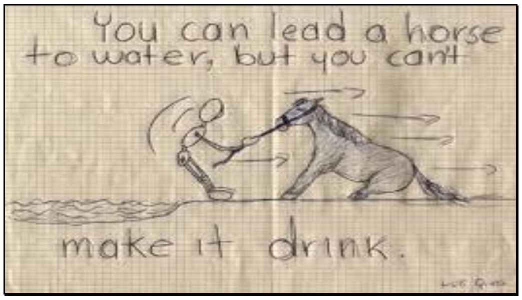
Slide 1



Slide 2

Effective Counselling For Hypertension Control

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Slide 3

Determinants of Hypertension Complications Among Adult Hypertensive Patients in Medical Wards at Kenyatta National Hospital, Nairobi

			Hypertension Complication		
			Yes	No	P value
	N	%	n (%)	n (%)	
Taking antihypertensive medication as prescribed					
Yes	71	88.8	28(39.4)	43 (60.6)	0.12
No	9	11.3	6 (66.7)	3 (33.3)	
Advised by medical professional to change lifestyle					0.084
Yes	29	36.3	16 (55.2)	13 (44.8)	
No	51	63.8	18 (35.3)	33 (64.7)	
Advised against smoking by medical professional					
Yes	24	30	12 (50)	12 (50)	0.374
No	56	70	22 (39.3)	34 (60.7)	

Isiaho Lillian Amugitsi, Ayieko A. O., Omuga B. O. Determinants of Hypertension Complications Among Adult Hypertensive Patients in Medical Wards at Kenyatta National Hospital, Nairobi. *American Journal of Nursing Science*. Vol. 5, No. 5, 2016, pp. 213-221. doi: 10.11648/j.ajns.20160505.16

Slide 4

The Evidence

- Nurse Counselling on lifestyle change – motivational interviewing style used.

	Control (n=48)	Low (n=52)	High (n=56)	
Age	59	58	58	
Gender (M/F)	24/24	29/23	26/21	
Weight Change (kg)	0.05 (-0.8 to 0.9)	-1 (-2.2 to -0.1)	-1.7 (- 2.7 to - 0.6)	p<0.05
Alcohol intake (g/week)	- 12 (-57 to 32)	-164 (-274 to - 55)	-83 (-123 to - 42)	p<0.05
Sodium intake (mmol/24h)	4 (-15 to + 24)	- 38 (-59 to -17)	-21 (-42 to -0.6)	p<0.05
Systolic BP	-4 (- 9 to 0.5)	-6 (-12 to -2)	-8 (-14 to -4)	p<0.05
Diastolic BP	+1 (-1 to 4)	-1 (-4 to 1.9)	-2 (- 5 to 0.04)	p<0.05

Values are means with 95% CI

- The decrement in level of BP achieved in the intervention groups were of similar magnitude as adding an additional drug

Wolland J, Berlin L, Lord T et al. Controlled Trial of Nurse Counselling on Lifestyle change for Hypertensive treated in General Practice. Clinical and Experimental Pharmacology and Physiology (1995) 22, 465 – 468.

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Table V. *Changes in blood pressure measures from baseline to 18 months overall and by assigned and observed motivational interviewing (MI) group: HUB City Steps, Hattiesburg, MS, 2010–2011*

Assigned MI group (dose intended)							
	Overall (n = 206)		Low dose (n = 104)		High dose (n = 102)		
Measure	Mean	SD	Mean	SD	Mean	SD	P^a
Includes all participants with 18 month data							
SBP	−2.8	17.3	−2.3	17.9	−3.4	16.7	0.660
DBP	−1.7	11.7	−1.3	11.5	−2.1	11.9	0.616
Excludes 15 participants with change in hypertension medication[b]							
SBP	−2.6	15.9	−2.7	16.1	−2.5	15.8	0.920
DBP	−1.5	11.1	−1.2	10.9	−1.8	11.4	0.740
Observed MI group (dose received)[c]							
	No dose (n = 42)		Low dose (n = 116)		High dose (n = 48)		
Includes all participants with 18 month data							
SBP	−3.0	20.97	−2.6	15.98	−3.2	17.20	0.979
DBP	1.9	13.30	−2.4	11.12	−3.3	11.16	0.072
Excludes 15 participants with change in hypertension medication[b]							
SBP	−4.0	16.51	−2.1	15.78	−2.4	15.98	0.822
DBP	1.2	11.61	−2.1	11.24	−2.4	10.21	0.241

DBP, diastolic blood pressure; SBP, systolic blood pressure.
[a]*P* value for between group difference.
[b]Participants who were not taking hypertension medication at 0 or 6 months but were at 18 months or participants who increased medication between 0 and 6 or 6 and 18 months.
[c]No dose = no calls completed; low dose = 1–4 calls completed; high dose = 5–10 calls completed.

Landry, A., Madson, M., Thomson, J., Zoellner, J., Connell, C., & Yadrick, K. (2015). A randomized trial using motivational interviewing for maintenance of blood pressure improvements in a community-engaged lifestyle intervention: HUB city steps. *Health Education Research*, 30(6), 910–922. http://login.research4life.org/tacsg0doi_org/10.1093/her/cyv058

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Patient Education and Counseling 72 (2008) 115–121

Patient Education and Counseling

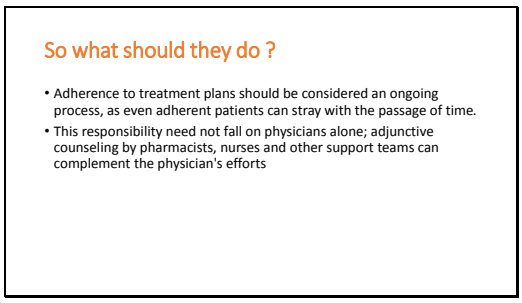
www.elsevier.com/locate/pateducou

Physician counseling for hypertension: What do doctors really do?

Robert A. Bell [a,b,c,*], Richard L. Kravitz [c,d]

Objective: To describe patient counseling by physicians on hypertension and lifestyle and assess its impact on participants' satisfaction.
Methods: An analysis was conducted of transcripts of audio-recorded outpatient visits, augmented with patient and physician surveys. Participants were 30 primary care physicians, 11 cardiologists, and 120 hypertensive patients. Each transcript was coded into categories descriptive of physicians' counseling behaviors. Patients and physicians completed pre- and post-visit questionnaires; patients also completed a survey 2 weeks after their visit.
Results: Most physicians assessed patient medication adherence, but counseling on hypertension and lifestyle was limited. Receipt of lifestyle counseling had a positive, short-lived impact on patient satisfaction. Physicians reported greater satisfaction with visits characterized by more lifestyle counseling. Amount of counseling provided was unrelated to the presence of cardiovascular comorbidities. Provision of counseling was not associated with physicians' perceptions of visit burden. Lifestyle counseling was associated with longer visits.
Conclusion: Hypertensive patients received relatively little information about hypertension and beneficial lifestyle changes.
Practice Implications: Office visits provide an important opportunity for physicians to reinforce key hypertension-related educational messages. Physicians could do more to underscore the importance of medication adherence and healthy living to their patients with hypertension.

Slide 7



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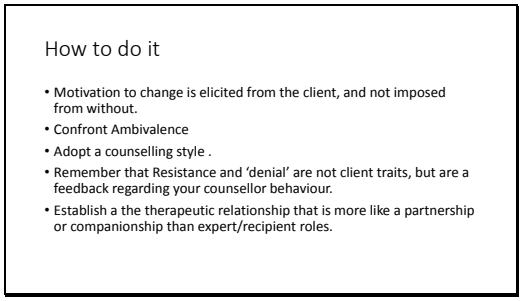

- Other motivational approaches have emphasized coercion, persuasion, constructive confrontation. Such strategies may have their place in evoking change, but they are quite different in spirit from motivational interviewing which relies upon identifying and mobilizing the client's intrinsic values and goals to stimulate behaviour change.
- Ambivalence takes the form of a conflict between two courses of action (e.g., indulgence versus restraint), each of which has perceived benefits and costs associated with it.
- The specific strategies of motivational interviewing are designed to elicit, clarify, and resolve ambivalence in a client-centred and respectful counselling atmosphere. More aggressive strategies, sometimes guided by a desire to 'confront client denial,' easily slip into pushing clients to make changes for which they are not ready, and therefore will not accommodate afterwards.

- Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction.
- Client resistance is often a signal that the counsellor is assuming greater readiness to change than is the case, and it is a cue that the counsellor needs to modify motivational strategies.
- Eliciting and reinforcing the clients in their motivational behaviour towards problem recognition, concerns, desire, intention, responsibility and ability to change.
- The counsellor respects the client's autonomy and freedom of choice and consequences regarding his or her own behaviour.

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