



## Lifestyle Overview Of Hypertension Sufferers: Systematic Review

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### ABSTRACT

**Introduction:** The increase in the number of hypertension sufferers can be caused by an unhealthy lifestyle. The number of hypertension cases in Indonesia is 63,309,620 people. Lifestyle factors that can be changed include diet, physical activity, smoking habits, and prolonged stress. Hypertension has a negative impact on cardiovascular, brain, kidney, and eye disorders. The purpose of this study was to determine the lifestyle of hypertension sufferers. **Material and Methods:** This study used a systematic literature review method. Data sources came from Google Scholar, Garuda Portal and Willey from 2015-2025. Article searches were based on the keywords lifestyle and hypertension. The review method was a literature selection based on preferred reporting items for systematic reviews and meta-analyses (PRISMA). The population in this study were hypertension sufferers with a minimum sample of 40 respondents. Inclusion criteria with journal content themes were lifestyle, diet, physical activity, smoking habits, and stress in hypertension sufferers. The maximum publication period of the journal was 10 years (2015-2025), and the languages used were Indonesian and English. The subjects were hypertension sufferers. The journal content consists of original research articles (not research reviews) in full text, with a cross-sectional design **Results:** Based on the results of the research from 5 articles analyzed, it is known that the lifestyle description of hypertension sufferers includes eating patterns, poor physical activity, experiencing stress, and not having a smoking habit. **Conclusion:** A good lifestyle for hypertension sufferers is one way to control the patient's blood pressure. Suggestions for nurses to implement hypertension management education interventions as a promotive and preventive effort for hypertension sufferers.

**Keywords:** Activity, Life Style, Hypertension

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## 1. Introduction

Hypertension can occur without causing any signs, symptoms, or complaints, so many people are unaware of it. Therefore, hypertension is called the silent killer. Hypertension or high blood pressure is a persistent elevation where the systolic blood pressure (SBP) value is  $\geq 140$  mmHg and the diastolic blood pressure (DDB) value is  $\geq 90$  mmHg (Kim, 2023). According to the (Lysandro Tommy Lay, 2024), the number of hypertension cases in Indonesia was 658,201 people.

Hypertension is divided into two classifications based on its cause: primary hypertension, also known as essential or idiopathic hypertension. Primary hypertension accounts for more than 90% of systolic and diastolic blood pressure elevations. Secondary hypertension, which occurs as a result of identifiable physiological processes in the body, affects only 5% to 8% of adult hypertension sufferers (Sudano et al., 2023).

According to (Suciana & Hidayati, 2024), complications of hypertension can be categorized as follows: disorders of the cardiovascular system (heart and blood vessels), consisting of arteriosclerosis, atherosclerosis, aneurysm (enlargement of blood vessels due to weakening of the blood vessel walls), coronary artery disease, left ventricular hypertrophy, and heart failure; disorders of the brain, consisting of ischemic stroke, hemorrhagic stroke, and dementia; disorders of the kidneys, namely kidney failure; disorders of the eyes, namely damage to the cornea of the eye. An unhealthy lifestyle, such as: consuming foods that contain high levels of sodium, high levels of fat, and low levels of fiber in large quantities will increase the volume of blood in the body so that the heart has to pump blood more strongly (Ranjan, 2023). Blood pressure too Hypertension can occur without causing any signs, symptoms, or complaints, so many people are unaware of it. Therefore, hypertension is called the silent killer. Hypertension or high blood pressure is a persistent elevation where the systolic blood pressure (SBP) value is  $\geq 140$  mmHg and the diastolic blood pressure (DDB) value is  $\geq 90$  mmHg.

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An unhealthy lifestyle, such as: consuming foods that contain high levels of sodium, high levels of fat, and low levels of fiber in large quantities will increase the volume of blood in the body so that the heart has to pump blood more strongly. Influenced by physical activity, inactive people tend to have a higher heart rate, forcing their heart muscles to work harder. Smoking can contribute to hypertension. The substances in tobacco can damage the inner lining of artery walls, making them more susceptible to plaque buildup or atherosclerosis (Poznyak et al., 2022).

Stress is a response or reaction to demands or burdens that are non-specific, stress in life is something that cannot be avoided but besides that, stress is also a trigger that can cause hypertension (Saputri et al., 2024). Based on the above background, the researcher is interested in conducting a research study entitled "Lifestyle Overview of Hypertension Patients." There is a wealth of research on the lifestyle overview of hypertension patients, but there is no literature review available. This study aims to determine the lifestyle overview of hypertension patients from articles published between 2015 and 2025.

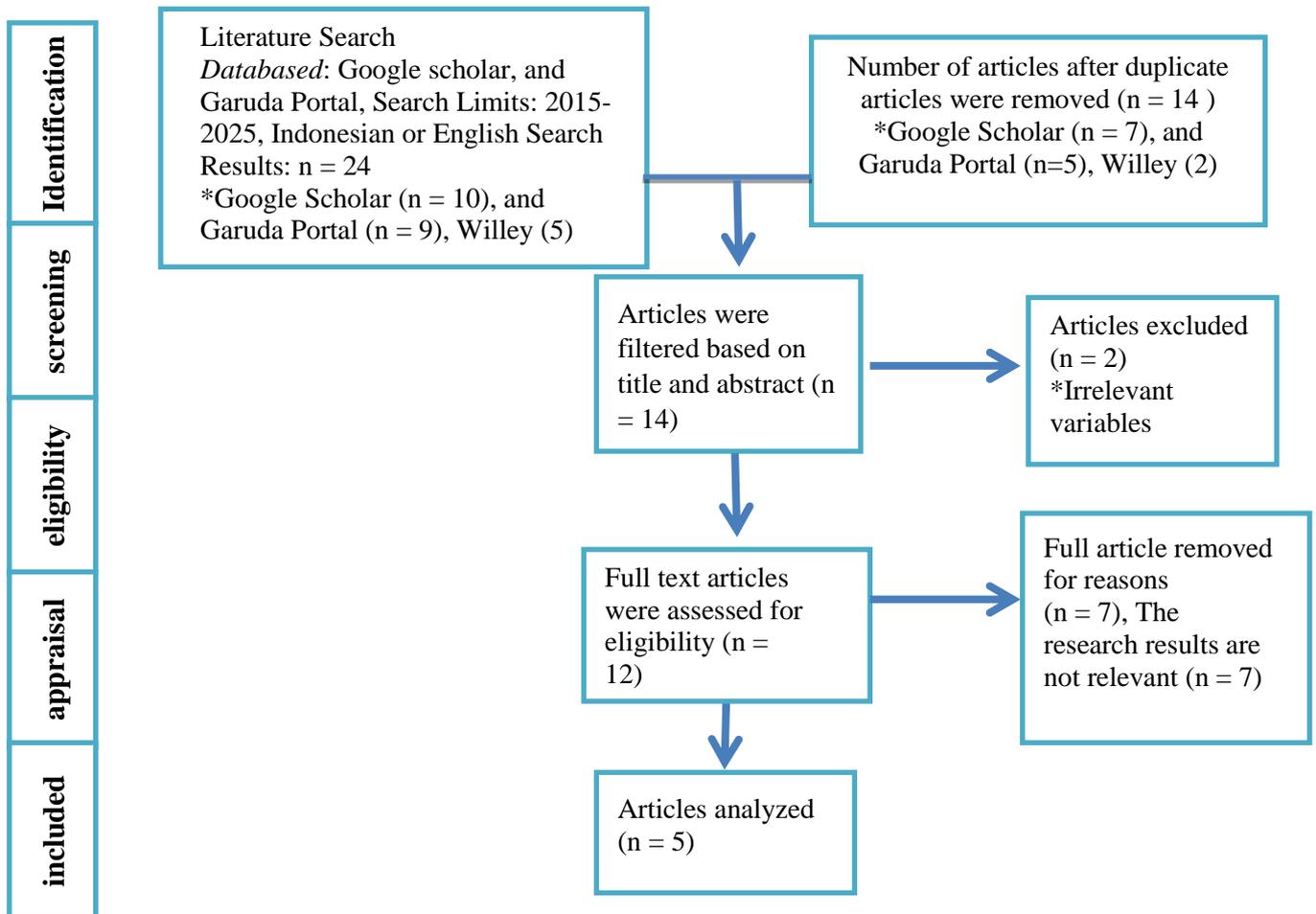
## 2. Research Method

This study used a literature review approach. The population was all respondents with hypertension, and the sample size was a minimum of 40 respondents. Using inclusion criteria with the theme of the journal content: lifestyle (dietary patterns, physical activity, smoking habits, and stress) in hypertension sufferers; Timeframe: Maximum journal publication time frame 10 years (2015-2025); Language: Indonesian and English. Subject: Hypertension sufferers; Journal content: Original research article (not a research review) in full text form. Exclusion criteria: incomplete text components and research review articles.

Article searches were conducted on various search engines used in this study, namely Google Scholar, the Garuda Portal and Willey using the keywords "Lifestyle", "Hypertension", "Lifestyle", "Hypertension". The search and selection procedure for articles was based on the Preferred Reporting Items for Systematic Reviews & Meta-analyses (PRISMA) as depicted in Figure 1, resulting in 10 articles for analysis and synthesis were carried out using literature review techniques.

The first stage is identification, which involves searching for articles sourced from the Garuda Portal, Google Scholar and Willey. The second stage is article screening, which involves removing duplicate articles and screening based on titles and abstracts. The third stage is eligibility, which assesses the suitability of the articles. The fourth stage is inclusion, which involves using appropriate journals that have passed several selection stages. Five journals were selected for analysis.





### 3. Results And Discussions

There are five journals that meet the inclusion criteria. Of the five journals, the research results show that respondents have a lifestyle.

No	Title, Author, and Year	Method	Results
1	Supporting Healty lifestyle behavior change in hypertension patients (Santoso & Sudarsih, 2022)	This research was a pre-experimental study with a one-group pretes-post test design of 36 patients through purposive sampling	Difference in healthy lifestyle behaviors before and after the mentoring ( $p < 0.001$ ). The RPGHS card made it easy for patients to plan healthier lifestyle change to implement in daily life. So, this is recommended as an instrument to help hypertensive patients in the process of behavior change





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2	Hypertension Patients' Perceptions of Healthy Lifestyles and Complications of Hypertension (Mahensa et al., 2024)	This study uses a qualitative approach method with a phenomenological design to explore in-depth information based on patient knowledge and understanding. The study was conducted on hypertensive patients from October to November 2024 at the Gatak Health Center.	Each patient has the same perception and knowledge about hypertension, but differs in the implementation of a healthy lifestyle and knowledge about complications of hypertension. Most patients agree that hypertension is dangerous and requires the implementation of a good lifestyle to prevent the development of hypertension, but some patients think that hypertension is not dangerous as long as they implement a good and correct healthy lifestyle. If this is put together, it will become the same core, only different in understanding, it is natural that this happens because each patient has a different mindset and understanding. All patients have learned information about hypertension from medical personnel education, television broadcasts, and personal experiences with the motivation of wanting to recover from hypertension.
3	The Role of Lifestyle Factors in Controlling Blood Pressure among Hypertensive Patients in Two Health Facilities in Urban Ghana: A Cross-Sectional Study (Amoah et al., 2025)	In this cross-sectional study, 360 diagnosed hypertensive patients who were $\geq 18$ years old, selected from two secondary-level referral hospitals in the Greater Accra Region, were interviewed. Demographic information, diet components, and	Approximately 54.2% of participants had no knowledge of either causes or complications of hypertension. Similarly, 52.5% of patients that had not achieved blood pressure control lacked knowledge of causes or complications of hypertension. Longer time since diagnosis of 2–5 years (AOR = 0.08 (95% CI: 0.01–0.47)) and 6–10 years (AOR = 0.08 (95% CI: 0.01–0.50)) and diets, mainly composed of meat (AOR = 0.13 (95% CI: 0.02–0.70)) and starch (AOR = 0.14 (95% CI: 0.03–0.79)), predicted poor blood pressure control compared to patients diagnosed within a year and diets without meat and starch as main components,





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		exercise assessments as well as blood pressure measurements were taken. Chi-squared tests and binomial logistic regression were used to determine the association between demographic and lifestyle factors with blood pressure control. Area under the receiver-operator curves (AUROC) was used to identify lifestyle factors predicting optimal blood pressure control among patients diagnosed with hypertension	respectively. Additionally, engaging in some physical activity of 30 minutes to one hour (AOR = 5.64 (95% CI: 2.08–15.32)) and more than an hour (AOR = 11.38, 95% CI: 2.01–64.47)) predicted blood pressure control
4	Comprehensive effects of lifestyle reform, adherence, and related factors on hypertension control: A review (Miao et al., 2023)	However, medication non-adherence was previously recognized as a major problem in the treatment of hypertension. The mechanisms behind the positive impacts of lifestyle changes might occur in different ways. In comparison with other studies, the	Each behavior could affect BP by modulating visceral fat accumulation, insulin resistance, the renin-angiotensin-aldosterone system, vascular endothelial function, oxidative stress, inflammation, and autonomic function. Evidence of the joint effect of antihypertensive medications and lifestyle reforms suggests a pathway to reduce hypertension.





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efficacy and effectiveness of lifestyle modifications and antihypertensive pharmaceutical treatment for the prevention and control of hypertension and concomitant cardiovascular disease have been demonstrated in randomized controlled trials

5	Lifestyle management of hypertension: International Society of Hypertension position paper endorsed by the World Hypertension League and European Society of Hypertension (Charchar et al., 2024)	have been demonstrated in randomized controlled trials	We also discuss the relevance of specific approaches including consumption of sodium, potassium, sugar, fibre, coffee, tea, intermittent fasting as well as integrated strategies to implement these recommendations using, for example, behaviour changerelated technologies and digital tools.
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This study found five literature reviews examining dietary patterns. Unhealthy lifestyles, such as consuming large amounts of high-sodium and high-fat foods, increase blood volume, forcing the heart to pump harder, which can lead to hypertension. (Eka et al., 2025) study found that 61.8% of respondents had a habit of eating salty foods and consumed fatty foods more than three times a week.

According to (Earle et al., 2024), controlling blood pressure and reducing cardiovascular disease requires a diet that is low in salt, low in calories, limited in fat, and low in calories with high in fiber. Research by (Santoso & Sudarsih, 2022) found that 53% of the participants in this study had unhealthy lifestyles. Cholesterol levels are determined by the foods consumed. The more fatty foods consumed, the higher the cholesterol levels. However, this is different from the research by (Mente et al., 2021) who stated that the results of the research conducted it is known that the majority consume low levels of salt, consuming only 2-3 teaspoons per day. The research by (Mellisa et al., 2023) also found that 58.7% of respondents did not consume excessive salt.





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According to research by (Mahensa et al., 2024), the majority of hypertensive patients (76.53%) had a healthy diet. This was influenced by respondents' habits of consuming high-fiber foods such as fruits and vegetables, not consuming excess salt, and most patients never eating meat or offal. Conducted a study on 40 respondents, 20 respondents with a regular diet with 13 respondents experiencing severe hypertension and 6 respondents with moderate hypertension and 1 mild hypertension and 21 respondents with an irregular diet, as many as 20 respondents with an irregular diet had severe hypertension and 1 person with an irregular diet with mild hypertension. Dietary changes to treat hypertension focus on reducing sodium intake, maintaining adequate potassium and calcium intake and reducing fat intake.

This study examined five literature reviews on physical activity. Physical activity is any bodily movement produced by skeletal muscles that requires energy expenditure. Exercise is considered a form of physical activity, but not all physical activity is considered exercise. study found that 51% of respondents were physically inactive. This was due to the lack of interest in exercise among residents of RT 17 due to their busy schedules at home. (Amoah et al., 2025) study found that 67.3% of respondents had poor physical activity levels, with 52.7% having sedentary habits.

Research by (Miao et al., 2023) found that 73% of respondents had unhealthy physical activity lifestyles. This was evident in the hypertensive respondents who did not have a regular exercise routine. A study by (Mahensa et al., 2024), found that 50% of respondents had unhealthy physical activity. Which do activities/sports and as many as (50%) respondents who do not do activities/sports. However that 90.61% of respondents engaged in healthy physical activity. This was influenced by the fact that most respondents were female and unemployed.

According to (Charchar et al., 2024), physical activity should be done for 30 minutes a day because it is beneficial for maintaining stable blood pressure within the normal range. Increasing age greatly affects the elasticity of blood vessels. As we age, heart and blood vessel function declines, so that with activity, the heart will work optimally and health is maintained. Research by (Miao et al., 2023) found that respondents with hypertension engaged in light physical activity, typically light exercise, as part of their daily routine. Exercise and physical activity are crucial for building stronger heart muscles. A strong heart maintains its ability to pump blood. Common household chores include sweeping, mopping, cycling, and walking, which can help reduce high blood pressure. Physically active individuals generally have lower blood pressure and are less likely to develop high blood pressure.

This study found five literature reviews examining smoking habits. In the study by (Jareebi, 2024), the majority of hypertension sufferers (58%) were non-smokers. There were 20% moderate smokers, 16% light smokers, and 7% heavy smokers. Seventy-six





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percent of respondents were female. According to research by (Mahensa et al., 2024), the majority of respondents were non-smokers (69.1%), and 63.6% were smokers at home. The majority of respondents smoked at home, while 52.7% were not exposed to cigarette smoke at work.

Smoking is a factor associated with hypertension because cigarettes contain nicotine and carbon monoxide, which affect blood pressure. Nicotine can trigger atherosclerosis and increase fatty acid levels. Inhaled nicotine penetrates the small blood vessels in the lungs and is then transported to the brain. In the brain, nicotine signals the adrenal glands to release epinephrine, or adrenaline, which constricts blood vessels and forces the heart to work harder due to higher blood pressure. The carbon monoxide in cigarettes can cause thickening of blood vessel walls due to damage to hemoglobin in the blood, which accumulates in the capillary membranes (Fatma Nuraisyah, Apriyana Irjayanti, Maxi Irmanto, 2025).

This study (Amoah et al., 2025) found four literature reviews examining stress events. study found that 71% of respondents experienced moderate stress. Stress is a situation or event that threatens and demands coping skills. Stress can cause physical changes related to health. This is evidenced by the fact that when respondents faced problems, they did not keep them to themselves but instead shared them with those closest to them. Stress can increase the work of the adrenaline hormone so that the heart pumps faster, which can lead to increased blood pressure. Research (Charchar et al., 2024) suggests that increasing stress levels increases the risk of developing hypertension. If stress in people with hypertension is not addressed, it can trigger other complications.

#### 4. Conclusion

Based on the results of a review of 5 research articles on lifestyle descriptions in hypertension sufferers, a healthy lifestyle for hypertension sufferers can help control high blood pressure. The role of the family is very important in accompanying hypertension patients to be able to manage their daily lifestyle in terms of diet, physical activity, stress and smoking habits, drinking alcohol, foods containing high salt. Implications for Health Services: health care providers can improve educational programs for hypertension patients about a healthy lifestyle, improve promotive and preventive programs by holding health education activities including hypertension education interventions, namely healthy lifestyles to control blood pressure.

Implications for Education: This study provides new insights into the lifestyle of hypertension sufferers, based on previous results. This can be used as a learning reference in educational institutions and as a basis for further development of nursing knowledge. Implications for future researchers include using the results of this study as a consideration or data source for conducting research on the lifestyle of hypertension sufferers.





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## 5. Compliance with ethical standards

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### Disclosure of conflict of interest

There is no potential for any stakeholder to have a conflict of interest in this research.

### Statement of informed consent

In our capacity as writers, every action we perform constitutes a joint agreement or consent.

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