

HEALTH COUNSELING INCREASING KNOWLEDGE AND COMPLIANCE IN HYPERTENSION PATIENTS

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Info Artikel	Abstract
<p>DOI : https://doi.org/10.26751/ijp.v10i2.2674</p>	<p>Hypertension is a silent killer because it often occurs without complaints, symptoms can vary among individuals, and are almost the same as the symptoms of other diseases and can cause several complications including coronary heart disease, stroke and kidney failure. To support appropriate hypertension therapy, health counseling is needed given that knowledge and adherence to the expected therapeutic effect can be achieved. The purpose of this study was to determine the influence of health counseling on increasing patient knowledge and compliance. This type of research is a one group pretest – post test of the relationship between health counseling variables with knowledge and compliance variables, with a quasi-experiment approach. Primary data collection was carried out from February to March 2023, for 55 patients in Apotek Wonosari Kendal. The researcher used a purposive sampling method for respondents, with inclusion criteria of residents aged 18-55 years and consuming hypertension drugs with a doctor's prescription. The research instrument used two questionnaires, namely patient knowledge and compliance, for bivariate analysis used non parametric test that is wilcoxon test. - A significant difference was found between the knowledge data sets ($p= 0.000$), and the compliance data sets ($p= 0.000$). Patient knowledge and compliance increased significantly from before to after health counseling. So it can be concluded that there is a relationship between health counseling, with knowledge and compliance in hypertension patients. Further research can continue studies that are not limited to the characteristics of respondents this study, but can expand factors including work and economy.</p>
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I. INTRODUCTION

Hypertension is a silent killer because it often occurs without complaints, symptoms can vary among individuals and are almost the same as the symptoms of other diseases and can cause several complications including coronary heart disease, stroke, and kidney failure. The results of the 2018 Basic Health Research in Indonesia explained that the prevalence of hypertension increased to 34.11% in people over 18 years compared to 25.8% in 2013. Hazwan research, found that 70% of respondents had low compliance in taking antihypertensive drugs. In line with

Noverda research, it was explained that the majority of hypertension sufferers had poor compliance when taking antihypertensive medication, amounting to 45.14% of the total respondents (Hall & Guyton, 2019).

In line with PERKI, Hypertension patients must undergo treatment by taking antihypertensive medication to provide stability to blood pressure to minimize the occurrence of further complications. However, patients often do not comply with pharmacological antihypertensive therapy. Non-compliance of hypertensive patients in taking antihypertensive drugs can occur because hypertension treatment must be

carried out for life, so it often causes boredom for hypertensive patients (Sujianto & Jabarmase, 2020).

Good health services are directly responsible for patients obtaining optimal treatment and will improve the patient's quality of life. Pharmacists might have in-person meetings with patients to ensure they receive the appropriate treatment for their ailments. Medicines are the main commodity of pharmaceutical preparations that can be used to achieve the goals of health care. If clear information is not provided regarding its use, it is feared that errors will occur in use and the expected effect will not be achieved. For this reason, there is a need for counseling by pharmacists in the patient-oriented health service process so that patients understand the disease and the use of drugs. A high level of treatment adherence is associated with reduced mortality and a reduced likelihood of patients being hospitalized (Farrar & Zhang, 2020).

Although there is clear evidence regarding the benefits of antihypertensive therapy, blood pressure is often not controlled and therefore requires the assistance of a pharmacist to obtain a better level of knowledge. Knowledge is influenced by education because comprehension can also be obtained from experience; however, the level of education also determines whether it is easy for someone to absorb and understand the information received, which then becomes understood. So it is estimated that if counseling is only done once and does not have the expected effect, counseling is given continuously to improve the patient's memory to establish compliance with the therapy given (Handayani et al., 2020).

In line with the large number of cases of hypertension and inadequate treatment available, as well as looking at the influence of counseling which can increase patient compliance in taking medication, it is necessary to research the effect of health counseling on the knowledge and compliance of hypertensive patients. Based on the description above, this research was carried out because there were still high cases of

hypertension, and no previous study had been carried out (Lugo-Mata et al., 2020).

To support appropriate hypertension therapy, health counseling is needed given that knowledge and adherence to the expected therapeutic effect can be achieved. The purpose of this study was to determine the influence of health counseling on increasing patient knowledge and compliance. And can find out the socio-characteristics of hypertension patients before and after being given counseling.

II. METHODS

This research uses a quasi-experimental method, with a design using an intervention group to determine the effect of health counseling. This type of research uses a one-group pre- and post-test, which is carried out by giving a pre-test beforehand and a post-test after health counseling in the intervention group. The choice of quasi-experimental research was because the researcher provided intervention on the variables studied, where the sample selection in this study was carried out by incidental and purposive sampling.

This research is to determine of the relationship between health counseling variables with knowledge and compliance variables. Primary data collection was carried out from February to March 2023 for patients in Apotek Wonosari Kendal. The researcher used a purposive sampling method for respondents, with inclusion criteria of residents aged 18-55 years and consuming hypertension drugs with a doctor's prescription. Where in February, 55 patients were obtained who were willing to fill out questionnaires and participate in health counseling. The small number of respondents is because many hypertension patients are not willing to receive health counseling due to the availability of free time.

Before being given health counseling, in the first month respondents will be asked to fill out a patient knowledge and compliance questionnaire as a pre-test. After being given health counseling, respondents will be asked to fill out the same questionnaires again as a

post-test, which will be given in the second month. The research instrument used two questionnaires, namely patient knowledge and compliance. The patient knowledge questionnaires consist of general questions related to hypertension, such as smoking habits, exercise routines, use of salt in food, and symptoms of hypertension. Risk factors include age, gender, heredity, and body weight (Soubeiga et al., 2020). There are 8 questions, 4 answer choices, the final value range is 0-24, the results interpretation is high knowledge 0-1, sufficient knowledge 2-4, low knowledge 5-24, the value of validity is 0.294 and reliability is 0.605. The compliance questionnaires consist of questions about daily medication-taking habits, such as forgetting to take and bring medication and reducing and stopping medication, as well as boredom and difficulty taking medication (Noverda et al., 2020). There are 6 questions and 4 answer choices; the final value range is 0-18; the results interpretation is high compliance 0-1, sufficient compliance 2-4, and low compliance 5-18; the value of validity is 0.294, and reliability is 0.605.

For bivariate analysis, the nonparametric test that is the Wilcoxon test was used. The information obtained by respondents during health counseling was an intervention to increase patient knowledge and compliance. Consists of the definition of hypertension, drug name, strength, instructions for use, indications, storage method, duration of therapy, side effects, contraindications, and drug interactions. As well as information on non-pharmacological therapy, actions when forgetting medication, complications, and treatment monitoring (Sholihah et al., 2022).

III. RESULTS AND DISCUSSION

A. Blood Pressure Measure

Table 1 shows that most hypertension patients had blood pressure <140/90 mmHg at pre-test, namely 17 respondents (30.91%). And blood pressure <140/90 mmHg at post-test, namely 34 respondents (61.82%).

Hypertension management focuses on lowering blood pressure to less than 140

mmHg systolic and 90 mmHg diastolic. The risk of complications such as cardiovascular disease (coronary heart disease, heart failure, stroke) or kidney disease decreases when average blood pressure is less than 140/90 mmHg (Buana et al., 2021).

Table 1. Blood Pressure Measure

Blood pressure (mmHg)	Pre test		Post test	
	f	%	f	%
<120/80	-	-	-	-
<140/90	17	30.91	34	61.82
140-159/ 90-99	15	27.27	17	30.91
160-179/ 100-109	16	29.09	4	7.27
>180/110	7	12.73	-	-

B. Duration of Hypertension

Table 2 shows the characteristic duration of hypertension, where most hypertension patients have suffered for a long time (<5 years), namely 43 respondents (78.2%).

A person who has had hypertension for <5 years is more compliant with medication and lifestyle due to concerns about their body condition, so they have high motivation and the desire to maintain a healthy lifestyle such as exercising, reducing salt consumption and so on, and controlling blood pressure. (Pratiwi et al., 2021).

Table 2. Duration of Hypertension

Duration of hypertension (years)	f	%
<5	43	78.2
5-9	6	10.9
>9	6	10.9

C. Knowledge and Compliance

Table 3 shows the pre-test patient knowledge questionnaires, where respondents have not received health counseling. The results showed that the level of patient knowledge was high with a frequency of 78.18%, sufficient with a frequency of 18.18%, and low with a frequency of 3.64%. Meanwhile, in the post-test results of the patient knowledge questionnaires, respondents had received health counseling. The results showed that all respondents had a high level of patient knowledge, with a percentage of 100%.

The level of patient knowledge may influence the patient's lifestyle. The prevalence of hypertension occurs at a low level of understanding due to a lack of information about hypertension, resulting in an inappropriate lifestyle. The level of patient knowledge influences a person's risk of hypertension (Umah & Rosyid, 2024).

Table 3. Patient Knowledge Questionnaires

Patient knowledge	Pretest (%)	Posttest (%)
High	78.18	100
Sufficient	18.18	0
Low	3.64	0

Table 4 shows the pretest compliance questionnaires where respondents have not received health counseling. The results showed that the respondent compliance was low with a percentage of 85.45%. Meanwhile, in the post-test results of the compliance questionnaires, respondents had received health counseling. The results showed that respondent compliance was high with a percentage of 63.64%.

The pre-and post-test outcomes of the patient understanding and compliance questionnaire test improved. This happens because compliance can be obtained from personal experience, and is one way to acquire the truth from information. The existence of counseling makes it easier for pharmacists to identify and resolve drug-related problems so that patients can comply with hypertension treatment therapy (Tamba et al., 2022).

Table 4. Compliance questionnaires

Compliance	Pretest (%)	Posttest (%)
High	10.91	63.64
Sufficient	3.64	21.82
Low	85.45	14.54

Table 5 shows the Wilcoxon test, where there are different results between the pre-test patient knowledge data and the post-test patient knowledge data. This data shows the difference in pre-test and post-test scores, with a significant difference between the two data. The p-value was 0.000, so there was an influence of health counseling on patient knowledge. It also shows different results between pre-test compliance data and post-

test compliance data. This data shows the difference in pre-test and post-test scores, with a significant difference between the two data. Since the p-value was 0.000, patient compliance was significantly affected by health counseling.

Health counseling is a simple way to increase public knowledge and awareness of hypertension. Knowledge is linked to compliance with checkups and treatment. This activity serves as a reminder to always be vigilant about getting checked, as hypertension often has no symptoms. (Tristifany et al., 2023).

Table 5. Wilcoxon tests

Difference Scores	p-value	Results
Knowledge	0.000	Significant
Compliance	0.000	Significant

IV. CONCLUSION

There is an influence of providing health counseling on increasing patient knowledge about hypertension. There is an influence of providing health counseling on increasing compliance in hypertension patients. Patient knowledge and compliance increased significantly after being given health counseling. So it can be concluded that health counseling plays an important role in the success of hypertension treatment therapy. Further research can continue studies that are not limited to the characteristics of respondents in this study but can expand factors including work and economy.

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