

The effect of hypotensive drugs on the quality of life

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SUMMARY. Quality of life after antihypertensive therapy was assessed in 75 patients with controlled hypertension using questionnaires given to patients, close companions and doctors. The overall assessments of the three groups differed significantly.

The questionnaire completed by relatives rated 19 patients (25 per cent) to have suffered mild adverse changes, 33 patients (45 per cent) to have had moderate adverse changes and 22 patients (30 per cent) severe adverse changes. The deteriorations were attributed to undue pre-occupation with sickness, decline in energy, general activity and sexual activity, and irritability. The implications of the therapeutic regimes are discussed. The value of such an assessment in social readjustment and occupational rehabilitation is suggested.

Introduction

IN the past decade there has been a shift in the emphasis of treating raised blood pressure from severe and/or symptomatic hypertension to mild and asymptomatic hypertension. This is due to the increased awareness of the risk of morbidity and mortality, coupled with the reported benefits of adequate control of the clinical condition (Veterans Administration, 1970; Berglund *et al.*, 1978). Indeed, the frequently produced unpleasant side-effects of the hypotensive drugs (Bulpitt and Dollery, 1973; Steptoe, 1977) have deterred many clinicians from treating all patients with mild hypertension. It has also been shown that the relief of certain symptoms after treatment is balanced by the increase in side-effects (Bulpitt *et al.*, 1976). Apart from these clinical and biochemical effects of the drugs, their

effects on the quality of life had not been clearly described, and hence it has been suggested that a proper evaluation of quality of life in hypertensive patients should be made before subjecting them to these therapeutic risks (Pickering, 1975).

In this study the quality of life was assessed in 75 patients with adequate control of blood pressure using hypotensive therapy. A questionnaire was used and the opinions of close companions of the patients were incorporated in the evaluation.

Patients and methods

Seventy-five consecutive patients with controlled hypertension from one group practice were included. The group consisted of 41 women and 34 men. The patients were aged between 30 and 65. The mean age of the women was 51.5 years and of the men 49.5 years. The pre-treatment 5th phase diastolic blood pressure was above 100 mmHg, and the blood pressure was considered controlled when it was less than 100 mmHg.

The patients were given a self-administered questionnaire to register their progress. They were also asked to answer by direct questioning if they had felt improved, worse or had found no appreciable difference in their clinical and general condition after the therapy. A relative or close companion of each patient was also given a self-administered questionnaire and was requested to respond without consulting the patient. The overall assessment of the general practitioner was also recorded. The responses from the doctors, patients and the close companions were assessed separately by an observer who had no knowledge of the patients, their sex or the therapeutic regime.

The relatives' questionnaire (or Quality of Life Impairment Scale (QLIS)—copies available from the authors) is described in a study of quality of survival after brain surgery (Sengupta *et al.*, 1975). It asks the relative or close friend to evaluate adverse changes in the patient in 20 areas and yields a score of 0 to 32. The scale includes a sex interest item which is not scored since the respondent may not be able to evaluate the patient's sexuality. The scale has excellent validity (relatives'

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Table 1. The results of the overall assessments of the attending physicians, the patients and their relatives (number of patients = 75).

	Improved			Worse			No change		
	Physician's assessment	Patient's assessment	Relative's assessment	Physician's assessment	Patient's assessment	Relative's assessment	Physician's assessment	Patient's assessment	Relative's assessment
Male	34	10	1	0	4	33	0	20	0
Female	41	26	0	0	3	41	0	12	0
Total	75	36	1	0	7	74	0	32	0

Table 2. Relatives' ratings—patients showing impaired functions in relation to overall assessment score.

	Overall impairment group on rating scale. Number (per cent).		
	Mild (n = 19)	Moderate (n = 33)	Severe (n = 22)
Memory	-	11 (33)	13 (59)
Worry	-	9 (27)	13 (59)
Irritability	3 (16)	13 (39)	17 (77)
Mood	-	13 (39)	21 (96)
Interest	-	3 (9)	15 (68)
Initiative	-	5 (15)	16 (73)
Energy	13 (68)	26 (79)	22 (100)
Activity	2 (11)	14 (42)	18 (82)
Hypochondria	2 (11)	21 (64)	18 (82)

assessments correlated very highly with clinical data) and high internal reliability (0.87). The scores from the scale are divided into three groups representing mild, moderate and severe changes in quality of life. These groups represent the lowest 25 per cent, middle 50 per cent and highest 25 per cent of the group in terms of their QLIS scores. The QLIS, as its name implies, only assesses the degree of impairment of life.

Results and discussion

The results of the overall assessment of the doctors, the patients (Table 1) and that of their close companions (Tables 2 and 3) differed considerably. The doctors

registered 100 per cent improvement, as they had adequately controlled the blood pressure; there had been no clinical deterioration since the treatment and the patients had not complained about the effect of the treatment to the doctors. However, on direct questioning only 48 per cent of the patients felt improved after treatment and 8 per cent felt worse. The disparity in the doctors' and patients' assessments could be due to shorter consultations in general practice, failure of communication, the lack of patient insight into their own problems and the lack of objective clinical manifestations to measure subjective feelings.

In sharp contrast to the assessments of both the physicians and the self-reporting of the patients, the relatives' questionnaire rated 19 patients (25 per cent) to have suffered negligible or mild adverse changes, 33 patients (45 per cent) to have moderate adverse changes and 22 patients (30 per cent) to have severe impairment after receiving antihypertensive therapy. Changes concerning affect, outspokenness, tearfulness, tact and dependence were found to be slight, but more than 50 per cent of the severely impaired patients showed adverse changes in several faculties (Table 2). It was observed that 'energy' was affected in 68 per cent of the least impaired group and in 100 per cent of the severely affected group. An undue pre-occupation with sickness affected 82 per cent of the severely impaired group but was less obvious in the least affected patients.

The scale relating to sexual activity was not included in the overall impairment rating, as only 50 patients had spouses who were able to comment. The pattern of sexual impairment recorded by the general impairment

Table 3. Spouses' ratings—patients showing loss of sexual interest in relation to overall assessment of impairment.

	Overall impairment group. Number (per cent).			Number
	Mild	Moderate	Severe	
No impairment of sexuality	8 (63)	6 (32)	4 (22)	18
Current sexual interest none, or very much reduced	5 (38)	13 (68)	14 (78)	32
Number in group	13	19	18	50

($\chi^2 = 7.5$, $df = 2$, $p < 0.05$)

score is shown in Table 3. Fourteen of the 18 patients who were severely impaired (78 per cent) showed a decline in sexual interest. The reporting of a reduction of sexual interest appeared in all groups and increased with overall impairment. There were no differences between men and women in the impairment of sexual interest.

In this study 36 patients (48 per cent) received beta-blocking drugs (19 of them also received diuretics), 18 patients (24 per cent) received methyldopa (13 of them also received diuretics), nine patients (12 per cent) received diuretics only and six patients (8 per cent) received other hypotensive drugs. Only one of the patients, receiving beta-blocking drugs, felt improved after starting treatment. This study could not support the claim that few drugs in common use are completely free from complications (Page *et al.*, 1976). The deterioration after treatment was usually attributed to decline in energy, general activity, sexual activity and irritability. Similar deteriorations, such as slow walking pace, sleepiness and impotence have also been reported with the therapy (Bulpitt *et al.*, 1976). Increased absenteeism from work reported in hypertensive patients (Haynes *et al.*, 1978) could be accounted for by these deteriorations and debility.

The deteriorations in the faculties of life observed in this study do not leave any clinical signs for the doctor to detect during the clinical assessment, but they certainly affect the quality of life and create problems in social, marital and occupational readjustment.

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Note

One of the co-authors, Mrs S. Jachuck, died in August 1980.

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Deaths from suicide

In the quarter ending September 1980, the number of deaths from suicide (1,060) was slightly lower than in the corresponding quarter of 1979 (1,075). There is considerable variation between quarters, and short-term increases or decreases should be treated with caution. Suicide deaths for women have remained fairly constant since 1970, but there has been a gradual and very slight rise in the male rate since 1975.

Source: OPCS Monitor DH4 81/3 (21 July 1981).

Just barely surviving

About 10 per cent of all doctors [in the USA] are seriously impaired, meaning that their patients receive inferior care. . . . This figure does not include all the levels of impairment: chronic burn out, chronic alcoholism, chronic unhappiness, alienation, depression and personal disorganization. Most doctors are just barely surviving.

Source: Pfifferling, J. H. (1980). The wounded healers. *Medical Self-Care*, 10, 4.

Smoking

There are several encouraging aspects to the latest figures on smoking from the General Household Survey, which show trends from 1972 to 1980. Almost one third of the men questioned and half of the women said that they never or only occasionally smoked; 28 per cent of men and 14 per cent of women were ex-regular smokers; and the group showing the largest decline was men aged 16 to 24 years.

Source: OPCS Monitor GHS 81/2, 1981, HMSO.