# The Impact of a Nurse-Led Hypertension Lifestyle Education 

 Program for Young Adults with Untreated Hypertension Monica Huback, DNP, RN; Susan Buchholz, PhD, RN, FAANP, FAAN; Shannon Halloway, PhD, RN
## Background

- Hypertension (HTN) is a leading cause of death in the U.S Between 2000 and 2013, HTN-related deaths increased by $23 \%$
HTN is also a risk factor for other leading causes of death that include cardiovascular disease and stroke

Approximately $70 \%$ of individuals who have their first stroke or heart attack are coincidently found to have HTN
HTN management is expensive, costing nearly $\$ 49$ billion annually in the U.S.
HTN is defined as having an average blood pressure greater than or equal to $130 / 80$

Untreated HTN is particularly prevalent in adults 1844 years of age, surpassing the prevalence of untreated HTN in adults greater than 45 years of age by nearly $17 \%$
An outpatient clinic affiliated with a large Midwestern academic medical center identified the need for a lifestyle modification program to address untreated HTN in its young adult population

## Purpose

This quality improvement project was a pilot test of a 3 month, nurse-led HTN lifestyle education program for adults 18 to 44 years of age with untreated HTN to improve blood pressure and cardiovascular health

## Framework

Lewin's Change Model

| Unfreez <br> $e$ | - Problem recognition through data <br> collection and analysis |
| :--- | :--- |
|  | - Acceptance of change and developing a <br> new way of thinking |
|  | - Reinforcing and stabilizing interventions <br> after change |

## Methods

Design

- 3 month pretest posttest design

Setting
Outpatient suburban primary care clinic (18 primary care providers and $>1,000$ patients) affiliated with a large Midwestern academic medical center

Sampl
Inclusion criteria: 18-44 years old, without a past medical history of coronary artery medication
Recruitment: nurse met in-person with prospective participants after their clinic appointments to assess eligibility and participation interest
HTN lifestyle education program
AHA Life's Simple 7 health guide videos: Accessible via YouTube; addresses the management of blood pressure, glucose, cholesterol, weight, physical activity, diet, and smoking to provide individuals with steps to achieve better cardiovascular health Home-blood pressure monitoring: Education on, and distribution of, free home-blood ressure $m$
Lifestyle motivational coaching: done every 2 weeks for 3 months

## Measures

My Life Check Heart Health Score: Accessible via the AHA website; based on 3 biomarker levels and 4 behavioral factors; indicates an individual's cardiovascular health (1-10 score, with 10 representing excellent lifestyle choices)

Biomarker levels:

1. Blood pressure (measured by the project director with a standard monitor, per AHA blood pressure measurement guidelines)
2. Glucose (non-fasting, per clinic chart)
3. Cholesterol (non-fasting, per clinic chart)

- Behavioral factors:

1. Physical activity (per self-reported response to single item in the My Life Check tool)
2. Diet (self-reported responses to 6 items in the My Life Check tool)
3. Smoking status (self-reported response to 1 item in the My Life Check tool)
4. Weight (measured by the project director using a standard clinic scale)

Blood pressure monitoring confidence (measured by a 4 -point Likert scale [Strongly Disagree to Strongly Agree]

Blood pressure (BP)
All measures were taken at baseline appointment and 3 month follow-up appointment

## Process: Lewin's Change Model

Unfreeze
Chart audits, project pitch to clinic staff, meeting with Omron representative (received 30 free blood pressure monitors for participant use)

Change

- HTN lifestyle education program: delivered by a nurse in the clinic setting
- AHA Life's Simple 7 health guide videos
- Home-blood pressure monitoring


## Refreeze

HTN lifestyle education program

- Lifestyle motivational coaching delivered by a nurse over the phone


## Results

- 43 individuals referred and eligible
- $30(70 \%)$ agreed to participate and were consented and enrolled
$28(93 \%)$ completed the program (attrition due to personal circumstances and a lack of interest)

| Demographics ( $\mathrm{n}=28$ ) |  |
| :--- | :---: |
| Age (years), M (SD) | $38 \pm 3.2$ |
| Gender, $\mathrm{n}(\%)$ |  |
| Male | $19(68)$ |
| Female | $9(32)$ |
| Ethnicity, $\mathrm{n}(\%)$ |  |
| African American | $14(50)$ |
| White, non-Hispanic | $7(25)$ |
| Hispanic | $7(25)$ |
| Other | $0(0)$ |


| Health Metrics ( $\mathrm{n}=28$ ) |  |  |  |
| :---: | :---: | :---: | :---: |
|  | $\begin{aligned} & \text { Pre } \\ & M \text { (SD) } \end{aligned}$ | $\begin{aligned} & \text { Post } \\ & \text { M (SD) } \end{aligned}$ | Percent Change |
| Systolic BP | 133 (5.3) | 127 (6.6) | -4.5 * |
| Diastolic BP | 82 (4.5) | 77 (4.9) | -6.0 * |
| My Life Check score | 4.8 (1.8) | 6.2 (1.7) | +29.0 * |
| * significant at $p<0.05$ |  |  |  |

My Life Check Heart Health Score of Adults Enrolled in a Hypertension Lifestyle Education Program
$80 \%$ of participants had an improved heart health score mean heart health scores $100 \%$ of participants reported confidence in self-blood press monitoring by the end of the HTN lifestyle education program


## Recommendations

Integrating a nurse-led HTN lifestyle education program combining evidence-based tools from the AHA and self-blood pressure monitoring can lead to improved blood pressure and cardiovascular healt Future Research:

Conduct a 6 -month follow up in order to evaluate for sustained improvement in heart healt

- Repeat the project with larger, more diverse samples in order to allow for generalization of findings Addressing untreated HTN in younger adults is important due to the long-term, life-threatening effects

