# Lifestyle Practices Among Hypertensive Patients

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*Abstract –* This study aimed to evaluate the lifestyle practices among hypertensive patients. Specifically, It will identify the prevalence of lifestyle-related diseases such as heart disease, stroke, diabetes, obesity, metabolic syndrome, chroming obstructive pulmonary disease, and some types of cancer in Batangas province; and determine the practices in terms of diet, exercise habits, and lifestyles. Based on the result, a health promotion policy that will improve their lifestyle practices will be developed. The researchers utilized self-made questionnaires as the main tool in gathering data and statistical analysis of weighted mean and ranking procedure to interpret the result. Nutritional practices greatly influence the condition and practices in terms of age, gender, and disease history of hypertensive patients really affects the development of lifestyle-related diseases. A health promotion policy may be developed. Barangay health workers such as nurses and midwives must intensify the DOH program and should participate in the Information Education Communication campaign toward prevention and control of lifestyle-related diseases.

*Keywords – Prevalence, Lifestyle-Related Disease, Health Policy*

## INTRODUCTION

Lifestyle diseases are more common as countries become more industrialized. They are caused by multifactorial aspects, inappropriate relationship of people with their peer, associates, workplace and surroundings. Lifestyle diseases share risk factors similar to delayed exposure to three modifiable lifestyle behaviors -- smoking, unhealthy diet, and physical inactivity -- and result in the development of chronic diseases, specifically heart disease, stroke, diabetes, obesity, metabolic syndrome, chronic obstructive pulmonary disease, and some types of cancer [1].

The risk of developing these diseases depend on a lot of factors including the type of work that people do, the work environment, physical activity and the susceptibility to stress. Other contributing factors include poor posture, kind of foods they eat and poor sleeping habits [2].

Other than activity and exercise, lifestyle practices such as not smoking and healthy nutrition, well established for preventing and managing lifestyle-related diseases are less emphasized in the physical therapy guidelines for addressing chronic pain [3].

Furthermore, there is a nature and strength of the links between diet and lifestyle diseases over the past decade. There is a rapid change in the diets and lifestyles that have concurred with industrialization, economic development and market globalization which have a significant impact on the health and nutrition status of the population. While standards of living have improved, food availability has expanded and become more diversified, and access to services has increased. Food's rich in hydrogenated oils which contains trans-fatty acids (TFA) were used to produce margarine and various processed foods were highly consumed. TFA affect serum lipid levels, fatty acid metabolism, and endothelial function. High TFA intake was linked to increased all-cause mortality, coronary heart disease mortality, and cardiovascular disease (CVD) incidence [4].

The good news is that lifestyle diseases can be prevented by making simple changes in daily routine and following a healthier way of living. Few basic changes include quitting smoking, avoiding alcohol, having a balanced diet that includes fresh vegetables and fruits, regular physical activity and leading a stress-free life. Today, lifestyle diseases are a major public health problem particularly in the Philippines.

Hypertension is one of the most important risk factors for cardiovascular disease and a major cause of

mortality and morbidity in the Philippines. Overall rates of hypertension remain relatively stable until 2008-2010 from 23-28.5%. The proportion of the people who got their hypertension under control increased from 27.3-15.1%. It has been called a "silent killer" for this reason. The national nutrition and health survey found that seven million Filipinos suffer from hypertension. With the growing problem of hypertension worldwide, there is a concern that hypertension among people aged 16-45 may also be on the rise and that cases are not detected because of inadequate screening at this age group.

Moreover, the researcher is aware that lifestyle related diseases such as hypertension is related to insalubrious way of life that could improve with proper medication, maintenance and determination to stay out of unhealthy habits. Prevention will always be better than cure and that the best way to control any underlying disease condition is through self-motivation and education. Therefore, the results of this study will be helpful in enhancing the health policy related to lifestyle diseases. As such, the researcher could impart an in-depth health teaching not only in the adopted communities of the college but also other communities with high prevalence of lifestyle related diseases.

## OBJECTIVES OF THE STUDY

This study aimed to evaluate the lifestyle practices among hypertensive patients. Specifically, determine the demographic profile of the respondents in terms of age, gender, disease history, occupation, and type of residence; identify their lifestyle practices in terms of physical activity, nutrition, stress management, and habit and vices; analyze if there is a significant difference on the lifestyle practices when grouped according to demographic profile. Lastly, to enhance the health policy based on the lifestyle practices of hypertensive patients.

## MATERIALS AND METHODS
### Research Design
The study used quantitative descriptive method to describe and analyze the nature of the data.

### Participants of the Study
The researchers utilized 400 diagnosed with hypertension, aged 16-45 years old in Batangas City.

### Research Instrument
This study used a self – made questionnaire, which is composed of two parts. The first part includes the demographic profile of the patient in terms of age, gender; disease history, occupation, and type of residence. Part 2 includes the lifestyle practices in terms of physical activities, nutrition practices, stress management and habits/vices.

### Data Gathering Procedure
The researcher conducted a pre survey in order to gather significant information. When the questionnaire was validated through reliability test, a letter of request was made, which was approved by the Dean of the College of Nursing.

Questionnaires were personally distributed by the researcher. The respondents were informed about the purpose of the study to assure that all their answers will be kept confidential. They were given ample time to answer the questions for validity and reliability of the results.

### Data Analysis
After the retrieval of the questionnaires, the researcher used SPSS V.17.0 to analyze and interpret the study results.

### Ethical Consideration
The researchers considered the right of every respondent participated in

this study, an informed consent has been signed and respondents were ensured that all information provided will be treated with utmost confidentiality and anonymity.

## RESULTS AND DISCUSSIONS
Table 1 presents the respondents' profile. In terms of age, majority of the respondents are aged 36-45 years old with a frequency of 144 or 36.0 %, 26-35 got a frequency of 143 or 35.8 % and less than 25 years old got only 113 or 28.3 percent of them are 16-25 years old.

One of the risk factors to acquire hypertension is age. As a person gets older, the higher the risk for hypertension. According to Berkow, et. al., the incidence of hypertension is higher with advancing age. Hypertension develops in middle aged and older persons, although it can strike youth and even infants.

The cardiovascular disease affects the person at age 55 or younger for men. Men were at much greater risk than women for the development of cardiovascular

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problems. Today, it is known that young men are more prone to heart disease than young women.

In terms of gender, majority or 213 (53.3%) of the respondents are males while only 87 or 46.8% are females. Based on the survey presented, males evidently have a bigger population than females. According to Everett and Zajacova [5] males are more prone to have hypertension than females. Males are more prone because of lifestyle. They are fond of eating fried foods, However most of the respondents do not drink much liquor nor smoking.

As to their disease history, a majority of 113 or 28.33% of them were suffering from UTI followed by diabetes with 91 or 22.8%. Asthma, heart disease and renal failure, got a frequency of 67 or 16.8%, 63 or 15.8%, 45 or 11.3% and 21 or 5.3% respectively. Thus because of too much sodium and decreased fluid intake, majority of the respondents claimed to have been experiencing UTI.

Foster's [6] discussion on disease history emphasizes that in most cases, urinary tract infections are annoyances that cause urinary discomfort. This is one of the leading causes of hypertension. However, if left untreated, UTI can develop into very serious and potentially life-threatening kidney infections (pyelonephritis) that can permanently scar or damage the kidneys. The infection may also spread into the bloodstream (called sepsis) and then elsewhere in the body. In some adults, recurrent UTIs may cause scarring in the kidneys, which over time can lead to hypertension and eventual kidney failure.

In terms of occupation and type of residence, the prevalence of self-reported hypertension was increased among unemployed people. Urban residents have high salt consumption in their food preparations which can also be a contributing factor to the development of hypertension.

There is no job offered for the community, some people just depend on what could be the available source in their place, the reason why almost respondents are unemployed, to those who are employed, which are few, they got to work outside the community

A great majority of the respondents specifically 174 or 43.5 % are unemployed. Next is self-employed with 129 or 32.3% followed by employed with 97 or 24.3%. Most of the respondents are not employed leading to poor economic status. They cannot afford and sustain themselves with the right nutrition. As to their residence, 243 or 60.9% of them live in urban places while 157 or 39.3% is in rural areas. Fast food is common in urban places where high salt content in food is prevalent. Many people who are employed are aware that illness can be the result of lifestyle behavior.

**Table 1**

**Respondent's Profile Variable**

| Profile Variable | Frequency | Percentage |
|---|---|---|
| Age | | |
| 16- 25 | 113 | 28.3 |
| 26-35 | 143 | 35.8 |
| 36-45 | 144 | 36.0 |
| Gender | | |
| Male | 213 | 53.3 |
| Female | 187 | 46.8 |
| Disease History | | |
| Diabetes | 91 | 22.8 |
| UTI | 113 | 28.3 |
| Heart Disease | 45 | 11.3 |
| Renal Failure | 21 | 5.3 |
| Asthma | 63 | 5.8 |
| Others | 67 | 6.8 |
| Occupation | | |
| Employed | 97 | 24.3 |
| Self – Employed | 129 | 32.3 |
| Unemployed | 174 | 43.5 |
| Types of Residence | | |
| Rural | 157 | 39.3 |
| Urban | 243 | 60.9 |

Table 2.1 shows the weighted mean distribution of the respondents' lifestyle practices as to physical aspects.

Exercise three times a week for at least 30 minutes got the highest weighted mean of 3.16. Exercising 30-60 minutes a day can also reduce the blood pressure. According to M. R. Werbach [7], people who engage in such activity can be at greater risk for those activities which bring about stressors and it is said that heart rate is elevated. However, most clinicians focus on the patient's blood pressure. It shows that exaggerated blood pressure is a more sensitive marker of resistance to blood flow through arteries, which is a sign of atherosclerosis. The higher the blood pressure in response to exercise, the more likely the patient was to have blood vessels that did not expand as expected. Walking helps lower blood pressure and improve fitness. The results reveal that the respondents never prefer to walk to work every day that is why they have hypertension.

Second, they prefer to commute than to walk even on short distance which also got a high score of 3.14. Preferring to stay idle most of the time got the weighted

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mean of 3.09. Joining sports activities and doing strenuous activities got the weighted mean of 2.91. Following fitness programs got the weighted mean of 2.84 and the least, working even if the doctor/public nurse tell them not to with weighted mean of 2.72

With the composite mean of 2.90 and interpreted as always, physical activity is seen to be also a contributing factor to hypertension. Based on these results, the respondents engage themselves to exercise, this confirms the study in patient health international that blood pressure increases in response to the extra requirement of the muscles and organs for oxygen-rich blood during exercise. Even though respondents are exercising, they do not make walking as a form of exercise so this can also be a contributing factor to their disease condition.

**Table 2.2**

**Respondents' Lifestyle Practices in terms of Nutrition**

| Nutrition | Weighted Mean | Verbal Interpretation | Rank |
|---|---|---|---|
| • I like salty foods. | 3.30 | Always | 4 |
| • I prefer fried foods. | 3.53 | Always | 2 |
| • I eat well balanced diet. | 3.19 | Always | 6 |
| • I eat fruits and vegetables. | 3.81 | Always | 1 |
| • I am fond of eating too much. | 3.39 | Always | 3 |
| • I have daily eating plan. | 2.85 | Always | 10 |
| • I don't limit foods I want to eat. | 3.28 | Always | 5 |
| • I prefer to eat in fast food chains most of the time. | 2.98 | Always | 8 |
| • I take vitamin supplements every day. | 3.12 | Always | 7 |
| • I like fatty foods. | 2.94 | Always | 9 |
| **Composite Mean** | **3.23** | **Always** | |

Table 2.2 contains the nutritional practices of the respondents. The respondents always eat fruits and vegetables as it got the highest weighted mean of 3.81 closely next to this is preferring to eat fried foods which got the weighted mean of 3.53 followed by fondness of eating too much which got the weighted mean of 3.39. The respondents like salty foods with a mean of 3.30 and they don't limit the food they want to eat which got 3.28. Some of the respondents have a well-balanced diet, which got 3.19, and they take vitamin supplements everyday, which got 3.12. However, they prefer to eat in fast food chains and like fatty foods with a mean of 2.98 and 2.94. Having a daily eating plan got the lowest weighted mean of 2.85. All the results are interpreted as always.

Hypertension is often associated with abnormalities in cholesterol and fat levels in the blood. Even in the absence of any marked increase in cholesterol, it is prudent to advise hypertensive patients to change their diet with regard to fat content. Learning how to read food labels may be of great value. Any food product that has less than 3g of fat per 100g is "low fat" and any product that has less than 0,5g of fat per 100 g, is "fat free". Ensuring that all carbohydrates that are consumed have a low Glycaemic Index (GI) will also help to regulate blood glucose levels and help to maintain constant energy levels.

Anderson [8] noted that hypertensive patients must restrict intake of fatty foods. Diets high in saturated fats accelerate atherosclerosis, which leads to heart disease and stroke. An ideal diet for a person with hypertension is Dietary Approaches to Stop Hypertension (DASH). This diet is rich in low-fat dairy products, calcium, potassium, magnesium, fiber and vitamins.

The respondents disagreed on reducing intake of salty foods which ranks third, followed by eat foods low in cholesterol. Eating fruits and vegetables is the least practiced among the items listed. Fishing is the main source of income and serve as a source of food in their area. Meanwhile the community is crowded, hence they can't plant vegetables and fruits for their own consumption. In order for them to avail them, they must buy and sometimes they can't afford.

Even when hypertension is treated with drugs, it is possible to achieve further reduction in blood pressure through modest reductions in salt intake. Salt restriction and potassium supplementation may reduce blood pressure by 5 mmHg. By adapting your cooking methods, you can easily make a difference in you blood pressure and still keep your meals tasting delicious. Eating at least five daily portions of fruit and vegetables also helps lower blood pressure. Potassium, supplied mainly by fruit and vegetables, is thought to counteract some of the effects of a high salt intake. If you feel that you are not able to consume enough fruits and vegetables, please speak to your pharmacist, doctor or dietician before commencing with a potassium supplementation [9].

Hypertensive people can remarkably reduce their blood pressure through nutritional changes. They know that eating fruits and vegetables, having a well-balanced diet, having a daily eating plan and taking vitamins everyday reduce their blood pressure. However, the respondents also prefer to eat fried, salty and fatty foods and they are fond of eating too much.

They also prefer to eat in fast food chains. Based on these results, they are not managing their hypertension. They still have improper eating habits that can contribute to their disease condition. Hypertensive people can remarkably reduce their blood

pressure through nutritional changes. Eating fruits and vegetables reduce the blood pressure. However, the respondents prefer to eat fried foods and they are fond of eating too much.

According to the study of Healthline by Jones [10], fried foods are often fried in grease and fat that the body doesn't need. The plaque makes it harder for the body to pump and circulate blood. This in turn raises the blood pressure.

**Table 2.3**

**Respondents' Lifestyle Practices in terms of Stress Management**

| Stress Management | Weighted Mean | Verbal Interpretation | Rank |
|---|---|---|---|
| • I am open with my emotion. | 3.39 | Always | 4.5 |
| • I allot time for leisure. | 3.49 | Always | 2 |
| • I divert stress to other activities. | 3.51 | Always | 1 |
| • I am quiet when I'm angry | 3.45 | Always | 3 |
| • I consult other people when I have problems. | 3.39 | Always | 4.5 |
| • I go out with friends when I'm depressed. | 3.38 | Always | 6 |
| • I stay at home whenever I have problems. | 2.65 | Always | 10 |
| • I go to sleep at the right time. | 3.16 | Always | 9 |
| • I solve my problem on my own. | 3.18 | Always | 8 |
| • I cope up with my problems by doing funny things. | 3.31 | Always | 7 |
| **Composite Mean** | **3.29** | **Always** | |

Table 2.3 illustrates that most of the respondents that they divert stress to other activities, which got the highest mean of 3.51. This confirms the study of Linden that diverting to other activities affects the blood pressure stress and can alter the circulation of the blood.

It was cited in Mayo Clinic [11] too much stress is bad to health. It may have a damaging effect on a person's overall health especially in blood pressure. Hypertensive people who are unable to cope with stress may experience symptoms such as headache, anxiety, sleep disturbances and increase in heart rate resulting in increased blood pressure. However, some do not know how to manage their stress hence, they divert to other activities and behavior which affects the blood pressure. Hypertensives are like over reactive sounding boards and often display increase in anxiety, inappropriate coping behaviors in socially distressing situation.

They also allot time for leisure which got a weighted mean of 3.49. The importance of leisure has been so vividly understood that companies and organization's are slowly beginning to regulate overtime and over-working, and are encouraging employees to take time off during weekends and holidays. They no longer encourage late nights, but instead prefer their employees to check-in and check-out at the correct timings and work more productively during office hours. Some of the major benefits of leisure are the following:

The health benefits of leisure are well known. People use their leisure time to engage in activities that include both exercise as well as other stress-relieving recreational activities. Exercise provides many health benefits such as cardiovascular benefits, reducing cholesterol and hypertension, improving spinal and neurological problems, increasing bone mass and muscles, increasing lung capacity, and improving overall wellness [12].

Furthermore, entertainment activities also have their share of benefits by relieving stress, reducing tension, soothing the mind and body, bringing about positive changes in attitude, and improving social communication and interaction. These psychological changes also influence physical health in a positive manner.

The respondents are quiet when angry, which got a weighted mean of 3.45 and interpreted as always. Personal lives may also be stressful. On one hand, a daily routine of constant bickering, quarreling, anger, recrimination, aggression and physical fighting obviously causes stress. Rated with disagree, mediating anger ranks 3 with a weighted mean of 2.41. Rest and sleep follow a long day work and reducing too much thinking of stressful problems. As has been noted, most of the respondents are unemployed which leads to financial instability thus, they to lessen thinking of stressful problems. Ayada et. al [13] noted that a person should manage stress. Stress can cause hypertension through repeated blood pressure elevations as well as by stimulation of the nervous system to produce large amounts of vasoconstricting hormones that increase blood pressure. Factors affecting blood pressure through stress include white coat hypertension, job strain, race, social environment, and emotional distress. Furthermore, when one risk factor is coupled with other stress producing factors, the effect on blood pressure is multiplied. Overall, studies show that stress does not directly cause hypertension, but can have an effect on its development. A variety of non-pharmacologic treatments to manage stress have been found effective in reducing blood pressure and development of

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hypertension, examples of which are meditation, acupressure, biofeedback and music therapy.

Among the low value items are staying at home whenever problems arise with a weighted mean of 2.65 interpreted as always. Lifestyle practices in terms of stress management got composite mean of 3.29 and verbal interpretation of always. Some sources of stress like conflict on the job or in the family can be avoided. You can use problem-solving skills to soften their impact.

Based on the results, the respondents manage their stress well. However, not every strategy works for everyone, maybe another person may find those stress management techniques actually increase stress. It may be that other behaviors linked to stress, such as too much eating and this is also experienced by the respondents that's why it causes high blood pressure [13].

**Table 2.4**

**Respondents' Lifestyle Practices in terms of Habit and Vices**

| Habit and Vices | Weighted Mean | Verbal Interpretation | Rank |
|---|---|---|---|
| • I am a regular smoker. | 2.28 | Never | 6 |
| • I drink liquor occasionally. | 2.26 | Never | 7 |
| • I am involved in drugs. | 1.23 | Never | 8 |
| • I am workaholic. | 2.80 | Always | 3.5 |
| • I have regular sleeping pattern. | 2.94 | Always | 2 |
| • I play video games most of the time. | 2.49 | Never | 4 |
| • I encourage myself to join athletic activities. | 2.80 | Always | 3.5 |
| • I eat street foods such as chicken feet, fish balls, etc. | 3.49 | Always | 1 |
| **Composite Mean** | **2.57** | **Always** | |

Table 2.4 illustrates that eating street foods got the highest weighted mean of 3.40. According to A. M. Kuan, a dietitian, street foods are high in carbohydrates and bad fats. If eaten in excess, street foods can cause hypertension. In workaholics, even some clinicians do not see work addiction as a problem. Nevertheless, defines workaholism as an obsessive-compulsive disorder that makes unable to regulate work habits and overindulge in work "to the exclusion of most other life activities. Hypertension is one contributing factor to heart disease, the nation's number one health problems. There is limited research available in workaholism, however these early findings suggest that these individuals are more likely to be depressed, anxious and angry. Coupled with these they are more likely to experience ongoing health complaints. High stress can lead to hypertension, a common risk factor in heart disease [14].

Having regular sleeping pattern got 2.94. This will help them lower their blood pressure. Depriving healthy subjects of sleep has been shown to acutely increase blood pressure and sympathetic nervous system activity. Prolonged short sleep durations could lead to hypertension through extended exposure to raised 24-hour blood pressure and heart rate, elevated sympathetic nervous system activity, and increased salt retention [14]. Such forces could lead to structural adaptations and the entrainment of the cardiovascular system to operate at an elevated pressure equilibrium. Sleep disorders are associated with cardiovascular disease, but we are not aware of any published prospective population studies that have shown a link between short sleep duration and the incidence of hypertension in subjects without apparent sleep disorders.

The respondents are workaholic and encourage themselves to join athletic activities which both got a weighted mean of 2.80. Among the risk factors for hypertension, stress, especially work stress, has drawn increasing attention. Another potential work-related risk factor for hypertension identified in the past few years is work hours. Work has ample social benefits that are not easily noticed or widely advertised but make a significant difference to the society. A work-oriented society will not find many opportunities for the growth of art, culture, and sports. Leisure is what provides the opportunities for the growth of these activities. Recreational activities also encourage tourism and that in turn promotes awareness of culture and history.

Among the low value items playing video games got 2.49, closely next to it, are never having been a regular smoker, drink liquor and involvement in prohibited drugs which got the weighted mean of 2.28, 2.26 and 1.23 and respectively. This leads to their enjoyment in using the electronic gadgets

There are many medical benefits of electronic gadgets as well. Researchers have reported that electronic gadgets have proved beneficial results in the health care setting. In fact, some mental health professionals felt that a certain sense of proficiency was developed by some other people after playing electronic gadgets which otherwise might not have been achieved. A number of videogames claim to improve children's health care. Several games have been developed specifically for children with chronic medical conditions. One of the best-studied is an educational game called "Packy and Marlon" [15].

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Based on the results, the respondent's habits and vices contribute to development of their condition (mean=2.57).

Even though they never smoke or drink liquor, they prefer to eat street foods most of the time. This can be an improper habit that can lead to hypertension. The respondents are also workaholic. The person who works more sixty than hours a week is always extremely driven to achieve working goals and tasks no matter how stressful and what impact there may be in his personal life and health.

One must drink less alcohol. Excess alcohol intake contributes to hypertension, reduces the effectiveness of blood pressure medications and increases the risk for stroke. Respectively, avoiding cigarette smoking and limiting social activities were the least among the items [14]. In addition, One should also stop smoking now. The nicotine in cigarettes raises blood pressure with every puff. Kozier, et. al. added nicotine increases the heart rate, blood pressure and peripheral vascular resistance, increasing the heart's workload. Even if the respondents know that socializing with others influences the way they live, still they disagree to limit it. Susser, Watsons and Hopper noted that societies in part create the disease they experience and further, they materially shape the ways in which diseases are to be experienced.

At 0.05 level of significance, age is significant to the stress management with p-value of 0.031 but physical, nutritional and habits/vices are not significantly related with values of 0.759, 0.787, and 0.235, respectively.

These results reveal that the respondents have control, can manage and cope with stress. Managing stress is all about taking charge: taking charge of thoughts, emotions, schedule, environment, and the way they deal with problems. The ultimate goal is a balanced life, with time for work, relationships, relaxation, and fun – plus the resilience to hold up under pressure and meet challenges head on. Since the other variables are insignificant, it can be considered that the participants are living healthy.

**Table 3**

**Relationship between Respondents' Profile Variable and their Lifestyle Practices**

| Variable | Eta | Eta$^2$ | P value | Interpretation |
|---|---|---|---|---|
| Age | | | | |
| Physical | .037 | .001 | .759 | Not Significant |
| Nutritional | .035 | .001 | .787 | Not Significant |
| Stress | .131 | .017 | ..031 | Significant |
| Habits/Vices | .085 | .007 | .235 | Not Significant |
| Gender | | | | |
| Physical | .086 | ,007 | .085 | Not Significant |
| Nutritional | .003 | .000 | .946 | Not Significant |
| Stress | .093 | .009 | .064 | Not Significant |
| Habits/Vices | .237 | .056 | .000 | Significant |
| Disease History | | | | |
| Physical | .248 | .061 | .000 | Significant |
| Nutritional | .124 | .015 | .291 | Not Significant |
| Stress | .188 | .035 | .015 | Significant |
| Habits/Vices | .220 | .048 | .001 | Significant |
| Occupation | | | | |
| Physical | .129 | .017 | .083 | Not Significant |
| Nutritional | .061 | .004 | .685 | Not Significant |
| Stress | .076 | .006 | .512 | Not Significant |
| Habits/Vices | .138 | .019 | .054 | Not Significant |
| Type of Residence | | | | |
| Physical | .187 | .035 | .007 | Significant |
| Nutritional | .126 | .016 | .176 | Not Significant |
| Stress | .156 | .024 | .044 | Significant |
| Habits/Vices | .091 | .008 | .506 | Not Significant |

The relationship between age and stress is a close one. The term aging refers to organic growth and the process of maturation in human beings. As we grow older, the problems and the worries in life also increase. We tend to take more stress in our old age such as parents worrying for their children, job responsibilities and other issues. However, taking stress in progressing years is not good for health. It may lead to certain problems and diseases that have an adverse effect on health [8].

Whereas the gender is significant to the habits with p-value of .000 but physical, nutritional and stress management are not significantly related with values of .085, .946 and .064 respectively. The result shows that the participants either male or female are very active and somehow less concerned with their habits to become healthy. Although men and women share most genetic information, they have significantly different habits that go well beyond the expected gender specific. Sex influences the risk of hypertension that affects men.

The respondent's disease history is also significant to both physical factors and habits with p-value of .000 and .001 but nutritional and stress management are not significantly related with values of .291 and .015 respectively.

The results show that there is an interrelationship with physical variable and habits variable in the category of disease history among the participants. When a physical body does not function well and is not in prime condition due to the unhealthy habits and vices, it will lead to a very stressful lifestyle, which can

cause unexpected diseases such as hypertension and other cardiovascular diseases.

Physical inactivity has been shown to be a significant predictor and a cause of obesity in young adults, independent of nutritional habits. This becomes problematic since young adults with the lowest physical activity/fitness levels and highest percentage of body fatness are most likely to develop other risk factors for cardiovascular disease, including elevated blood pressure and serum cholesterol levels [12].

On the other hand, occupation are not significantly related to physical, nutritional, stress and habits with values of .083, .685, .512 and .054 respectively. The result implies that those who are unemployed are at less risk for acquiring different heart diseases. Lastly residence is significant to both physical factors and stress management with p-value of .007 and .044 but nutritional factors and habits are not significantly related with values of .176 and .506 respectively. The result reveals that the place of residency is one factor that affects the lifestyle of a young adult. The physical set-up, location and the environment can somehow contribute to how one handles or manages stress, or worse, contributes to having stress.

## CONCLUSION AND RECOMMENDATION

Based on the findings, the researchers concluded the following:

Majority of the respondents are aged 36-45 years old and are suffering from hypertension. They are male with a disease history of urinary tract infection, are unemployed, and live-in urban areas. The nutritional practices of the respondents greatly influence their condition and even though they eat well balanced diet with fruits and vegetables they also increased intake of fried foods and street foods which greatly contribute to the development of their condition. There is a significant relationship between lifestyle practices and demographic profile of hypertensive patients. This means that the practices in terms of age, gender and disease history of hypertensive patients really affect the development of hypertension. A program that may improve the lifestyle of hypertensive patients is hereby formulated based on the results of the study.

Based on the aforementioned findings and conclusions, the following are hereby recommended.

The proposed health policy enhancement after its approval may be implemented, monitored and evaluated to enhance the respondents' knowledge on healthy lifestyle practices. The Barangay health center personnel may intensify the DOH program on prevention and control of hypertension like routine

dissemination of the program including encouragement of healthy lifestyle in the community to reduce the high burden of lifestyle diseases. Government and non-government organization should work together to achieve the goal on decreasing the cases of lifestyle related diseases. Future investigations should be conducted on the method in which general check-up results are included in the study.

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