Hypertension Assessment and Education in Carries, Haiti

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INTRODUCTION
This poster presentation is based on an elective course taken at York College in the Department of Nursing during the summer of 2015. Nursing students travelled to Haiti as part of a travel abroad course to complete a clinical project involving the residents of Carries. During our stay, we provided nursing care and education to patients at the local clinic, the residents of an elderly home, and young adults at an orphanage. One of our main focuses was to teach about diet modification and lifestyle changes that can be done to prevent and control hypertension. Although challenges such as communication barriers and illiteracy existed, this experience was beneficial to both the students and the residents. While learning to work with few health care resources, the students were able to use their nursing skills to assess, educate, and help the residents recognize different behavior modification that can be done to prevent and control hypertension.

OBJECTIVES

The learner will be able to:
1. Identify common risk factors that are associated with hypertension in Haiti.
2. Realize that insufficient resources can cause difficulties in managing hypertension.
3. Understand the importance of hypertension prevention, especially in a country where most of the population do not have access to healthcare.
4. Recognize the cultural practices in Haiti that may be directly linked to hypertension.
5. Understand why the economic status of the people of Haiti cause them to be more susceptible to hypertension.
6. Explain diet modification and lifestyle changes that can be done to control hypertension despite having little resources.
7. Recognize the successes and challenges faced while teaching about hypertension and its management in a poor resource country.

MATERIALS & METHODS
Materials used: sphygmomanometer, stethoscope, watch, assessment forms, gloves, hand sanitizer, alcohol pads.

The following were some of the questions used to obtain information from the residents during clinical assessment:
1. How old are you?/Ki a ou?
2. Do you smoke or drink alcohol?/Eske ou kann fèmnen? Eske ou kann bwè alkol?
3. What does your diet consist of on a regular basis?/Kisa ou manje de jou an jou?
4. How would you describe your salt intake?/Eske ou fè manje ak anpil sè?
5. Discuss your family history of cardiovascular diseases such as (hypertension, diabetes, coronary artery disease)/Eske ou gen moun nan fann’w ki fe maladi kadyovaklikè tanjou tanjan, maladi kè, dyabel?
6. How would you describe your activity level?/Ki sèt de aktivite ki ou fè de jou an jou?
7. How often do you seek healthcare?/Eske ou al kay doktè souvan?

The following were information on hypertension that was provided to the residents during the educational session:

The residents were informed that hypertension is an elevation of blood pressure (BP) beyond 140/90 mm Hg, and is considered as a silent killer because it is a very dangerous and common condition. They were encouraged to seek health-care check ups regularly so they can identify their risk of developing hypertension. We provided information about diet modification and lifestyle changes that can be done to prevent or control hypertension. Diet education consisted of eating a low sodium, low fat diet that is rich in fruits and vegetables. We discuss the importance of eating all natural products from the earth rather than processed foods. The dangers of alcohol consumption and smoking were discussed and residents were encouraged to quit. Hypertensive individuals received antihypertensive medications that was prescribed by the health care provider and were educated on how to take them. Residents were also instructed not to stop taking the medications abruptly and go to the nearest clinic to get more medication before they ran out. Signs and symptoms of heart attack and stroke were discussed because uncontrolled hypertension can lead to these complications.

RESULTS

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CONCLUSION

Upon assessment many of the residents of Carries had high blood pressure. Due to financial difficulties, they were unable to seek annual physical examination which made them unaware of their blood pressure range. As a result of their socioeconomic status, controlling and preventing hypertension is very challenging. In addition, cultural practices has a huge impact on the food that is consumed, therefore residents voiced that diet modification would be difficult. While trying to explain hypertension and ways to decrease its modifiable risk factors to the residents, we discovered that the level of education was a communication barrier. However, they were very receptive as we provided the information in the simplest form.

REFERENCES


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