176 - PHYSICAL ACTIVITY AS NON-PHARMACOLOGICAL TREATMENT TO HYPERTENSION: DISCLOSURE BETWEEN HEALTH PROFESSIONAL RECOMENDATIONS AND EFFECTIVE PATIENTS PRACTICE

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INTRODUCTION

Hypertension remains a major health problem in most countries because of its impact on mortality and morbidity of the population, probably due to insufficient hypertension prevention and control at community level (ONU, 2005).

Hypertension, a mosaic of various phenotypes, is a result of interaction between alterations in the genome and environmental factors. It is often plausible to understand that genetic mutations must play, if not the overriding, the predominant role in the determination of blood pressure (MORRIS, 1993). Life style factors such as sodium (CUTLER et al., 1991) and alcohol (KLATSKY, 1990) intake have also been implicated in the pathogenesis of hypertension.

Several observational studies with a cross-sectional design (JENNER et al., 1992; BOVENS et al., 1992; REAVEN et al., 1991; MELBY et al., 1991; HARSHFIELD et al., 1990) have addressed the possible relationship between blood pressure and physical activity or fitness. The relationships between physical activity and health are numerous and complex. Many different physiologic and physical effects are associated with severe different types of physical activities that a person can choose to do. More and more people are encouraged to exercise to insure a long-term health. Prestigious health organizations, including the World Health Organization, the American Heart Association, the Public Health Service and the American College of Sports Medicine, have endorsed the concept (HEATH et al., 1983).

In several studies endurance training has been more effective in lowering resting blood pressure at rest in patients with borderline or essential hypertension (FLETCHER, 1982; RIGOTTI et al., 1983). A number of health organizations offer guidance about physical activity. In their 1984 report, the National Joint Committee on Detection, Evaluation and Treatment of High Blood Pressure suggested that exercise is useful for weight control and may be helpful in reducing blood pressure for those with uncomplicated hypertension (1984). The American Heart Association recommends individuals to practice physical exercises in most days of the week, every day if possible, with intensity ranging from moderate to strenuous, according to their physical capability, for a period of 30 minutes or more (PEARSON et al., 2002).

Perhaps the most important role of health professionals in encouraging and motivating patients to become more active is to have knowledge of the exercise recommendations for hypertensive patients (Fall & Winter, 2002), it is important for physicians to familiarize themselves with the physiological and psychological benefits of exercise training to provide best information to the patients. Nowadays, the remaining question is not whether exercise training reduces blood pressure in hypertensive subjects, but if this non-pharmacological approach is actually recommended by health professionals and done by hypertensive patients. An additional question is if exercise training can improve the quality of life, in addition to the recognized physiological benefits. Considering that, the objective of the present study was to investigate, through the application of questionnaires, the physical activity recommendation by health professional and the use of this approach as a non-pharmacological treatment of hypertension for hypertensive patients.

METHODS

The research was carried out in a sample of hypertensive individuals (n=20), Physical Education teacher (n=10) and doctors (n=10) of both sex. All subjects of this research signed the Informed Consent. This study was approved by the Committee of Ethics in Research from Sao Judas Tadeu University (Process: 023/2005).

For the hypertensive patients, the inclusion criteria were: presence of established hypertension, 30 years old or more, both sex, without distinction of race, medicine use and presence other disease. The presence of physical limitations of any origin that hinders the practice of physical activity was the exclusion criteria. Considering the 20 hypertensive patients included in our sample, 18 of them used anti-hypertensive medicines, 5 were smoking and 15 had relatives with chronic disease.

For the health professionals the inclusion criteria required to have a job in a private or governmental institution in which it was possible the attendance of hypertensive individuals. The doctors would have to be cardiology or general physician's specialist. The subjects were randomized from hospitals, clinics, gyms and clubs of Sao Paulo city.

The questionnaires were composed by simple choice (yes or no) or multiple choice closed questions. The WHOQOL (short version) was applied in order to evaluate the hypertensive subject's quality of life

Non-parametric statistical tests were applied to compare closed questions. Student t test was used to compare results of WHOQOL questionnaire. Values of $p<0.05$ were considered statistical significant.

RESULTS

All doctors had answered that the physical activity is part of the hypertension treatment, and all recommended aerobics and dynamic activities and just one recommended anaerobic and resistance activities (Table 1). Moreover, all doctors believed in the importance of life style changes for the hypertension treatment (Table 1).

Table 1. Questions applied to doctors

QUESTIONS	ANSWERS
The physical activity is part of the treatment of the hypertension?	YES: 10/10 answers (100%)* NO: 0/10 answers (0%)
If yes, what is the type of recommended activity?	Aerobic and dynamic: 10 answers (100%)* Anaerobic and resistance: 1 answers (10%)
Life style changes have relation with the hypertension treatment?	YES: 10/10 answers (100%)* NO: 0/10 answers (0%)

Values represent answers number and percent. * represent statistical difference ($p<0.05$) between answers.

According to all doctors that answered to the research questionnaire, the indicated treatments for hypertensive patient are: medicines (70%, 7 answers), diet (60%, 6 answers) and exercises (70%, 7 answers) (Figure 1).

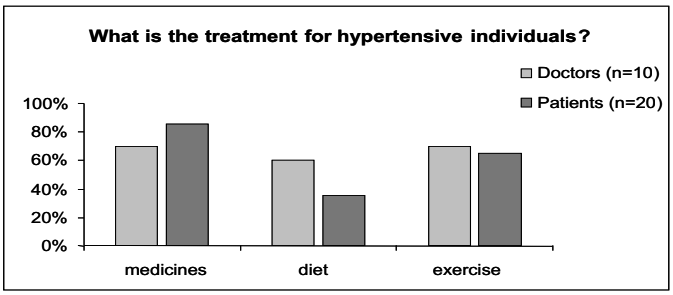

Figure 1. Percentual of doctors and hypertensive patients answers about the indicated treatments to hypertension.

All professors affirmed that the regular physical activity could improve the hypertensive patients' quality of life (Table 2). From the total of participating teachers, 60% prescribed specific physical activities for hypertensive patients and 40% did not use this differentiation. In relation to the activity type indicated to hypertensive patients, the teachers had predominantly (70%) indicated the aerobics and endurance activities, however 50% prescribed anaerobic and resistance exercises (Table 2).

Table 2. Questions applied to Physical education teacher

QUESTIONS	ANSWERS
Do you believe that regular physical activity can improve quality of life among hypertensive patients?	YES: 10/10 answers (100%)* NO: 0/10 answers (0%)
Are there any difference between the activities applied to the hypertensive individuals and the ones applied to the other persons?	YES: 6/10 answers (60%) NO: 4/10 answers (40%)
In your opinion, what activities are better indicated hypertensive individuals?	Aerobic and dynamic: 7 answers (70%) Anaerobic and resistance: 5 answers (50%)

Values represent answers number and percent. * represent statistical difference (p<0.05) between answers.

In a multiple choices question, all doctors had affirmed that regular exercises can induce cardiovascular (10 answers), muscular (8 answers), psychological (8 answers), respiratory (9 answers) and neuro-endocrine (7 answers) benefits to hypertensive individuals (Figure 2). The teachers had answered that regular physical activity for hypertensive patients can promote cardiovascular, muscular (8 answers), psychological (9 answers), respiratory (9 answers) and neuro-endocrine (8 answers) benefits (Figure 2).

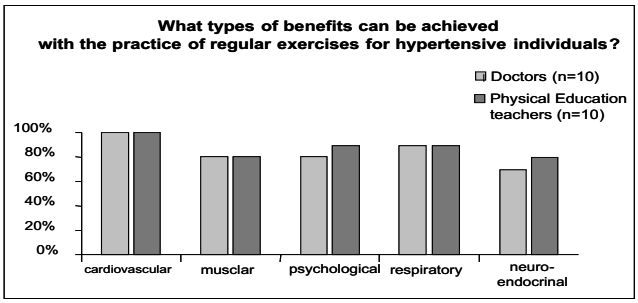

Figura 2. Percentual of doctors and Physical Education teachers answers about the benefits induced by regular physical activity.

Sobre o tratamento para hipertensão recomendado pelo médico, os pacientes responderam: remédio (17 answers), dieta (7 answers) e exercícios (13 answers) (Figura 1). Dos sujeitos hipertensos, 55% (n=11) eram praticantes de atividade física e 45% NO se exercitavam como forma de tratamento da hipertensão (Tabela 3). Dentre os 11 praticantes de atividade física, 45% o faziam por prazer, 72% por indicação médica e 10% por obrigação (Tabela 3). Seis pacientes fisicamente ativos (45%) relataram que haviam reduzido sua dosagem de medicamentos após realizar atividade física regular (Tabela 3).

The hypertensive patients, in multiple choices question about the treatment of hypertension indicated by the doctors group, answered: medicines (17 answers), diet (7 answers) and exercise (13 answers) (Figure 1). In our hypertensive patients' sample, 55% (n=11) were practitioners of regular physical activity and 45% were not exercised (Table 3). Among the 11 active hypertensive patients, 45% used to exercise for pleasure, 72% for medical recommendation and 10% for obligation. Five physical active hypertensive patients (45%) reported that have reduced their medicines dosage after a period of regular physical activity (Table 3).

Table 3. Questions applied to hypertensive patients

QUESTIONS	ANSWERS
Do you believe that you can improve your quality of life with the practice of physical activity?	YES: 16/20 answers (80%)* NO: 4/20 answers (40%)
Do you practice any kind of physical activity as a form of hypertension treatment?	YES: 11/20 answers (55%) NO: 9/20 answers (45%)
If you do practice exercises, why do you do it?	Pleasure: 5/11 answers (45%) Medical recommendation: 8/11 answers (72%) Obligation: 1/11 answers (10%)
If you do practice exercises, did you reduce the medicines dosage after regular physical activities?	YES: 5/11 answers (45%) NO: 5/11 answers (45%) I DON´T KNOW: 1/11 answers (10%)

Values represent answers number and percent. * represent statistical difference (p<0.05) between answers.

Among the 20 questioned patients, 80% believed that can improve quality of life with physical activity practice (Table 3). WHOQOL questionnaire (short Portuguese version) was applied for evaluation of quality of life, health and other intervening factors in individuals' life. The hypertensive patients had been divided in two sub-groups to analyze the results of this instrument: physical actives and not physical actives. The answers of this questionnaire were divided in positive and negative. The points of each patient were sum, and the means of positive and negative point were calculated. The results did not show statistical differences in the quality of life between the groups.

Table 1: WHOQOL questionnaire results.

Sub-Groups	*Positive points*	*Negative points*
Hypertensive physical actives (n=11)	89±2.88	6±0.5
Hipertensos not physical actives (n=9)	83±3.37	8±0,55

DISCUSSION

Although all the questioned doctors affirmed that the physical activity is part of the hypertension treatment, that changes in life style are favorable to this disease control, and knows the benefits of regular physical activity, only 70% of the doctors recommended the exercise practice for their patients. The activities more indicated by doctors and Physical education teacher were the aerobics and dynamics (100% and 70%, respectively). Only 60% of the interviewed Physical Education teachers used specific physical activities for hypertensive patients. In this aspect is important to emphasize that regular isotonic exercises can reduce the resting arterial pressure in 5 to 10 mmHg, associated to the diminished in sympathetic activity. The recommended exercise intensity corresponds to a moderate physical activity, between 40 60 % of the maximum oxygen consumption. The isometrics exercises must be avoided in hypertensive patient, because they increase the arterial pressure during its execution (ACSM, 1993). Surprising, in this aspect, it is the fact that 50% of teachers prescribed anaerobic and resistance exercise to hypertensive patients.

According to questioned hypertensive individuals, the more indicated treatment by doctors were the use of medicines and, after that, the exercise practice. Among the 20 hypertensive patients who had participated of this research, only 55% practiced physical activities as a form of hypertension treatment. Of this total, most are active because the medical recommendation (72%) and for pleasure (45%). In fact, the modifications in life style are important in the treatment and the primary prevention of the hypertension (LIPP, 1994).

A recent population study investigated which life style factors were correlated with the level and the variability of systolic and diastolic blood pressure in a random population sample (STAESSEN et al., 1994). Sodium, potassium and alcohol intake, smoking habits, social class, psycho-emotional stress and the calories spent at work and in sports are the factors most important that influence the arterial pressure. Still in this study, self-perceived psycho-emotional stress was not correlated with blood pressure, although in men a weak positive relationship with pulse rate was evident. But, as only one index of psycho-emotional stress was evaluated, this study should certainly not be viewed as arguing against the stress hypothesis on the pathogenesis of hypertension (POULTER et al., 1990; KJELDSEN et al., 1988).

Other studies have suggested that sodium intake and job stress may interact and jointly increase the blood pressure (POULTER et al., 1988; STAESSEN et al., 1994, 1991). On the other hand, a variety of relaxation therapies, such as transcendental meditation and biofeedback, have been shown to reduce blood pressure in selected hypertensive patients, at least transiently (PATEL et al., 1988; McGRADY et al., 1989).

Although 80% of hypertensive patients believed that regular physical activity can improve their quality of life, the WQHOQOL questionnaire did not show significant differences between active and not active hypertensive patients quality of life. Perhaps, the small number of patients evaluated in the present study can contribute to we did not demonstrate alterations in the results of WQHOQOL questionnaire, since it is consensus that this exercise practice can improve quality of life.

Finally, a positive aspect observed in the present study was the fact that 45% of active hypertensive patients had reduced the anti-hypertensive medicines dosage after regular physical activities. This finding is particularly important, since it reinforce the role of physical exercise in the management of hypertensive patients.

CONCLUSIONS

Our results demonstrated that despite health professionals know the importance of physical activity practice for hypertensive patients, there are no regular indication of exercises as a hypertension treatment. It is important to emphasize that among the investigated patients, nearly half, did not practice exercise to control HAS. Considering these results, we concluded that it is necessary to reinforce by health professionals the importance of the regular physical practice in the treatment of hypertension, since our results clearly demonstrated a disclosure between health professional's knowledge and recommendations and the patients practice of physical activity in the treatment of hypertension.

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PHYSICAL ACTIVITY AS NON-PHARMACOLOGICAL TREATMENT TO HYPERTENSION: DISCLOSURE BETWEEN HEALTH PROFISSIONAL RECOMENDATIONS AND EFFECTIVE PATIENTS PRACTICE

ABSTRACT

The purpose of the present study was to investigate the physical activity recommended by health professionals and the use of this approach as a treatment for hypertensive patients. Hypertensive patients (n=20), physical education teachers (n=10) and doctors (n=10) participated in this study. Doctors and teachers recognized the importance of physical activity in the management of hypertension, believing that regular exercises can improve the quality of life. Just 70% of the doctors indicated the exercise practice to their patients. According to hypertensive individuals, the more indicated treatments by doctors were medicines (85%) and physical activity (65%). Among the patients, 55% exercised as a hypertension treatment. Approximately 50% of active hypertensive patients reduced the anti-hypertensive medicines dosages. Although 16 hypertensive patients (80%) reported improvement in their quality of life, due to the exercise practice,in a direct question, the WQHOQOL questionnaire results did not show significant differences in the quality of life between hypertensive patients that performed or not regular exercise. Our results demonstrated that despite health professionals know the importance of physical activity practice for hypertensive patients, there is no regular indication of exercises as a hypertension treatment. It is important to emphasize that among the investigated patients, nearly half, did not practice exercise to control HAS. These results demonstrated a disclosure between health professional's knowledge and recommendations and the patients practice of physical activity in the treatment of hypertension.

Key words: hypertension, physical activity, adherence.

ACTIVIDAD FISICA COMO TRATAMIENTO NO-FARMACOLOGICO DE LA HIPERTENSION: DISCORDIA ENTRE LAS RECOMENDACIONES DE LOS PROFESIONALES DE LA SALUD Y LA PRACTICA EFECTIVA DE LOS PACIENTES.

RESUMEN

El objetivo de este estudio fue investigar la recomendación de la actividad física por los profesionales de la salud y el uso de esa estrategia como forma de tratamiento de los pacientes hipertensos. Participaron de este estudio pacientes hipertensos (n=20), profesores de educación física (n=10) y médicos (n=10). Los médicos y los profesores de educación física reconocieron la importancia de la actividad física en el tratamiento de la hipertensión, y se creyeron que los ejercicios regulares podrían mejorar la calidad de vida de los hipertensos. Pero solamente 70% de los médicos indicaron la práctica del ejercicio para sus pacientes. De acuerdo con los individuos hipertensos, los tratamientos más indicados por sus médicos habían sido los medicamentos (85%) y la actividad física (65%). Entre los pacientes, 55% ejercitase como forma de tratamiento de la hipertensión. Aunque 16 pacientes hipertensos (80%) han dicho que la práctica de ejercicio podría mejorar su calidad de vida en la contestación a una pregunta directa, el uso del cuestionario WHOQOL no evidenció diferencias significativas en la calidad de vida entre los practicantes o no del ejercicio regular. Nuestros resultados demostraron que a pesar de los profesionales de la salud conocieren la importancia de la práctica regular de actividad física para el paciente hipertenso, ni todos la indicaron como forma de tratamiento de la hipertensión. Es importante acentuar que entre los pacientes preguntados, casi la mitad no practicaba ejercicio para controlar la hipertensión. Estos resultados demostraron una discordia entre conocimiento y recomendaciones de los profesionales de la salud y la practica efectiva de actividad física por los pacientes como forma de tratamiento de la hipertensión.

Palabras claves: hipertension, actividad fisica, aderencia

L'ACTIVITé PHYSIQUE COMME TRAITEMENT NON-PHARMACOLOGICAL À L'HYPERTENSION: NON-CONCORDANCE ENTRE LA SANTÉ PROFISSIONAL RECOMENDATIONS DES PROFÉSSIONELS DE LA SANTÉ ET LES PRATIQUES DES PATIENTS

RÉSUMÉ

L'objectif de cet étude était d'étudier la recommendation de l'activité physique par les professionnels de la santé et l'utilisation de cet approche comme forme de traitement de patients hypertenses. Des patients hypertenses ont partcipan de cette étude (n=20), ainsique professeurs de l'éducation physique (n=10) et des médecins (n=10). Les médecins et les professeurs d'éducation physique avaient identifié l'importance de l'activité physique dans le traitement de 'hipertensão, et avaient cru que les exercices réguliers pourraient améliorer la qualité de vie des hypertenses. À peine 70% des médecins ont indiqué la pratique d'exercice pour ses patients. Selon les individus hypertenses, les traitements dês plus indiqués par ses médecins avaient été les médicaments (85%) et l'activité physique (65%). Parmin les patients, 55% s'exercitaient comme forme de traitement de hypertension. Bien que 16 patients d'hypertenses (80%) aient répondu que la pratique de l'exercice pourrait améliorer leur qualité de vie, en réponse à une question directe, l'application de questionnaire WHOQOL n'a pas démontré des différences significatives de la qualité de la vie entre praticants et non-praticants par des exercices réguliers. Nos résultats avaient démontré qu'en dépit de la cannâisance par de professionnels de santé de e'mportance de la pratique de l'activité physique régulier par le patient hypertense, ce ne furent tous que l'ont indiqué comme forme de traitement. Il est important de souligner que parmi les patients interrogés, presque la moitié ne pratiquenit pás d'exercices pour commanter l'hypertension. Ces résultats ont démontré un conflit de entre la connâissance et les recommendations des professionnels de la santé et la pratique d'activité physique par les patients comme forme de traitement de l'hypertension.

La mot clef: hypertension, activité physique, aderence

ATIVIDADE FÌSICA COMO TRATAMENTO NÃO-FARMACOLÓGICO DA HIPERTENSÃO: DISCORDÂNCIA ENTRE RECOMENDAÇÕES DOS PROFISSIONAIS DA SAÚDE E PRÁTICA EFETIVA DOS PACIENTES

RESUMO

O objetivo do presente estudo foi investigar a recomendação de atividade física pelos profissionais de saúde e o uso dessa abordagem como uma forma de tratamento de pacientes hipertensos. Participaram deste estudo pacientes hipertensos (n=20), professores de Educação Física (n=10), e médicos (n=10). Os médicos e professores de Educação Física reconheceram a importância da atividade física no tratamento da hipertensão, e acreditavam que os exercícios regulares poderiam melhorar a qualidade de vida dos hipertensos. Apenas 70% dos médicos indicavam a prática de exercício para seus pacientes. De acordo com os indivíduos hipertensos, os tratamentos mais indicados pelos seus médicos foram medicamentos (85%) e atividade física (65%). Entre os pacientes, 55% se exercitavam como forma de tratamento da hipertensão. Embora 16 pacientes hipertensos (80%) tenham respondido que prática de exercício poderia melhorar sua qualidade de vida em resposta a uma questão direta, a aplicação do questionário WHOQOL não evidenciou diferenças significativas na qualidade de vida entre os praticantes ou não de exercício regular. Aproximadamente 50% dos pacientes hipertensos fisicamente ativos reduziram a dosagem de medicamentos anti-hipertensivos. Nossos resultados demonstraram que apesar dos profissionais de saúde saberem da importância da prática regular de atividade física para o paciente hipertenso, nem todos a indicavam como forma de tratamento da hipertensão. É importante enfatizar que dentre os pacientes hipertensos questionados, quase a metade não praticava exercício físicos. Estes resultados demonstraram uma discordância entre conhecimento e recomendações dos profissionais de saúde e a prática de atividade física pelos pacientes como forma de tratamento da hipertensão.

Palavras chaves: hipertensão, atividade física, aderência.