

Factors Influencing Attitudes of Adults towards Hypertension Management in Nigeria: A Mini-Review

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ABSTRACT

Hypertension, otherwise known as high blood pressure, is a major worldwide health concern, contributing to the prevalence of cardiovascular illnesses and renal failure. Nigeria is not immune to this health issue. Nigeria is seeing a rising incidence of hypertension, with a prevalence rate of 30.6% among adults as of 2022, resulting in an increase in heart disease, stroke, and chronic kidney disease. In Nigeria, hypertension-related fatalities totaled 10,692 in 2022, resulting in a mortality rate of 17 per 100,000 individuals. Lifestyle adjustments are essential in managing hypertension in Nigeria; yet, their effectiveness primarily hinges on individuals' attitudes and views. This has resulted in a minimal adoption of lifestyle adjustments, including dietary alterations and physical activity, for the control of hypertension among Nigerians. The factors affecting these views and attitudes have been inadequately reflected in existing research. To bridge this gap, this study examines the factors that impact the perceptions of adults in Nigeria about the efficacy of non-pharmacological methods for controlling hypertension, with the aim of promoting the adoption of lifestyle adjustments of dietary modification and physical activities in management of hypertension.

Keywords: Hypertension; High blood pressure; Lifestyle modifications; Dietary changes; Physical activity

INTRODUCTION

Hypertension, also known as high blood pressure, is a significant global health issue, contributing to the burden of cardiovascular diseases and kidney failure. Nigeria, the most populous country in Africa, is not exempt from this health concern. Over the past few decades, the prevalence of hypertension among Nigerian adults has been on the rise, raising concerns about its implications for public health and healthcare costs. This phenomenon can be attributed to various factors, including urbanization, lifestyle changes, and dietary patterns [1].

Hypertension is one of the notable warning signs for cardiovascular disease globally. High blood pressure increases the dangers of chronic heart disease and stroke. It may also lead to cardiac arrest and peripheral vascular disease along with renal impairment, retinal hemorrhage, and loss of vision. According to the National Health Service, hypertension is when blood pressure exceeds the normal blood pressure of 120/80 mmHg to a pressure of 140/90 mmHg. The majority of hypertensive individuals initially experience no symptoms, although

symptoms like headaches, impaired vision, and heartburn can be brought on by extremely high blood pressure [2].

According to WHO, high blood pressure was the root cause of the majority of strokes, coronary heart disease, and other cardiovascular diseases that led to the death of 17.6 million individuals globally in 2019. The majority of incidents are being reported in low and middle-income nations, which are affected the most by this trend. Africa has been reported to have the highest incidence of adults with hypertension in the world, with an estimated prevalence rate of 46%. The continent's most populated country, Nigeria, is reported to have an increasing burden of hypertension with a prevalence rate of 30.6% in adults. Additionally, complications associated with hypertension make up roughly one-quarter of all unexpected admissions to hospitals in urban areas. This increase in the prevalence of hypertension has led to a surge in heart disease, stroke, and chronic kidney disease [3].

According to a finding by the World Health Organization reported by Onyedinefu, In Nigeria, deaths from hypertension

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reached 10,692 in 2020, which translated to a death rate of 17 per 100,000 people. The lack of awareness about being hypertensive is one of the primary factors of death from cardiovascular diseases in Nigeria. Considering its large population, which is currently predicted to be above 200 million.

Nigeria is seeing an epidemiological change in the distribution of diseases, with non-communicable diseases like hypertension becoming more common than infectious disorders. This shift has been connected to growing urbanization, the adoption of a Western lifestyle marked by a shift in diet away from fruits and vegetables towards processed foods high in fat and salt, and decreased physical activity, all of which raise the risk of hypertension. According to Adeloye et al., the high rate of physical inactivity in Nigeria, ranging from 25% to 57%, is associated with obesity, which also raises the risk of hypertension. Thus, to address and reduce these health concerns in Nigeria, attention must be placed on the evaluation and implementation of dietary and physical activity interventions [4].

Adopting dietary modifications and participating in physical activities have been shown to be effective in the management of hypertension; however this depends on the way individuals perceive the effectiveness of these lifestyle modifications. To promote the uptake of lifestyle modifications in managing hypertension, this study explores the factors that influences the attitudes of adults in Nigeria regarding the effectiveness of non-pharmacological approaches for the management of hypertension. The recommendations provided in this study will be significant for public health practitioners and healthcare providers in Nigeria on how services can be enhanced to promote lifestyle modifications of dietary changes and physical activity as effective interventions to managing hypertension among adults in Nigeria [5].

LITERATURE REVIEW

Hypertension in Nigeria

In Nigeria, the most common Cardiovascular Disease (CVD) risk factor is hypertension, and problems associated with hypertension make up around 25% of hospitalizations. According to van de Vijver et al., the average blood pressure of Nigerians is greater than that of people in Europe and the US. In earlier research, Adeloye et al., found that one in four adult Nigerians had hypertension and that the lack of awareness of the condition is probably a factor in the nation's CVD mortality. This was further reinforced by their recent systematic review to estimate the rate of pre-hypertension and hypertension in Nigeria, which discovered compelling evidence that the incidence of hypertension among adult Nigerians has increased significantly in recent years, and the country's worryingly low level of awareness of the condition remains. Nonetheless, there was heterogeneity across the studies Adeloye et al., analyzed, which was indicative of differences in the demographics studied. These variations may have led to difficulties in deriving clear conclusions [6].

Pharmacological approaches commonly used for the management of hypertension in Nigeria

Based on individual randomised trials, early use of fixed-dose combination therapy consisting of two or three drugs is encouraged by the Nigerian national policy for controlling hypertension. The guidelines specifically advise combining a diuretic with a calcium channel blocker, Angiotensin-Converting Enzyme Inhibitor (ACEI), Angiotensin-II Receptor Blocker (ARB), beta-blocker, alpha-blocker, or a centralised acting agent for hypertension treatment due to their efficacy.

When compared to monotherapy, the data from Salam et al. and Salam et al. demonstrate the effectiveness and efficiency of fixed-dose combination therapy. They indicated that starting treatment with a low-to-standard combined dosage will decrease the likelihood of withdrawals. In a similar vein, Sanuade et al., claimed that this method is effective and economical for establishing blood pressure control more rapidly and simply as opposed to monotherapy [7].

In contrast, reports from Testa et al., claim that people who use hypotensive drugs are susceptible to syncope. Although the study was limited to people aged 65 and above, thus the findings may not be generalizable to adults of other age groups. However, Testa et al., study was strengthened by findings from Gudsoorkar and Tobe and Khalil and Zeltser, who reported side effects like kidney failure, increased dehydration, and cerebral hypo-perfusion from taking antihypertensive drugs. This suggests that the strategy commonly used in Nigeria exposes patients to therapies that may not be suited to their general wellness.

DISCUSSION

Factors influencing lifestyle interventions in hypertension management in Nigeria

Dietary modifications: Mezue discovered that most ethnic meals in Nigeria are hot and typically require a substantial amount of salt for improved flavor. The study revealed that the obligation to follow conventional cooking methods may affect individuals' views on salt reduction in dietary management, especially if they perceive that lowering salt will diminish the flavor of their food. This highlights a cultural factor influencing dietary modification for management of hypertension.

Sogunle and Egunjobi revealed that Nigerian individuals recognized the importance of hypertension drugs but were uninformed about the effectiveness of non-pharmacological therapy for the illness. This indicates that the average Nigerian adult lacks enough information of how dietary modifications might assist in managing hypertension [8].

Research by Sanuade et al., revealed that the majority of individuals in rural Nigeria do not perceive dietary modification as an effective strategy for hypertension management, as they often claim that their ancestors consumed these traditional foods without negative health consequences. This reinforces the notion that salt usage is a cultural inheritance and a vital element in the preparation of culturally relevant cuisine, suggesting the need to promote culturally tailored dietary plans

that enable salt reduction while honoring the cultural viewpoints of these communities.

Physical activity intervention: Taylor et al., found that hypertensive individuals in Nigeria consider exercise crucial for treating their illness. The study revealed that cultural perceptions depicting men as inherently strong may impede their involvement in high-intensity physical activities for hypertension management, as such participation could be construed as a weakness, undermining their perceived masculine responsibilities. This shows the necessity of including adults in public health awareness and campaign initiatives that might dispel erroneous cultural beliefs regarding physical activities, which may affect the implementation of lifestyle adjustments as methods for managing hypertension among adults in Nigeria.

Oduola et al., established that hypertension management requires healthy practices, including weight reduction or maintenance, and participation physical activity; nonetheless, financial limitations regarding gym memberships were identified in this study as barriers to lifestyle modifications among average-income earners in Nigeria. This indicates that some individuals see lifestyle adjustments, such as participating in physical exercise, as expensive, possibly obstructing their capacity to adopt these alterations for hypertension control [9].

Level of awareness and knowledge of lifestyle modifications for treating hypertension in Nigeria

Akinlua et al., discovered a deficiency in awareness of lifestyle modifications for managing hypertension. The research reveals that some persons in rural Nigeria feel that spiritual abilities might aid in the treatment of hypertension, since they view it as a means to alleviate negative living circumstances that may lead to excessive rumination and, therefore, hypertension. This suggests that individual perspectives may override comprehension levels in adults on the implementation of lifestyle modifications for hypertension treatment.

Soni et al., also reported that participants regarded walking or low-intensity workouts, including light jogging and swimming, as advantageous for hypertension management. They were disinclined to engage in these activities, perceiving them as possessing merely a temporary impact rather than a lasting resolution. Oduola et al., indicated that individuals abstain from physical activities, viewing them as superfluous, perilous, or incongruous with ageing. The research revealed that in Nigeria, exercise is sometimes regarded by illiterate or rural communities as an endeavor for the disengaged, or economical persons who choose for walking to avoid transportation costs. This demonstrates their understanding of exercise's function in managing hypertension.

Sanuade et al. and Oku et al., also demonstrated inadequate understanding on dietary adjustments, including salt reduction, in the therapy of hypertension. These two studies recognized the lack of public health activities focused on educating persons about healthy foods, especially those low in sodium, as a contributing cause to insufficient literacy and comprehension about dietary treatment of hypertension.

Factors that influence the lifestyle modifications for the management of hypertension among adults in Nigeria

Facilitators: Earlier research showed that stress resulting from worry about the implications of hypertension and a desire to burden one's family members are patient-level barriers to managing hypertension. This element was seen as a facilitator in the Adeola et al., study, where participants were encouraged to follow through with lifestyle modifications to avoid burdening their families with the negative effects of their hypertension. This was also the case in other studies. Notably, establishing a routine for healthy lifestyle modifications such as strolling, farming, and performing domestic tasks was one of the other facilitators in the Adeola et al., study. However, the findings from this study may not apply to all Nigerian adults as it was carried out in on hospital in Lagos, Nigeria.

Barriers: Studies have shown gaps in the understanding regarding physical activity; some people assume they are too old or that exercising would exacerbate their existing conditions, while others have complained about their lack of time and conflicting priorities. Other studies have also reported financial limitations as barriers to engage in physical activities. On the other hand, Adeola et al., found that cooking for a large family and bland meals were barriers to reducing salt consumption. Furthermore, the nutritional guidelines for preventing hypertension such as salt reduction have been reported to not be relevant or translatable to the dietary patterns of Nigerians.

While prior studies have demonstrated the efficacy of lifestyle modifications, research has not yet adequately included a sufficient representation of individuals in Nigeria with diverse ages, gender, their level of health literacy, and their cultural beliefs with regard to the prevention and management of hypertension. As a result, a gap has been found in the literature on lifestyle interventions for the management of hypertension in Nigeria.

Recommendations

This review advocates for healthcare providers to recognize and include cultural ideas into treatment programs due to the influence of culture on dietary adjustments. This should entail collaboration with community leaders or traditional healers to facilitate the acceptance of contemporary lifestyle modifications while honoring local norms.

This review recommends for the establishment of national awareness campaigns using media and outreach initiatives, especially in rural and underserved areas, to enhance understanding of hypertension and the significance of lifestyle modifications.

Future research should investigate how perceptions of lifestyle adjustments vary by gender, age, and urban/rural contexts to provide better tailored treatments for distinct demographic groups.

CONCLUSION

This review examined the factors influencing Nigerian adults' perceptions of dietary modifications and physical exercise in the management of hypertension. Findings from this review indicate that inadequate health literacy and knowledge, socioeconomic impediments to lifestyle adjustments, and cultural factors impact individuals' attitudes and perception towards hypertension management. These findings identify the need for tailored health interventions that address both individual knowledge gaps and the broader institutional and cultural contexts affecting hypertension management in Nigeria.

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