

615.854

An1

2008

*EFFECTIVENESS OF DASH DIET TO SELECTED HYPERTENSIVE  
CLIENTS IN THE PROVINCE OF CAVITE*

*Special Problem*

*MARVIN J. ANACAY*

*MA. MILLETTE V. DE CASTRO*

*KEVIN E. DEL ROSARIO*

*College of Nursing*

*CAVITE STATE UNIVERSITY*

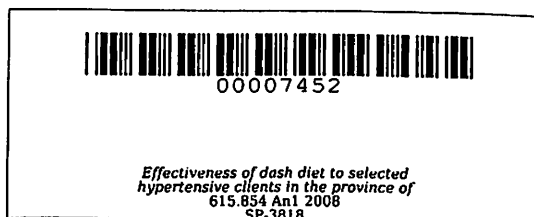
*Indang, Cavite*

*April 2008*

**EFFECTIVENESS OF DASH DIET TO SELECTED HYPERTENSIVE CLIENTS IN  
THE PROVINCE OF CAVITE**

**An Special Problem Presented to the Faculty of the  
College of Nursing Cavite State University  
Indang, Cavite**

**In Partial Fulfillment of the Requirement  
for the Degree of Bachelor of Science in Nursing**



**MARVIN J. ANACAY  
MA. MILLETTE V. DE CASTRO  
KEVIN E. DEL ROSARIO**

**March 2008**

## **ABSTRACT**

**ANACAY, MARVIN J., DE CASTRO MA. MILLETTE V. and DEL ROSARIO KEVIN E.. Effectiveness of DASH Diet to Selected Hypertensive Clients in the Province of Cavite.** Undergraduate thesis of Bachelor of Science in Nursing. Cavite State University, Indang, Cavite, April 2008. Adviser Mrs. Evelyn del Mundo, RN.

The study was conducted among selected hypertensive clients in the province of Cavite to determine the demographic profile of the respondents, to determine effectiveness of DASH diet. Specifically, to determine the level of compliance, the relationships of gender to level of compliance, and to determine the relationship between the effects of DASH diet to factors: gender, BMI and compliance of the hypertensive clients.

Thirty mild hypertensive who were residing in the province of Cavite were selected for the study. The subjects were not using any anti-hypertensive medication and ages 40-60 years. They were counseled about DASH and taught in using food exchange list and preparing a meal plan. The respondents were given standard measuring instrument (cup, tablespoon, and teaspoon) to uniform the unit of measurements.

Findings of the study revealed that there is a significant relationship between levels of compliance to gender. Among those highly complied were 60% of female with DASH compared to 26.66% of Male. Among those lowly complied were 60% of male compared with 33.33% of female.

Evidence suggests that there is no significant relationship between body mass index and effectiveness of DASH. There is no significant relationship between gender and effectiveness of DASH.

Among the factors, high level compliance dictates the result of effectiveness of DASH which was 69% percent effective to mild hypertension for client who were high compliant to DASH or compliance of 12-14 days.

## TABLE OF CONTENTS

	Page
<b>BIOGRAPHICAL DATA</b> .....	i
<b>ACKNOWLEDGMENT</b> .....	iv
<b>LIST OF TABLES</b> .....	ix
<b>LIST OF FIGURES</b> .....	xi
<b>LIST OF APPENDICES</b> .....	xii
<b>ABSTRACT</b> .....	xiii
<b>INTRODUCTION</b> .....	1
Significance of the Study .....	2
Statement of the Problem .....	3
Objectives of the Study .....	4
Time and place of the Study.....	4
Scope and Limitations of the Study.....	4
Research Hypothesis .....	6
Definition of Terms.....	6
Conceptual Framework.....	8
<b>REVIEW OF RELATED LITERATURE</b> .....	9
Hypertension.....	9
World Situation.....	10
Local Situation.....	10
Prevention.....	11

Dietary Approaches to stop Hypertension (DASH).....	13
DASH Diet.....	14
The DASH for Control of High Blood Pressure.....	15
High Salt Foods.....	16
<b>METHODOLOGY.....</b>	<b>17</b>
Research Design.....	17
Respondents of the Study.....	17
Data Gathering Procedure.....	17
Sampling Type and Technique.....	18
Research Instrument.....	18
Method of Analysis.....	23
<b>RESULTS AND DISCUSSIONS.....</b>	<b>25</b>
Demographic Profile of Respondents.....	27
Physical Data.....	28
Level of Compliance.....	29
Distribution of the Respondents Level of Compliance based on Gender.....	29
Activity level of respondents.....	30
Distribution of the Respondents Activity level based on Gender.....	31
K/caloric Requirement of Respondents.....	32
Distribution of the Respondents K/Caloric requirement based on Gender.....	34
Effectiveness of DASH.....	34
Level of Compliance and Effectiveness of DASH.....	35

High Compliance and Effectiveness of DASH.....	36
Initial Blood Pressure and Final Blood Pressure of the Low Compliant Respondents and Effectiveness of DASH.....	37
Initial Blood Pressure and Final Blood Pressure of the Moderately Compliant Respondents and Effectiveness of DASH.....	38
Initial Blood Pressure and Final Blood Pressure of the High Compliant Respondents and Effectiveness of DASH.....	39
Relationship of Effectiveness of DASH and Gender, Level of Compliance and Body Mass Index.....	41
<b>SUMMARY, CONCLUSION AND RECOMMENDATION.....</b>	<b>42</b>
Summary.....	42
Conclusion.....	43
Recommendation.....	43
<b>BIBLIOGRAPHY.....</b>	<b>44</b>
<b>APPENDICES.....</b>	<b>46</b>

## LIST OF TABLES

Table	Page
1. DASH diet.....	14
2. The DASH diet for Control of High Blood Pressure.....	15
3. Interpretation of Level of Compliance.....	19
4. Determination of Activity Level.....	19
5. Gender Distribution of the Respondents.....	25
6. Educational Attainment of the Respondents.....	26
7. Religion of the Respondents.....	26
8. Body Mass Index of the Respondents.....	27
9. Body Mass Index Based on Gender.....	28
10. Level of Compliance of respondents.....	28
11. Level of Compliance Based on Gender.....	29
12. Activity level of Respondents.....	30
13. Activity Level based on Gender.....	31
14. K/caloric requirement of the Respondents.....	32
15. K/caloric requirement Based on Gender.....	33
16. Effectiveness of DASH.....	34
17. Level of Compliance and Effectiveness of DASH.....	35
19. High Compliance and Effectiveness of DASH.....	36
20. Initial Blood Pressure and Final Blood Pressure of the Low Compliant Respondents and Effectiveness of DASH.....	37
21. Initial Blood Pressure and Final Blood Pressure of the Moderately Compliant Respondents and Effectiveness of DASH.....	38

22. Initial Blood Pressure and Final Blood Pressure of the High Compliant Respondents and Effectiveness of DASH.....	39
23. Relationship between the Effectiveness of DASH and Gender, Body Mass Index and Level of Compliance.....	41

## **LIST OF FIGURES**

<b>Figure</b>	<b>Page</b>
1. Effect of DASH to Hypertensive Client and its Relationship to the Level of Compliance.....	7
2. A Standardized Blood Pressure Apparatus.....	20
3. A Standardized Tape Measure.....	20
4. A Standardized Weighing Scale.....	21
5. A Standardized Measuring Cup.....	22
6. A Standardized Table Spoon.....	22
7. A Standardized Teaspoon.....	23

## **LIST OF APPENDICES**

<b>Appendix</b>	<b>Page</b>
1. Interview/ Guide Questions.....	46
2. Daily Meal Card.....	48
3. Suggested Meal Plan for DASH.....	49
4. List of Food Exchanges.....	54
5. Statistical Analysis.....	58
6. Curriculum Vitae.....	64

# **EFFECTIVENESS OF DASH DIET TO SELECTED HYPERTENSIVE CLIENTS IN THE PROVINCE OF CAVITE**

**Anacay, Marvin J.; de Castro, Ma. Millette V.; del Rosario, Kevin E.**

---

A special problem submitted to the faculty of the College of Nursing, Cavite State University, Indang, Cavite in partial fulfillment of the requirements for graduation with the degree of Bachelor of Science in Nursing with the Contribution No. SP-CON-2008 010. Prepared under the supervision of Professor Evelyn del Mundo, RN.

---

## **INTRODUCTION**

When the blood pressure elevates from normal limit, it is called hypertension or high blood pressure. The force of the blood against the artery wall becomes too strong. The heart must work harder to pump against increased resistance. Hypertension is asymptomatic and a contributing factor to heart attack (Kozier et al, 2004). If the elevation of blood pressure rises permanently, it eventually damages the blood vessels throughout the body that may affect heart brain, kidney, and eyes. If it is untreated, it will progress to death.

In the Philippines, hypertension is a big problem. It is now one of the leading causes of morbidity, disability and mortality in the century. According to Department of Science and Technology Manila 2002(DOST), about 21% of total population of Filipinos is hypertensive. The Philippines is one of the highest rates of hypertension prevalence on the Southeast Asia. The Philippines Society of hypertension revealed that around 12.6