SUMMARY

Assessment of the impact of hypertensive illness on the health and well-being of the affected individuals is a commonly neglected area of family practice. This is despite reports that, close to one quarter of Nigerians currently have hypertension. In fact, it has been reported that low health-related quality of life can be a risk factor for subsequent cardiovascular events or complications among hypertensive patients. Since it is evident that hypertension is third rank for disability-adjusted life years, uncontrolled hypertension might be associated with low quality of life. Hence, there was a need to compare the health related quality of life between hypertensive individuals with controlled blood pressure and those with uncontrolled blood pressure, in family practice of Lagos University Teaching Hospital.

In this hospital based cross sectional comparative study, conducted from 1st August 2013 to 31st December 2013, one hundred and eighty seven hypertensive patients with controlled blood pressure and the same number of hypertensive patients with uncontrolled blood pressure completed the study. They were selected through daily balloting (simple random sampling). An interviewer administered WHOHRQoL-BREF was adopted for quality of life assessment. Other parts of the study questionnaire were adapted from WHO STEP instrument and previous study publications. Blood pressure readings were taken with a standardized mercury sphygmomanometer. BMI and waist hip ratio were computed.

The mean age (± SD) of participants was 57.61 ±10.67 years in the controlled group and 54.44 ±11.48 years in the uncontrolled group. There is statistical significant difference in the mean of the total HRQoL raw scores, between the controlled and uncontrolled group (3.59±0.41 versus3
This significant higher HRQoL scores among participants with controlled blood pressure is seen in all domains and the two differently analyzed facet of HRQoL BREF. This includes overall health \( (t=2.595, p=0.010) \); health satisfaction \( (t=4.755, p<0.001) \); physical domain \( (t=2.043, p=0.042) \); psychological domain \( (t=2.505, p=0.013) \); social domain \( (2.076, p=0.039) \); and environmental domain \( (t=3.021, p=0.003) \).

Participation in physical activity is associated with higher HRQoL among hypertensive patients with controlled blood pressure but not among those with uncontrolled blood pressure. This association was seen in the health satisfaction, physical and environmental domains of HRQoL \( (P<0.05) \). Body Mass Index is significantly associated with HRQoL scores in overall health, physical, social and environmental domains \( (p<0.05) \). While abdominal obesity is associated with HRQoL scores in psychological and environmental domain \( (p<0.05) \).

The association between co-morbid conditions and lower HRQoL was seen in both comparative groups, but these disease conditions appear to be more frequently associated with lower HRQoL scores among hypertensives with uncontrolled blood pressure. Among hypertensives with controlled blood pressure, kidney disease is associated with HRQoL scores in the health satisfaction \( (t=-22.313, p<0.001) \); physical domain \( (t=-1.988,p=0.048) \) and social domain \( (t=2.094, p=0.038) \). Among this group, the physical domain was also affected by heart disease, diabetes and arthritis. Among hypertensive patients with uncontrolled blood pressure, history of epilepsy, kidney disease, eye problem, heart disease, stroke and dyslipidaemia are associated with lower HRQoL in different domains.

This study has buttressed the fact that blood pressure control may be associated with improved health related quality of life among hypertensive patients while co-morbid conditions and inadequate physical activity may worsen it. Thus, there is a need for consideration of effective
blood pressure control, appropriate prevention and management of co-morbid conditions, as vital components of comprehensive care offered by Family Physicians, caring for hypertensive patients.