data.

Regarding the usual blood pressure checks the doctor prescribes, 13 patients (32.5%) surveyed said they perform them correctly, while 10 do not comply and 17 comply only sometimes. When asked why they do not perform the checks or only do so sometimes, only 12 patients responded. The value of compliance is corroborated by Gómez et al. (2019), who state that it has been shown globally that only 1 in 3 patients treated pharmacologically has reasonable control of the disease, coinciding with studies by Williams et al. (2019) who state that blood pressure control is far from satisfactory. The reasons given were being unable to get an appointment with their family doctor and not attending the appointment with the professional because they forgot or to avoid missing work. Fernández et al. (2010) highlight the need for the involvement of nurses as a vital healthcare role in the detection of risk factors for hypertension and the control and monitoring of the evolution of blood pressure values, promoting and using all available methods: measurement in the doctor's office, self-measurement and ambulatory blood pressure monitoring.

Table N° 7: Usual blood pressure checks prescribed by doctors for male hypertensive patients aged between 30 and 60 registered at the Health Center.

Compliance with the usual controls	No. of patients	Percentage of patients
YES	13	32.5
NO	10	25
SOMETIMES	17	42.5
Total	40	100%

Source: survey data.

Regarding the physical activity they do, 11 patients say they do activities such as cycling to work, walking, playing soccer, going to the gym or doing yoga; while 17 do not do any physical activity and 12 only do it sometimes. Sanchez-Monge (2020) is emphatic in pointing out the link between the evolution of the disease and less healthy lifestyles such as cigarette smoking, alcohol consumption, a sedentary lifestyle, an unhealthy diet, and stress.

Table N° 8: Daily physical activity of male hypertensive patients aged between 30 and 60 years registered at the Health Center.

Daily physical activity	No. of patients	Percentage of patients
YES	11	27.5
NO	17	42.5
SOMETIMES	12	30
Total	40	100%

Source: survey data.

As part of the prescribed treatment, only 25 patients (62.5%) have reduced their salt intake, a figure far removed from the reductions in salt consumption in Argentina (17 to 25%) described in official documents (PAHO, 2015; Ministry of Health of Argentina, 2015; and PAHO, 2017).

Table N° 9: Reduction in salt consumption in male hypertensive patients aged between 30 and 60 years registered at the Health Center.

Reduction in salt consumption	No. of patients	Percentage of patients
YES	25	62.5
NO	15	37.5
Total	40	100%

Source: survey data.

Table N° 10: Adoption of a healthy diet in male hypertensive patients aged between 30 and 60 years registered at the Health Center.

Adoption of a healthy diet	No. of patients	Percentage of patients
YES	28	70
NO	4	10
SOMETIMES	8	20
Total	40	100%

Source: survey data.

CONCLUSIONS

The analysis of knowledge and adherence to treatment in hypertensive men between the ages of 30 and 60 registered at a health center in Rosario, Argentina, reveals worrying findings but also significant opportunities to improve the management of hypertension. Although all the participants stated that they were aware of their hypertension diagnosis, there were significant deficits in their understanding of the symptoms, risk factors, and the need for regular check-ups. This limited knowledge translates into low levels of adherence to pharmacological and non-pharmacological treatment, which hurts disease control.

Adherence to treatment remains a crucial challenge, influenced by personal, social, and structural factors. The main barriers highlighted are forgetfulness, long working hours, mistaken perception of well-being without symptoms, and difficulty accessing regular medical consultations. These factors underline the need to reinforce educational and awareness-raising strategies and adapt health services to the work and economic realities of patients.

The role of nursing staff emerges as a key element in addressing these deficiencies. Nurses' closeness to patients and their ability to act as educators and facilitators of lifestyle changes represent an invaluable resource in the comprehensive management of HBP. Models such as Orem's self-care theory, which emphasizes promoting autonomy and health learning, could be applied to improve treatment adherence and encourage active patient participation in managing their disease.

In conclusion, this study highlights the need for a multidimensional approach to tackling HBP in middle-aged men. The integration of educational efforts improved access to health services, and the strengthening of the role of healthcare personnel are essential to the advancement of the control of hypertension. In addition, it is recommended that specific interventions that include community programs and personalized follow-up strategies be developed, evaluating their impact on the improvement of control indicators and the quality of life of patients. Only through a comprehensive and coordinated approach will it be possible to reduce the impact of this disease and contribute to the well-being of the affected population.

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FINANCING

None.

CONFLICT OF INTEREST

None.