

**EDUCATION ON THE PREVENTION OF HYPERTENSION
TO AVOID COMPLICATIONS IN THE CLINIC ROOM OF
THE ACEH BESAR HOSPITAL**

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Abstract

Hypertension is currently known as the 'silent killer' because it is not often found with obvious signs and symptoms. Risk factors for hypertension include family genetic history, overweight or obesity, lack of physical activity, unhealthy lifestyle, alcohol consumption, and stress. The purpose of the activity is to increase public understanding in the prevention of hypertension in order to avoid its complications. This activity was held in the polyclinic room of the Aceh Besar Hospital. Participants who attended directly were patients who visited the hospital for re-control and treatment with a total of 17 patients. This community service method was carried out in the form of counselling and discussion. This activity was carried out on 25 April 2024 in the hospital poly room at 09.30 WIB until completion. The activity began with recording the participants and continued with the presentation of the objectives of the activity and material related to hypertension and its complications. From the activity it was found that the patient's level of understanding of poor diet was low in fibre, low physical activity, the use of excess salt content in cooking. It is recommended that people with hypertension can improve their lifestyle, diet, rest patterns that are not appropriate, and for families to continue to provide strong motivation to sufferers.

Keywords: Hypertension, Education, Lifestyle

INTRODUCTION

Hypertension is a common disease in developing countries, affecting a large proportion of the population. Although it is not contagious and cannot be completely cured, hypertension can be controlled. The disease can occur at any age, not only in adults and the elderly, but also in adolescents (Andria et al., 2021). Hypertension is currently known as the "silent killer" because it is not often found with obvious signs and symptoms. Several studies have shown that many adolescents do not realise they have a history of hypertension and the condition persists into adulthood, increasing the risk of mobility and mortality (Kurnianingtyas et al., 2017).

Essential hypertension in adolescents is often recurrent and difficult to detect due to the lack of symptoms, only to be revealed through routine examinations. If a person has a history of hypertension in adolescence, they have a high risk of developing hypertension in

adulthood (Shaumi & Achmad, 2019). Risk factors for hypertension include family genetic history, being overweight or obese, lack of physical activity, unhealthy lifestyle, alcohol consumption, and stress (Nurmala, 2020). Risk factors for hypertension in adolescence can be caused by two factors, namely risk factors that can be changed and risk factors that cannot be changed. Modifiable risk factors include obesity, smoking, lack of exercise, excessive salt consumption, alcohol consumption, insufficient sleep duration, and stress. Genetic history of hypertension, low birth weight, and gender. Meanwhile, immutable risk factors include genetic history of hypertension, low birth weight, and gender (Shaumi & Achmad, 2019).

The classification of blood pressure in adolescents is different from adults where blood pressure in adolescents is grouped based on the percentile curve. Hypertension in adolescents is categorised with blood pressure between 130-139/80-89 mmHg or 95 > percentile plus 11 mgHg mmHg (Jayanti et al., 2022). Hypertension also contributes significantly to the morbidity rate, which is 45% of heart disease and 51% of stroke cases, which are related to the history of hypertension in patients (Widyasari, 2021).

Globally, an estimated 1.28 billion people over the age of 18 worldwide have hypertension (Organization, 2023). There is an increase in the incidence of hypertension in Southeast Asian countries, one third of adults in Southeast Asia have been diagnosed with hypertension (Diana & Hastono, 2023). The 2018 Riskesdas analysis data illustrates that the prevalence of hypertension in the population over 18 years of age is 34.1%. South Kalimantan had the highest prevalence rate, at 44.1%, while Papua had the lowest rate, at 22.2%. It is estimated that there are 63,309,620 cases of hypertension in Indonesia, causing 427,218 deaths. This condition occurs because most people with hypertension do not realise that they have hypertension, so they do not undergo proper treatment (Hidayatullah & Pratama, 2019).

Research conducted by Diana (2023) found that hypertension in adolescents is associated with poor sleep duration and lack of exercise. Research conducted by Hidayatullah & Pratama, 2019 shows that significant risk factors for hypertension in adolescents are obesity and smoking habits. Research conducted by (Kurnianingsih et al., 2019) and Syah and Anies (2023) also stated that there was a relationship between poor diet and the incidence of hypertension in adolescents.

RESEARCH METHODS

This activity was held in the polyclinic room of the Aceh Besar Hospital. Participants who attended directly were patients who visited the hospital for re-control and treatment with a total of 17 patients. This community service method is carried out in the form of counselling and discussion. Where at the beginning of the activity the activity team also measured the level of understanding of patients related to hypertension and its prevention.

RESULTS AND DISCUSSION

This activity was held on 25 April 2024 in the hospital poly room at 09.30 WIB until completion. The activity began with recording the participants and continued with the presentation of the objectives of the activity and material related to hypertension and its complications. From the activity it was found that the patient's level of understanding of a poor diet low in fibre, low physical activity, the use of excess salt content in cooking, these are some of the problems in patients as a trigger for hypertension.



Figure 1. Patient education activity

During the discussion, several patients stated that there were many precipitating factors that caused them to develop hypertension and they did not understand that excess salt levels could also affect blood pressure. The accompanying families also really hope that in the future activities like this can be carried out with the theme of serving healthy menus for hypertensive patients.

CONCLUSIONS

This community service activity went smoothly, patients and families also played an active role and participated in the activity until the end which was attended by 17 patients. During the material presentation session, all patients focused and followed it well, and during the discussion, some patients and families were very proactive in giving questions and suggestions for further activities. From the results of measuring material understanding, patients already understand more about hypertension and also prevention to avoid complications. This service activity also received a lot of suggestions from the patient's family, where they hoped that activities like this could continue and also lead to themes about serving healthy food menus for people with hypertension.

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