

## A Qualitative Study on the Experiences of Hypertension Patients with Diagnosis and Treatment Process

### Hipertansiyon Hastalarının Tanı ve Tedavi Sürecine İlişkin Deneyimlerini İnceleyen Niteliksel Bir Araştırma

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#### Abstract

The study aimed to qualitatively explore the diagnosis, treatment processes, and patient experiences related to hypertension, a critical public health issue contributing to mortality and morbidity among a significant portion of the population. The qualitative study included patients aged 30-69 diagnosed with hypertension by physicians other than the investigators at least one year ago, and currently using antihypertensive medication. Using snowball sampling, 10 patients were contacted for online, in-depth interviews. Semi-structured questions, developed by the investigators from literature review findings, guided the interviews. Transcripts were analyzed using content analysis in Atlas.ti program to identify codes, sub-themes, and themes. The majority of participants struggled to define hypertension and lacked clarity on high and low blood pressure values. Stress was commonly cited as a cause, with some mentioning genetic factors. Many reported their diagnosis was incidental. While most adhered to medication, some mentioned non-pharmacological interventions like drinking lemon juice, hibiscus tea and eating garlic. Awareness of diet and exercise's importance was noted, yet some faced challenges adopting these changes. Participants acknowledged the potential serious consequences of neglecting treatment. The study found that many hypertension patients lacked knowledge about blood pressure limits and were diagnosed incidentally. This situation has highlighted the need for healthcare providers to dedicate more time to preventive practices and patient education. Encouraging self-responsibility awareness through targeted studies is advised to maintain lifestyle changes, regular blood pressure monitoring, and medication adherence among those diagnosed with hypertension.

**Keywords:** Diet; exercise; hypertension; lifestyle changes.

#### Özet

Araştırma, nüfusun önemli bir kısmında mortalite ve morbiditeye katkıda bulunan kritik bir halk sağlığı sorunu olan hipertansiyonla ilgili tanı, tedavi süreçleri ve hasta deneyimlerini niteliksel olarak araştırmayı amaçlamaktadır. Niteliksel araştırmaya en az bir yıl önce araştırmacıların dışındaki hekimler tarafından hipertansiyon tanısı konulan ve balen antihipertansif ilaç kullanan 30-69 yaş arası hastalar dahil edildi. Kartopu örnekleme kullanılarak 10 hasta ile çevrimiçi, derinlemesine görüşmeler gerçekleştirildi. Araştırmacılar tarafından literatür taraması ile geliştirilen yarı yapılandırılmış sorular ile görüşmeler yapılmıştır. Kodlar, alt temalar ve temaların belirlenmesi amacıyla transkriptler Atlas.ti programında içerik analizi kullanılarak analiz edilmiştir. Katılımcıların çoğunluğu hipertansiyonu tanımlamakta zorlandı ve yüksek ve düşük tansiyon değerleri konusunda kesin fikirlerden yoksundu. Hipertansiyonun nedeni olarak stres genellikle önemli bir neden olarak gösterildi, bazı katılımcılar ise genetik faktörleri vurguladı. Katılımcıların birçoğu tanılarının tesadüfi olarak konulduğunu bildirdi. Çoğu katılımcı ilaç tedavisine sadık kalırken, bazıları limon suyu içmek, hibiscus çayı içmek ve sarımsak yemek gibi ilaç dışı müdahalelerden bahsetti. Katılımcıların hipertansiyonda

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*diyete ve egzersizin önemi konusunda farkındalıkları görüldü, ancak bazıları bu değişiklikleri benimsemeye zorluklarla karşılaştığını belirtti. Katılımcılar tedaviyi ihmal etmenin potansiyel ciddi sonuçlarının da farkında olduklarını ifade ettiler. Araştırmada birçok hipertansiyon hastasının kan basıncı değerleri hakkında bilgi sahibi olmadığı ve tanılarının tesadüfen konulduğu ortaya çıktı. Bu durum, sağlık hizmeti sunucularının koruyucu uygulamalara ve bilgilendirmeye daha fazla vakit ayırmaları gerektiğini göstermiştir. Hipertansiyon tanısı alan kişilerde yaşam tarzı değişikliklerini, düzenli kan basıncı takibini ve ilaç uyumunu sürdürmek için bedele yönelik çalışmalar yoluyla öz sorumluluk bilincinin teşvik edilmesi tavsiye edilir.*

**Anahtar Kelimeler:** *Diyet; egzersiz; hipertansiyon; yaşam tarzı değişiklikleri.*

## INTRODUCTION

Hypertension (HT) is a chronic disease and a major public health problem in both developed and developing countries (1). If not controlled, HT can cause many conditions such as coronary artery disease, stroke, heart failure, kidney diseases (2). HT is also the leading cause of mortality worldwide, with an estimated 10.4 million deaths in 2017 attributable to high systolic blood pressure (3). While hypertension-related deaths show a decreasing trend in developed western countries, they are increasing in developing countries, but with the ageing of the populations and the prolongation of life expectancy, the number of hypertensive patients in developed countries is increasing which creates a significant burden on health and economy (4).

In Turkey, the number of hypertensive patients is estimated to be approximately 15-16 million (5). The prevalence of hypertension in the population over 18 years of age was found to be 30.3% in the Turkish Hypertension Prevalence Study conducted by the Turkish Society of Hypertension and Kidney Diseases in 2012 (6). Considering the awareness rates of such a common disease, awareness of hypertension in Turkey is 54.7% (6).

The key conditions for success in the treatment and control of hypertension are to ensure timely and accurate diagnosis of patients, to implement lifestyle changes effectively, to start medication on time, to ensure medication compliance and to improve their quality of life (7). Community-based studies have demonstrated that the quality of life of people with hypertension is lower than that of the normal population (8,9). Hypertension causes limitations in daily life activities of patients over time. In addition, hypertensive individuals experience the psychological impact of having a chronic disease and are forced to make changes in their lifestyle (10).

The aim of this study is to qualitatively evaluate the awareness of patients treated for hypertension about the diagnosis and treatment processes; the impact of lifestyle changes on their lives after diagnosis and their efforts to achieve hypertension control.

## MATERIALS AND METHODS

### Study Design

The research adopts a qualitative approach with a phenomenological design to delve into the experiences of hypertension patients. While there are numerous quantitative studies on hypertension knowledge, lifestyle changes, diagnosis, and treatment processes, fewer qualitative studies exist on these topics. Therefore, a qualitative approach was chosen to deeply understand patients' perspectives on diagnosis and treatment experiences.

### Participants

The study population consisted of patients between the ages of 50-69 who were diagnosed with hypertension by physicians other than the investigators at least one year ago and who were using antihypertensive drugs. Participants were recruited using a non-probability sampling method known as snowball sampling, where existing participants suggest other potential participants. In this study, 10

hypertensive patients who volunteered were included based on this method. Since data saturation was reached during in-depth interviews with 10 participants, further recruitment of participants was deemed unnecessary.

### Data collection

A mini questionnaire consisting of 10 sociodemographic questions was first given to the participants, and then the in-depth interviews were continued with semi-structured questions created by the investigators based on the literatures. Questions asked to the participants included the definition of hypertension, the time of diagnosis, their feelings after the diagnosis, their regular follow-up, their lifestyle changes, their compliance with their treatment, the methods they used other than medical treatment, and whether they had hypertension attacks. The interviews were conducted online from January 1st to January 15th, 2022, with two researchers present in each session and the interviews took approximately 30-40 minutes. During the interviews, the participants gave their consent for audio recordings and these audio recordings were typed into transcripts digitally and deleted on the same day.

### Data analysis

Content analysis was conducted on the transcripts of in-depth interviews. The transcripts were coded separately by 4 investigators, and these codes were used to identify sub-themes and themes. Atlas.ti program was used for the analysis.

### Ethics

The study was approved by the Ethics Committee of the relevant university (07.01.2022/09.2022.104) where the investigators worked. Informed consent was also obtained from the participants. This study was conducted in accordance with the standards of the Declaration of Helsinki.

## FINDINGS

The study enrolled 6 women and 4 men with hypertension aged 54-69 years. Sociodemographic characteristics of the participants are given in Table 1.

**Table 1.** Sociodemographic characteristics of the participants

|                       | Age | Gender | Education        | Occupation |
|-----------------------|-----|--------|------------------|------------|
| <b>Participant 1</b>  | 54  | Female | Primary school   | Housewife  |
| <b>Participant 2</b>  | 61  | Male   | University       | Retired    |
| <b>Participant 3</b>  | 66  | Female | None             | Housewife  |
| <b>Participant 4</b>  | 69  | Male   | Secondary school | Retired    |
| <b>Participant 5</b>  | 55  | Female | High school      | Housewife  |
| <b>Participant 6</b>  | 54  | Male   | Master's degree  | Retired    |
| <b>Participant 7</b>  | 57  | Female | High school      | Housewife  |
| <b>Participant 8</b>  | 63  | Female | Primary school   | Housewife  |
| <b>Participant 9</b>  | 62  | Female | High school      | Retired    |
| <b>Participant 10</b> | 58  | Female | High school      | Retired    |

During the in-depth interviews with 10 patients with hypertension, 4 themes were identified: getting to know hypertension, diagnostic process of hypertension, life with hypertension after diagnosis, and treatment of hypertension (Table 2).

**Table 2.** Themes and subthemes

| Themes                                      | Sub-themes  |
|---|---|
| 1. Getting to know hypertension             | <ul style="list-style-type: none"><li>• Information on hypertension</li><li>• Signs of hypertension</li><li>• Causes of hypertension</li></ul>                                  |
| 2. Diagnostic process of hypertension       | <ul style="list-style-type: none"><li>• Diagnostic process</li><li>• Mood after diagnosis</li></ul>   |
| 3. Living with hypertension after diagnosis | <ul style="list-style-type: none"><li>• Diet</li><li>• Physical activity</li><li>• Regular follow-up</li></ul>  |
| 4. Treatment of hypertension                | <ul style="list-style-type: none"><li>• Medication</li><li>• Non-pharmacological interventions</li><li>• Possible consequences of lack of treatment or non-compliance</li></ul> |

## 1. Getting to Know Hypertension

### 1.1. Information on hypertension

In this qualitative study, most of the participants were unable to define hypertension correctly. Most of the patients were unable to clearly describe the concepts of high and low blood pressure.

*“...High blood pressure occurs when the blood pressurizes the heart too much.”* (Participant 4, 69 y, M)

*“I know it is related to the pumping of the heart, but I don't know much about it... Low blood pressure should be eight. But I'm fifty years old now, so it can be nine. The high blood pressure should be 12-13, so I have no complaints in that range, that's what the doctors say.”* (Participant 5, 55 y, F)

*“Blood pressure, well, they say high is bad but low is good... but doctors measure it and tell you whether it's high or low...”* (Participant 9, 62 y, F)

### 1.2. Signs of hypertension

When asked about their complaints, most of the participants expressed headaches as their main complaint. Apart from headaches, complaints such as heavy eyes and weakness were also reported.

*“A pain comes from the nape of my neck, and I get pulling in the upper part of my head around my brain and pins and pulls in my scalp.”* (Participant 7, 57 y, F).

Another participant described the symptoms of hypertension she had experienced: *“When it gets high, I get a headache from the back of my neck. And it feels like something's squeezing my temples.”* (Participant 5, 55 y, F).

Participant 1 expressed the hypertensive attack she experienced as follows *“It was about four or five years ago. I had such a severe tremor in the body. I went to the nearest emergency. Then they lowered my blood pressure. (My blood pressure) was up to 18.”* (Participant 1, 54 y, F).

### 1.3. Causes of hypertension

Many patients reported that hypertension was caused by stress and nervousness. Some patients reported that hypertension was hereditary.

*“Frankly, I don't have much information... A little hearsay... It may be genetic. It might be because of not paying attention to our diet, it might also be related to age.”* (Participant 1, 54 y, F).

One participant reported that, *“So I know it's related to nervousness. It rises more when I get angry. I realize that I shouldn't exhaust myself, I shouldn't get angry, and I know that it will rise if I am overtired. I know it will rise when I'm nervous.”* (Participant 7, 57 y, F).

Two participant stated that hypertension may be genetic: *“I strongly believe that it is hereditary. My grandfather also had high blood pressure...”* (Participant 6, 54 y, M)

## 2. Diagnostic Process of Hypertension

### 2.1. Diagnostic process

Most of the participants stated that they were diagnosed with hypertension by chance. A small proportion reported that they were diagnosed by a doctor they consulted for their complaints.

*“I had back surgery. Then my daughter-in-law took me to a doctor in Balıkesir (a city in Türkiye), and the doctor prescribed me blood pressure pills. They measured my blood pressure there... (it was high) Just by coincidence.”* (Participant 3, 66 y, F)

*“I visited an internal medicine doctor and found out by chance... Discovering such a condition by chance is actually a great lesson.”* (Participant 2, 61 y, M)

*“I fainted at a wedding, this was about 5 years ago... I went to the emergency room, and they took my blood pressure; it was in the 20s. They brought it down there, but they told me to get it checked. I had never had my blood pressure measured before that day.”* (Participant 10, 58 y, F)

Most of the participants mentioned that once diagnosed, physicians informed the patient about lifestyle changes and the need to use medication.

*“(Doctor) He warned me and told me a very simple sentence. Take care of your heart.”* (Participant 2, 61 y, M)

*“Be more careful, he said, and lose some weight.”* (Participant 4, 69 y, M)

*“So, after I had hypertension, I realized this when the doctors told me, and I became careful. I was a big fan of pickles. I don't eat anymore, it scares me, so I don't eat at all.”* (Participant 6, 54 y, M) The physician warned the patient about salty foods and pickles.

### 2.2. Mood after diagnosis

When asked about their feelings after the diagnosis, some of the participants felt bad and scared, while others stated not feeling anything.

*“I felt bad. I realized I had to sacrifice a lot.”* (Participant 1, 54 y, F)

*“I didn't feel a thing, I ignored it.”* (Participant 2, 61 y, M)

*“I was actually upset, I was upset that I would have to use medication all the time from now on.”* (Participant 10, 58 y, F)

## 3. Living with Hypertension After Diagnosis

### 3.1. Diet

We found that most of the patients were aware of the importance of salt restriction in meals and made an effort to follow this recommendation.

*“I think it is better not to add any (salt) to the meals, but as it reduces palate satisfaction, I think we should not exceed a certain daily rate, even if it is very small.”* (Participant 6, 54 y, M)

*"I got used to my diet, so I know the restrictions. I am getting healthier; thank God I am not having any problems for now."*  
(Participant 5, 55 y, F)

When the patients were asked how they consumed foods other than those made at home, half of the patients reported paying attention and trying to take precautions as much as they could, but the other half did not care.

*"I rarely consume packaged foods. If I go out or maybe when a guest comes (I then consume). But I think it increases blood pressure because it contains additives, fat, salt. I try not to eat too much."* (Participant 7, 57 y, F)

*"So, to be honest, I don't pay much attention, I think the medicine will help me."* (Participant 2, 61 y, M)

Most of the participants know that pickled foods are high in salt and therefore many do not eat pickled foods.

*"I make my own pickles. When salty, it elevates my blood pressure. I can't eat them with every meal, including olives. Then there are the local pickled cheeses. I prefer soaking olives and cheese in water and eat them after the salt is gone."* (Participant 5, 55 y, F)

### **3.2. Physical activity**

Most of the patients were aware of the importance of physical activity and tried to exercise as much as they could. However, some participants still do not find their physical activity sufficient.

*"I exercise and try to do sports activities as much as I can."* (Participant 5, 55 y, F)

*"I like to walk one or two days a week. I walk... I swim occasionally, but there's no place for that."* (Participant 6, 54 y, M)

*"I try to walk as much as I can. But probably not enough. Just walking to and from the market, if that's enough..."*  
(Participant 7, 57 y, F)

### **3.3. Regular follow-up**

We found that most of the patients attach importance to doctor visits. However, a small number of people said that they visit only when necessary. We also found that half of the participants regularly measured blood pressure at home.

*"I go to the doctor if I have a complaint. But I take my medication regularly. I also have a sphygmomanometer at home, I measure (my blood pressure) every day."* (Participant 2, 61 y, M)

*"I don't go to the doctor, I can feel myself anyway, I don't have much headache. I measure when I get a headache."* (Participant 8, 63 y, F). One participant reported consulting a physician only in serious cases and did not go for routine controls.

## **4. Treatment of Hypertension**

### **4.1. Medication**

Most of the participants reported that they used their medication regularly. Some of the participants mentioned that they did not like taking medication and can sometimes have side effects. One participant mentioned feeling safe when taking medication.

*"I used regularly the medicine prescribed at the health center. I used it for a while. It made me cough a lot. I thought maybe it was just a normal cough. Then I found out that it was a side effect of the medicine...but when I used it, I felt more comfortable, I felt like I was safe."* (Participant 1, 54 y, F)

One participant stated not liking to use medication: *"I don't like to use medication very much. I would rather like to overcome this with diet, sports, distractions, but I use the medicines prescribed by the doctor regularly (of necessity)."*  
(Participant 7, 57 y, F).

One of the participants stated that taking medication was important. *“Sometimes, when I do not take the medicine, and if I feel fine for a day or two, I go to get a prescription immediately on the third day. I just pick it up at the pharmacy.”* (Participant 3, 66 y, F).

Most of the participants reported not having any information about side effects of medication. Participants who were informed about the side effects of medicines mentioned that medicines can cause cough and damage the stomach.

*“The doctor had prescribed medication. Then after I took that medication, it made me cough a lot, cough excessively.”* (Participant 1, 54 y, F)

*“Pills don't help, they're bad for the stomach.”* (Participant 3, 66 y, F)

#### **4.2. Non-pharmacological interventions**

When asked what kind of practices the participants used for hypertension other than medication, they mentioned methods such as lemon juice, garlic, pomegranate syrup, and hibiscus tea.

*“I used to squeeze a lemon a day, dilute and drink it. Or I dilute pomegranate juice and drink to regulate my blood pressure.”* (Participant 7, 57 y, F)

*“I sometimes eat a clove of garlic.”* (Participant 1, 54 y, F)

*“There are some herbal drinks that lower blood pressure...hibiscus tea which is red. But you should drink it cold... Well, I can say that it relaxes.”* (Participant 2, 61 y, M)

#### **4.3. Possible consequences of lack of treatment or non-compliance**

Almost all of the patients were aware of the serious consequences of hypertension, which they described as cerebral hemorrhage, stroke and blindness.

*“It may cause brain hemorrhage, paralysis and blindness.”* (Participant 1, 54 y, F)

*“If we do not regularly take our medication and do not take care of ourselves, we may have a brain hemorrhage and stroke. We could end up in a vegetative state.”* (Participant 7, 57 y, F)

One participant stated regret when she did not care. *“Anything we don't pay attention to bounces right back at you. That's why I try to be careful. But sometimes when we get together with the girls, we have snacks and stuff. When I eat these, I regret a lot, I ask myself why I am doing this.”* (Participant 8, 63 y, F)

During the interviews, we learned that four participants had hypertensive attacks. One patient reported that his medications were adjusted after the attack. *“I went to the emergency department. I had an echo. All the tests have been done. Then they prescribed these medicines (hypertension medicines).”* (Participant 4, 69 y, M)

## **DISCUSSION**

This study qualitatively evaluated the diagnostic process, medication and non-pharmacological interventions, lifestyle changes accompanying the current diagnosis and the experiences of patients with hypertension. Additionally, the findings underscore the importance of considering the ethical dimensions of hypertensive patients' experiences in the diagnosis and treatment processes.

In this study, participants had difficulty in defining hypertension and most participants did not know the definition of high and low blood pressure. Although the level of knowledge of hypertension varies based on the characteristics of the groups studied in the literature, in general, it is emphasized that the level of knowledge of the study participants on hypertension is inadequate (11-14). Especially in hypertensive patients, inadequate knowledge of hypertension leads to a decrease in medication compliance, which in turn leads to uncontrolled hypertension (15). In the present study, it is also important that participants were not

able to clearly tell their high and low blood pressure values. Many studies also show that the values of high and low blood pressure are not clearly known (14, 16). The inability of the participants to learn the high and low blood pressure values leads to failure to control blood pressure, even if they measure their blood pressure, because they do not know their blood pressure.

In this study, patients reported symptoms such as headache and weakness when their blood pressure increased. In a study by Suneja and Sanders in 2017, hypertensive patients showed similar symptoms and especially in hypertensive urgencies, additional hypertensive symptoms included chest pain and limb weakness (17). Since hypertensive patients generally show subtle symptoms, it is encouraging that the participants were aware of the symptoms they associate with hypertension.

During the interviews in this study, the participants stated stress and nervousness as the causes of hypertension. Stress is a known cause of hypertension (18, 19). Importantly, participants were aware that stress triggers hypertension and that they can take actions to eliminate the causes of stress, which may lead to a positive improvement in blood pressure control.

Most of the patients who participated in this study stated of being diagnosed coincidentally. A qualitative study by Perera et al. in 2019 also showed that a large proportion of patients were diagnosed coincidentally during a visit to another doctor (20). Hypertension is an insidious disease that is often asymptomatic, and its complications cause a significant health burden all over the world. Although there are screening programs in Turkey that emphasize the necessity of measuring the blood pressure of patients applying to family health centers, it has been observed that the implementation of these programs is lacking. In our study, there is a patient who has never had their blood pressure measured even once until the age of 53. While this situation reflects poorly on the healthcare system, it also indicates the lack of emphasis that physicians place on screenings and preventive approaches. It would be an ethical obligation for physicians to measure the blood pressure of patients presenting to the hospital. Also, early diagnosis of hypertensive patients through the development and implementation of screening programs such as active and passive surveillance for hypertension will result in a decrease in hypertension-related mortality and morbidity.

During the provision of healthcare services, particularly preventive approaches not only improve the health status of individuals but also have significant impacts on public health (21). The role of preventive approaches in maintaining individuals' health should be carefully evaluated, both at the societal level and in terms of healthcare delivery costs. It is clear that these processes involve an ethical dimension beyond medical assessments, as the limited nature of resources and the needs of patients bring ethical dilemmas to the forefront for healthcare professionals (21). Notably, a balance must be struck in healthcare decision-making processes between patient-centeredness and cost-effectiveness. This balance should ensure not only the protection of individual health but also the sustainability of the healthcare system. Ethical issues arising during the diagnosis, medicalization, and follow-up stages of illness have a direct impact on the quality and accessibility of healthcare services (22). In this regard, it is crucial for healthcare professionals to respect individuals' rights and autonomy while ensuring fair distribution of resources. Additionally, factors such as gender, economic status, and cultural differences should be considered in the implementation of preventive approaches to ensure equitable healthcare delivery. Otherwise, these services may exacerbate health inequalities. Healthcare providers must deliver services that both aim to protect and improve individual health and adhere to the ethical principles of medicine (22).

Participants stated being aware of the need to make lifestyle changes after being diagnosed with hypertension. They stated that especially after the diagnosis, they paid attention to their diets and especially avoided pickled and salty foods. They also emphasized the necessity of physical activity. An article published in 2019, which examined therapeutic changes in lifestyle for the treatment of persistent hypertension, showed that lifestyle changes such as salt restriction, physical exercise and weight loss have positive effects on the control of hypertension (23). In the study, the participants attempted to implement lifestyle changes



recommended by scientific studies after diagnosis. The participants emphasized the importance of reducing salt in meals, avoiding pickled foods and physical activity. In addition to medication, lifestyle changes such as salt restriction and regular physical exercise are very important in the treatment of hypertension (24).

In this study, most of the patients mentioned the possibility of cerebral hemorrhage, visual impairment leading to blindness and paralysis if they did not comply with their treatment. Treatment compliance in hypertension treatment is one of the most important factors in preventing hypertension-related mortality and morbidity (25). In a study investigating the level of knowledge of hypertension and compliance with medication in patients with hypertension, medication compliance increased as the level of knowledge of the patients increased (12).

In the study, the participants were aware of the importance of medication and stated regular use of their medication. Regular use of medications in the treatment of hypertension is very important to control high blood pressure and prevent any complications that may develop due to hypertension. A study conducted in India in 2024 also found that 87.5% of patients receiving hypertension treatment knew the importance of taking their medication regularly (26). Similar to our study, 80.8% of hypertensive patients who admitted to family health centers in 4 different districts of Kayseri province in Turkey stated that they used their medication regularly (27).

In the present study, the participants stated that they used non-pharmacological interventions such as drinking lemon juice, hibiscus tea and eating garlic in addition to medication. In a study investigating the therapeutic options of hypertension patients in Turkey, 63.9% of the subjects were reported to prefer non-pharmacological interventions when their blood pressure increased (28). The literature shows that hypertensive patients prefer various non-pharmacological interventions such as drinking lemon juice, hibiscus tea and eating garlic etc. (29-31). Patients with hypertension often resort unconsciously to non-pharmacological interventions to support their treatment, to reduce the dose of the drugs and/or to eliminate the need for medication and with the concern that they may not benefit from the treatment administered (29, 32). In this respect, the importance of providing hypertensive patients with healthier information about hypertension and medication has also come to light. The patients' lack of knowledge regarding the non-pharmacological interventions of hypertension may actually stem from doctors' inability to fully explain hypertension to their patients. In recent years, there has been a notable shift toward non-pharmacological interventions in our country, reflecting a growing awareness of the limitations and potential harms associated with pharmacological treatments (33). Patients increasingly express concerns that the additives in medications are unsuitable, often leading to additional health issues rather than effectively addressing their conditions (34). This skepticism is exacerbated by the proliferation of misinformation on social media and the internet, which can mislead patients and negatively impact their health outcomes. In light of these ethical challenges, it is crucial for physicians to engage in comprehensive discussions with patients regarding the treatment of hypertension. Such conversations should not only address the efficacy and safety of non-pharmacological options, such as lifestyle modifications, diet, and exercise but also acknowledge patients' fears and misconceptions about medications. This patient-centered approach fosters trust and empowers individuals to take an active role in their health care decisions, which is an essential ethical principle in medical practice. Moreover, to counteract the effects of misinformation, accurate information about hypertension diagnosis and treatment should be disseminated through public service announcements and informative brochures. These materials should be crafted with careful consideration of ethical principles related to health literacy, ensuring that they are accessible and easily understood by all community members. By prioritizing education and transparent communication, we can help patients make informed decisions about their health and promote a more ethical and effective approach to hypertension management.

## Limitations and Suggestions

The study has also some limitations. First, the study was conducted with patients who were diagnosed with hypertension. Therefore, the participants may have been more informed and more compliant. Second, because of its qualitative nature, generalization to the population is not possible. To better understand hypertension awareness, it is recommended to design further qualitative and quantitative studies involving individuals diagnosed with hypertension.

## CONCLUSION

Finally, this study revealed that most of the patients diagnosed with hypertension did not know the definition of hypertension, did not know the limits of high and low blood pressure and received the diagnosis of hypertension incidentally. Patients should be provided with accurate information about the diagnosis and treatment of hypertension through physicians, public service announcements, and informative brochures. They should also be informed about the importance of receiving appropriate medication treatments under doctor supervision, rather than relying on non-pharmacological interventions. Given the insidious and mostly asymptomatic course of hypertension, the importance of hypertension screening has once again become clear. Active and passive surveillance is very important, especially in hypertension. In addition, in order to increase hypertension awareness in individuals, improving health literacy should be prioritized. Studies aimed at developing self-responsibility awareness are recommended for ensuring the continuity of lifestyle changes in individuals diagnosed with hypertension, regular blood pressure follow-up, and compliance with medication. Additionally, while the implementation of preventive approaches offers a critical opportunity to improve the health of both individuals and society, reflecting on the ethical dimensions of these processes is essential for fostering a healthy and just society.

**Conflict of Interest:** The authors declare that there are not conflicts of interest.

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