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Nutritional Intervention on Quality of Life in Elderly Patients with Hypertension Based on the Nutrition-Roy Adaptation Model

Qian Yu

Hunan City University, Yiyang, China

YqHZd@hncu.edu.cn

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Abstract: Hypertension is one of the most common clinical cardiovascular and cerebrovascular diseases, with the obvious increase of the elderly population in Our country, the number of elderly hypertensive patients is also significantly increased, according to the relevant reports show that the incidence of hypertension in the elderly over 60 years of age in China is about 49%, so it is urgent to solve the problem of hypertension in the elderly. The purpose of this study was to investigate the effect of nutritional intervention with Roy adaptation model on quality of life in elderly patients with hypertension. Objective: To investigate the effect of nursing intervention on the quality of life of elderly patients with hypertension. Methods: 60elderly patients with hypertension admitted to local hospitals from February 2019 to February 2020 were randomly divided into 30 control groups and 30 study groups. The control group used routine nursing, the study group in the control group on the basis of comprehensive nursing, comparative analysis of the quality of life of the two groups. The experimental data showed that each step of nursing work was completed according to the procedure of Roy adaptation mode. The adaptability of the patients was evaluated before discharge, and the quality of life in the hospital was evaluated by the health examination scale. The results showed that the quality of life in the study group was significantly higher than that in the control group, and the difference was statistically significant ($P > 0.05$). Conclusion: The nursing effect of comprehensive nursing for elderly patients with hypertension is obvious, which can significantly improve the quality of life, and can be widely used in clinical practice.

1. Introduction

In March 2011, nursing was officially upgraded to a first-level discipline, which means that

nursing as an independent discipline has ushered in a greater space for development, and it is also in urgent need of nursing theory and nursing practice to complement each other and jointly promote the scientific and steady development of nursing discipline. In the 1960s, many foreign nursing scientists developed many nursing theories, including Aurum's self-care theory, Newman's system model, Roy's adaptive model (RAM) and Peppard's interpersonal relationship model. Because the Roy adaptation model describes a large number of complex concepts and their relationships in a simple, clear and logical way, it is easy to understand, grasp and apply, so it is widely used in nursing education, research, clinical nursing and other fields.

With the development of modern nursing, nursing theorists have successively established many theories and models of nursing, among which Roy adaptation model (RAM) has a wide influence on the field of nursing. In recent years, many scholars in China have applied RAM in the field of nursing research in many aspects. This paper conducted a retrospective analysis of the application status of RAM in the field of nursing in China in recent ten years, in order to provide a basis for the application of RAM in nursing work, and point out the direction for future systematic research[1-2].

Roy et al. believe that human is an integral adaptive system, which needs to continuously adapt to the changes of the environment and maintain its own integrity by constantly exchanging information, materials and energy with the environment [3]. Human life process is an adaptation process to various stimuli in the internal and external environment. When the stimuli from the internal and external environment enter the body as input, the adaptive system of the body is controlled and adjusted through physiological regulation and cognitive regulation, and the results are shown in physiological function, self-concept, role function and interdependent adaptive response or invalid response. Tian et al. used Roy adaptive model to analyze the problems and management countermeasures of operating room learning nurses in physiological needs, self-concept, role function and interdependence, and proposed to strengthen the management of learning nurses, control pressure sources in various aspects, and improve learning results [4].

In recent years, with the development of society and the change of people's living habits, the incidence of hypertension is also on the increase, accompanied by a variety of complications, there is a high fatality rate, and clinical hypertension should be early prevention and early treatment. The quality of life scores of the two groups were compared. The quality of life score of the observation group was significantly better than that of the control group, and there were significant differences between the two groups ($P< 0.05$). The effect of Roy adaptation model on the improvement of quality of life in elderly patients with hypertensive intracerebral hemorrhage is better, and it is worth popularizing and applying.

2. Study on the Effect of Nutritional Intervention with Roy Adaptation Model on Quality of Life in Elderly Patients with Hypertension

2.1. Introduction to Roy Adaptive Mode

The Roy adaptation model was formally proposed by The American nursing scientist Calista Roy in 1970, and has been continuously improved and developed in the following years.

Roy's adaptive model treats people as an adaptive system. As the input of the system, people respond to the level of adaptation and various stimuli from internal and external environments, including physiological regulation and cognitive regulation, which are specifically manifested in physiological function, self-concept, role function and interdependence. The final output is adaptive response or ineffective response. The goal of nursing is to improve the adaptability of individuals to health and disease.

Roy adaptation model to adapt to the level of the human body from four aspects, respectively, physiological function (oxygenation function, nutrition and excretion, activity and rest, defence and

sense function), self-concept (physical self and character self), role function (social and family roles, role) in patients with, depend on each other, to solve the problem of the four aspects to evaluate patients, and draw the corresponding diagnosis and understand all aspects of the stimulus, the implementation of targeted interventions. This model has been proved to be effective in the nursing of many diseases and has been gradually applied in the nursing of cardiovascular diseases. Physiological function is the most common ineffective response, cardiovascular disease patients with more complex conditions, with the characteristics of sudden, frequent angina is the main ineffective response. Therefore, the main content and direction of pain care and the control of primary disease are effective ways to reduce the main stimulation in patients with cardiovascular disease. Personality factors and other factors can constitute the inherent stimulus of patients, which often lead to psychological reactions such as introversion, irritability and anger. Therefore, education and self-cognition evaluation and intervention are one of the main methods to reduce the intrinsic stimulus, and can also prompt patients to quickly adapt to the external environment, adapt to the new group, and reduce the intensity of relevant stimulus. This study showed that the post-nursing suitability and quality of life of the patients in the observation group were effectively improved, which was similar to the results of relevant studies, confirming the effectiveness and feasibility of this model for elderly patients with cardiovascular disease.

In conclusion, the concept of Roy adaptive model is clear, scientific and logical, and the process is compact and reasonable, which can be effectively developed and implemented based on the actual situation. Stimulation in the process of dynamic change, however, the body fitness also need to constantly change, clinical is therefore difficult to form the specific content, constant care needs to be updated according to actual condition, this adds to the nursing work content and tasks, and limit the further promotion of the model, so should constantly improve, effectively guide the implementation of clinical nursing work [5-6].

2.2. Application of Roy Adaptation Model in Clinical Nursing

Roy adaptation model was introduced from abroad. Due to the different national conditions, its application needs to be explored and improved gradually in nursing practice. Some nursing workers in China have conducted a beneficial discussion on this. At present, Roy adaptation model is widely used in the nursing of patients in various clinical departments, involving intensive care unit (ICU), internal medicine, surgery, emergency and many other departments, including patients' physical, psychological and social aspects. The main methods include case control study, case observation, and case discussion and evaluation tool development [7-8].

(1) Case control study

Roy adaptation model in the application of clinical nursing mostly case-control study, generally choose department within tens to hundreds of cases of patients as the research object, it’s were randomly divided into trial group and control group, experimental group according to adapt the Roy model in nursing, the control group routine nursing, evaluate the efficacy of the two groups of nursing, illustrate the effect of Roy adaptation model applied in the department, is worthy of popularization and application. The research in this area involves a wide range of departments and diseases, including internal medicine, surgery, pediatrics, obstetrics and gynecology, ent, ICU, dermatology, etc. The case control showed the application advantages of the Roy adaptation model in nursing related patients, but the number of subjects and evaluation methods were arbitrary, and the reliability of the study results remained to be discussed.

(2) Case observation

Some researchers have applied the Roy adaptation model to the care of a certain type of patient or family member. The objects of the study were dozens to hundreds of patients or family members.

All the patients were cared according to the Roy adaptive mode, and the effects before and after nursing were compared without grouping. It indicated that the Roy adaptive mode was effective and could be popularized and applied. Such as tinnitus, deafness patients psychological nursing, nursing of acute aconitine poisoning patients, improve the adaptability of patients underwent colostomy, promote the implementation of lower limb fracture along traction under the rehabilitation of patients, and nursing angina pectoris patients, reduce or lighten the strabismus patients perioperative adverse psychological reaction, for emergency intensive care unit (EICU) earthquake victims and their families psychological intervention and guidance of nasopharyngeal carcinoma radiotherapy patient rehabilitation nursing, promote the adaptation of the patient's family intervention operation and so on coronary heart disease.

(3) Case study

In a few cases, one or two patients were given holistic care according to Roy adaptive nursing procedures. Through the first level, the second level evaluation, find out all aspects of the adaptation problem and the corresponding stimulus, nursing diagnosis, determine the nursing goal, take the corresponding nursing measures, evaluation of the nursing effect. The application of Roy adaptation model in clinical nursing is shown in flowchart 1:

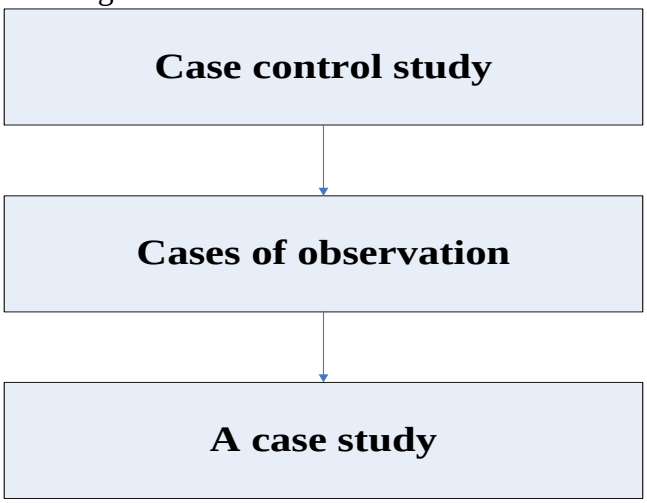

Figure 1. Application flowchart of Roy adaptation model in clinical nursing

2.3. Analysis of the Application Status of Roy Adaptive Model

(1) The application of RAM in clinical practice

RAM is widely used in clinical practice in China. The results of this study show that the clinical practice of RAM accounts for the largest proportion in various fields in China and has been widely used in cardiovascular department, oncology department, ICU and other departments. According to the research findings, after the application of RAM in the care of patients with aortic dissection tumor, the patients' pain and negative emotions were reduced, and their quality of life was improved. Researchers in the framework of RAM to evaluate patients with breast cancer found that words in physiological functions, some problems such as pain, nausea, insomnia, fatigue, anxiety, inferiority complex in the aspect of self-concept, in the role function function role maladjustment phenomenon, such as role is absent in interdependent loneliness, helplessness, by identifying patients facing the main stimulus, relevant stimulus and natural stimulation, prompting patients adjust mode, can make the patients better respond to stimulation, improve their quality of life.

(2) Application of RAM in nursing management

With the transformation of medical model, the nursing concept of our country has undergone great changes, nursing managers are also facing unprecedented challenges, how to carry out

efficient nursing management, improve the quality of nursing, has become an urgent problem to be solved. RAM provides a systematic theoretical guidance for clinical nursing management. The results of this study show that it has been applied to clinical nursing management. RAM was applied to 25 new nurses in the department of Neurology. By analyzing the stimulation faced by nurses, the stimulation factors were controlled or improved, so as to eliminate or alleviate the stressors faced by new nurses and improve the working ability of new nurses and patients' satisfaction with nursing work. Use of RAM by applying the symptom self-evaluation scale, general situation questionnaire method to collect rotary nurse role in physiological function, self-concept, function, problems existing in the aspects such as mutual dependence, in view of its facing pressure source and the quantitative corresponding measures such as create humanized work environment, standardized training, strengthen nurses psychological quality training, etc., found that the nurse can cope with force and improves work efficiency, physical and mental condition is also improved. At present, the RAM is mainly used in nursing management in new nurses, rotation, practice nurses, etc., for some older nurses, nurses, male nurse, highly educated nurses during pregnancy (such as a master's degree), and other special nurse group is used less, in the later study, can try to RAM is applied to these special nurse group, further to promote nursing management specialization, the direction of scientific development.

(3) Application of RAM in nursing education

Nursing education is the earliest application of RAM theory, and has the greatest impact on the development of the theory. Through the application of RAM in nursing education, Roy's theory has been widely spread. After years of teaching practice, RAM has been used in 27 schools in 8 states and several universities in Canada and Switzerland. Chinese scholars have also made a series of thoughts and attempts on the application of RAM in nursing education. By using RAM constructing a concept map, applied to the otolaryngology department nursing teaching, the experimental group to draw the graph concept learning strategy, control group to adopt the traditional teaching method, the study results show that the subjective questions, case analysis and overall scores were higher in control group, with RAM building concept map nursing process as a new teaching way, help to promote nursing students to anatomy, pathology, physiology and nursing measures and all of the understanding of the disease process, is helpful for students to establish the overall idea, and apply knowledge in a more flexible to nursing practice. RAM as theoretical basis, after consulting relevant literature and consulting experts, eventually established clinical adaptation scale, in order to investigate a school nurse students in training under the new and old curriculum system to adapt to the situation of clinical practice, and the physiological needs, self-concept, character, function, interdependent aspects put forward the corresponding solutions, by using RAM, a better understanding of the nursing students during the period of internship is not adapt to the situation, and the quantitative help, make the student through internship, also for after the curriculum reform of course system application effect. However, the application of RAM in nursing education in China is still not deep enough, and only a few researchers have tried to use RAM to guide nursing teaching. Moreover, some scholars found through investigation that clinical nurses have poor cognitive status of RAM and lack of learning of relevant theoretical knowledge. The root cause of this phenomenon is the lack of systematic education of RAM for nursing staff. Therefore, the development of RAM theory course in school is an urgent problem to be solved. China can follow the practice of some foreign scholars and apply RAM to guide the setting of the overall nursing course system, and try to apply RAM to the teaching of some specific subjects, such as geriatric care, newborn care, psychiatric care, etc. Therefore, teachers are instructed to adopt novel teaching methods to make nursing education more vivid and orderly, promote nursing students' understanding of RAM, and meet the needs of the society for nursing talents [9-10].

2.4. Research on Hypertension in the Elderly

With the increase of the number of the elderly population in China, the health of the elderly population has gradually become a hot issue in society. Among the chronic diseases affecting the health of the elderly, hypertension is undoubtedly the most important disease endangering the health of the elderly, and the number of the elderly suffering from hypertension keeps rising. The number of elderly hypertensive patients in China ranks first in the world. The prevention and treatment of hypertension in the elderly has become an important topic in the field of cardiovascular diseases. According to investigation and study in recent years, the older population has entered (age 60 or higher) of patients with high blood pressure, the number of older population accounts for 49.1% of the total number, the study of the old patients with hypertension prevalence of calculated results with the our country population, can be concluded that in the older population in our country every 2 people, 1 of them is the patients with high blood pressure. The control rate and treatment rate of elderly patients with hypertension in China are 7.9% and 32.3%, which are at a high level in the national population and lower than those in developed countries, and there is a big gap[11-12].

Hypertension in the elderly is defined as: in the elderly aged over 60 years old, systolic blood pressure continuously exceeds 140mm Hg and/or diastolic blood pressure continuously exceeds 90mmHg when blood pressure is measured, and systolic blood pressure continuously exceeds 140mm Hg and/or diastolic blood pressure 90mmHg for more than 3 times when blood pressure is measured on different days. If only systolic blood pressure is above 140 mmHg and diastolic blood pressure is below 90mmHg, it is defined as simple systolic hypertension in the elderly. Elderly people are prone to cardiovascular and cerebrovascular diseases, and hypertension is a very important risk factor, which is very harmful. Hypertension can aggravate the progression of atherosclerosis, leading to the damage of target organs such as heart, brain and kidney. Hypertension is a chronic disease, with the passage of time; many complications will follow, including cardiovascular disease, cerebrovascular disease, peripheral vascular disease, kidney disease and fundus disease, causing serious damage to the quality of life and life of patients with hypertension. As special elderly patients with hypertension, the complications of hypertension will undoubtedly have a serious impact on their quality of life and physical health. Elderly patients with hypertension, due to the aging of their arteries and vessels, the decline in compliance, as well as the decline in elasticity, compared with other groups, their heart, brain and kidney organ damage will increase, and the elderly have poor self-care ability, take the initiative to participate in social activities, the quality of life will decline. Studies have shown that elderly patients with hypertension have significantly impaired health, poor health indicators, and more symptoms and psychological damage. Studies have shown that the quality of life of elderly patients with hypertension is closely related to the complications of cardiovascular and cerebrovascular diseases, cognition and self-care ability, and is positively correlated. In comparison with other groups, if their blood pressure is at the same level, the elderly will be complicated with diabetes, dyslipidemia, obesity and other high-risk factors, and the risk rate of cardiovascular and cerebrovascular diseases will also increase. One of the most important measures to reduce the harm of senile cardiovascular disease is to prevent and treat senile hypertension effectively. Often, elderly patients lack of understanding of hypertension, poor treatment compliance, unable to adhere to treatment outside the hospital, resulting in poor treatment effect of hypertension, unstable blood pressure control, and even complications. In addition to receiving regular treatment in the hospital, elderly patients with hypertension should also receive nursing and education after discharge. Through continuous nursing and education, the physical damage caused by hypertension to elderly patients should be reduced and the importance of prevention and treatment of hypertension should be realized.

3. An Experimental Study on the Quality of Life of Elderly Hypertensive Patients with Adaptive Roy Model of Nutritional Intervention

3.1. Materials and Methods

A total of 60 elderly patients with essential hypertension admitted to local hospitals from February 2019 to February 2020 were selected, including 26 males and 34 females, aged 60-80 years, with an average age of (70.9±3.4) years, and a course of 5-30 years, with an average course of (26.9±1.3) years. 30 cases of control group and 30 cases of study group were randomly divided by random number control method. Patients in both groups did not receive systematic comprehensive care, and there was no statistically significant difference between the two groups in terms of age, gender, course of disease, educational level and other general information ($P > 0.05$).

3.2. Methods

(1) The control group carried out routine nursing measures, and the nursing staff did a good job in communicating with patients and mastering their general information. After discharge, the patient was told to keep cheerful, take medicine on time and come to the hospital for regular review. The research group adopted comprehensive nursing on the basis of above nursing.

1) Psychological intervention

Patients with high blood pressure has a permanent, psychological pressure, after the sick elderly patients with a variety of chronic diseases, and sick after concerns add burden for children, psychological pressure is bigger, often arise grumpy and pessimistic mood, poor performance on the treatment compliance, need of psychological intervention on the patients, continuous struggle against the disease, guide and encourage patients to maintain good confidence of resistance, through the communication and exchanges to eliminate its inner stress, on the track of resistance to high blood pressure.

2) Dietary intervention

In terms of diet, patients with hypertension should not eat foods high in sugar, fat and salt, eat more fruits, vegetables and whole grains, and control the amount of alcohol under 25 ml/d. Smokers with hypertension should quit smoking and maintain good dietary habits.

3) Exercise intervention

Elderly patients with hypertension can be appropriate exercise, the use of slow movement, low intensity of exercise, in order not to feel tired for the degree. Instruct patients to make exercise plans according to their physical conditions and conditions, and encourage patients to take tai chi, walk, jog and other square exercises according to the principle of moderate exercise and gradual progress.

4) Health education

Use rich and intuitive educational methods, such as multimedia, TELEVISION, picture albums, PPT, etc., to improve the learning interest of patients and their families; 1~2 /w lectures were held on hypertension prevention and control for the elderly, including the etiology, treatment, health care, harmfulness, complications, medication and other knowledge. It was understood that drinking, smoking, obesity and other high risk factors for hypertension occurred. Special attention should be paid to the damage to the heart and kidneys, and lifelong medication should be adhered to. Give individual instruction and talk to patients; Enhance interaction and encourage patients to ask questions and answer them in detail.

3.3. Observation Index

The patients were followed up for 2 months after discharge, and were evaluated by The

Duchenne Hypertension quality of Life Scale at the beginning of admission and at the end of follow-up. The evaluation included four aspects, including physiological field, psychological field, social relationship field and environmental field. The lower the score, the worse the quality of life.

3.4. Statistical Treatment

SPSS 19.0 statistical software was used for statistical analysis. T-test was used for measurement data, and chi-square test was used for enumeration data. $P < 0.05$ was considered as statistically significant difference.

4. Discussion on the Quality of Life of Elderly Hypertensive Patients with Nutritional Interventions Based on Roy Adaptation Model

4.1. Differences between the Study Group and the Control Group after Adopting the Roy Adaptation Model

(1)The negative emotions such as irritability, depression and depression are common in the elderly patients with hypertensive cerebral hemorrhage. Therefore, nurses in the psychological care of patients, and patients to communicate more, encourage and support patients, for patients to create a comfortable environment, eliminate the negative emotions of patients, so that patients psychological comfort. In this study, the application of the Roy adaptation mode in the observation group significantly improved the quality of life of the patients. Comparison of blood pressure changes After intervention, the blood pressure reduction in the study group was significantly better than that in the control group, with statistically significant difference ($P < 0.05$), as shown in Table 1 and Figure 2.

Table 1. Comparison of blood pressure between two groups before and after intervention

Group	N	Before the intervention(The team)	After the intervention	Before the intervention (The control group)	After the intervention
The control group	30	98.7±16.4	96.8±14.7	160.6±8.8	157.4±9.2
The team	30	99.2±16.3	81.8±10.9	161.3±6.8	132.6±7.2
t	-	8.78	6.26	4.12	4.75
P	-	<0.05	<0.05	<0.05	<0.05

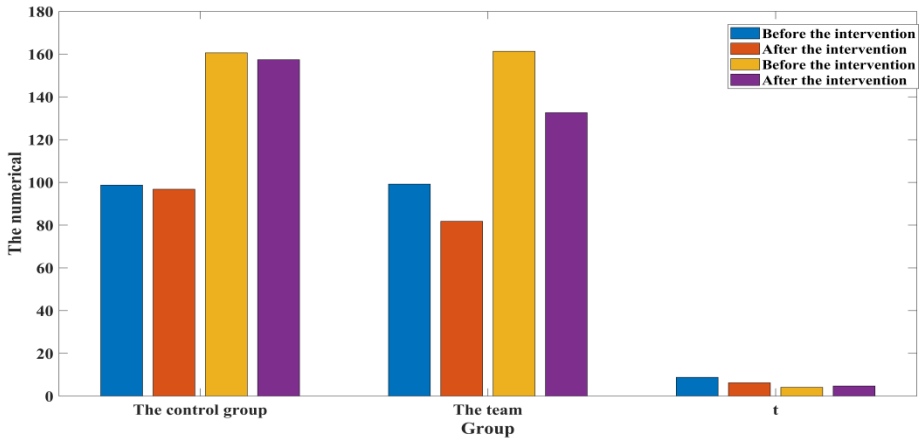

Figure 2. Comparison of blood pressure between two groups before and after intervention

(2) Hypertension is a very common clinical chronic disease. Elderly patients with hypertension are suffering from a variety of chronic diseases. They have a heavy psychological burden and lack of knowledge about hypertension, which has a certain impact on clinical treatment. In the nursing process to repeat the patient explanation, do a good job of elderly patients psychological care, diet care, health education and exercise intervention, improve the quality of life of elderly patients. This study showed that the blood pressure and living habits of the study group and the control group indicated that the quality of life of the patients in the study group was significantly higher than that of the control group, with statistically significant difference (P > 0.05). The difference between the study group and the control group is shown in Figure 3:

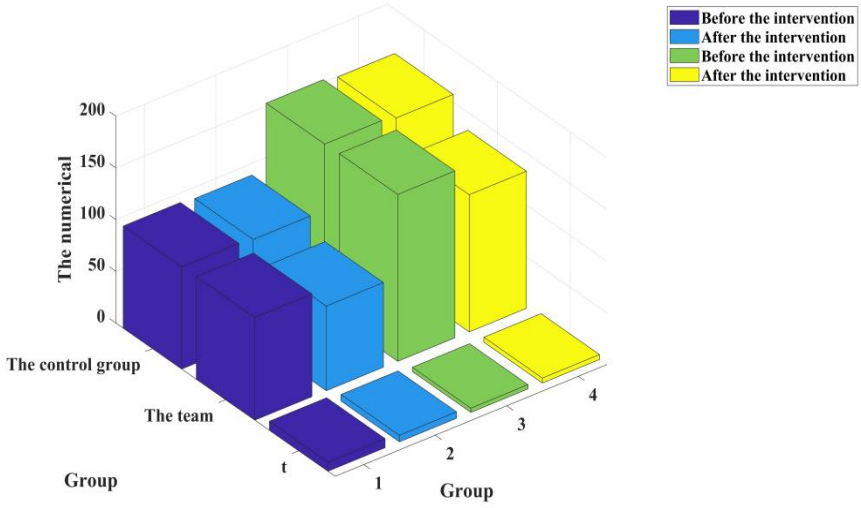

Figure 3. Differences between study group and control group

4.2. Comparison of Scores after Roy Adaptation Mode

(1) According to the random number method, 60 patients were divided into two groups, among which 30 patients were treated with routine nursing as the control group, and the other 30 patients were treated with comfort nursing as the observation group, and the quality of life scores of the two groups were compared. The quality of life score of the observation group was significantly better than that of the control group, and there were significant differences between the two groups (P< 0.05). The effect of Roy adaptation model on the improvement of quality of life in elderly patients with hypertensive intracerebral hemorrhage is better, and it is worth popularizing and applying. Before treatment, there was no significant difference in quality of life scores between the two groups (P> 0.05). After treatment, the quality of life score of the observation group was significantly better than that of the control group, with significant differences between the two groups (P< 0.05), as shown in Table 2 and Figure 4.

Table 2. Quality of life scores of the two groups were compared

Group	Time	The body function	Psychological function	Social function	Material function
Observation group (n=30)	Care before	57.5±6.7	59.6±6.7	56.2±6.3	58.2±6.5
	After the nursing	72.9±7.3	72.2±7.5	68.2±6.6	71.7±7.8
The control group (n=30)	Care before	58.2±6.5	58.7±6.5	56.3±6.6	58.3±6.5
	After the nursing	63.2±7.3	64.3±7.6	62.5±6.7	65.3±7.6

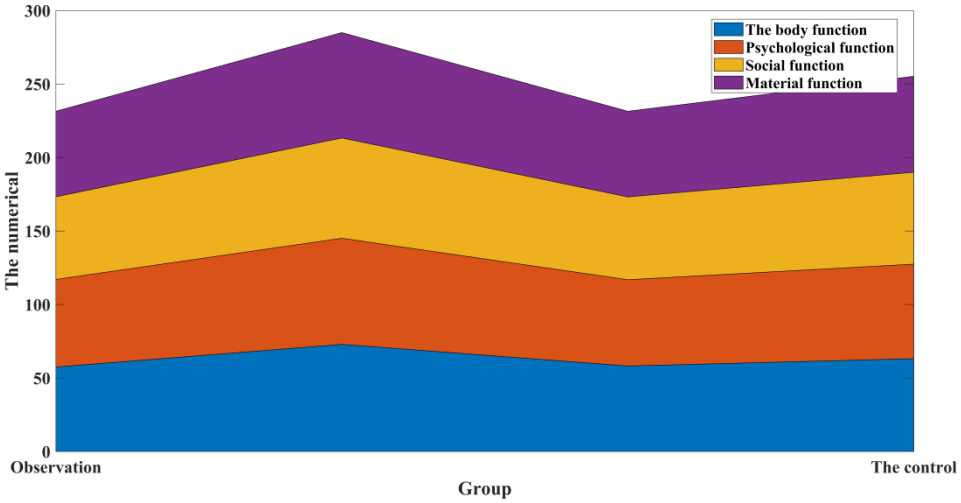

Figure 4. Quality of life scores of the two groups were compared

(2)Complete each step of nursing work according to the procedure of Roy adaptation mode. The adaptability of the patients was evaluated before discharge, and the quality of life in the hospital was evaluated by the health examination scale. The experimental results showed that after nursing, the adaptability difference of the observation group was 24.0%, while that of the control group was 49.3%, and the difference between the two groups was statistically significant (P<0.05). The rate of good adaptability in the observation group was 31.0%, while that in the control group was 10.7%. The difference between the two groups was statistically significant (P<0.05). After nursing, each quality of life score of the observation group was significantly higher than that of the control group (All P <0.05), as shown in Figure 5:

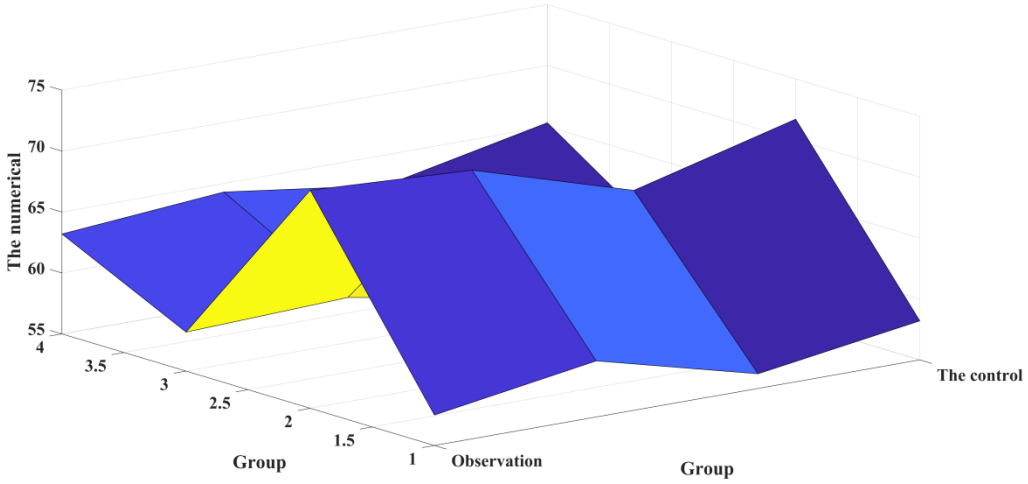

Figure 5. Quality of life score of observation group and control group

5. Conclusion

(1) Roy adaptive model regards the organism as an overall adaptive system. Stimulation is the junction point connecting the organism with the internal and external environment. Under the action of stimulation, the system constantly adjusts itself, interacts with the environment, and produces a

state of constant exchange of information and energy, so that the organism ADAPTS to the environment. Different conditions of human body make different responses to internal and external stimuli. The adaptive response is the adaptive response, while the non-adaptive response is called the ineffective response. The main objectives of nursing work in Roy adaptation model are to reduce the intensity and frequency of external stimuli, improve the scope of patients' adaptive response, effectively reduce the occurrence of ineffective response, and thus improve the quality of life of patients.

(2) Hypertension is a chronic disease frequently encountered in the elderly, which requires long-term control and treatment. However, elderly patients generally do not have correct cognition of relevant health knowledge, are prone to negative emotions, and cannot regulate their lifestyle and behavior. The effect of blood pressure control is poor, which seriously affects the quality of life of patients. Accordingly, give senile hypertensive person nursing intervention is very necessary. Roy adaptation mode is that nurses take targeted intervention measures according to patients' clinical condition and nursing needs to improve patients' physiological and psychological status, optimize the rehabilitation effect and improve the quality of life. Elderly patients with hypertension have poor physiological, psychological and cognitive status. Based on this, health education, psychological intervention, diet and exercise intervention should be given to patients to improve their cognition, optimize their physiological and psychological status, improve the effect of blood pressure control and thus improve their quality of life.

(3) Hypertension is a high incidence among the elderly. In recent years, the aging trend is obvious in China, and the incidence is on the rise year by year, seriously affecting the quality of life of elderly patients. At present, hypertension is also difficult to cure, only through antihypertensive drugs to control the blood pressure of patients, to reduce or avoid the occurrence of related complications, so as to improve their quality of life. However, in the actual treatment process, we found that it is difficult to effectively control the hypertension of patients for a long time only by drug therapy. Therefore, on this basis, attention should be paid to the improvement of other aspects, such as regular diet, proper exercise and controlling one's emotions. However, nutrition intervention and standardized management with Roy adaptation mode can effectively improve the quality of life of patients with ideal effect. The results showed that the quality of life in the study group was significantly higher than that in the control group, and the difference was statistically significant ($P > 0.05$).

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Data Availability

Data sharing is not applicable to this article as no new data were created or analysed in this study.

Conflict of Interest

The author states that this article has no conflict of interest.

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