

# Annals of Clinical Hypertension

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Research Article

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[Relationship between the Level of Spirituality and Blood Pressure Control among Adult Hypertensive Patients in a Southwestern Community in Nigeria](#)

**Background:** Spirituality has been strongly associated with good blood pressure control as it forms a strong coping mechanism in hypertensive patients. This hospital-based cross-sectional study was done to determine the relationship between spirituality and blood pressure control among adult hypertensive patients in rural Southwestern Nigeria to achieve good blood pressure control.

**Method:** The selection was done by systematic random sampling technique. Socio-demographic and clinical information were obtained through semi-structured interviewer-administered questionnaires. The level of spirituality was assessed using the Spiritual Perspective Scale. Data were analysed using the Statistical Package for Social Sciences version 20.0. Statistical significance was set at  $p < 0.05$ .

**Results:** The mean age of the respondents was  $61.1 \pm 11.1$  years. More than half (52.6%) had a high level of spirituality and more than two-thirds (67.1%) of respondents had controlled blood pressure. Respondents with a high level of spirituality were 4.76 times more likely to have good blood pressure control  $\{p < 0.001, 95\% \text{ CI } (1.05-14.99)\}$  than those with a low level of spirituality.

**Conclusion:** Proper understanding and effective utilization of this relationship will assist health professionals and researchers in the appropriate integration of this concept into patients' holistic care with the aim of achieving better blood pressure control among hypertensive patients.

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Case Presentation

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[Renal denervation for resistant hypertension and heart failure with a reduced ejection fraction](#)

Hypertension is a risk factor for the development of heart failure and has a negative impact on the survival of these patients. Although patients with these two conditions usually take different antihypertensive medications, some patients do not achieve adequate blood pressure control and their hypertension becomes resistant or refractory. In this scenario, percutaneous renal denervation has emerged in recent years as an alternative to achieve blood pressure control goals. We present the case of a 53-year-old woman with a medical history of essential hypertension, hypercholesterolemia, unipolar depression, and diabetes, who was diagnosed with dilated cardiomyopathy with reduced left ventricular ejection fraction (33%). Despite the initiation of multiple antihypertensive medications and placement of a cardiac resynchronization therapy pacemaker, the patient remained hypertensive with a left ventricular ejection fraction of 40%. At that time, percutaneous renal denervation was performed without complications, and one year after the procedure, the patient had improved better blood pressure control and the left ventricular ejection fraction increased to 51%. This case illustrates one of the clinical scenarios in which it has been suggested that renal denervation may be more beneficial, as in the situation of patients with refractory hypertension and heart failure.

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