10. blood cglucosa

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ABSTRACT	
included in the top five provinces with the all Indonesia, which is 31.7%. Life style c of fat, high protein and salt but are low degenerative diseases such as hypertensic blood glucose and uric acid with the 19 gyakarta. Methods: The study was observational a elderly people living in the Posyandu Lans	challenge in Indonesia. Survey data shows that Yogyakarta province is most cases of hypertension with a number of 35.8% above the average of hanges such as dietary changes lead to ready-to-eat dishes that contain lots in dietary fiber, brig ing consequences as one of the factors developing on. The purpose of this study was to determine the relationship between incidence of hypertension in the elderly at Posyandu Lansia Kauman malytic with cross-sectional design. The population in this study were all sia Kauman Yogyakarta with a total of 33 people. The instrument used was was a tensimeter, glucometer and uric acid test. The data analysis technique
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Hypertension is still a big challenge not only in Indonesia, but all over the world. Based on data from the World Health Organization (WHO) in 2011, it is stated that one billion people in the world suffer from hypertension, and 2/3 of them are in developing countries. The previdence of hypertension has resulted in the death of about 8 million people each year where 1.5 million deaths occur in southeast Asia.¹ Hypertension is still a problem in Indonesia. This is because there are still frequent cases of hypertension in primary health care. Hypertension is mostly suffered 20 the elderly with a prevalence of 25.8% in 2013 Hypertension or "high blood pressure" is a condition when a person experiences an increase in blood pressure either slowly or suddenly. The diagnosis of hypertension is established if a person's systolic blood pressure persists at 140 mmHg or more. The most ideal blood pressure value is 115/75 mmHg.² With increasing age physiologically decreased due to the aging process and coupled with a decrease in endurance so that non-communicable diseases appear in the elderly. At elderly age, there will be various setbacks in body organs. Therefore, the elderly are easily affected by diseases such as hypertension.³

Survey data from the Yogyakarta special district health office in 2010 showed that Yogyakarta province was

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included in the top five provinces with the most cases of hypertension with a total of 35.8% above the average of all Indonesia, which was 31.7% Reported data from the integrated disease survey (STP) at the public health center level in Yogyakarta in 2013, hypertension ranked second after influenza in the ten distribution of diseases with the most visits.⁴ Many factors that contribute to cocurrence of hypertension include risks that cannot be controlled (major) and risk factors that can be controlled (minor). Risk factors that cannot be controlled (major) include heredity, gender, race and age. While the risk factors that can be controlled (minor) are obesity, lack of exercise or activity, smoking, drinking coffee, sodium sensitivity, low potassium levels, alcoholism, stress, work, education and eating patterns.⁴

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Hypertension will be a serious problem, because if it is not treated as early as possible, it will develop and cause dangerous complications such as the occurrence of heart disease, congestive heart fail 12, stroke, vision problems, and kidney disease. The fact 12 that influence the occurrence of hypertension are divided into two major groups nam 12 inherent or irreversible factors such as gender, age, genetics and factors that can be changed such as diet, exercise habits and others. For the occurrence of hypertension, it is necessary to play the role of these common risk factors. In other words, one risk factor is not enough to cause hypertension.3 Hypertension can be prevented by avoiding the causes of hypertension by adjusting diet, lifestyle true, avoid coffee, smoking and alcohol, reduce excessive consumption of salt and adequate activities such as regular exercise.5

Another factor that causes hypertension is blood glucose 14 els. Based on previous research, it is explained that there is a relationship between blood glucose levels with 1 bod pressure, controlling blood glucose levels will control the blood pressure of patients.⁶ The contribution of blood glucose levels contributes 40.9% to pressure human blood.⁷ Besides, Arpertension can also be influenced by uric acid, the mgher t1 uric acid level, the higher the blood pressure. High uric acid levels are associated with the condition of obesity that is experienced, resulting in hypertension and metabolic syndrome.⁸

METHODS

The design used in this study was observational analysis with a cross-sectional design. This study was conducted at the Posyandu of Eldery in Kauman Yogyakarta Indomesia and data collection was carried out in April 2019. The population and sample in this study amounted 33 respondents because it used totary ampling technique so that all populations was sample. The inclusion criteria in this study were eldery who come when this reserach, are willing to become respondents and have complete measurement data. The variables used in this study were blood glucose and uric acid levels as independent variables and the incidence of hypertension as the dependent variable. The instrument used was a inform concern is used willingness, aprroval and ethics of being a respondent; checklist sheet and the instrument used was a tensimeter to measure blood pressure so that hypertension status is known in the respondent, and EasyTouch GCU is used to measure blood glucose and 23 acid in the respondent. The data analysis with univariate analysis is to present the frequency distribution of the variables studied, and bivariate analysis with statistical test by Fisher's test.

RESULTS

Based on the characteristics of respondents in Table 1, it is known that distribution of respondents by gender, namely female gender there lowere 26 respondents (78.79%) and male 7 respondents (21.21%) Based on statistical analysis conducted, seen from the p value obtained at the blood glucose level, it shows the number 0.023 (<0.05).

Table 1: Distribution of respondents by gender, hypertention, blood glucose and uric acid.

	Sp. 🖅		Frag.	ETS
No	Respondents	Total	Percentage	
	8 aracteristics ossessi	ve(n) s	(%)	
1	Gender			
	Male	7	21.21	
	Female	26	78.79	
2	Hypertension			
	Yes	4	12.12	
	No	29Vissing	87.88	1
3	Blood glucose			
	Abnormal	7	21.21	
	Normal	26	78.79	
4	Uric acid]
	Abnormal	8	24.24	
	Normal	25	75.76]
	Total	33	100.0	

Table 2: The relationship of blood glucose levels, uric acid with hypertension.

H	ypert	ensio	on		
Ye	es	No	Miss	ir Sig " (R p (CI 95%)
Ν	%	Ν	%		
ose l	evel				
3	75	4	13.8	0.022	11.143
1	25	25	86.2	0.025	(1.360-91.329)
Uric acid					
3	75	5	17.2	0.026	9.375
1	25	24	82.8	0.050	(1.127-77.988)
4	100	29	100		
	Ye N ose I 3 1	Yes N % 0se level 3 75 1 25 3 75 1 25	Yes No N % N ose level 3 3 75 4 1 25 25 3 75 5 1 25 24	N % N % ose level 3 75 4 13.8 1 25 25 86.2 3 75 5 17.2 1 25 24 82.8	Yes No Miss Sig O N % N % <

This shows that there is a relationship between blood glucose levels and hypertension in the elderly in Kauman, Yogyakarta. Also seen from the RP value, blood glucose levels have a value of 11.143 (RP>1). From the RP value,

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it can be concluded that blood glucose levels are a risk factor for the incidence of hypertension in the Posyandu Elderly Kauman Yog 5 carta. Respondents with abnormal blood glucose levels have a risk of 11.143 times greater for hypertension compate with respondents with normal blood glucose levels. The relationship between blood glucose levels and the incidence of hypertension is strengthened with a range of 95% CI values, namely 1,360-91,329, where the C24 % value does not include the number 1, meaning that there is a relationship between blood glucose levels and hypertension (Table 2).

DISCUSSION

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The relationship of blood glucose levels with hypertension

The results of this study indicate that there was a relationship between blood glucose le 31s and hypertension. Hypertension was also a major risk factor for diabetes mellitus. The relationship with type 2 diabetes mellitus was very complex, hypertension can make cells insensitive to insulin (ins 3 n resistant). Though insulin plays a role in increasing glucose uptake in many cells and in this way also regulates carbohydrate metabolism, so that if there is insulin resistance by cells, then the level of glucose in the blood can also be disrupted.⁹

Insulin resistance often occurs in patients with essential hypertension. Insulin has the effect of decreasing serum the excretion accompanied by the ability to hold sodium. Increased serum the acid levels are influenced by increased activity of the sympathetic nervous system caused by hyperuricemia. The idea that hyperuricemia can be an indicator of insulin resistance has been proven in an 8-year longitudinal study that has shown that insulin resistance is associated with hyperuricemia. Therefore hyperuricemia in patients with hyperuricemia. Therefore of insulin resistance that is directly linked to an increased risk of cardiovascular disease.¹⁰

Glucose in general and fructose in particular play an important role in developing the risk of hypertension and heart disease through various mechanisms. Glucose can affect blood pressure, levels of myocardial oxygen demand, heart rate, and inflammation. In packaged foods or processed foods (which must be limited consumption for people with hypertension), not only salt or sodium are contained in it, but it also contains carbohydr 13 (glucose). Consuming about 700 ml of soft drinks has been shown to cause an average increase in blood pressure of 15/9 mmHg and a heart rate of 9 bpm.¹¹

The relationship between uric acid and hypertension

28 results of this study indicate that there was a relationship between uric acid levels with hypertension. Patients suffering from hypertension with type 2 diabetes had higher mean uric acid levels than patients who suffer

from hypertension without diabetes type 2. 11 Also explained that there was a strong relationship between uric acid with systolic and diastolic blood pressure, to increase in blood pressure was characterized by an increase in levels scrup uric acid.12 High prevalence occurs in hypertensive patients who have high uric acid levels, this is regardless of age and gender so measurement of uric acid levels can help identify the risk of hypertension.¹³

Uric acid has a close relationship with systolic blood pressure, hypertensive patients with hyperuricemia should be given strict warnings of a high sodium diet. Impaired renal uric acid clearance occurs before a decreasening glomerular filtration rate (GFR), so uric acid must be measured in all cases of hypertension together with BMI, total cholesterol, triglycerides and care must be taken to avoid the occurrence of metabolic complications.⁴

CONCLUSION

There is a relationship between blood glucose and uric acid with hypertension in the elderly at the Posyandu Lansia Kauman, Yogyakarta. Maintaining normal blood glucose and uric acid level can prevent a person from developing hypertension.

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16 *uding: Ministry of research and higher education, Indonesia* Artic*f error* **(B)** *Conflict of interest: None declared Ethical approval: The study was approved by the Institutional Ethics Committee*

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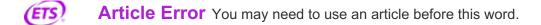
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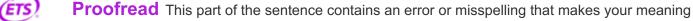
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