

Hypertension Nursing Care for the Elderly: A Case Report

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ABSTRACT

Hypertension in the elderly is a condition marked by increased blood pressure due to age-related physiological changes. Common symptoms include headaches, dizziness, blurred vision, fatigue, and chest pain, which serve as subjective data for formulating nursing diagnoses. The aims of this case study is to analyze nursing care for elderly patients with hypertension at the independent nursing practice in Karang Bendo Village, Ponggok District.. The method used is a case study involving four elderly respondents who received comprehensive nursing care, covering assessment, diagnosis, intervention planning, implementation, and evaluation. The respondents had a 4–7-year history of hypertension, with complaints such as dizziness, fatigue, headaches, tingling, and sleep disturbances. Blood pressure readings ranged from 140/85 to 160/95 mmHg. Identified nursing diagnoses included acute pain, risk of falls, fatigue, and disturbed sleep patterns. Nursing interventions were evaluated after each session, showing improved patient conditions and positive outcomes. This case study contributes to the development of geriatric nursing theory, particularly in managing hypertension in older adults, and provides additional evidence of the effectiveness of nursing interventions in controlling blood pressure in the elderly.

Keywords: Hypertension; Blood Pressure; Elderly; Nursing Care

Background

Hypertension in the elderly is a condition marked by increased blood pressure due to age-related physiological changes, such as decreased arterial elasticity and reduced kidney function. If left unmanaged, it can lead to serious complications like stroke, heart disease, and kidney damage. Common symptoms include headaches, dizziness, blurred vision, fatigue, chest pain, and reduced quality of life, which can limit daily activities and increase the risk of anxiety and depression (1–3).

According to WHO, in 2021, 1.28 billion adults aged 30–79 worldwide have hypertension, with prevalence increasing significantly with age (4). In Indonesia, hypertension affects 35.6% of those aged 45–54, rising to 63.8% in those over 75 (5). The prevalence of hypertension in elderly individuals over 60 years old ranges from 37.7% to 70.5% (6,7). In Blitar Regency, the prevalence among the elderly is between 28% and 36.7% (8,9). Based on visits to the independent nursing practice of Ali Ridwan in December 2024, there were 70 patient visits related to elevated blood pressure, with 46 patients aged over 60 years.

Contributing factors include comorbidities (e.g., diabetes, obesity), poor medication adherence, and psychosocial issues like stress or isolation (10–12). Often asymptomatic,

hypertension in the elderly may manifest as back-headaches, dizziness, fatigue, blurred vision, and more (11,13). Subjective complaints help guide nursing diagnoses such as acute pain, sensory perception disturbance, activity intolerance, and fall risk (14).

Management includes pharmacological treatments (diuretics, beta-blockers, ACE inhibitors, ARBs) and non-pharmacological therapies (15). Foot reflexology and guided imagery are effective complementary methods that provide relaxation, reduce muscle tension and lower blood pressure. This final project aims to describe nursing care for elderly patients with hypertension at a private nursing practice in Karangbendo Village, Ponggok District. The aims of this case study is to analyze nursing care for elderly patients with hypertension at the independent nursing practice in Karang Bendo Village, Ponggok District.

Methods

The design of this research is a case report with a nursing process approach, which includes assessment, formulating nursing problems, developing interventions, carrying out implementation, and conducting evaluations. The patient who will be treated is a patient diagnosed with hypertension with the nursing problem of acute pain, risk of falls, fatigue, and disturbed sleep patterns. The basis for patient selection is carried out using major and minor data in the Indonesian Nursing Diagnosis Standards. The location where the case was taken was a private nursing practice in Karangbendo Village, Ponggok District. Nursing care was carried out for seven days. All data is documented in the form of nursing documentation.

Results

The case study was conducted in Karang Bendo Hamlet, Rt 02 Rw 04, Karang Bendo Village, Ponggok Sub-district, Blitar Regency, specifically at the independent nursing practice of Ali Ridwan, Amd. Kep. Karang Bendo Village is located approximately 10 km from the city center and about 9 km from the Ponggok Community Health Center (Puskesmas). This independent practice has been operating since 2009 and currently receives an average of around 40 visits per day from patients of all ages with various complaints. Among them, the majority of patients with high blood pressure are those over 60 years old.

The case study involved four elderly patients diagnosed with hypertension, all of whom are Muslim and aged between 63 and 71 years. The educational background of the patients varies, with two having completed elementary school and two having completed junior high school. Three of the patients are female, and one is male. All patients have a family member as their primary caregiver, typically a spouse or child. The caregivers' occupations range from private employees to farmers and housewives, indicating varied socioeconomic backgrounds.

All four elderly patients have never been institutionalized in a nursing home and maintain close family connections. Each has children and grandchildren, indicating strong family support. Three of the patients are housewives, and one is a trader, suggesting they have been actively involved in domestic or informal economic roles. This family and occupational background reflects a stable social support system and community integration in later life.

All four patients have a history of hypertension ranging from 4 to 7 years. Common complaints include frequent dizziness, pulsating headaches (pain scale 4–5), and fatigue. One patient occasionally experiences tingling. All are on antihypertensive medications, primarily Amlodipine, combined with either Captopril or Losartan. Three patients regularly attend health check-ups, while one attends irregularly. Most have no history of smoking or alcohol use, except one who quit smoking five years ago.

All four elderly patients have elevated blood pressure (140/85–160/95 mmHg) and follow a low-salt diet, though dietary control is inconsistent. Nutritional intake is adequate (three meals/day), and BMI ranges from normal to overweight. Muscle strength is normal, and all patients can walk independently. Barthel Index scores indicate functional independence (90–

95). Sleep duration varies, with some reporting insomnia. All experience reduced vision and use glasses. Cognitive function is generally intact, with minor SPMSQ errors (1–2), suggesting no significant intellectual impairment.

All patients (cases 1–4) share similar expectations. They wish to remain healthy and capable of independently participating in various activities, including social ones. Additionally, none of them show signs of depression, which reflects a positive and realistic self-concept paired with a strong motivation to maintain their health.

The patients' primary roles include housewives and caregivers for their grandchildren, with Case 2 also working as a trader and actively engaging in social activities. In terms of religious practices, all patients observe the five daily prayers, read the Qur'an, and participate in regular study groups. They believe that health is a divine gift that must be preserved by maintaining a healthy lifestyle.

The nursing diagnoses for all cases include acute pain (D.0077) due to ischemia and fall risk (D.0143) related to balance disturbances. Additionally, fatigue (D.0057) is identified in cases 1, 2, and 4, while sleep disturbances (D.0055) are noted in cases 2, 3, and 4.

The interventions for each nursing problem involve observing the patient's physical condition and providing therapeutic measures such as relaxation techniques, light physical therapy, and environmental adjustments. Education is also a key component aimed at increasing the patient's understanding of their condition and management strategies. Additionally, collaboration with doctors, nutritionists, or physiotherapists is essential in the care plan.

The implementation of nursing interventions is customized for each issue. For acute pain, it includes monitoring blood pressure, providing relaxation education, administering analgesics, and performing foot massages. In cases of fatigue, activity is monitored, light exercises (ROM) are conducted, and education on rest and coping strategies is provided. For fall risk, balance exercises are performed, patients are educated on assistive device use, and environmental modifications are made. In addressing sleep disturbances, a sleep routine is established, relaxation techniques are applied, and adjustments to the sleep environment are made.

After three days of implementation, the evaluation revealed positive outcomes. For acute pain, all patients showed improvement, although some still required blood pressure monitoring and relaxation. In terms of fatigue, patients were able to engage in activities longer without becoming easily fatigued, indicating improved endurance. Regarding fall risk, patients felt more stable and confident, especially with the use of assistive devices. For sleep disturbances, patients experienced deeper sleep and woke up feeling refreshed, demonstrating improved sleep quality.

Discussion

The patients aged 63-71 years are in the later stages of life and are at increased risk for chronic health conditions, particularly hypertension. Studies indicate that a majority of hypertensive patients are over 60 years old, and their health literacy is affected by age and education level. The patients' education levels range from basic to secondary schooling, influencing their ability to understand and apply health information. Limited access to higher education in the past means they rely on family, radio, and television for health information. Despite these challenges, they maintain strong family support, which plays a key role in their psychological well-being and quality of life, with none living in nursing homes (16).

All patients have a history of hypertension and are undergoing pharmacological treatment, but their blood pressure remains inadequately controlled, suggesting a need for improved medication adherence or adjustments. Although most are on a low-salt diet, further education on the DASH diet is recommended. Their functional abilities are mostly intact, and they are able to perform daily activities independently. One patient experiences mild sleep disturbances, possibly due to aging, while most retain their cognitive functions. Overall, the

patient's health management, including lifestyle modifications, family support, and regular health check-ups, is essential in preventing further complications (17–19).

Based on the assessment data, seven nursing diagnoses were identified for the four patients: acute pain (D.0077) in all four patients, fatigue (D.0057) in two, fall risk (D.0143) in three, and sleep disturbances (D.0055) in three. Nursing diagnoses involve carefully analyzing symptoms and signs from assessments, identifying the patient's needs or potential risks, and determining the most appropriate diagnoses. Common nursing diagnoses for hypertensive patients include acute pain, fall risk, fatigue, and sleep disturbances, as hypertension can cause various physical issues, such as headaches, chest pain, and muscle pain due to blood pressure imbalance. These symptoms often affect vital organs and lead to specific complaints, especially headaches, which can be severe in the morning after waking (14,20,21).

Fatigue is a frequent complaint among elderly hypertensive patients, reducing both their physical and mental capacity, and it does not typically improve with rest. This condition is often linked to sleep disturbances, a monotonous lifestyle, or other chronic conditions. Regular physical activity can help stabilize blood pressure and improve physical tolerance, offering a way to mitigate fatigue. Fall risk is another significant concern, as hypertension can lead to dizziness and balance disturbances, making falls more likely. Sleep disturbances are also common in hypertensive patients and are often due to stress or physical discomfort. Relaxation techniques have proven effective in improving the quality of sleep in these patients. Additionally, studies have shown that uncontrolled hypertension and obesity can accelerate cognitive decline in elderly individuals, underlining the importance of managing weight and blood pressure to prevent further cognitive deterioration and enhance overall health (22–24).

The expected outcomes from nursing care for elderly hypertensive patients include reduced pain levels (L.08066), increased activity tolerance (L.05047), improved sleep patterns (L.05045), and decreased fall risk (L.14138). These outcomes aim to improve quality of life by addressing pain management, activity, sleep, and fall prevention. Pain reduction focuses on alleviating discomfort from headaches, dizziness, and neck tension, allowing patients to engage in daily activities without interruption. Fatigue reduction helps patients improve activity tolerance, reducing the limitations caused by hypertension. Improved sleep, targeting 6-8 hours of restful sleep, enhances overall well-being and supports recovery. Reducing fall risk prevents injuries by addressing dizziness, muscle weakness, and orthostatic hypotension. These interventions promote patient safety, independence, and physical fitness. Regular monitoring and periodic evaluations are crucial to maintaining these improvements and preventing complications in the long term (25).

The nursing interventions focus on addressing key nursing diagnoses through observation, therapeutic approaches, education, and collaboration. For acute pain (D.0077), interventions include monitoring blood pressure, using relaxation techniques like deep breathing, and collaborating with physicians for medication management. For fatigue (D.0057), interventions focus on gradual activity increases, collaborating with physiotherapists, and ensuring proper nutrition. In addressing sleep disturbances (D.0055), non-pharmacological techniques and sleep hygiene education are emphasized alongside tools like the Pittsburgh Sleep Quality Index. Lastly, for fall risk (D.0143), environmental risk identification, balance exercises, and collaboration with therapists are key to preventing falls.

The gerontic nursing interventions address common health issues in elderly patients through careful monitoring, therapeutic approaches, education, and collaboration. For acute pain (D.0077), interventions include regular blood pressure monitoring, relaxation techniques like deep breathing, and educating the patient about hypertension management. The focus on stress reduction through relaxation and proper medication monitoring can effectively decrease pain levels. Fatigue (D.0057) is managed by observing patient responses to activity and encouraging light exercises to improve physical tolerance. Educating patients about balancing

rest and activity ensures that they do not overexert themselves. For fall risk (D.0143), environmental monitoring and mobility assistance are key interventions. Educating patients about balance and safe movement can prevent falls, while exercise routines help improve stability. Sleep disturbances (D.0055) are addressed by identifying sleep habits, encouraging a consistent bedtime routine, and using relaxation techniques to promote better sleep quality (26,27).

In the evaluation phase, improvements in patient health are assessed. For acute pain, blood pressure stabilization and reduced pain symptoms show positive outcomes. For fatigue, increased activity tolerance is noted, with patients walking longer distances without fatigue. The use of walking aids and balance exercises shows positive results in reducing fall risk and boosting patient confidence. For sleep disturbances, improved sleep duration and reduced interruptions demonstrate the effectiveness of the interventions. Continuous monitoring and adjustments are recommended to maintain long-term health improvements. The evaluation ensures that goals are met and further interventions are made if necessary, contributing to a holistic approach to gerontic care (28).

Conclusions and Recommendations

Elderly patients with 4-7 years of hypertension report dizziness, fatigue, headaches, tingling, and sleep disturbances, with blood pressure between 140/85 - 160/95 mmHg. Nursing diagnoses include acute pain, fall risk, fatigue, and sleep disturbances. Interventions focus on non-pharmacological care. Positive outcomes were seen after three sessions, with recommendations for adding pain management and complementary therapies in nursing practices.

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