



Thesis title:

Compliance of hypertensive patients with their management regime at Gaza Strip.

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## Abstract

This study aimed to explore the compliance status among the hypertensive patients to the management regime of hypertension in Gaza Strip particularly those who are registered as a hypertensive patients in both MOH and UNRWA, and to discover any contribution that may lead to the purpose of the study also include developing recommendations that lead to improve health care delivery to hypertensive patients.

The time of study was in 2004 to 2006 a representative of study population was target 400 clients that were selected as a stratified random sample of a population 26.417 of registered patients.

The tools of study included a structured interview questionnaire and review to the patients record.

The results of the study showed that the compliance status mainly in the medication variable was accepted in all excellent group's with best outcomes in under 45 years old of age, with increase among UNRWA clients (51.6%) also the best result was in Khanyonis area (49.5%) and in diploma and more class in education factor (65.8%) also the satisfaction of MOH clients (90.80%) more than the UNRWA clients which reflects the crowdedness outcome in the UNRWA centers which work under open door policy and free medication.

The result of study reflects the need for more efforts to improve the compliance among hypertensive clients, compliance situation assessment raise the need for health education and community awareness and to use functional management system with best use of media regarding the local situation.

هذه الدراسة هدفت إلى كشف مدى الالتزام بين مرضى ارتفاع ضغط الدم مع النظام المتبع في قطاع غزة، خاصة هؤلاء المسجلين كمرضى ارتفاع ضغط الدم في كل مراكز وزارة الصحة ووكالة الغوث الدولية وكذلك للكشف عن أي معلومات يمكن أن تفود إلى هدف الدراسة وأيضاً تتضمن مقترحات التطوير التي قد تؤدي إلى تطوير الخدمة الصحية لمرضى ارتفاع ضغط الدم

إن زمن الدراسة كان ما بين 2004 حتى 2006 في عينة ممثلة من 400 مشارك وقع عليها الاختيار عشوائياً من مجتمع المرضى البالغ 417 و 26 المسجلين كمرضى ارتفاع ضغط الدم إن أداة الدراسة التي استخدمت تضمنت استبيان من خلال مقابلة وكذلك مراجعة تسجيلات ملف المرضى، أظهرت نتائج الدراسة أن مدي التزام وبخاصة في متغير الدواء كان مقبولاً في كل المجموعات الممتازة مع أفضل النتائج في الفئة العمرية الأقل من 45 سنة مع زيادة في وسط مرضى الوكالة 51.6% وكذلك أفضل النتائج كانت في مدينة خانيونس 49.5% وفي فئة الدبلوم وما يزيد عنه ضمن متغير التعليم 65.8%.

كذلك في حالة الرضا لدى مرضى الوزارة 90.8% أكثر من مرضى الوكالة الأمر الذي يعكس نتائج الازدحام في مراكز الوكالة التي تعمل تحت سياسة الباب المفتوح وتوزع العلاج مجاناً. نتائج الدراسة عكست الحاجة إلى المزيد من الجهود لتطوير وضع الالتزام لدى مرضى ارتفاع ضغط الدم، إن تقييم حالة الالتزام أظهرت الحاجة إلى المزيد من التثقيف الصحي والوعي المجتمعي وكذلك إلى نظام عمل فاعل والاستخدام الأفضل للإعلام مع مراعاة الخصوصية للوضع المحلي.

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# Chapter(1)

## Introduction

### 1.1 Background of study

Hypertension is a common disease, community surveys in industrialized countries have shown a prevalence of 15%-38% in the people aged =>30 years. The disease continues to be a leading cause of morbidity and mortality from coronary artery diseases and stroke (AL Sowielem 1998).

The study carrying out the compliance involves not only taking the prescribed medications but also adherence to follow up appointments and maintaining the recommended lifestyle modifications.

Furthermore, the patients should be an active participant in the plan of care. Sufficient knowledge of hypertension and its complications is an important factor in achieving better compliance and hence control.

The objectives of this study which include the assessment of compliance of hypertension patients and their knowledge and misconceptions about their disease and disease complications and their management regime in the primary health care centers in Gaza strip either in MHO and UNRWA.

Hypertension disease is one of the main causes of death and morbidity in the world, and its related disease as coronary heart disease (CHD) is the most important cardiovascular cause of premature disability and mortality (WHO 1982).

The risk factors as an element that associated with an increased likelihood that disease will develop in later time, risk factors can be categorized as, modifiable and non modifiable, or other term of



Integrated control of non-communicable diseases (NCDs) is offered as an integral part of the Agency's primary health care activities with special emphasis on diabetes mellitus and hypertension. Special care for cardiovascular diseases is provided, by specialists who visit health centers according to a weekly rotating schedule, and advice on the management of patients referred to them by health center medical officers, control of NCDs is based on the at risk strategy control status of NCDs patients in Gaza strip as controlled 37.3%, uncontrolled 62.7%, (UN 2003). Its worth to mention that this study is the first study to assess the compliance of hypertension patients with their management regime, patients attending in UNRWA, MOH primary health care centers in Gaza Strip . (MOH 1999).



### **1.2 Research problem**

The burden of non communicable diseases (NCDs) is high lighted through the last years in planning of health management due to its huge effect and high score of mortality and morbidity and to target the socioeconomic, psychological and other circumstances related to the problem.

The compliance status among the hypertensive patients in Gaza Strip are the main point of this study to be clarified to obtain the picture four own situation regarding the global one, through studying the compliance of hypertensive patients in both main health providers UNRWA and MOH in Gaza Strip.



### **1.3 Justification of the problem**

The burden of NCDs ,coronary, hypertension which mostly concluded in the heart diseases classification globally is a major cause of death and disability, and it is the commonest cause of death in both sexes world wide (Mounir 1998), this issue deliver a policy of health education globally to modifiable and non modifiable risk factors related to heart disease or mainly for hypertension, in Palestine hypertension disease is the sixth leading cause of death 8-12% of the total cardiovascular morality, with a rate of 3.2 per 100.000 ,(MOH 2003),(Annex 4) . The MOH, annual report of the year 2003 presents final data on the 10 leading causes of death in Palestine in 2003 the 10 leading causes of death

Also hypertension disease with a proportion of (4.9%) west Bank, 3.9% in Gaza strip.


1% at the Age 60 years and above deaths hypertension disease, with a proportion of 7.8% (West Bank 9.5%, Gaza Strip4.5%). (MOH 2003c).

### **1.4 Aim of the study**

To assess the compliance status of registered hypertensive patients with there management regime in both MOH and UNRWA primary health centers, Gaza strip.

#### **1.4.1 Objectives “specific”**

- a- To assess the compliance status of hypertensive patients with their management regime.

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- b- To determine the factors affecting the compliance status of hypertensive patients with management regime such as personal, organizational and medical factors.
  - c- To identify gaps and barriers countered in the management regime affecting hypertensive patients compliance.
  - d- To provide recommendations, and suggestions for improving the compliance status.

### **1.5 Research questions**

The main step of study are the compliance measuring among patients.

- 1- What is the variables associated with the compliance of hypertensive patients?
- 2- What are the misconceptions of hypertensive patients about the management regime?
- 3- Are there any difference between the main health provides to such patients MOH and UNRWA, affecting compliance?
- 4- What are the main strengths and weaknesses in the both MOH and UNRWA, policies related to target point (compliance)?

### **1.6 Study hypothesis**

In this part of study the authors present the main hypothesis of study according to study dependent variables and its relations with the basic independent variable. Does the relation between the independent

variables as age governorate, health provider, education, working and sex, is strong, weak, positive or negative. Also the different health providers with the same dependent variables show a different of values and basically the relation with the main independent variable which is compliance, the study is a trial to expose any covering matter or misconception that affect of compliance status among the population of study and to determine any weak points to minimize and also to support the strongest one to safe and maximize it.

### **1.7 General conclusions**

In this part of chapter the researcher presents the, study flow of subjects as needed and following the instructions of AL QUDS University.

The study started with introduction chapter which related to the theatrical and background of the study with the justification problem, aims and hypothesis after this, the chapter of the literature review to clarify compliance methodology and its related subjects and studies.

Then the study reach the conceptual frame work designing and its related topics and issues, all of that becomes before the part of methodology itself which presents the design of the study, sample location of the study ethical consideration, instrument, pilot study, data collection and analysis, before the data displaying and presentation in the study firstly the descriptive analysis of study then the main 10 factors being chosen to assess the compliance status in the sample and finally the conclusion and recommendation chapter which present the main result of the study and a message to the policy and system related issues and for more researches part.

## 5.4 Conclusion

The study outcomes, reflect the need of planned work and a competition in services rather than duplication and losing of resources mainly in our health system which suffer of scarcity and limited support.

The study obtain idea of differences among client's them selves in the dealing with the daily activities of the disease aspects either they were live in camps, cities, villages or any place of residence, also the impact of age, sex, work, health provider and educational level. But the different is between persons had the disease live in the same conditions but deal with under different scope or attitude.

The need of quality of care is not just to safe resources, but also to raise up the level of services provided into our parents and to those hand us up into our carrier before they becomes leaving our life, so to do the services more easy for them is aright they before they end of deserves it, the decreasing of mortality and mobility of hypertension as a disease is very important step regarding the suffering of silent killer moves all the time between our lovers, friends, and our colleagues and for sure every one of us has the same risks to be under this umbrella of the disease or other kinds of illness.

In the next part the researcher present the study recommendation's and the research recommendation's.

## 6.4 Recommendations

- 1) Farther efforts are needed in clients education about management regime, to improve the guidelines and update it according to WHO recommendation, with best regarding the local situation uniqueness.
- 2) To improve compliance situation through the best planning being appropriate regarding the needs and the local situation.
- 3) To use functional management systems such as monitoring system, feed back, follow up, supervision and evaluations should be in place, policy makers need to improve their special channels of connection to such vital process with special attention to save as the technical point of view.
- 4) The use of all media facilities in the community and mainly for high relay risky also for the discovered and under covered clients as a safety measures not only as a day of duty work.

## 6.5 Farther research recommendation's

Similar studies including.

- Other health providers of such practices.
- To describe the teams situations in health care center.
- To reach WHO related to compliance status regarding the local situation according to the population pyramid 2005 (Annex 14).
- To reach the rational situation assumption through studies.