



Analysis of Compliance Levels and Quality of Life Perspectives for Outpatient Hypertension Patients at Hospital X, Mojokerto Regency

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ABSTRACT

The incidence of hypertension in the world in 2021 is estimated at 1.28 billion adults worldwide suffering from hypertension and 3 million of them die every year. Seven out of ten sufferers do not receive treatment. Hypertension sufferers in East Java in 2021 aged over 15 years are estimated to be 11,686,430, with a total of 48.38% men and 51.62% women. Of this number, 9.70% of hypertension sufferers received treatment. Low compliance with taking medication causes hypertension to get worse and will affect the quality of life of someone suffering from hypertension. This research is a prospective quantitative research using a cross sectional research design. Using a side sampling technique. The number of samples in the study was 100 patients. The results of this study showed that the highest level of medication adherence was in the medium category at 61%, high 31% and low 9%. The level of quality of life for hypertensive patients in the moderate category is 56%, low 35% and high 9%.

INTRODUCTION

Hypertension is a serious medical condition that can significantly increase the risk of heart, brain, kidney and other diseases. The incidence of hypertension in the world in 2021 is estimated at 1.28 billion adults aged 30-79 years worldwide suffering from hypertension, most of whom (two thirds) live in low and middle income countries (WHO, 2021). Riskesdas 2018 stated that the prevalence of hypertension in the Indonesian population based on the results of measurements aged >18 years was 34.1%, the first rank was in South Kalimantan (44.1%), while the lowest rank was in Papua at (22.2%), the estimated number Hypertension cases in Indonesia amounted to 63,309,620 people, while the death rate in Indonesia due to hypertension was 427,218 deaths (Riskesdas, 2018).

Hypertension sufferers in East Java in 2021 aged over 15 years are estimated to be 11,686,430, with a total of 48.38% men and 51.62% women. Of this number, 9.70% (5,806,592) of hypertension sufferers received health services. Compared to 2020, hypertension sufferers in East Java experienced an increase of 1.10% who received routine health services in 2021 (Ministry of Health of the Republic of Indonesia, 2021).

Low adherence to taking antihypertensive medication has a relevant relationship with the magnitude of the increase in blood pressure and is a marker that can worsen hypertension (Imanda et al, 2021). This is very important because in the process of treating hypertension, compliance in taking antihypertensive medication can control pressure and in the long term can reduce the risk of damage to other organs in the body. A low level of compliance can lead to a low risk of success in lowering blood pressure in hypertensive sufferers and medication not working optimally, which can cause complications (Megawati & Sukarni, 2021).

Health -related quality of human life is defined as a measure of the functional status, impact, limitations, condition and treatment prospects of patients with chronic diseases integrated into a cultural context and a points system. The health process and disease state, if successful, are always related to economics, social culture, experience and lifestyle (Wati, 2021).

Based on research conducted by Raimundus C, et al (2021), hypertensive outpatients at Hospital. Based on the description above, researchers are interested in examining the analysis of compliance levels and quality of life perspectives for outpatient hypertension patients at Hospital X, Mojokerto Regency. This study aims to determine the quality of life of hypertension sufferers. It is hoped that this research will be useful in increasing awareness of medication adherence so that patients can get a good quality of life.

THEORETICAL REVIEW

Hypertension is a cardiovascular disease that causes the number one death worldwide. Hypertension is classified as a degenerative disease which, if not treated immediately, can cause various complications and cause death, so it is called a "silent killer" disease (Trybahari et al, 2019). Hypertension can increase risk factors for heart disease and kidney disease, which are the two main causes of death in the world (WHO, 2018).

Compliance is the behavior of following medical recommendations and procedures for drug use which is preceded by consultation (Wahyudi. CT, 2017). Adherence to taking medication is an important aspect in the management of chronic diseases. Considering the conditions mentioned above, the goal of achieving a patient's healthy state is focused on compliance with taking medication every day, in this case this behavior is expressed by how much the patient complies with the treatment plan that has been agreed upon by the patient and medical professionals in setting therapeutic goals (Wati, 2021).

Quality of life is a tool for measuring the functional status, impact, limitations, conditions and treatment projects of patients with chronic diseases integrated into a cultural context and a points system. Thus, the health process and disease state, if successful, are always related to the economy, socio-culture, experience and lifestyle (Wati, 2021).

Several previous studies related to Preceptive quality of life and compliance in outpatient hypertensive patients in hospitals were conducted by: Latief Abdul & Sriyati (2022), Chalik R et al., (2021), the results of the research showed that there was compliance in taking antihypertensive drugs, but it was different. in the results of Haris R et al., (2023), where the results of his research showed that the level of compliance of hypertensive patients in taking medication was in the non-compliant category.

METHODOLOGY

Study This is study quantitative prospective with use design study *c ross sectional*. The population in this study was 405 outpatients suffering from hypertension at Hospital X. The sample for this study was determined using the lameshow formula, the number of samples taken was 100 patients. This sampling technique uses a purposive sampling technique. Purposive sampling is a sampling technique that has certain aspects. Purposive sampling is a method of taking samples based on criteria determined by the researcher. The inclusion criteria in this study were (a) hypertensive patients who had a history of 3 recent examinations; (b) receiving antihypertensive therapy; (c) male and female patients aged 20 - 80 years. The exclusion criteria in this study were patients who did not want to be respondents.

The variables in this research consist of independent and dependent variables. The independent variable indicator is compliance with taking antihypertensive drugs. The dependent variable indicator is the quality of life in hypertensive patients. Each independent variable will be measured using tools and measurement methods with a questionnaire and the dependent variable will be measured using measurement tools and methods with a questionnaire given to respondents.

RESULTS

Based on the results of research conducted on hypertensive respondents at Hospital

Age

Table 1. Results of Characteristics Based on Age According to the Ministry of Health 2019

Variable	Category (Year)	Frequency	Percentage (%)
Age	20 - 44	7	7
	45 - 59	45	45
	≥60	48	48
Total		100	100

Based on the table above, 3 age frequency categories were obtained, namely in the age range 20 - 44 years with 7 respondents, in the age range 45 - 59 years there were 45 respondents and in the age range ≥ 60 years 48 respondents.

Gender

Table 2. Results of Characteristics Based on Gender

Variable	Category	Frequency	Percentage (%)
Gender	Man	28	28
	Woman	72	72
Total		100	100

In table 2, the research results based on gender show that the majority of respondents were women, namely 72 people and 28 men.

Education

Table 3. Results of Characteristics Based on Education

Variable	Category	Frequency	Percentage (%)
Education	elementary school	53	53
	JUNIOR HIGH SCHOOL	10	19
	SENIOR HIGH SCHOOL	22	22
	College	6	6
	Total		100

The results of table 3 above show that the most respondents were at the elementary school level, namely 53 people, then in second place there were 22 people at the high school level, then 10 people at the junior high school level and the least was at the tertiary level. as many as 6 people.

Medication Adherence

Table 4. Compliance with Medication

Variable	Category	Frequency	Percentage (%)
Medication Adherence	Low	9	9
	Currently	61	61
	Tall	30	30
Total		100	100

The results of research based on medication adherence showed that the majority of respondents with a moderate level of compliance were 61 people (61%), respondents with a moderate level of compliance were 30 people (30%) and with a low category level were 9 people (9%).

Quality of Life

Table 5. WHOQOL-BREF Quality of Life

Variable	Category	Frequency	Percentage (%)
Quality of Life	Low	35	35
	Currently	56	56
	Tall	9	9
Total		100	100

Based on the results of this research, it was found that the majority of respondents had a quality of life in the medium category, namely 56 people (56%) and respondents who had a quality of life in the low category were 35 people (35%).

DISCUSSION

As you get older, the knowledge you gain increases so you can improve your way of thinking. As men and women get older, they will experience a decline in physical and psychological abilities. The aging process is accompanied by a process of life changes every year, both psychologically, physically and mentally. And the older a person gets, the worse their memory, hearing and vision become (Pujiasih R, 2022).

In table 2, the research results based on gender show that the majority of respondents were women, namely 72 people and 28 men. In most cases, signs of hypertension appear after the age of 30 years, while most women suffer from hypertension after menopause which causes blood pressure to increase, especially systolic blood pressure increases more in women with increased blood pressure. This age shows that women have a higher risk factor for high blood pressure due to differences in gender and male hormones. The decrease in estrogen hormone production after menopause causes an increase in blood pressure in women (Pradwipta, 2022).

This is in accordance with the results of research conducted by Wati et al., (2021), which explains that menopausal women have a greater risk of high blood pressure because women slowly begin to lose the hormone estrogen

which protects against blood vessel damage. This process usually continues as women get older, usually occurring between the ages of 45 and 55 years.

The results of characteristics based on education level show that the majority of respondents were elementary school graduates, namely 53 people. And the least is with a tertiary education level. This research is in line with research conducted by Pradwipta (2022), that at the elementary school education level, hypertension is the most common. Elementary school education reduces the risk factor for hypertension by 66%, while it is 72% in patients with high school education. The higher a person's education level, the lower the risk of developing hypertension.

The results of medication adherence showed that the largest number of respondents were in the moderate category, 61 people. Compliance with taking medication is an important aspect in disease management. The patient's compliance with taking blood pressure medication is controlled and does not experience a significant increase in achieving optimal health. According to Latif (2022), in hypertensive patients, the majority of treatment compliance is in the moderate category, 62 patients (84%). This is because moderate category compliance is the first stage of behavior change which still requires monitoring at this stage.

The results of the quality of life of the respondents showed that the majority were from the moderate category, namely 56 people. These results indicate that respondents' compliance with blood pressure treatment is poor. The quality of life of hypertensive patients is determined by compliance with taking antihypertensive medication. Lifestyle changes and the type of onat therapy used. Hypertensive patients have a lower quality of life compared to people with normal blood pressure. In addition, hypertension can have a negative impact on a person's quality of life, such as vitality, social function, mental health and psychological function. From the research results, it was found that respondents in domain 1 physical health, domain 2 psychological well-being, and domain 4 relationship with the environment were in the medium category. Meanwhile, in domain 3, social relations, results were obtained in the low category. High physical and psychological health factors influence quality of life. Psychological well-being consists of influence, self-realization, stress and mental state, self-esteem, status and respect, beliefs, religion and sexuality (Printinasari, 2023). The results of research conducted by Printinasari (2023), the results of his research showed that the majority of respondents had a moderate quality of life, 55 people (72.4%). So that a person's quality of life can be formed from what that person does.

CONCLUSIONS AND RECOMMENDATIONS

Results of research on the quality of life of medication adherence in outpatients at Hospital X district. Mojokerto can be concluded 1. The level of medication compliance for hypertensive patients is in the categories of moderate (61%), high (31%), and low (9%) compliance. 2. The level of quality of life for hypertensive patients is categorized as medium (56%), low (35%) and high (9%). The results of this study show that in general the quality of life of

hypertensive patients is of moderate quality, there is a moderate category of quality in the dimensions of physical health and social relations which is quite high. And it is recommended that in further research there can be a relationship between adherence to taking medication and the quality of life of outpatient hypertensive patients in further research.

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