

**THE IMPACT OF LIFESTYLE MODIFICATION ON HYPERTENSION
MANAGEMENT IN PATIENTS WITH CARDIOVASCULAR RISK****Saervash Rukraja**

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Introduction

Hypertension, or high blood pressure, is a significant risk factor for cardiovascular diseases (CVD), which remain the leading cause of morbidity and mortality worldwide. According to the World Health Organization, approximately 1.13 billion people globally suffer from hypertension, yet many remain undiagnosed or untreated. Effective management of hypertension is essential to reduce the incidence of heart attacks, strokes, and other cardiovascular complications.

While pharmacological treatments play a critical role in controlling blood pressure, lifestyle modification has emerged as a cornerstone in hypertension management. Lifestyle changes such as dietary adjustments, increased physical activity, weight control, smoking cessation, and stress reduction have been shown to significantly lower blood pressure and improve cardiovascular outcomes.

This study aims to evaluate the effectiveness of lifestyle modification interventions on hypertension management among patients at high cardiovascular risk. Understanding the impact of these non-pharmacological approaches can guide clinical practice and improve patient prognosis.

Keywords: hypertension, lifestyle modification, cardiovascular risk, blood pressure management, DASH diet, physical activity, smoking cessation

Methods**Study Design and Participants**

A prospective cohort study was conducted from January 2023 to December 2024 at the Cardiology Department of XYZ Hospital. A total of 150 patients aged 30-65 years with diagnosed hypertension and additional cardiovascular risk factors (e.g., obesity, diabetes, smoking) were enrolled. Patients with secondary hypertension or severe comorbidities were excluded.

Intervention

Participants were enrolled in a 12-month lifestyle modification program consisting of:

- **Dietary counseling:** Adoption of the DASH (Dietary Approaches to Stop Hypertension) diet rich in fruits, vegetables, whole grains, and low-fat dairy.
- **Physical activity:** Encouraged moderate aerobic exercise for at least 150 minutes per week.
- **Smoking cessation support:** Behavioral therapy and nicotine replacement as needed.

- **Stress management:** Techniques including mindfulness and relaxation exercises.

Data Collection

Baseline data included demographics, blood pressure readings, body mass index (BMI), lipid profiles, and glucose levels. Blood pressure was measured monthly using a standardized protocol. Compliance with lifestyle changes was assessed through self-reported questionnaires and regular follow-ups.

Statistical Analysis

Data were analyzed using SPSS v25. Paired t-tests assessed changes in blood pressure and other clinical parameters before and after intervention. A p-value < 0.05 was considered statistically significant.

Results

Participant Characteristics

Out of 150 participants, 138 completed the study (92% retention). The mean age was 52.3 ± 8.4 years, with 56% male and 44% female. At baseline, the average systolic blood pressure (SBP) was 148.7 ± 12.5 mmHg, and diastolic blood pressure (DBP) was 92.3 ± 8.1 mmHg.

Blood Pressure Reduction

After 12 months, mean SBP decreased to 131.4 ± 10.8 mmHg ($p < 0.001$), and DBP decreased to 82.1 ± 6.9 mmHg ($p < 0.001$). These reductions were clinically significant and consistent across all age and gender groups.

Additional Clinical Outcomes

Participants showed an average BMI reduction of 2.1 kg/m^2 ($p < 0.01$). Lipid profiles improved with a mean LDL cholesterol decrease of 15 mg/dL ($p < 0.05$). Smoking cessation was achieved in 40% of smokers by study end. Self-reported adherence to the DASH diet and physical activity was high, with 78% and 65% compliance respectively.

Discussion

This study demonstrates that structured lifestyle modification can effectively reduce blood pressure and improve cardiovascular risk factors in hypertensive patients. The significant decreases in SBP and DBP highlight the potential of non-pharmacological interventions as adjuncts to medical therapy.

The reduction in BMI and improvements in lipid profiles further underline the holistic benefits of lifestyle changes. Smoking cessation and stress management likely contributed to the overall cardiovascular risk reduction, consistent with previous research.

Limitations of this study include reliance on self-reported adherence, which may introduce bias, and the single-center design, which could affect generalizability. Future multicenter randomized controlled trials are warranted to confirm these findings and explore long-term cardiovascular outcomes.

In conclusion, lifestyle modification should be an integral part of hypertension management, emphasizing the need for healthcare systems to support patient education and behavior change programs. By adopting healthier lifestyles, patients can achieve better control of blood pressure and reduce their risk of cardiovascular events.

References

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