### Original article

# Can people tell if their blood pressure is up?



Curriculum Vitae

Prof Ron Henbest was born in Edmonton, Alberta (Canada) where he qualified in 1974 with a BSc in Maths and Psychology and in 1978 with an MD from the University of Alberta. He then completed two years postgraduate study (residency) in Family Medicine with the Department of Family Medicine at the University of Western Ontario (Canada) and obtained his CCFP from the College of Family Physicians of Canada. He joined the Department of Family Medicine at Medunsa in 1980. He has a particular interest in the doctor-patient interaction and its importance for healing. He returned to the University of Western Ontario in 1984 to take their Master of Clinical Science Degree in Family Medicine (MCISc), which emphasises patient care, teaching and learning, and research. His thesis on Patient-Centred Care involved the development of a method for measuring patient-centredness and testing it against patient outcomes. In 1989, Ron returned to his home city, Edmonton, for a period of 21 months where he was engaged as an associate professor in the Department of Family Medicine at the University of Alberta. During this time he also completed further training in systemic family therapy. In October 1990, Ron returned, with his wife Judy and four year old son Benji, this time as associate professor and deputy head of the Department of Family Medicine at Medunsa.

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#### **Summary**

Traditional medical teaching is that hypertension is asymptomatic. But many patients think they can tell if their blood pressure is up and many practitioners take patients' blood pressures in response to symptoms. During the past few decades, increasing attention has been paid to the importance of the subjective, including patients' thoughts, feelings and expectations about their illnesses. The purposes of this study were:

- 1. to test the hypothesis that patients can tell whether their blood pressure is normal or high;
- 2. to test the hypothesis that high blood pressure is symptomatic; and
- 3. to determine patients' understanding of high blood pressure.

The study was conducted in Ga-Rankuwa, South Africa, a large black township, northwest of Pretoria. Two main samples participated: people attending the major shopping complex in Ga-Rankuwa and patients attending for health care at Ga-Rankuwa Hospital and Ga-Rankuwa Clinic. Both quantitative (cross-sectional) and qualitative methods were used. Participants first took part in an interview involving both structured and free attitude components, and then had their blood pressures measured independently.

A total of 1 004 people participated (a response rate of 97%) ranging from 16 to 88 years in age. The blood pressures ranged from 84 to 258mmHg systolic and from 50 to 178mmHg diastolic, with 29% of the participants having elevated blood pressures at the time of the study.

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Research.

The three main findings of the study were as follows. Firstly, 78% of the participants thought they could tell whether their blood pressure was high or normal and 70% were right. The odds of a person having high blood pressure if they thought it was high was 3,5 times (p=0) the odds of having high blood pressure if they thought it was normal. This association remained even after controlling for confounding factors. Secondly, high blood pressure was associated with symptoms. The odds of a person with high blood pressure having symptoms was 2,74 times (p=0) the odds of having symptoms if the blood pressure was normal. Thirdly, a major theme regarding patients' understanding of high blood pressure was expressed in terms of 'body heat'. The first two findings are presented in the present paper, the third in a subsequent paper.

The results of this study question the long held belief that hypertension is asymptomatic. Patients may well be much more aware of their blood pressures than has previously been recognised. Further study is indicated.

#### Introduction

Traditional medical teaching continues to be that high blood pressure is asymptomatic1,2 in spite of the fact that many people experience symptoms that they think are due to elevated blood pressure. One of the key principles of family medicine is to pay attention to the thoughts and feelings of patients in recognition of the importance of the subjective aspects of medicine.<sup>3-5</sup> Indeed, many if not most, doctors respond to some symptoms presented by patients by taking the blood pressure, as if elevated blood pressure could cause those symptoms. A common example of this is headache, where perhaps most doctors check the patient's blood pressure, and some even treat it. If people do experience symptoms due to elevated blood pressure, and are thus able to tell if their blood pressure is up, then this is important information for patients and doctors alike.

A second point related to the importance of the subjective concerns a people's understanding of high blood pressure. Many studies have shown that clear communication about the nature of the problem and a practical understanding of it, especially in relation to implications for management, is associated with patient satisfaction and compliance.<sup>6-11</sup>

In recognition of the importance of the subjective, this study sought to answer the following three questions:

- 1. Can people tell if their blood pressure is up?
- 2. Is high blood pressure asymptomatic?
- 3. How do people understand high blood pressure?

This paper presented the results of the portion of the study conducted to answer the first two questions; a second paper will describe the results that concern the third question.

#### **METHOD**

### Setting:

The study took place in Ga-Rankuwa Township, 32 kilometres northwest of Pretoria. Samples were drawn from two main settings. The first was "community-based" to make it possible for most members of the community to participate. The site chosen was the main shopping centre complex in Ga-Rankuwa, known locally as 'Ga-Rankuwa City'. The second was a health facility and thus, mainly patient and health care provider-based. The health facilities utilised were the three government clinics in Ga-Rankuwa, and Ga-Rankuwa Hospital, including the family practice teams, and the hypertension clinic conducted by the Department of Internal Medicine.

Is high blood pressure really asymptomatic?

If people do experience symptoms due to elevated BP, it is very important for doctor and patient alike.

### Sample:

The study involved people from all 11 national language groups. All people aged 16 years and older were eligible to participate. The sample size required to give an accurate estimate (within 5%) of the percentage of persons who could tell if their blood pressure was up (with 95% confidence) was 291 with elevated blood pressure and 700 with normal blood pressure for a total of approximately 1 000 persons. At the shopping centre, signs were put up offering a free blood pressure check to all willing to take part in the study. At the health facilities, all eligible patients and staff were asked to participate.

### Study design:

This study involved the collection of both quantitative and qualitative data. The design for the quantitative data collection was cross-sectional. Participants were interviewed concerning blood pressure and immediately thereafter had their blood pressures measured independently.

#### Variables:

The four key variables in this study were:

- 1. what participants said about their blood pressure levels;
- 2. the presence of symptoms;
- 3. participants' blood pressures; and
- 4. participants' understanding of high blood pressure.

The first, second and fourth were determined by a semi-structured interview, using both closed and openended questions in the participant's language of choice. This interview was field tested to be sure that the questions were easily and correctly understood. Three trained interviewers conducted the interviews.

Participants' blood pressures were measured independently by a single,

experienced family physician (RH), who was completely unaware of the patients' responses to the interview. The blood pressure was taken three times in the right arm seated, using a calibrated mercury baumanometer. The 1st and 5th Korotkoff sounds were used for systolic and diastolic pressures respectively. The World Health Organisation/International Society of Hypertension (WHO/ISH) guidelines were used for classification of hypertension.

Observer bias was reduced in the following ways: firstly, the participants were interviewed before their blood pressures were taken; secondly, the interviewers were completely unaware of the participants' blood pressures; and thirdly, the doctor measuring the blood pressures was unaware of the participants' responses to the interview.

The study was controlled for the following potentially confounding factors: age, sex, level of education, marital status, health-related education, whether participants had previously been told their blood pressures, or were on treatment.

#### **RESULTS**

### Demographic data and participant characteristics

Of the 1 035 people asked to take part in the study, 27 persons at the shopping centre refused, three patients at the hospital refused, no patients at the clinics refused and one data form was incomplete such that 1 004 persons had a complete data set (97%).

As shown in Table 1, the participants ranged widely in age, 62% were female, 47% were married, a range of educational levels was represented, most had no health education, two-thirds were Tswana, a significant percentage had never had their blood pressure taken before (17% of all participants, 30% of those seen at the

Many doctors do take a

BP in response to

complaints or symptoms.

If participants thought their BP was high, they were right 51% of the time.

Age:	Range 16-88 years. Mean 40 years.	ars.
Sex:	Female	62%
Marital status:	Married Separated/widowed/divorced Never married	47% 16% 37%
Education:	Did not complete primary Completed primary Completed secondary Completed higher education	19% 47% 23% 11%
Health education:	None	73%
Language group:	Tswana Northern Sotho Zulu	68% 13% 6%
Site:	Shopping complex Health facilities	57% 43%
Blood pressure taken before:	Never taken Taken within one year Taken within five years	17% 68% 80%
Told BP before:	Never told Told normal Told low Told high	44% 16% 2% 38%
BP explained before:	No	75%
On treatment:	Never Previously At present	65% 10% 25%
Symptoms present at interview:	Yes	27%
Regular source of care:	Yes	56%

shopping centre), only a slight majority had previously been told how their blood pressure was, most had not had

high blood pressure explained, the majority were not on treatment and about one-quarter had symptoms present at the time of the study. Of note, slightly more than half reported having a regular source of care.

The participants had a tremendous range in both systolic and diastolic pressures as shown in Table 2 with 29% of the partiipants having elevated blood pressure at the time of the study.

### Do people think they can tell if their blood pressure is up?

As shown in Table 3, 64% of participants responded yes, when asked in general, if they could tell if their blood pressure was up. The 10 most common symptoms mentioned are shown on the table with headache being the single most common symptom, followed closely by sweating and feeling hot. When asked what they thought their blood pressure was "right now", at the time of the interview, 78% gave an opinion, with the majority thinking that it was normal.

Table 4 shows that being female, older, less educated, told previously your blood pressure is high, being on treatment and having symptoms were all associated with participants thinking that they could tell how their blood pressure was. All of these factors, except being less educated, were also associated with participants thinking their blood pressure was high.

For example, 33%, 19% and 16% of those who had previously been told

could tell if their BP was up.

64% answered yes, they

Headache the single most common symptom followed by sweating and feeling hot.

Table 2	2: Blood pressures, G	ia-Rankuwa aduli	ts, 1995
Systolic:	Range 84 to 258	Mean 135	SD 24
Diastolic:	Range 50 to 178	Mean 87	SD 14
	Ith Organisation/Interion Classification	rnational Society	of %
Normal	no ni nghi menerik		71
Mild border	line		9
Mild	urginingan (176		9
Moderate a	nd severe		7
Isolated sys	stolic		4
Total			100

their blood pressure was high, normal and never been told, respectively, thought their blood pressure was high (p 0.0000001). Similarly 37%, 28% and 16% of those on treatment presently, previously, and never, thought their blood pressure was high (p 0.0000001). Of note, 80% of those with symptoms present at the time of the study thought their blood pressure was high in marked contrast to the 3% of participants without symptoms who thought their blood pressure was high.

### Can people tell if their blood pressure is up? Are they right?

Table 5 shows that if participants said their blood pressures were normal, they were right 77% of the time; if they said their blood pressures were high, they were right 51% of the time. In all, 546 or 70% of the 784 patients who thought they could tell how their blood pressure was, were right.

Table 6 shows that if participants said

Table 4: Factors associated with people thinking they can tell if their blood pressure is up **Factor** Percent who thought they could tell Sex: Female 71 Male 53 46 Age (years): 16-25 26-40 59 41-50 70 51-60 77 61 or older 83 Education: Less than primary 81 Primary 66 Secondary or higher 51 Told BP previously: Never 52 Normal 50 High 84 On treatment: Never 53 Previously 80 Presently 90 Symptoms present: Yes 90 61 p = 0.000001 for all of the above factors

that their blood pressures were high, then they were significantly more likely (odds ratio of 3.47) to have high blood pressures than if they said their blood pressures were normal. Table 7 shows that participants with a mild borderline elevation of blood pressure were even more likely than participants with a higher blood pressure to say their blood pressures were high.

This result held after controlling for all of the potentially confounding factors. One example is given in Table 8, a "three-dimensional" table that shows the relationship between what participants said their blood pressures were and what

their blood pressures actually were, controlled for treatment. The numbers in the table are the percent-

ages of patients who said their blood pressures were high; the numbers in brackets are group sizes. For example, reading the figures for "Never" on treatment column, 42% of the 59 participants who had never been on treatment and who had high blood pressure, said that their blood pressures were high in contrast to the 19% who said their blood pressures were high of the 370 participants who had never been on treatment and who had normal blood pressures. A significantly greater percentage

## Table 3: Percentage of participants who think they can tell if their blood pressure is up

Α	In general	
	Yes	64%
	Don't know	20%
	No	16%
	Total	100%
В	How: Top 10 symptoms (n 64% who said yes)	=642, the .
	1Headache	63%
	2Sweating	51%
	3Feel hot	50%
	4Dizzy	49%
	5Tired	43%
	6Emotions	37%
	7Malaise	33%
	8Palpitations	22%
	9Abdominal pain	21%
	10Swelling	14%
С	Opinion about their blood at the time of the study:	pressure .
	Very high	2%
	High	20%
	Normal	54%

Low......2%

Don't know......22%

Total......100%

If participants said their BP was normal, they were right 77% of the time.

Table 5: Percentage of participants who could tell if their blood pressure was up

Participant said blood pressure	No. of participants*	Percent of participants who were right
Normal	566	77%
High	218	51%

\*784 participants offered an opinion about their blood pressure

participants with high blood pressure said that their blood pressures were high, than those with normal blood pressures, and this relationship was present for all three treatment groups.

Is high blood pressure asymptomatic?

Table 9 shows that participants with high blood pressures were significantly more likely (odds ratio 2,74) to have symptoms than participants with normal blood pressures. This relationship remained after controlling for all of the potentially confounding factors and after controlling for severity of blood pressure elevation. The

percentage of participants having symptoms was the same (41%) for both the mild and moderate/severe categories of high blood pressure and slightly higher (46%) for those with isolated systolic elevation of blood pressure.

#### DISCUSSION

The results of this study may surprise some, but others will find that they support convictions long held.

In spite of the prevailing thinking that hypertension is asymptomatic, with the consequent message to both doctors and patients that patients cannot tell how their blood pressure is and in spite of inadequate or even inaccurate information being given to patients when their blood pressures are taken, 78% of the participants in this study thought that

they could tell how their blood pressures were and 70% of them were right.

The finding that participants with more education were less likely to think they could tell how their blood pressures were, would support the notion that what is happening within our bodies gets "educated out of us" the more

education we have. We cease to trust our bodies and become reliant on technology to tell us how we are.

Another finding of interest was that participants with a mild borderline

Table 6: The relationship between what participants said about their blood pressures and their blood pressures

Participant said blood pressure	No. of participants*	Percent with high blood	Odds ratio
High	218	51	3,47
Normal	566	23	1,00

X<sup>2</sup> = 56,48. P=0,00000000

\* 784 participants offered an opinion about their blood pressure

elevation of blood pressure (systolic pressure: 140-160; diastolic pressure: 90-95) were more likely to be aware that their blood pressures were up than participants with higher levels of blood pressure. One hypothesis would be that

participants with milder elevations of blood pressure are still sensitive to elesuch vations; that is, they have not vet become used to an elevated blood pressure and that the duration of the eleThe more education the less we trust our bodies to tell us how we are.

78% of participants

thought they could tell

how their BP was and

70% of them were right.

Table 7: Percentage of participants who said their blood

pressure was high according to level of blood pressure				
Level of	No. of	Percent of participants		
blood pressure	participants*	who said blood		

blood pressure	No. of participants*	who said blood pressure was high	
Mild borderline	74	60	
Mild	79	34	
Moderate/severe	62	39	
Isolated systolic	29	59	

 $X^2 = 13,04$  df = 3 P = 0,004

\*There were 244 participants with elevated blood pressure who thought they could tell how their blood pressures were

	blood p	pressure and treatm	nent	
Blood Overall Treatment				
pressure		Never	Previously	Presently
High	46 (244)	42 (59)	51 (37)	50 (128)
Normal	20 (540)	19 (370)	15 (47)	29 (80)
Odds ratio	3,21	6,03	2,52	3,47
P	0,00008	0,0008	0,003	0,0000000

vated blood pressure is likely to be important.

#### CONCLUSION

The results of this study support the belief in the significance of the subjective by providing evidence that people may be much more aware of their blood pressures than has previously been realised. This study thus challenges the long held belief that hypertension is asymptomatic. Participants with elevated pressure were significantly more likely to identify their blood pressures as elevated than those with normal blood pressures. Further, participants with elevated blood pressures were significantly more likely to have symptoms. Further research is warranted amongst other populations to see if our findings can be confirmed.

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Table 9:	The rela	tionship	between	blood	pressure
		and syn	nptoms		

and symptoms					
Blood pressure	No. of participants*	Percent of participants with symptoms	Odds ratio		
High	280	41	2,74		
Normal	634	20	1,00		
	Y2 - 42 1	7 P-0 00000000			

\* 7 914participants had data regarding presence of symptoms at time of study