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Education and Prevention of Hypertension in Sakatiga Village

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ARTICLE INFO

Keywords:
Heart pressure
Hypertension drugs
Complementary therapy

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The author has reviewed and approved the final version of the manuscript.

https://doi.org/10.37275/arkus.v3i1.69

ABSTRACT

There is tendency of non-communicable diseases (PTM) starting from the age of 10-14 years including increasing heart pressure. The purpose of this avenue is describing the prevention and control of hypertension. The method used by the online education seminar on health cadres in Sakatiga village, FK UNSRI fostered village since 2014. Finally, it is hoped that the community (cadres) can understand and implement efforts to prevent and control hypertension in the form of routinely measuring blood pressure, taking hypertension medication regularly and using complementary therapies.

1. Introduction

Hypertension is a non-communicable disease (PTM) which is the cause of premature death in the world. The World Health Organization (WHO) estimates the prevalence of hypertension globally at 22% of the world's total population. However, only <1/5 made efforts to control blood pressure. The prevalence of hypertension in Southeast Asia is in the 3rd position with the highest 25% of the total population. Proportion of hypertension sufferers in the world based on gender; 1 in 4 men experience hypertension, 1 in 5 women experience hypertension.[1] meanwhile the results of Riskesdas 2019 show the prevalence rate of hypertension in people> 18 years old based on national measurements of 34.11%, while the prevalence in South Sumatra Region is 30.44%, an increase compared to the Riskesdas year 2007.[1].

Director of Prevention of Non-Communicable Diseases, Ministry of Health Cut Putri Ariane said that before the pandemic, Non-Communicable Diseases (PTM) was a catastrophic disease with the highest cause of death in Indonesia. This causes loss of productive days for sufferers and companions. PTM is very concerned about, because in the past the assumption was on parents, but now the trend starts to increase at the age of 10 to 14 years, " said Cut at Graha BNPB, Jakarta (4/7).2 This threat will have a

big impact on human resources and Indonesia's economy in the future because, in 2030-2040, Indonesia will face a demographic bonus where the productive age is far more than the non-productive age group.

Based on the results of the Sakatiga Village Community Communication Forum, on October 13 2014, which was attended by 32 people, who were representatives of civil service, religious leaders, community leaders and health cadres, stated that many adults and the elderly have hypertension. Hypertension is one of the Non-Communicable Diseases (PTM). Not all hypertension sufferers are aware of the disease they are suffering from, this is what makes hypertension a "silent killer".[1]

In rural areas, in general, they have lower access to health information and education than urban residents. Therefore it is important for cross-sectoral cooperation, in this case universities (UNSRI) to empower health cadres that have been formed in the Village Community Conference in the context of public health efforts in the form of seminars, training, or *group discussions.*

Definition of hypertension

Hypertension is an increase in systolic> 140 mmHg and diastolic> 90 mmHg on two measurements with an interval of five minutes at rest. Hypertension is a world health problem with a prevalence in Indonesia of 25.8%. Hypertension can cause coronary heart disease, heart failure, stroke, chronic kidney disease, retinal damage and peripheral vascular disease. Hypertension is divided into two primary hypertension (essential) and secondary hypertension. Primary hypertension is hypertension where the etiology is unknown with a prevalence of 90% of hypertensive patients.

The general goal of hypertension treatment is to reduce mortality and morbidity through non-pharmacological and pharmacological approaches. Nonpharmacological therapy includes weight reduction for obese individuals, adopting the Dietary Approach to Stop Hypertension (DASH) diet, a low sodium diet, physical activity and moderate alcohol consumption. Pharmacological therapy using antihypertensive drugs which can be started with one drug or a combination of drugs until reaching the target of reducing blood pressure. The main complication of hypertension is cardiovascular disease, which can include coronary heart disease, heart failure, stroke, chronic kidney disease, damage to the retina of the eye, and peripheral vascular disease.[3]

Elevated blood pressure (BP) is associated with an increased risk for coronary heart disease, stroke, heart failure, renal insufficiency, and peripheral vascular disease. Various interventions are very effective in preventing hypertension, such as weight control, reducing sodium chloride intake, increasing physical activity, reducing alcohol consumption, and stress management. The main goal of pharmacological treatment for hypertension is to prevent cardiovascular complications such as stroke. The four most widely used anti-hypertensive drugs for adult patients are diuretics, beta-blockers, calcium antagonists, and angiotensin-converting enzymen (ACE) inhibitors. Clinical studies using control, giving hypertension drugs hydrochlorothiacid, atenolol, nitrendipine, and enalapril in patients aged 21-70 years showed that the new drug was not superior. The main determinant of treatment response is patient age. Age easily responsive to ACE inhibitors, angiotension receptors blockers (A), and beta blockers (B). The elderly are more responsive to calcium antagonist (C) and diuretic (D) drugs.

Lifestyle changes that are part of the management of hypertension can lower blood pressure, increase the effectiveness of antihypertensive drugs, and reduce cardiovascular risk. Modification of daily food intake patterns is one component of lifestyle changes that has the greatest role in lowering blood pressure.

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The modification of dietary intake is to follow general guidelines for balanced nutrition as well as in accordance with the dietary approach to stop hypertension (DASH), which is high in vegetables and fruit, high-fiber food ingredients, low-fat milk, meat, and nuts. It should also be noted that energy intake, amount and type of protein, and components of fat and carbohydrates. In addition, food ingredients rich in minerals and vitamins, as well as specific nutrients, such as omega-3 unsaturated fatty acids have a role in the prevention and management of hypertension.[5]

Control hypertension with PATUH[1] consists of regular health checks and follow doctor's recommendations; Overcome the disease with proper and regular treatment; Stick to a nutritionally balanced diet; Strive for safe physical activity; Avoid cigarette smoke, alcohol, other carcinogenic substances.

In this study, there were 108 doctors as respondents in 11 Centers for Development and Application of Traditional Medicine (SP3T) where doctors gave herbal medicine as medicine. All doctors practicing herbal medicine use herbal medicine for themselves and their families.[6] Plants that are widely used are cat whiskers, sambiloto, turmeric, ginger, gotu kola, jahu, kencur rice, puttih, celery, Echinacea. The reason the doctor gave herbal medicine as a complementary therapy was 89% and 80% as alternative medicine. Meanwhile, the reasons for most patients to seek treatment using herbal medicine are 61% confidence and 60% dissatisfaction with conventional treatment. For hypertension, the benefits of herbal medicine have only been felt for about 12 days. Some medicinal plants that can lower blood pressure; gotu kola, meniran, cat's whiskers, celery leaves.[6]

WHO recommends the administration of traditional drugs in degenerative diseases. Most doctors use medicinal plants in a row; ginger (arthritis), sambiloto (hyperglycemia), celery (hypertension), Dutch teak (dyslipidemia & obesity), sidaguri (hyperuricemia). Services with traditional herbs / medicines by doctors in the community have become the choice of patients[7].

Traditional or alternative complementary medicine has become one of the strategic plans of the Ministry of Health in 2010-2014 Minister of Health Decree No. HK / 03.01 / 160/2010 with the hope of increasing guidance and supervision of alternative traditional or complementary health efforts. In addition, in the Minister of Health Decree No. HK.02.02 / MENKES / 148/2010 concerning Licensing and Implementation of Nursing Practices is stated in article 8 paragraph 3 (c) that complementary therapy is part of nursing practice. Herbal medicines that can be used as an alternative treatment for hypertension include cucumber (*Cucumis sativus*), ginger (*Zingiber officinale Roscoe*), garlic, celery, mulberry, rosella, and others.

Another complementary therapy to train emotional control in a way is the spiritual emotional freedom technique. If negative beliefs or thoughts like the example above occur, then pray with khusyu ', sincerely and surrender: "O Allah ... even though I _____(your complaint), I sincerely, I surrender to You completely"

For physical problems, we tune-in by feeling the pain we are experiencing, then

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directing our mind to the place of pain and while continuing to do these 2 things, our hearts and mouths say, "I am sincere, I surrender ... O Allah. . "For emotional problems, do a “Tune-In” by thinking about certain specific things or events that evoke the negative emotions we want to get rid of.

Tapping is tapping lightly with two fingertips at specific points on our body while continuing to Tune-In. These points are the key points of "The Major Energy Meridians", which if we tap several times will have an impact on the neutralization of emotional disturbance or pain. Because the body's energy flow runs normally and returns to balance.

2. Conclusion

After being conducted in the form of educational seminar, an evaluation through question and answer results was obtained: as many as 100% of cadres experienced an increase in knowledge about the definition of non-communicable diseases, risk factors, types of hypertension and their management.

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