

NUREARCHER

https://www.nursearcher.com/index.php/nrs Volume 1, Issue 2 (Jul-Dec 2021)

Original Article

Knowledge of Elderly Hypertensive Patients Regarding Dash Diet (Dietary Approaches to Stop Hypertension) for Controlling Blood Pressure at Teaching Hospital Lahore, Pakistan

Rukhmah Afzal["], Muhammad Asim Amin¹, Anum Batool¹, Zunaira Aziz¹ and Kabir Ozigi Abdullai¹

¹Lahore School of Nursing, The University institute of Public Health, The University of Lahore, Lahore, Pakistan

ARTICLE INFO

ABSTRACT

Key Words:

Knowledge, DASH Diet, Elderly Patient, Hypertensive, Regarding

How to Cite:

Afzal, R., Asim Amin, M., Batool, A., Aziz, Z., & Ozigi Abdullai, K. (2021). Knowledge of Elderly Hypertensive Patients Regarding Dash Diet (Dietary Approaches to Stop Hypertension) For Controlling Blood Pressure at Teaching Hospital Lahore, Pakistan: Knowledge of Elderly Hypertensive Patients Regarding Dash Diet. NURSEARCHER (Journal of Nursing & Midwifery Sciences), 1(02), 11–16. https://doi.org/10.54393/nrs.v1i02.9

*Corresponding Author:

Rukhmah Afzal

Lahore School of Nursing, The University institute of Public Health, The University of Lahore, Lahore, Pakistan

rukhmahafzal2@gmail.com

Received Date: 13th July, 2021 Acceptance Date: 26th August, 2021 Published Date: 31st December, 2021

INTRODUCTION

Health is a basic human right and primary function of health for the humans. Health is essential part of life for all human beings. A person with a healthy mind and healthy body can be strength of the family and can play an important role in the society. Health cannot be purchased by money but it can be decayed with bundles of diseases [1, 2]. For a healthy body, everybody should take balanced diet. The people of the rural community are more vulnerable to the infectious diseases due to lack of bad sanitation and their poor economic status. The people of urban community are more vulnerable to get other diseases like diabetes mellitus and hypertension etc, it could be due to their

Objective: To assess knowledge of Elderly Hypertensive Patients Regarding Dash (dietary approaches to stop hypertension) Diet for controlling Blood Pressure at Teaching Hospital Lahore. Methods: This descriptive cross section study was conducted at University of Lahore Teaching Hospital Lahore, Lahore Pakistan. Data were collected by self-administered questionnaire, question related to DASH (dietary approaches to stop hypertension) diet. Purposive sampling technique was used to collect data. Structured questionnaire was administered to the patients to collect data for assessing knowledge regarding DASH diet of elderly hypertensive patients. The collected data were analyzed through descriptive as well as inferential statistics using SPSS software (22). The descriptive analysis was performed by using frequencies and percentages. Results: Most of the patients who are diagnosed with hypertension are above the age of 50. People who are graduates have good knowledge instead of illiterate and primary educated people. Majority of the people have very poor knowledge regarding DASH diet and only fewer people have knowledge about the Dash diet. Some people have good knowledge about the meaning of hypertension but very poor knowledge about the use of fresh fruits and vegetables in their diet. Conclusion: It is concluded that elderly hypertensive patients have inadequate knowledge about DASH diet but a very few patients who are graduated know about the DASH diet.

> modern life activities. Therefore, hypertension has been become most common risk factor of death among the people of industrialized countries [3]. Worldwide, about 22% of the individuals of 25 years have been reported with elevated blood pressure. In 2014 about 7.5 million people died due to raised blood pressure. Due to hypertension, 60% deaths reported in heart failure patients and 40% deaths in end stage renal disease [4]. Hypertension is a problem of an experience of raised blood pressure of individual. In an adult high blood pressure or hypertension is diagnosed when at least average two visits shows same reading with systolic blood pressure 140mmHg and

diastolic blood pressure 90 mmHg or above [5]. According to WHO hypertension is a condition of continuous elevation of blood pressure. Heart provides blood to the all parts of body through vessels. Whenever heart beats per minute, blood pumps to the vessels. Systolic blood pressure greater than 120mmHg and diastolic blood pressure greater than 80mmHg after counting more than two continuous reading is known as hypertension. There are many people who do not have knowledge regarding hypertension symptoms, even hypertension can cause trauma, stroke, angina attacks and many other organs damage by blocking and bursting of blood vessels. Two ways can be used for the hypertension management (pharmacological and non-pharmacological). Diuretics, Beta blockers, calcium channel blockers, centrally acting drugs, ACE inhibitors and alpha adrenorecepter blockers are those drugs which can be used in high blood pressure. Healthy diet and better lifestyle are a non-pharmacological treatment. Modification in the lifestyle can be helpful in prevention and controlling high blood pressure. By including fruits and vegetables in diet, low fat diet, maintenance of less weight, avoidance of smoking, salt restriction are the daily use of the dietary management. DASH diet is the ideal dietary management of the hypertension. In actual, USDA suggested that DASH diet is an ideal dieting plan [6, 7]. DASH stands for Dietary Approaches to Stop Hypertension. The US National Heart Lung and Blood Institute suggested the DASH diet for people with high blood pressure. Research shows that if hypertensive patients initiate the DASH diet in eating plan saw fall in blood pressure after using two weeks. DASH is a balanced eating plan which is used among hypertensive patients, institute sponsored by research studies and stated that, reduces elevated blood pressure, helps in maintenance of blood lipid levels, reduces the risk factor of causing cardiovascular disease [8, 9]. National Heart, lung and Blood institute has been encouraged the DASH diet in controlling blood pressure among hypertensive patients. DASH diet promotes the patient to avoid salt, use more magnesium and fat free diet for lowering the blood pressure. The DASH diet includes more fruits, vegetables, fat free products, and whole grains, as well as some legumes, poultry and fish, very small guantity of red meat, fats and sweets. It is low in saturated fat, total fat and cholesterol. It includes intake of approximately 2,000 calorie per day. Based on the evidence of the action of DASH diet in controlling hypertension, a structured teaching programmed regarding DASH diet may help the patient to improve the knowledge of DASH diet and to practice it to control the hypertension [10, 11]. In 1991, National institute of health started research on dietary approaches to stop hypertension. According to NIH there

are several dietary methods to stop hypertension and their research studies shows that 9 to 11mmHg systolic blood pressure can be reduced by following this diet chart. This diet not only helps in controlling in blood pressure, it has also been noticed that it helps in controlling diabetes [12, 13]. This diet includes legumes, whole grains, fruits and vegetables, fat free dairy products and carbohydrates. DASH diet is a combination of both modern and old products of dietary patterns. According to their research it has been observed that DASH diet has helped a lot to manage the diseases for the health team members. This non pharmacology therapy is very useful therapy for tackling the disease. Nurses and pharmacists should aware the patient regarding DASH diet to control blood pressure and its importance before discharge the patients. From following this diet plan this will drive optimal outcomes for the patient [14, 15].

METHODS

The cross-sectional descriptive study design was used in the study. This study was conducted in the University of Lahore Teaching Hospital. All the patients of elderly diagnosed with the elevated blood pressure were participants. Inclusion criteria were the patients who have elevated blood pressure and the age between 20 to 80 years. All other patients of young ages were excluded in the study. Non diagnosed people with hypertension have been also excluded from the study. The goal was to gather a representative sample of each level of qualification within the target population using a purposive sampling approach. The formula used for sampling was (n = N/1+(e))2). Collected data by all the outdoor patients of the Hospital who were diagnosed with hypertension through DASH diet questionnaire. Data were analyzed on the Statistical Package for the Social Sciences (SPSS) version 21.

RESULTS

The data were analyzed by questionnaire and results are interpreted with the frequency and percentages.

Demographics	Variable	Frequency (%)
	20-35	30(27.5)
Age	30-35	19(17.4)
	Greater than 50	60(55)
Gender	Male	44(40.4)
Gender	Female	65(59.6)
	Muslim	100(91.7)
Religion	Christian	5(4.6)
	Others	5(4.6)
	Illiterate	34(31.2)
Education	Primary school	46(42.2)
	Graduate	29(26.6)
	Labor	29(26.6)
Occupation	Medical personnel's	15(13.8)

	Others	65(59.6)
Type of diet	Non-Vegetarian	99(90.8)
Type of diet	Vegetarian	10(9.2)
History of hypertension	Yes	68(62.4)
riistory of hypertension	No	41(37.6)

Table 1: Sociodemographic of participants N=109

The table 2 describes the knowledge questionnaire of participants. 68(62.4%) people recognized the meaning of hypertension while, 15(13.8%) people stated that increase level of respiration is called hypertension and 18(16.5%)

The table 2 describes the knowledge guestionnaire of participants. 68(62.4%) people recognized the meaning of hypertension while, 15(13.8%) people stated that increase level of respiration is called hypertension and 18(16.5%) people called the increase level of body temperature is hypertension and 8(7.3%) among them called increase level of stress is called hypertension. Among 109 participants, 75(68.8%) knows about the range of the elevated blood pressure and others do not know the range of high blood pressure. Only 11(10.1%) patients have knowledge related to causes of hypertension, 30(27.5%) says that chronic stress is a cause of hypertension, 40(36.7%) stated that alcohol and tobacco is cause of hypertension. Out of 109 participants, 18(16.5) patients stated that DASH diet is an abbreviation of direct activity to stop hypertension, 44(40.4%) says that DASH diet is an abbreviation of direct approaches to stop hepatitis, 38(34.9%) knows about the abbreviation of DASH diet and says that DASH diet is an abbreviation of dietary approaches to stop hypertension, only 9(8.3%) participants stated that direct activity to stop hemorrhage. Only 29(26.6%) patients have knowledge related to uses of DASH diet, 32(29.4%) patients stated that it only reduces the body weight. Among 109 participants, only 34(31.2%) patients have knowledge about the main aim of the DASH diet and says that it reduces the amount of sodium in diet as compared to routine diet. 42(38.5%) stated that it reduces of amount of sugar in diet, 23(21.1%) patients says that it increases amount of fat in diet and only 10(9.2%) says that none of the above. 9(8.3%) patients out of 109 participants said that high fats should be taken in in the DASH diet, 60(55.0%) patients says that medium fats should be taken in the DASH diet, 37(33.9%) patients stated that low fats should be taken in the DASH diet and only 3(2.8%) says that none of above. From the 109 participants, 36(33.0%) patients says that T.B disease can be prevented up to 10 years with use of DASH diet. 38(34.9%) said Heart attack can be prevented up to 10 years with use of DASH diet, 26(23.9%) stated that hepatitis can be prevented and only 9(8.3%) said that gastritis can be prevented up to 10 years by use of DASH diet. Out of 100% elderly hypertensive patients, only 33.9% patients give correct answer and I analyze that only fewer patients have knowledge related to

DASH diet. 66.1% of elderly hypertensive patients give incorrect answer and I analyzed that majority of patients do not have knowledge about the DASH diet.

Questions	Responses	Frequency (%)
What is the meaning of hypertension?	Increase level of blood pressure	68(62.4)
	Increase level of body temperature	18(16.5)
	Increase level of respiration	15(13.8)
	Increase level of stress	8(7.3)
	100/60 mm Hg	5(4.6)
What is the normal	120/80 mm Hg	75(68.8)
range of blood pressure?	140/90 mm Hg	20(18.3)
	200/120 mm Hg	9(8.3)
How much blood	140/90 mm Hg or above	19(17.4)
pressure consider as hypertension?	120/80 mm Hg	35(32.1)
	100/60 mm Hg	36(33)
	Below 100 mm Hg	19(17.4)
	Salt rich diet and fatty diet	11(10.1)
Which are the causes	Chronic stress	30(27.5)
of hypertension?	Alcohol and tobacco use	40(36.7)
	All above	28(25.7)
	Hepatitis	57(52.3)
Which disease can be	Hypertension	21(19.3)
controlled by use of DASH diet?	Т.В.	23(21.1)
	Malaria	8(7.3)
	Direct Activity to Stop Hypertension	57(52.3)
What is the	Direct Approach to Stop Hepatitis	21(19.3)
abbreviation for the DASH diet?	Dietary Approach to Stop Hypertension	23(21.1)
	Direct Activity to Stop Hemorrhage	8(7.3)
	Fruits & Vegetables	43(39.4)
Which types of food	Whole grains & Nuts and Beans	23(21.1)
included in DASH diet?	Low fat dairy & Poultry	7(6.4)
	Allabove	36(33)
	It helps to control the blood pressure	32(29.4)
Which are the uses of	Helps to lower the cholesterol	37(33.9)
DASH diet?	Helps to reduce body weight	11(10.1)
	Allabove	29(26.6)
	Reduce the amount of sodium in diet compared to routine diet.	34(31.2)
What is the main aim	Reduce amount of sugar in diet	42(38.5)
of DASH diet?	Increase the amount of fat in diet	23(21.1)
	None above	10(9.2)
	5,000 Calories	25(22.9)
How much of daily	3,000 Calories	47(43.1)
intake of calories the DASH diet allows?	2,000 Calories	34(31.2)
	10,000 Calories	3(2.8)
Which type of	Magnesium	9(8.3)
nutrients / minerals are present in the DASH diet, that helps	Potassium	38(34.9)
	Calcium	37(33.9)
to lower the blood pressure	All above	25(22.9)
What are the items the person can take in servings of grains?	Rice	15(13.8)
	Grains	29(26.6)
	Bread	23(21.1)
	All above	42(38.5)

Which kind of vegetables should be	Fibre – rich	15(13.8)
	Vitamin - rich	40(36.7)
eaten by person following DASH diet?	A & B both	39(35.8)
ionowing DASH diet?	Iron rich	15(13.8)
	Green leafy vegetables	31(28.4)
What are the examples of fiber	Sweet potatoes	25(22.9)
rich vegetables?	Peas	12(11)
	All above	41(37.6)
	Tomato	27(24.8)
What are the examples of vitamin	Carrot	29(26.6)
rich vegetables?	Lemon	28(25.7)
	All above	25(22.9)
	1 – 2 servings	33(30.3)
How many servings of fruits to be taken by	4 – 5 servings	30(27.5)
person in one day?	10 – 12 servings	40(36.7)
	0 serving	6(5.5)
	High fat	9(8.3)
Which kind of dairy item should be taken	Medium fat	60(55)
in DASH diet?	Low fat	37(33.9)
	None above	3(2.8)
Which one of	Almonds & Peanuts	26(23.9)
following is the example for nuts &	Mung & Bengalgram	15(13.8)
seeds that can be use	A & B both Iron rich Green leafy vegetables Sweet potatoes Peas All above Tomato Carrot Lemon All above 1 - 2 servings f 4 - 5 servings 10 - 12 servings 0 serving High fat Medium fat Low fat None above Almonds & Peanuts Mung & Bengalgram Chickoo & Lemon None Above Up to 10 servings per week Up to 5 servings per week Unlimited servings T.B.	44(40.4)
in DASH dty11iet?	None Above	24(22)
	Up to 10 servings per week	28(25.7)
How many servings of	Up to 5 servings per day	40(36.7)
sweets person should take in DASH diet?	Up to 5 servings per week	33(30.3)
	Unlimited servings	8(7.3)
Which discose can be	Т.В.	36(33)
Which disease can be prevented up to 10 years with use of DASH diet?	Heart attack	38(34.9)
	Hepatitis	26(23.9)
	Gastritis	9(8.3)
Total Score	Correct	678(33.9)
		1322(66.1)

 Table 2: DASH diet responses among elderly hypertensive patients

DISCUSSION

This study was conducted in outdoor elderly hypertensive patients at University of Lahore Teaching Hospital where more than 31.2% were uneducated, 42.2% were from primary education and 26.6% are graduated. Educational status was directly proportional to the knowledge of the DASH diet of hypertensive patients as those patients who were graduated have better knowledge of DASH diet rather than those patients who were illiterate, and the primary educated patients have very little knowledge about DASH diet. Johnson et al., study showed that many socioeconomic factors including lack of education and poverty were the main cause of illiteracy and poor knowledge of patients about DASH diet among elderly hypertensive patients. Patients have inadequate knowledge about the risk factors, causes and awareness of hypertension [16]. Dietary modification is a complicated procedure that

DOI: https://doi.org/10.54393/nrs.v1i02.9

necessitates a step-by-step approach. Food flavour profiles can be disrupted by abrupt changes in traditional recipes, contributing to failing to conform to them. Food in Pakistani culture is rich in flavours and spices, and sharing food is a vital part of communicating and making relationships. Consumption of the same meal by all family members is a significant component of their cultural values; so, change may be a hurdle for some people. That's why some people do not change their eating habits and face difficulty in following DASH diet. Patients' age, education level, and employment situation all influence their diet in this study. The Pakistani population needs clear instructions from its healthcare staff that are inexpensive, clear, simple, and accessible for a target audience that is mainly older and under-educated. But when these patients get dietary plans from the health staff only few of them follows this plan due to poverty and ignorance [17]. Some people cannot afford only fruits and vegetables in their diet and some people eat whatever they like to eat and do not quit spices and fat rich diet. Among 109 elderly hypertensive, 99(90.8%) participants were vegetarian and eat simple vegetables. Only 10(9.2%)patients were non-vegeterian and do not eat vegetables in their diet. Some people use mixed. So, people eat mostly whatever has been cooked at the home and do not care about their dietary pattern. Thomopoulos et al., studied that diet is an important aspect of self-care for hypertension control, with a low-sodium, low-cholesterol, and low-saturated-fat diet being recommended [18]. In this investigation, more educated patients demonstrated greater adherence to diet and weight management than those who were less educated, similar to earlier findings. Furthermore, higher education was frequently linked to a higher socioeconomic level, which may enhance patients' access to healthier dietary options and physical exercise programs, which may improve self-care activity [19]. Out of 109 elderly hypertensive patients, 68(62.4%) have family history of hypertension and 41(37.6%) do not have family history of hypertension. The patients who do not have family history of hypertension may be hypertensive due to many other causes like obesity, smoking, tobacco, increased level of stress and high level of alcohol consumption. Educated patients guits highly sodium consumption and cholesterol in from their diet and eat fruits and vegetables which are the part of the DASH diet [20]. But uneducated patients who do not have knowledge of DASH diet do not follow healthy eating patterns due to illiteracy and poverty and that's why more vulnerable to hypertension. I assessed knowledge of 109 elderly hypertensive patients regarding DASH diet in which only 33.9% give correct answer who were well educated and 66.1% give incorrect answer who were illiterate and from

primary education. It means that people give attention on the pharmacological treatment for the hypertension and do not know about the DASH diet. DASH diet can control blood pressure through diet and due to illiteracy hypertensive patients have very poor knowledge about it.

CONCLUSIONS

This study shows that patients have very poor knowledge related to DASH diet. This can be used in the hospital for the healthcare provider as a guidance to aware and educate the hypertensive people regarding the importance and benefits of DASH diet. This study helped the hypertensive patients to eat healthy dietary pattern in which reduced sodium use in the diet and including of fruits and vegetables in the diet. This is concluded that patients have very poor knowledge, and it should be improved to adequate knowledge in posttest. It can only be improved by educating the patients about DASH diet.

Conflicts of Interest

The authors declare no conflict of interest.

Source of Funding

The authors received no financial support for the research, authorship and/or publication of this article.

REFERENCES

- [1] Pierdomenico SD, Di Nicola M, Esposito AL, Di Mascio R, Ballone E, Lapenna D, et al. Prognostic value of different indices of blood pressure variability in hypertensive patients. American journal of hypertension. 2009 Aug; 22(8): 842-7. doi: 10.1038/ ajh.2009.103
- [2] Sim JJ, Bhandari SK, Shi J, Liu IL, Calhoun DA, McGlynn EA, et al. Characteristics of resistant hypertension in a large, ethnically diverse hypertension population of an integrated health system. InMayo Clinic Proceedings Elsevier. 2013 Oct; 88(10): 1099-1107. doi: 10.1016/j.mayocp.2013.06.017
- [3] Bray GA, Nielsen SJ, Popkin BM. Consumption of high-fructose corn syrup in beverages may play a role in the epidemic of obesity. The American Journal of Clinical Nutrition. 2004 Apr; 79(4): 537-43. doi: 10.1093/ajcn/79.4.537
- [4] Verma M, Rajput M, Kishore K, Kathirvel S. Asian BMI criteria are better than WHO criteria in predicting Hypertension: A cross-sectional study from rural India. Journal of Family Medicine and Primary Care. 2019 Jun; 8(6): 2095. doi: 10.4103/jfmpc. jfmpc_257_19
- [5] Holt J and Convey H. Ethical practice in nursing care. Nursing Standard (through 2013). 2012 Nov; 27(13): 51. doi: 10.4103/jfmpc.jfmpc_257_19
- [6] Jovanovski E, Bosco L, Khan K, Au-Yeung F, Ho H,

Zurbau A. Effect of spinach, a high dietary nitrate source, on arterial stiffness and related hemodynamic measures: a randomized, controlled trial in healthy adults. Clinical Nutrition Research. 2015 Jul; 4(3): 160-7. doi: 10.7762/cnr.2015.4.3.160

- [7] George TP, DeCristofaro C, Murphy PF. Self-efficacy and concerns of nursing students regarding clinical experiences. Nurse Education Today. 2020 Jul; 90: 104401. doi: 10.1016/j.nedt.2020.104401
- [8] Sanches Machado d'Almeida K, Ronchi Spillere S, Zuchinali P, Corrêa Souza G. Mediterranean diet and other dietary patterns in primary prevention of heart failure and changes in cardiac function markers: a systematic review. Nutrients. 2018 Jan; 10(1): 58. doi: 10.3390/nu10010058
- [9] Ademe S, Aga F, Gela D. Hypertension self-care practice and associated factors among patients in public health facilities of Dessie town, Ethiopia. BMC Health Services Research. 2019 Dec; 19: 1-9. doi: 10.1186/s12913-019-3880-0
- [10] Cai B and McAdam-Marx C. The determinants of antihypertensive use and expenditure in patients with hypertension in the USA. Journal of Pharmaceutical Health Services Research. 2014 Mar; 5(1): 11-8. doi: 10.1111/jphs.12041
- [11] Appel LJ, Brands MW, Daniels SR, Karanja N, Elmer PJ, Sacks FM. Dietary approaches to prevent and treat hypertension: a scientific statement from the American Heart Association. Hypertension. 2006 Feb; 47(2): 296-308. doi: 10.1161/01.HYP.0000202 568.01167.B6
- [12] Cogswell R, Kobashigawa E, McGlothlin D, Shaw R, De Marco T. Validation of the Registry to Evaluate Early and Long-Term Pulmonary Arterial Hypertension Disease Management (REVEAL) pulmonary hypertension prediction model in a unique population and utility in the prediction of long-term survival. The Journal of Heart and Lung Transplantation. 2012 Nov; 31(11): 1165-70. doi: 10.1016/j.healun.2012.08.009
- [13] Chiavaroli L, Viguiliouk E, Nishi SK, Blanco Mejia S, Rahelić D, Kahleová H, et al. DASH dietary pattern and cardiometabolic outcomes: an umbrella review of systematic reviews and meta-analyses. Nutrients. 2019 Feb; 11(2): 338. doi: 10.3390/nu11020338
- [14] Ghorbani Z, Shamshirgaran SM, Ghaffari S, Sarbakhsh P, Najafipour F, Aminisani N. Hypertension prevalence, awareness, treatment and its correlates among people 35 years and older: Result from pilot phase of the Azar cohort study. Journal of Education and Health Promotion. 2018; 7: 1-8. doi: 10.4103/ jehp.jehp_118_17
- [15] Elliott P, Stamler J, Dyer AR, Appel L, Dennis B,

DOI: https://doi.org/10.54393/nrs.v1i02.9

Kesteloot H, *et al.* Association between protein intake and blood pressure: the INTERMAP Study. Archives of Internal Medicine. 2006 Jan; 166(1): 79-87. doi: 10.1001/archinte.166.1.79

- [16] Johnson KC, Whelton PK, Cushman WC, Cutler JA, Evans GW, Snyder JK, et al. Blood pressure measurement in SPRINT (systolic blood pressure intervention trial). Hypertension. 2018 May; 71(5): 848-57. doi: 10.1161/HYPERTENSIONAHA.117.10479
- [17] Warren-Findlow J, Seymour RB, Brunner Huber LR. The association between self-efficacy and hypertension self-care activities among African American adults. Journal of Community Health. 2012 Feb; 37: 15-24. doi: 10.1007/s10900-011-9410-6
- [18] Thomopoulos C, Parati G, Zanchetti A. Effects of blood pressure lowering on outcome incidence in hypertension. 1. Overview, meta-analyses, and metaregression analyses of randomized trials. Journal of Hypertension. 2014 Dec; 32(12): 2285-95. doi: 10.1097/HJH.00000000000378
- [19] Tiong XT, Shahirah AN, Pun VC, Wong KY, Fong AY, Sy RG, et al. The association of the dietary approach to stop hypertension (DASH) diet with blood pressure, glucose and lipid profiles in Malaysian and Philippines populations. Nutrition, Metabolism and Cardiovascular Diseases. 2018 Aug; 28(8): 856-63. doi: 10.1016/j.numecd.2018.04.014
- [20] Whelton PK, Carey RM, Aronow WS, Casey DE, Collins KJ, Dennison Himmelfarb C, et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/N MA/PCNA guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Journal of the American College of Cardiology. 2018 May; 71(19): e127-248. doi: 10.1161/HYP.0000000000000076