



Study on Applied Effect of Health Education and Chronic Disease Management and Nursing in Elderly Hypertension in Community

Zhoujing Chen, Min Min, Baoya Zhang

Hainan Vocational University of Science and Technology, Haikou 571126, Hainan, China

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Abstract: With the continuous improvement of the aging degree of the global population, the incidence of elderly hypertension, as the main type of chronic disease, is increasing year by year. Due to the lack of understanding of hypertension and the lack of management measures, the hypertension control rate in our country has been relatively low. Therefore, the in-depth study on the implementation effect of hypertension health education and chronic disease management and nursing for the elderly in the community is of great practical significance to improve the control rate of chronic diseases, improve the quality of life of the elderly, and decreased the burden of public health. Combining the health education theory, the paper design and implemented the protocol of health education for elderly hypertension patients in community, and explored the effective strategies of chronic disease intervention, so as to improve patients' physiological indicators and self-management ability.

Keywords: health education; chronic disease management and nursing; senile hypertension; implement applied

1. Introduction

The purpose of this study was to explore the practical effects of health education and chronic disease management in elderly patients with hypertension in the community. Through the design and implementation of a health education program for elderly patients with high blood pressure, combined with the comprehensive nursing care strategy for management of chronic illness, in order to improve the level of the patient's disease knowledge, improve the elderly living habits, and effective control of blood pressure. A combination of quantitative and qualitative methods was used, including questionnaire survey, in-depth interview and comparison of physiological indicators before and after the intervention. At the same time, pass case study, in-depth understanding of patients' difficulties and successful experiences in applied knowledge in real life, to provide basis for optimizing the intervention strategy in the future.

2. Theoretical basis of health education and chronic disease management

2.1 Theoretical framework of health education

The theoretical framework of health education emphasizes the three core elements of knowledge transmission, attitude shaping and behavior change. For the elderly patients with hypertension in the community, the etiology, pathogenesis and treatment methods should be explained in detail, so that the patients and their families can fully understand the condition. Secondly, pass sharing successful cases, guide patients to establish a correct disease concept and understand the importance of long-term management of hypertension. Finally, combining the theory of behavior change, the design of progressive behavior intervention measures, by gradually increasing intensity, change the way of eating habits and so on, to achieve the purpose of effective control of blood pressure.

2.2 Nursing concept of chronic disease management

The nursing concept of chronic disease management is patient-centered, focusing on prevention, self-management and continuous care. In the process of treatment of senile hypertension community, its concept, to pay attention to patients' individual demand, and through the education and guidance, to help the old man to establish the long-term health of behavior patterns. For example, regular monitoring of blood pressure can make timely adjustments to the protocol to ensure that blood pressure is at an ideal level. At the same time, patients should be encouraged to participate in the decision-making process and improve their disease knowledge to achieve effective disease control.

Lifestyle intervention plays an important role in chronic disease management and nursing. For older adults with hypertension, it can include a low-salt diet, regular exercise, and maintenance of appropriate body weight. For example, you can design personalized exercise program, such as walking 30 minutes of moderate intensity every day, and tell patients how to control the intake of sodium through diet. In addition, psychological care can not be ignored, pass psychological self-study

or support groups, patients can cope with the stress caused by the disease and improve the quality of life.

3. The implementation of health education for elderly patients with hypertension in the community

3.1 Design of educational content

First of all, it is necessary to design easy to understand and practical educational content according to the characteristics of elderly hypertension patients. It includes the basic knowledge of hypertension, such as etiology, symptoms, and possible complications, so as to improve patients' awareness of hypertension. In addition, the proper use of drug therapy will be emphasized to ensure that patients understand the mechanism of action and possible side effects of each drug, so as to improve medication adherence. Secondly, the content of health education should include healthy lifestyle changes, such as low-salt diet, regular aerobic exercise, smoking and alcohol withdrawal. The World Health Organization recommends consuming no more than 5 grams of salt a day and doing at least 150 minutes of moderate exercise a week. Finally, for the elderly with cognitive decline or memory decline, regular health reminders and vivid visual AIDS should be strengthened.

3.2 Educational methods and strategy

It is very important to innovate educational methods and strategy in the health education of hypertension in the elderly in community. First of all, health education for hypertensive patients, including the causes of hypertension, symptoms, treatment protocol and medication knowledge. In addition, multimedia teaching methods, such as animated videos and interactive electronic manuals, were used to improve the understanding and participation of the elderly in the activities. Secondly, according to the cultural background, cognitive degree and living conditions of patients, personalized education protocol is developed for patients. At the same time, we also regularly communicate with patients on a one-to-one basis to understand the difficulties encountered by patients in the process of treatment and propose targeted solutions. Finally, the applied behavior change theory was used to guide the patients to gradually change their bad living habits. In the process of education, in addition to teaching knowledge, patients should also be made aware of the necessity of changing behavior and stimulate their internal motivation, so as to improve the effectiveness of self-management.

3.3 The participation of educational objects is enhanced

Improving the degree of participation in hypertension health education is of great significance for improving the level of hypertension health education in the elderly in the community. Therefore, we should not only design interactive health lectures and interesting health knowledge competitions, but also pay attention to the individual differences of the elderly and respect the learning habits and cognitive level of the elderly. For example, the use of multimedia teaching materials such as animation and video, so as to make the cause and prevention of hypertension more intuitive. In addition, according to Keller's ARCS model, educational content should be ensured to attract the attention of the elderly, get close to their lives, enhance their self-confidence, and make the elderly feel satisfied and successful. For example, elderly people who have been cured of high blood pressure can be invited to share their experiences to inspire other elderly people to self-management.

4. Chronic disease management and nursing strategy

4.1 Blood pressure monitoring and controls

In the strategy of chronic disease management and nursing, blood pressure monitoring and controls are the important contents. Regular and standardized blood pressure measurement can effectively monitor the patient's blood pressure status, in order to adjust the treatment protocol in time. For example, health centers could set up regular blood pressure measurements or use smart portable devices to monitor them remotely to ensure accurate and timely data. In addition, patients should also consider the patient's psychological factors, such as anxiety, fear, etc., which may cause blood pressure fluctuations. pass psychological counseling, so that patients establish a correct understanding of the disease, decreased due to psychological pressure caused by the rise in blood pressure.

4.2 Lifestyle intervention

Lifestyle intervention is an important strategy for the management of chronic hypertension in the elderly. This includes proper eating habits, regular exercise, maintaining a healthy weight, and avoid too much stress. For example, patients can be instructed to adopt the "DASH" diet while reducing salt and saturated fat intake. In addition, patients are encouraged to do at least 150 minutes a week of moderate aerobic exercise, such as brisk walking or cycling, to help lower blood pressure.

In practice, pass regular health talks and one-on-one counseling, patient acceptance of lifestyle changes has increased

significantly. For example, a 70-year-old man, after knowing the relationship between diet and high blood pressure, took the initiative to reduce the intake of salty foods and started walking every day. After six months of follow-up, the patient's blood pressure dropped from 160/95mmHg to 130/80mmHg, displayed the effectiveness of lifestyle intervention.

4.3 Psychological care and support

Psychological care and support are very important for the treatment of chronic diseases, especially for elderly patients with hypertension in the community. Patients with hypertension often have psychological diseases such as anxiety and depression, which aggravate the condition and affect the treatment effect. Psychological care includes emotional support, helping the patient develop strategy for coping with stress, and teaching the patient pass meditation, deep breathing, and other methods.

For example, the establishment of psychological counseling hotline, regular assessment of patients' psychological status, timely detection of potential psychological problems, and take corresponding intervention measures. At the same time, a mental health education group should be established, so that patients can learn from each other and face the psychological pressure brought by the disease together. Practice shows that the elderly patients who participate in group activities, their anxiety symptoms obvious reduction, blood pressure has been obvious controls.

5. Conclusion

To sum up, in the future, attention should be paid to the innovative applied of hypertension health education and chronic disease management and nursing for the elderly in the community and its influencing factors. First, digital technologies, such as mobile applied or remote monitoring systems, can be used to enhance real-time and personalized education and improve patient compliance. Secondly, factors such as social and economic status and family support system of the elderly are taken into account to construct a refined individual difference model, so as to formulate a more effective management strategy. In addition, research should thoroughly analyze the impact of community environment and policy support on chronic disease management, such as the accessibility and quality of community health services, which may have a significant impact on patient management behavior.

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