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"Complementary Nursing Issues and Updates in 2015"

STIKES Hang Tuah Surabaya



Complementary Nursing Issue and Updates in 2015

STIKES Hang Tuah Surabaya June, 6th 2015

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THE EFFECT OF AVOCADO LEAVES TO DECREASE BLOOD PRESSURE AMONGELDERLY WITH HYPERTENSION

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ABSTRACT

Hypertension is known as the silent killer, as it includes the deadly disease without any symptoms. The purpose of this research is to determine the effect of avocado leaves to decrease blood pressure among elderly with hypertension in Panti Werdha Hargo Dedali Surabaya. The design using quasy-experimental. The sample were 20 elderly using purposive sampling. The independent variable is the effects of avocado leaves, and the dependent variable is decrease in blood pressure. Data were taken using digital sphigmomanometer. Statistics test analized with the Paired T-test and Independent T-tests. This study showedthe treatment group blood pressured ecrease on average of 21MmH ginsystolicand 17 MmH gindiastolic. Paired T-test results in the control group obtained p=0,000in systolic and diastolic p =0,016 where as in the treated groupp=0,000 obtained in thesystolicanddiastolicp=0,000.Independent T-test results obtained atp=0,000 systoli canddiastolic p=0,000. H₀ is rejected which means there is the effect of avocado leavesto the decrease of blood pressure. The avocado leaves can decrease blood pressure inhypertensive. Sothat the elderlyshould consumed the avocado leaves as one of the non-pharmacological treatment to reduced hypertension.

Keywords: avocado leaves, decrease blood pressure, hypertension

Introduction

High blood pressure (hypertension) is condition a characterized by an increase in blood pressure in the arteries (Junaidi, 2010: 1). World Health Organization (WHO) provides restrictions normal blood pressure is 140/90 mmHg, and blood pressure at or above 140/90 mmHg hypertension. expressed as limitation does not distinguish between age and gender (Marliani, 2007: 1)

Maryam (2008) suggests that the majority of patients with hypertension many suffered by the elderly. Aging is a natural process that can not be avoided run continuously, and continuous. Next will lead to changes in anatomical, physiological, and biochemical in the body so that it will affect the body's

ability to function and overall (Maryam, 2008: 32).

Structural changes in peripheral vascular system responsible for blood pressure changes that occur in the elderly. These changes include atherosclerosis, loss of elasticity of the connective tissue and a decrease in vascular smooth muscle relaxation which in turn lowers the tensile strength of distension and blood vessels. The consequence is that the aorta and large decreases its ability accommodate the volume of blood pumped by the heart (stroke volume), resulting in decreased cardiac output and peripheral increased resistance 2002: (Smeltzer, 899). Conditions relating to the elderly is a by product of the wear arteriosclerosis of the major arteries, especially the aorta, and the

result of reduced flexibility. This will lead to vasoconstriction resulting in decreased flow to the kidneys, causing release of renin. Renin stimulates the formation of angiotensin I is then converted into angiotensin II, a potent vasoconstrictor, which in turn stimulates aldosterone secretion by the adrenal This hormone causes the cortex. retention of sodium and water by the kidney tubules, causing an increase in intravascular volume. All these factors tend to trigger a state of hypertension (Smeltzer, 2002: 121). One of the main approaches in the treatment hypertension is to lower blood pressure. Diuretics increase the speed formation of urine or increasing the excretion of water, sodium, and chloride so it can lower blood volume. Drop in blood pressure due to reduced cardiac output. Diuretics also cause blood vessel dilation that can lower blood pressure (Junaidi, 2009: 35).

Hypertension treatment can be done with pharmacological and nonpharmacological. Non-pharmacological treatment, is a non-drug treatment that is applied to hypertension. In this way, a decrease in blood pressure effort through prevention by leading a healthy lifestyle and natural materials (Junaidi, 2010: 29). One way of non-pharmacological treatment is consuming herbal plant which is believed to reduce hypertension. Avocado leaves can be used as a non-pharmacological treatment

for patients with hypertension, because the avocado leaves contain active substances include saponins, alkaloids, quersetin, flavonoids, polyphenols, tannins, and potassium are substances that are contained in the avocado leaves are as a laxative urine (diuretics), hypotension. In addition, the results of pharmacological experiments, leaf juice has a diuretic effect. Avocado leaves have a bitter taste properties as a laxative urine (diuretic) (Mardiana, 2005: 92).

This study was conducted to analyze the effect of avocado leaves to the reduction of blood pressure in the elderly with hypertension in Panti Werdha "Hargodedali" Surabaya.

Research Methods

In this study, quasy experiment with Non- Equivalent Control Group approach was used. The instruments used is the digital sphygmomanometer for measured blood pressure. For the provision of avocado leaves steeping using a measuring cup 200 cc, and for the manufacture of avocado leaves steeping using Standard Operating Procedure using validity and reliability test. Data analyzed with statistical test used is paired t-test and independent t-test. With the decision if Sig > 0.05 then Ho is accepted, if Sig < 0.05 then Ho is rejected

Result

Table 1. Normality blood pressure post-test in the control group and the experiment group

	Post Systolic Controls	Post Systolic Eksperiment	Post Diastolic controls	Post Diastolik Eksperimen
P. Value	0,987	0,926	0,709	0,748

Based on the results of Kolmogorov Smirnov-Z the significance value of 0.987 post systolic control, post systolic experiment at 0.926, post diastolic control of 0.709, and post diastolic experiment at 0.748. Therefore, the fourth variable data have a significance value greater than 5% significance level (0.05), it can be expressed throughout the normal distribution of data.

Table 2. Table Statistical results of two unpaired t-test in the control group influence avocado leaves to the reduction of blood pressure in the elderly with hypertension in Panti Werdha " Hargodedali " Surabaya on on 14 - May 20, 2012.

Group	number	average	The average difference	lower	upper
Systolic Pre controls	10	147, 10	<u>.</u>	-	
Systolic Post control	10	173,80	-26,700	-32,919	-20,481
Diastolic Pre control	10	93,46	•	•	•
Diastolic Post controls	10	96,00	-2,600	-4,601	-0,599
Systolik p=0,000; Diasto	olic p=0,16		-	-	-

Based on the table above significance value of 0.000 systolic blood pressure and diastolic blood pressure by 0.016. Hence the significance value smaller than the significance level of 5% (0.05) it can be stated that there is a difference in blood pressure pre-test and post-test in the control group. Where an increase in blood pressure in the control group.

Table 3. Table Statistical results of two unpaired t-test in the experimental group influence avocado leaves to the reduction of blood pressure in the elderly with hypertension in Panti Werdha "Hargodedali" Surabaya on 14 - May 20, 2012

Group	Number	Average	The difference average	lower	upper
Sistolik Pre Perlakuan	10	154,00	•		
Sistolik Post Perlakuan	. 10	133,20	20,800	18,754	22,846
Diastolik Pre Perlakuan	10	94,30		•	•
Diastolik Post Perlakuan	10	78,90	15,400	14,043	16,757
Sistolik p=0,000; diastolik p=	0,000				

Based on the table above significance value of 0.000 systolic blood pressure and diastolic blood pressure of 0.000. Hence the significance value smaller than the significance level of 5% (0.05) it can be stated that there is a difference in blood pressure pre-test and posttest in the experimental group. Where a decline in blood pressure in the treatment group.

Table 4. Table statistical t-test results of two free influence of avocado leaves to the reduction of blood pressure in the elderly with hypertension in Panti Werdha "Hargodedali" Surabaya on on 14 - May 20, 2012.

Blood pressurepost test	Group	N	Average	The difference average	P.Value
Systolic	Control	10	173,80	40,600	0,000
Systone	Eksperiment	10	133,20	10,000	0,000
Diastolic	Control	10	96,00	17,300	0,000
Diastone	Eksperiment	10	78,70	17,300	3,300

Discussion Blood pressure prior to the intervention in the control group and treatment

Age, genetic, consume a lot of salt, cholesterol, obesity, and stress is one cause of hypertension. In the elderly over the age of 55 years susceptible to

hypertension. Hypertension in the elderly is caused by many factors, one of which is the aging process (aging process). In accordance with the results of research Darmojo (2005) which states that the prevalence of hypertension will increase markedly after age 45 years. This is due to changes in bodily functions in the elderly that play a role in the occurrence of hypertension.

According to Wolff (2008) a lot of especially women showed people, significant improvement in their systolic pressure, often above 160 mmHg after mencaai age of 60 years. Range of systolic and diastolic blood pressure is very wide. Hypertension that occurs in the elderly is a byproduct of the wear arteriosclerosis of the major arteries, especially the aorta. With the hardening of these arteries due to loss of elasticity of the connective tissue and a decrease in vascular smooth muscle relaxation. which in turn lowers the ability of distension and tensile strength so that the blood vessels become more rigid, resulting in an artery and the aorta was losing power adjustment. The walls, now inelastic, can no longer change the blood out of the heart into a smooth flow (Wolff, 2008). This will lead to vasoconstriction resulting in decreased flow to the kidneys, causing release of renin. Renin stimulates the formation of angiotensin I is then converted into angiotensin II, a potent vasoconstrictor, which in turn stimulates aldosterone secretion by the adrenal cortex. This hormone causes the retention of sodium and water by the kidney tubules, causing an increase in intravascular volume. All these factors tend to trigger a state of hypertension (Smeltzer, 2002: 121).

One of the causes of hypertension is eating too much salt. Many people who have their blood pressure rises after eating too much salt, whereas we need just 3-5 grams per day. The cause is often because salt already in foods, such as soup, fries and noodles are salt more than might be expected or perceived. Salt can increase blood pressure quickly in some people, especially for diabetics,

people with mild hypertension, the elderly once the salt sensitive (Ahmad, 2011: 93). High salt intake can raise blood pressure because of higher sodium content in smooth muscle cells in the artery wall. High sodium content facilitates the entry of potassium into cells, which in turn causes contraction and narrowing the artery's internal diameter. Patients with hypertension do not have a pretty good ability to remove salt from the body (Jain, 2011: 48).

Excessive fat content in the blood, can cause a heap of cholesterol in the walls of blood vessels. It can make blood vessels constrict and cause increased blood pressure. More cases of high blood pressure is found in people who are overweight and obese than those who are thin. This is partly because obese people have to work harder to burn off excess calories they consume and partly because they consume more salt than they should (Ahmad, 2011). Stress is a physical and psychological reaction to the changes experienced by the individual, physical reactions include rapid heart rate, blood pressure rises, and psychosomatic illnesses appear. Stress can be physical or mental cause tension in daily life and lead to the heart beat stronger and faster. Such as the thyroid and adrenal glands will react with increasing expenditure hormones and the brain's need for blood will increase blood pressure and lead keaikan (Roslina, 2009). There are many elderly people use the time to sit back and watch television, so that boredom often they feel. Results of interviews with several senior researchers about the cuisine there is too salty. These factors may be the cause of hypertension in Panti Werdha "Hargodedali".

Blood pressure before and after the intervention in the control group

T-2 test results by comparing paired samples of blood pressure pretest and post-test in the control group which produces p=0.000 for systolic blood pressure and p=0.016 for diastolic blood pressure. This means that

there are differences in blood pressure pre-test and post-test in the control group.

There are many things to be the cause of hypertension in respondents, such factors as age, genetic, consume a lot of salt, cholesterol, obesity, and stress. Most of them are not informed whether there are families suffering from hypertension, it can be seen that they pay less attention to their health. Most respondents also said that they were before entering the Elderly Nursing "Hargodedali" rarely do their medical examination. As for possibilities that could trigger an increase in the respondents in Panti Werdha "Hargodedali" is consuming a lot of salt, because of the results of interviews with respondents there food taste salty. The occurrence of stress also can trigger hypertension in respondents, where the increase in nostalgia with and economic status family insufficient. A further possibility is because of dementia that occurs in the respondent because of age, which can result in non-compliance in drug consumption. In terms of lifestyle there are a few things to note. Excessive salt intake can be buried in circulation and not so easy to remove. So it may indirectly increase extracellular volume. When there is excess salt in the body, the body fluid osmolality increases. It can increase blood volume thereby increasing blood pressure. Salt intake has a direct effect on blood pressure and has been shown that an increase in blood pressure when getting older is a result of a number of edible salt.

Blood pressure before and after the intervention in the treatment group

The test results paired samples t-2 in treatment group produces p = 0.000 for blood pressure sisitolik and p = 0.000 for diastolic blood pressure. This means that there are differences in systolic blood pressure and diastolic both the control group and the treatment group. Where a decline in blood pressure in the experimental group.

As for the possibilities that could trigger an increase in the respondents are consuming a lot of salt, because of the results of interviews with respondents there too salty dishes. The occurrence of stress can also lead to hypertension in respondents, where the increase in nostalgia with family and economic status are insufficient. A further possibility is because of dementia that occurs in the respondent because of age, which can result in noncompliance in drug consumption.

Based on the research results it can be seen that hypertension increases with age. The increasing age of a person, the work function of the body decreases and pressure rises. In cardiovascular system changes such as the loss of arterial elasticity. This can cause an increase in pulse and systolic blood pressure. Changes that may play a role in the occurrence of hypertension, the elderly, among others: decreased elasticity of the aorta wall, valvular heart to thicken and become stiff, the heart's ability to pump blood declines and the volume contraction caused the decline, loss of elasticity of blood vessels, increased peripheral vascular resistance (Tamher, 2009).

In this study, researchers gave nonpharmacological therapies provision of avocado leaves steeping in 10 respondents in the treatment group. Avocado leaf serves as diuretics for blood pressure reduction. Respondents said that an increase in the frequency of urinating, previously 3-4 times in 24 hours to 6-7 times in 24 hours. This is because flavonoids that of the avocado leaves serves to accelerate the renal glomerular filtration thus able to get rid of waste products from the body quickly, otherwise it could cause all body fluids can be filtered and processed by the kidneys all the time every day, so as to regulate the volume and composition of the fluid body accurately and quickly. Potassium is contained in avocado leaves may also result in an increase in expenses of sodium and water, which causes the plasma and

extracellular fluid volume is reduced so that cardiac output and peripheral resistance decreased resulting in decreased blood pressure.

Blood pressure after intervention in the control group and treatment

Results of two sample t-test was used to compare the free fall in blood pressure between control and treatment groups. T-2 test results by comparing the free samples decrease in systolic blood pressure post test and control group post-test systolic blood pressure treatment group that produces p = 0.000. As for the drop in diastolic pressure posttest control group and the treatment group generating p = 0.000. This means that there are differences in the results of post test administration avocado leaves in hypertensive patients both in the control group and the experimental.

Based the on results measurements of blood pressure after the intervention for the provision of avocado leaves all the elderly decreased blood pressure. This is because the elderly who experience a decrease in blood pressure are in good condition, no problems and no stress. The elderly who do not intervene for the provision of avocado leaves, increased pressure due to unfavorable conditions, being sick, tired, a lot of activity, and subjected to pressure stress.

Structural changes in the peripheral vascular system responsible for blood pressure changes that occur in the elderly. These changes include atherosclerosis, loss of elasticity of the connective tissue and a decrease in vascular smooth muscle relaxation which in turn lowers the tensile strength of distension and blood vessels. The consequence is that the aorta and large arteries decreases its ability accommodate the volume of blood pumped by the heart (stroke volume), resulting in decreased cardiac output and increased peripheral resistance (Smeltzer, 2002: 899).

Avocado leaves in patient with hypertension serves as a diuretic.

Respondents said that an increase in the frequency of urinating, previously 3-4 times in 24 hours to 6-7 times in 24 hours. This is because the content of the avocado leaves have very beneficial for blood pressure reduction, namely flavonoids and potassium. Flavonoids exist in avocado leaves serves to accelerate the renal glomerular filtration thus able to get rid of waste products from the body quickly, otherwise it could cause all body fluids can be filtered and processed by the kidneys all the time every day, so as to regulate the volume and composition of body fluids appropriately and fast. Potassium is contained in avocado leaves may also result in an increase in expenses of sodium and water, which causes the plasma and extracellular fluid volume is reduced so that cardiac output and peripheral resistance decreased resulting in decreased blood pressure.

Conclusions and Recommendations Conclusion

Based on this study that the administration of the avocado leaves steeping is given once a day (200 cc) for one week can lower blood pressure in the elderly with hypertension in Panti Werdha "Hargodedali" Surabaya.

Recommendation

Provide information and solve health problems of elderly with hypertension, and to improve the health of the elderly. Avocado leaves can be used as a non-pharmacological treatment option for the elderly for the treatment of hypertension one time a day.

For Research

Suggested as a consideration in the treatment of hypertension in the elderly through the provision of avocado leaves as a non-

pharmacological lowering

hypertension.

For Health Workers

Can be one of alternative nonpharmacologic treatment to reduce hypertension in the elderly.

For further research

Further research emphasized on influence of avocado leaves to the reduction of blood pressure in the elderly by tightening the factors that can affect blood pressure. Researchers can also conduct research on the potential of avocado leaves as a source of natural antioxidants.

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