SUMMARY

Overweight and obesity have emerged as a problem in developing countries causing morbidity and affecting the quality of life of the individuals affected. They are also noticed to be more prevalent among those who have non-communicable diseases like hypertension.

This study was aimed to assess the biosocial profile and health related quality of life among overweight and obese hypertensive adult patients attending the General and Medical outpatient clinic of the Plateau State Specialist hospital Jos, Nigeria.

Methods

A cross-sectional study of two hundred and ten (210) adults aged eighteen years and above, attending the General and Medical outpatient clinic of the Plateau State Specialist Hospital, Jos was carried out between February and April 2011. The subjects were administered questionnaires (semi-structured and WHOQOL-Bref) which sought information on socio-demographic characteristics, presence or absence of overweight/obesity and biosocial factors for overweight/obesity as well as health related quality of life.

The result was analyzed using Epi info statistical software version 3.5.1. The mean age of the subjects was 56.8 ± 12.8 years. There were 78 males and 132 females in ratio 1:1.7. The overall prevalence of overweight/obesity was 61.0%. Statistically significant biosocial factors were age group (X^2= 4.3716, p= 0.0185), gender (X^2=7.8041, p= 0.003), marital status (X^2=3.3075, p=0.037), educational level (X^2=8.0621, p=0.0447), occupation (X^2=14.3466, p=0.0008), number of children (X^2=2.7502, p=0.049) and consumption of refined diets (X^2=59.6676, p=0.00001). However place of residence (X^2=1.8819, p=0.09), consumption of alcohol (X^2=0.1107, p=0.3768), cigarette smoking (Fisher’s exact test=0.1513) and regular exercise (Fisher’s exact test=0.5367) were not statistically significant. With logistic regression analysis of statistically significant biosocial factors, age group < 50 (OR=1.9228, 95% CI= 0.2805-0.9642 p= 0.0379), female gender (OR=2.2556, 95% CI=0.2493-0.7883, p=0.0056), Primary education (OR=2.9286, 95% CI=1.3396-6.4024, p=0.0071), unskilled occupation(OR=3.4409, 95% CI=1.773-6.6788, p=0.0002), skilled occupation (OR=2.3656; 95% CI=0.2014-0.8873; p=0.0228), occasional...
consumption of refined diet (OR=9.3759; 95% CI=0.0291-0.8296; p=0.0004), daily consumption of refined diet (OR=40.667; 95% CI=0.0031-0.1936, p=0.00001) retained their statistical significance.

Subjects who were overweight or obese in this study did not show significant impairment in the overall quality of life ($X^2=0.9289, p=0.1676$), general health satisfaction ($X^2=2.161, p=0.07083$), physical health ($X^2=1.967, p=0.08044$), psychological health ($X^2=1.50, p=0.111$), social relationship ($X^2=1.764, p=0.09219$) and environmental health ($X^2=0.47, p=0.25$) domains of health related quality of life when compared with hypertensive who were not overweight or obese.

**Conclusion**

The prevalence of overweight and obesity among hypertensive was 61.0%. Biosocial factors for overweight and obesity in this study were age group, gender, marital status, educational level, having more than three children, having unskilled and skilled occupation and consumption of refined diet. With logistic regression analysis independent factors for overweight and obesity identified in this study were age group < 50, female gender, primary education, having unskilled and skilled occupation, and consumption of refined diet. Health education on diet, increased physical activity and exercise should be encouraged among these subjects. Co morbid diseases in hypertension should be sought for because it can affect their health related quality of life.