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Knowledge and Practices Related to the Quality of Life of Patients with Chronic-Degenerative Conditions

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Abstract:- A descriptive, qualitative and cross-cutting type study was conducted, with the primary purpose of preventive intervention, non-randomized, open masking, with an active monitoring group of first-class health personnel in a rural community. Knowledge and practices were analyzed in patients with type 2 diabetes and high blood pressure, n= 68, and their relationship to adherence to treatment and exposure to modifiable risk factors. Among the most outstanding results, we find that the group in analysis is in a state of anxiety and with problems in mobility to carry out their daily activities. These problems are attributed as effects of diabetes mellitus and hypertension. The causes that triggered diabetes mellitus and hypertension and the complications they present are unknown to and do not include patients, linking them to lived emotional consequences, and not to the exposure of behavioral and metabolic risk factors.

Keywords:- *Chronic-Degenerative Diseases, Hypertension, Diabetes Mellitus, Risks From Unhealthy Behaviors.*

I. INTRODUCTION (*HEADING 1*)

Chronic diseases are a global, national and local public health problem. Chronic diseases have presented a major challenge for public health systems. The World Health Organization states that 63% of deaths are caused by heart disease, heart attack, cancer, respiratory diseases and diabetes (WHO, 2019).

In 2016 there were 653 thousand deaths, making up 80% of all causes of death in Mexico, 24% from cardiovascular deaths, 12% from cancers, 6% from chronic respiratory diseases, 15% from diabetes mellitus, 10% for communicable, maternal, perinatal and nutritional conditions, 10% for injuries and 22% for other noncommunicable diseases (WHO, 2018). In Mexico, trends in the risk of premature mortality due to chronic diseases have remained from 2000 to 2016 in percentages around 20%, causing 521,000 cases of deaths.

During the years 1993 to 2012 in Mexico there has been a dramatic increase in the burdens of Obesity, hypertension and diabetes, with an increase in obesity of 56.5 %, for hypertension of 28.5% and diabetes 127.5% (ENEC, 1993; ENSA, 2000 and ENSATU 2012).

The control of chronic diseases has presented a major challenge for public health, as these diseases are preventable, and therefore the number of premature deaths can be reduced. Strategies for the reduction of premature deaths include educational interventions to reduce the main common modifiable risk factors for chronic diseases.

Factors involved in chronic diseases include harmful alcohol use, physical inactivity, salt/sodium consumption, tobacco use, high blood pressure, type 2 diabetes mellitus, obesity and air pollution. Risk factors from 2000 to 2016 have decreased their trend in tobacco use from 40% to 20%, blood pressure has remained in the same trend of about 20% and obesity continues to increase from 20 to 40%.

At the 61st World Health Assembly in 2018, the global strategy for the prevention and control of noncommunicable diseases was presented with a goal n. 3 "Encouraging interventions to reduce the main factors of common modifiable risks of noncommunicable diseases: tobacco use, unhealthy diet, physical inactivity and harmful alcohol use" , however, by 2017 less than 25% of primary care centers offer chronic disease risk stratification (WHO, 2018b).

However, according to figures from the Mexican Diabetes Federation, only 25% of patients in control in medical units presented evidence of adequate metabolic control. In the 2016 National Mid-Way Health and Nutrition Survey, they reported that 9.4% of adult men and women interviewed reported being diagnosed with diabetes by a doctor. 87.7% of adults with prior diagnosis of diabetes responded that if they receive treatment for control. 46.4% of people living with diabetes do not take preventive measures to prevent or delay complications. And according to international Diabetes Federation figures, half of people with diabetes are unaware of their condition.

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The perception that health professionals have about the knowledge of pathophysiology and the exposure of risk factors of patients suffering from chronic diseases, influences the attention of the daily behaviors they exercise in the management of their treatment.

According to psychosocial theoretical models, human behavior is considered voluntary and determined by behavioral intent, which in turn is built on three main processes: social attitudes, subjective norm and perceived behavioral control. It is therefore important that the communication with the patient is effective and allows to obtain the necessary data to understand their disease and make the necessary changes to improve their health (Martin, 2011).

An integrated communication model considers health behavior as the result of conscious intentions, and the formation of these intentions as the result of the effect of information and knowledge that forms attitudes (Ajzen, 1980 and 1991), which lead to the application of the expected behavior.

Quoting Avila-Reyes, they consider that people act on objects and other people in their world from the meanings or symbols that they represent them. The healthcare professional plays an important role in the behavioral changes needed from patients with chronic degenerative diseases. Since "the determinants of community health are considered, emphasizing that the participation of the population is crucial for the resolution of the health needs of their own community and promoters as people trained in health being the community a source of resolution of their own problems, organizing and strengthening their own development, empowering themselves" (Avila and Reyes , 2017).

Hence the Avila-Reyes model is based on the theory of symbolic interactionism that considers 1) humans are endowed with the capacity for thought; 2) this capacity is modeled by social interaction; 3) in this interaction people learn the meanings and symbols that allow them the capacity for thought; and (4) the ability to modify or alter meanings based on the interpretation of the situation.

This model has broad potential for health promotion, as the relationship of perceptions of chronic diseases in primary health care patients leads to the adoption of behaviors that lead to a decrease in exposure of modifiable risk factors to develop healthy lifestyles. This document sets out the knowledge and practices of patients in the control of diabetes mellitus and high blood pressure, as part of symbolic interactionism as an influence on the exposure of risk factors, which allow to direct the training processes in the use of the Avila-Reyes model as a tool in the promotion of health and generate an impact on the health of the community.

II. METHOD

A descriptive, qualitative and cross-cutting type study was conducted, with the primary purpose of preventive intervention, non-randomized, open masking, with an active monitoring group of first-level health personnel in a rural community, no. 68. The perceptions of patients with type 2 diabetes and high blood pressure and their relationship to adherence to treatment and exposure to modifiable risk factors were analyzed.

The study was carried out at the Health Center of the municipality of Acapetahua, Chiapas, Mexico. The reporting period included the months of January to March 2020, 68 interviews were conducted with patients in chronic disease control. During the interview, variables were identified about their perception of their illness and treatment; as well as those related to risk factors to which they are exposed.

The participant was informed about the objectives of the investigation and the guarantees of anonymity of their identity and confidentiality of their statements. He was followed up with the chronic disease control cards of each of the patients, where he contains the control data.

III. DISSCUTION

During the study, 68 patients were interviewed (no. 68) with Diabetes mellitus type 2 and hypertensive population of the municipality of Acapetahua, Chiapas, Mexico, cared for in nucleus one of the health center. The average age is 63. With regard to the sociocultural characteristics of the group, its mother tongue is Spanish; 81% is female and 19% is male; 52% of the group is illiterate, a percentage very high and according to the conditions of very low human development index presented by Chiapas, Mexico. Of the remaining percentage, 37% course in primary school, 7% in high school and 7% in high school. 22% are economically active.

Most of the group under study showed a lack of knowledge about diseases of type 2 diabetes mellitus and arterial hypertension, they do not have the knowledge that allows them to direct their actions for a better quality of life. Only 12% mentioned having any knowledge about pathophysiology.

As for the intake of their medicines, 85% know the name of their medicines and the effect it has on them; however, there are 15% who do not know this and does not allow it to keep adequate control of their intake.

In relation to the causes that caused the disease, only 12% related the cause of the condition to a lack of healthy lifestyle. Most (88%) the group is unaware of the cause and some attribute it to emotional causes.

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In terms of health care, most attend chronic control months. They have a positive outlook on care from health professionals, however, 82% mentioned that they do not receive advice on the changes that diabetes mellitus and hypertension cause in their body.

Of the study group, 74% have type 2 diabetes mellitus, 63% high blood pressure and 37% have both health problems. In the group of patients with type 2 diabetes mellitus, 60% had high blood glucose figures. The group of patients with high blood pressure 59% was found with high blood pressure figures.

Related risk factors that contribute to cardiovascular disease and complications include obesity (82%), unhealthy eating (77%), physical inactivity (77%), high blood pressure (47%), cholesterol (38%), high glucose (35%), tobacco use (27%) and active alcohol consumption (23%).

In addition to the above, in the study group 47% mentioned having anxiety and 52% have some type of pain, 30% have problems to carry out their daily activities and 53% present problems for mobility, 56% perceive dissatisfaction in their quality of life.

IV. CONCLUTIONS

The group of patients who concentrated the sample in this study, with type 2 diabetes mellitus and hypertension, are older than 60 years and live in a rural region with noticeable socioeconomic problems: mostly illiterate and incomplete primary.

Most of the group in analysis is in a state of anxiety, with problems in mobility and for carrying out their daily activities. These problems are attributed as effects of diabetes mellitus and hypertension. The causes that triggered diabetes mellitus and hypertension and the complications they present are unknown and do not include them, linking them to lived emotional consequences, and not to exposure of behavioral and metabolic risk factors.

Behavioral risk factors with increased exposure are unhealthy eating and physical inactivity, and metabolic risk factors, obesity and high blood pressure. Doctor-patient communication is an old topic within semiology with the aim of obtaining patient information; but very rarely focused on influencing their perceptions of their illnesses.

According to ENSANUT 2012, 1 in 4 older adults have diabetes and 4 out of 10 suffers from hypertension; 1 in 4 has physical limitations to perform some basic activity of daily life such as walking, bathing or dressing and another has limitations for instrumental activities such as cooking or going to the supermarket. The main causes of death in this population are in fact diabetes and heart disease.

Health professionals need to develop communication skills that allow them to perform an accompaniment to their patients, to improve adherence to treatment and obtain better results. Focusing mainly on group advice over the age of 60, developing skills that allow it to condescend to generate an impact on this population.

Accompaniment in patients for behavioral changes is of great importance since, behavioral changes take time, and in some of the stages can lead to frustration at the impossibility of achieving the goals.

The importance of achieving patient accompaniment for a first-level behavior change is due to health professionals at the first level of health care being the first contact between the patient and the health system. Top-level health professionals require an education and accompaniment protocol in patients with diabetes mellitus and hypertension to achieve these behavioral changes.

The Pan American Health Organization in order to assist health professionals in managing cardiovascular disease in primary health care, in advising patients on their healthy lifestyles and habits, created a HEARTS technical package supported by a group of prestigious associations on chronic diseases in 2019.

Mexico's Secretary of Health with support from the World Health Organization and the Pan American Health Organization created the Sectoral Strategic Clinic for the Dissemination and Implementation of Clinical Practice Guides, which presents clinical care algorithms in type 2 diabetes mellitus and hypertension, multidisciplinary educational interventions for the prevention of diabetes mellitus and adoption of a healthy lifestyle for systemic high blood pressure.

However, accompaniment to the change in behaviors of patients with type 2 diabetes mellitus and hypertension remains urgent and better treatment outcomes would be achieved. The advantages that we can obtain with it within the health system, is the reduction of excessive costs for the treatment of these cases and a better quality of life for people with these chronic-degenerative conditions.

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