Volume 11 issue 2; 2026

Ciencia y Deporte

Universidad de Camagüey "Ignacio Agramonte Loynaz"

Ciencia y Deporte
ISSN 2223-1773, RNPS: 2276
Vol. 11. No. 2, May-August, 2026 p-e406

Original article

Evaluation of the dietary profile and level of physical activity in the elderly adult with arterial hypertension of Cuito-Bié

[*Evaluación del perfil alimentar y nivel de actividad física en el adulto mayor con hipertensión arterial de Cuito-Bié*]

[*Avaliação do perfil alimentar e nível de actividade física em idosos com hipertensão arterial do Cuito-Bié*

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Received: 08/05/2026
Accepted: 12/05/2026

ABSTRACT

Introduction: This research focuses on dietary habits and physical activity in older adults to better understand the factors influencing hypertension management in this population. The study revealed that, although most older adults receive regular support regarding diet and nutritional guidance, limitations remain in their adherence to healthy eating habits.

Objective: To evaluate the dietary profile and level of physical activity of elderly adults diagnosed with high blood pressure, residing in the Lar de Edad "ELAVOKO LY'OMWENHO", located in the municipality of Cuito-Bié.

Materials and methods: A quantitative methodology was employed. Theoretical methods included analytical-synthetic methods to review the literature and formulate the proposed data analysis. Empirical methods included the International Physical Activity Questionnaire (IPAQ), a food frequency and habit questionnaire, and blood pressure measurement (sphygmomanometer).

Results: The results allowed us to understand the characteristics of older adults and the variables that can influence the dietary profile and level of physical activity of the population diagnosed with high blood pressure.

Conclusions: The study points to the importance of continuous and personalized intervention strategies, both in diet and in exercise, to improve the management of hypertension and the quality of life of older adults.

Keywords: physical activity; healthy eating; high blood pressure; dietary profile; cardiovascular health.

RESUMEN

Introducción: la investigación es sobre los hábitos alimentarios y la práctica de actividades físicas en el adulto mayor, a fin de comprender mejor las condiciones que influencian el control de la hipertensión en esta población. El estudio reveló que, aunque la mayoría de los adultos mayores reciban acompañamiento regular sobre alimentación y orientación nutricional de manera esporádica, aún existen limitaciones en la adhesión a hábitos alimentarios saludables.

Objetivo: evaluar el perfil alimentar y el nivel de actividad física de los adultos mayores diagnosticados con hipertensión arterial, residentes en el Lar de Edad "ELAVOKO LY'OMWENHO", localizado en el municipio del Cuito-Bié.

Materiales y métodos: se empleó una metodología de naturaleza cuantitativa. Los métodos teóricos incluyeron el analítico-sintético para revisar la literatura y concebir la propuesta que se hace del análisis de la información. De los métodos empíricos se utilizó el Cuestionario Internacional de Actividad Física (IPAQ), cuestionario de hábito y frecuencia alimentar y la medición (esfigmomanómetro).

Resultados: los resultados permitieron entender las características de los adultos mayores y las variables que pueden influenciar en el perfil alimentario y el nivel de actividad física de la población con diagnóstico de hipertensión arterial.
Conclusiones: el estudio apunta a la importancia de estrategias de intervención continua y personalizada, tanto en la alimentación, como en la práctica de ejercicios, para mejorar la gestión de la hipertensión y la calidad de vida de los adultos mayores.

Palabras clave: actividad física; alimentación saludable; hipertensión arterial; perfil alimentar; salud cardiovascular.

RESUMO

Introdução: este é um estudo descritivo, no qual foram coletados dados sobre os hábitos alimentares e a prática de atividades físicas entre os idosos, a fim de compreender melhor as condições que influenciam o controle da hipertensão nesta população. A pesquisa revelou que, embora a maioria dos idosos receba acompanhamento regular sobre alimentação, a orientação nutricional é fornecida de maneira esporádica, o que limita a adesão a hábitos alimentares saudáveis.
Objetivo: avaliar o perfil alimentar e o nível de atividade física de idosos diagnosticados com hipertensão arterial, residentes no Lar de Idosos "ELAVOKO LY'OMWENHO", localizado no município do Cuito-Bié.
Materiais e métodos: empregou-se uma metodologia de natureza quantitativa. Os métodos teóricos incluíram o analítico-sintético para revisar a literatura e conceber a proposta que se faz a partir da análise da informação recolhimento. Dos métodos empíricos se utilizou a questionário internacional de actividade física (IPAQ), questionário de hábito e frequência alimentar e medição (esfigmomanômetro).
Resultados: os resultados permitiram entender as características da amostra e as variáveis que podem influenciar o perfil alimentar e o nível de atividade física dos idosos com diagnóstico de hipertensão arterial.

Conclusões: o estudo aponta a importância de estratégias de intervenção contínuas e personalizadas, tanto na alimentação quanto na prática de exercícios, para melhorar a gestão da hipertensão e a qualidade de vida dos idosos.

Palavras-chave: actividade física; alimentação saudável; hipertensão arterial; perfil alimentar; saúde cardiovascular.

INTRODUCTION

High blood pressure (hypertension) is one of the most prevalent chronic conditions in adulthood; it directly affects the quality of life and well-being of this population. According to the World Health Organization (WHO), hypertension affects approximately 30% of the world's adult population, with a significantly higher prevalence among men.

It is estimated that, for individuals over 60 years of age, hypertension rates can reach over 60%, reflecting a significant increase in the risk of cardiovascular disease, stroke, kidney failure, and other associated complications. This scenario makes the management and control of hypertension one of the greatest challenges in global public health, especially in adult populations (Carnero *et al.,* 2011).

Hypertension (HTN) is a medical condition characterized by chronically elevated blood pressure, which can lead to serious complications such as heart disease, stroke, and kidney failure (Bertoldo *et al.,* 2012). According to the 7th guideline on HTN, hypertension is a modifiable risk factor for various cardiovascular diseases. Effective management of this condition involves adopting a healthy lifestyle, including a balanced diet and regular physical activity (Binotto *et al.,* 2010).

In this regard, hypertension (HTN) is a condition in which blood pressure remains elevated due to failures in the pressure regulation mechanisms, which are responsible for maintaining the balance of the force exerted by the blood on the artery walls. Blood pressure is composed of two values: systolic pressure, which occurs during the

contraction of the heart, and diastolic pressure, which occurs during its relaxation. These values vary according to different factors, such as blood volume, artery diameter, and arterial resistance (Da Silva *et al.,* 2013; Deon *et al.,* 2015).

Hypertension is often called the silent disease, since many individuals do not experience symptoms. However, those with uncontrolled blood pressure may experience nonspecific symptoms, such as dizziness and headaches, which are frequently associated with elevated blood pressure. The severity of these symptoms tends to increase as blood pressure rises (Polonia *et al.,* 2014; Banegas *et al.,* 2024; Du *et al.,* 2021).

The treatment of hypertension should initially involve lifestyle changes, such as weight loss, reduced sodium intake, increased potassium intake, moderate alcohol consumption, and adoption of a balanced diet. Such interventions can prevent the development of hypertension, eliminate the need for medication in some cases, or reduce its use for disease control (Egan *et al.,* 2010).

Regular, moderate physical activity also plays an important role in reducing blood pressure and aiding weight loss. Pharmacological therapies are introduced when lifestyle changes are insufficient to control hypertension. In this regard, aging is associated with physiological changes that can contribute to increased blood pressure, including reduced arterial elasticity and decreased kidney function, factors that facilitate the onset or worsening of hypertension (Batista *et al.,* 2012; Revilla and Soutelo , 2025).

On the other hand, maintaining a healthy lifestyle, which includes a balanced diet and regular physical activity, has demonstrated significant benefits in controlling hypertension. A healthy lifestyle promotes lower blood pressure levels and improves overall health. Therefore, it is essential to investigate lifestyle factors, such as dietary habits and physical activity levels, in hypertensive adults (Hernández *et al.,* 2014; Bestard *et al.,* 2024).

Likewise, an adult's dietary profile can be influenced by various factors, such as the availability and access to healthy foods, physical limitations that hinder the consumption of adequate foods, and food preferences acquired throughout life (Bertoldo *et al.,* 2007).

A diet high in sodium and saturated fat and low in essential nutrients can contribute to elevated blood pressure. Conversely, a balanced diet, with an emphasis on fresh foods rich in potassium and low in sodium, can help control hypertension (Bertoldo *et al.,* 2012).

However, many adults face barriers to engaging in physical activities, such as motor limitations, pain, excessive tiredness or lack of motivation, especially in Angolan institutionalized environments, such as homes or adult houses (Binotto *et al.,* 2010; Sueldo *et al.,* 2022).

Dietary profile assessment

A dietary profile refers to an individual's eating habits, including the variety and quality of foods consumed over time. In adults, a healthy dietary profile is essential for managing chronic diseases, such as high blood pressure. Balanced diets, rich in essential nutrients like potassium, calcium, and antioxidants, are fundamental for maintaining cardiovascular health and controlling blood pressure (Carnero *et al.,* 2011).

The relationship between diet and hypertension is crucial, since excessive consumption of sodium and saturated fats can worsen hypertension (Batista *et al.,* 2012). Physical activity not only improves physical health but also promotes psychological well-being, especially in adults. Furthermore, appropriately dosed physical activity can contribute to reducing blood pressure and improving quality of life, given the importance of regular exercise in preventing cardiovascular disease (Bertoldo *et al.,* 2007).

Physical activity plays a crucial role in controlling high blood pressure and is one of the most effective interventions for lowering it. Aerobic exercises, such as walking, swimming, and cycling, are particularly recommended in adulthood, as they help improve cardiovascular function and reduce systolic and diastolic blood pressure. In

addition, strength and flexibility exercises are essential for preserving mobility, preventing falls, and improving the quality of life for adults (Gonçalves *et al.,* 2017).

The central problem addressed in this study is understanding how lifestyle factors, such as dietary patterns and physical activity levels, influence hypertension control in institutionalized adults (Cifuentes and Silva, 2013). However, the lack of specific data on the dietary patterns and physical activity levels of hypertensive adults in this specific context hinders the implementation of appropriate and effective interventions.

This research aims to evaluate the dietary profile and physical activity level of adults diagnosed with hypertension residing at the Elavoko Ly'Omwenho Adult Home, located in the municipality of Cuito, in the province of Bié, Angola. The selection of this adult home as a study site is relevant, given that institutionalization in Angola can directly influence the dietary habits and physical activity levels of its residents.

MATERIALS AND METHODS

For this research, a population of 30 adults diagnosed with hypertension and receiving care at the Elavoko Ly'Omwenho Adult Home was considered. These adults, aged 65 and over, are an age group prone to greater challenges related to adhering to healthy eating habits and engaging in regular physical activity. This population was selected based on a prior medical diagnosis of hypertension, which allowed for the management of this condition within the adult home setting. The following methods were employed:

Theoretical method

Analytical-synthetic: This method was used for a critical review of the existing literature. This allowed for the identification of shortcomings in current approaches and the synthesis of relevant theoretical foundations for evaluating the dietary profile and physical activity level of adults diagnosed with hypertension.

Empirical methods

Measuring instruments and techniques

International Physical Activity Questionnaire (IPAQ): To assess the level of physical activity of the participants, the IPAQ adapted for adults will be used, which consists of 15 questions that address five domains of physical activity (physical activity at work, commuting, leisure physical activity, domestic activities and personal care), with multiple choice questions.

Food Habits and Frequency Questionnaire: To assess the eating habits of adults. A validated multiple-choice questionnaire was used, containing six response options for each question. This questionnaire included questions about the participants' eating frequency and habits, focusing on the relationship between diet and hypertension control.

Sphygmomanometer: To compare the blood pressure of adults, an aneroid sphygmomanometer, brand Welch Allyn, was used, with measurements taken at two different times of day, and repeated to ensure data reliability. The readings will be interpreted according to the guidelines of the World Health Organization (WHO), which classifies blood pressure as normal (120/80 mm Hg), elevated (above 140/90 mm Hg), stage 1 hypertension (130-139 mm Hg systolic and 80-89 mm Hg diastolic), and stage 2 hypertension (above 140/90 mm Hg).

RESULTS AND DISCUSSION

It begins with the presentation of a descriptive analysis of the overall results achieved in the population, followed by an attempt to identify possible differences (Figure 1).

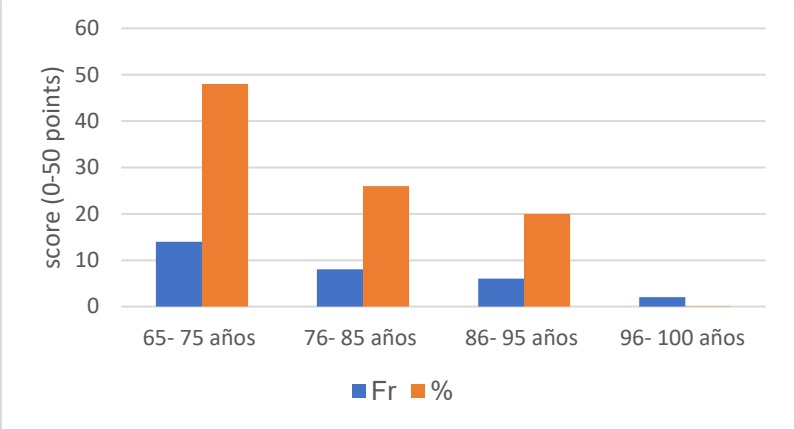

Fig. 1*Distribution of surveys according to age group*

The distribution of adults by age group shows that the largest percentage is in the 65-75 age group, with 48% of adults, followed by the 76-85 age group with 26%, and finally, the most advanced age groups, 86-95 years with 20% and 96-100 years with 6% (Figure 2).

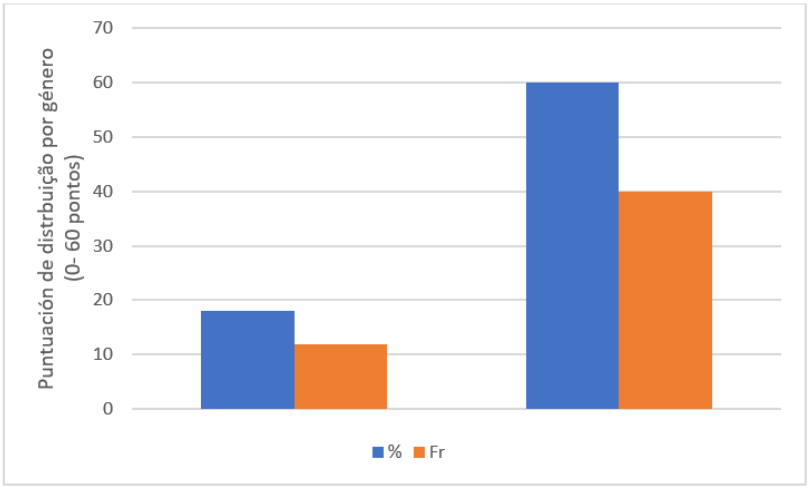

Fig. 2. *- Distribution of surveys by gender*

The distribution of adults by gender reveals that 60% of the population is female (18 participants), while 40% is male (12 participants). This suggests that the female population is more prevalent at the Elavoko Ly'Omwenho Adult Home.

Analysis of the results

In interpreting the data obtained at the Elavoko Ly'Omwenho Adult Home, it is essential to contextualize the collected information and identify the main variables influencing the results. This initial approach serves to create a solid foundation for understanding the data and allows for a more necessary and relevant interpretation.

Basic analysis allowed us to understand the characteristics and variables that can influence the dietary profile and level of physical activity of adults diagnosed with high blood pressure (Table 1 and Figure 3).

Table 1. - *Distribution of adults with regard to the diagnosis of arterial hypertension*

Diagnosis of high blood pressure	**Fr**	**%**
Yeah	28	94
No	2	6
Total	**30**	**100**

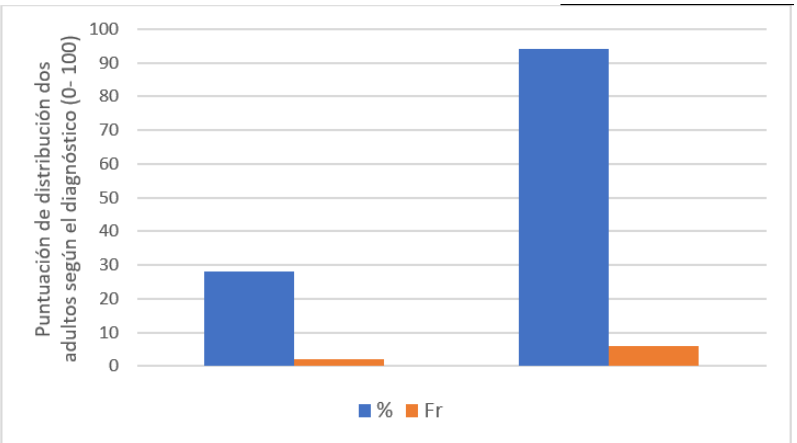

Figure 3- *Distribution of adults with regard to the diagnosis of arterial hypertension*

According to the data presented in Table 1 regarding the diagnosis of hypertension, 94% of adults reported having been diagnosed with hypertension, while 6% did not. This distribution demonstrates a high prevalence of hypertension.

Among the 28 adults who received a confirmed diagnosis of hypertension, it's clear that the vast majority face challenges related to managing their blood pressure. These adults likely require ongoing medical support and may need dietary and lifestyle changes to control their condition.

On the other hand, two of the adults, who do not have a diagnosis of hypertension, may have blood pressure within normal limits (Table 2 and Figure 4).

Table 1- *Distribution of adults according to the time of diagnosis of arterial hypertension*

Time to diagnosis of high blood pressure	**Fr**	%
Less than 1 year	2	6
1-3 years	5	16
4-6 years	10	33
More than 6 years	13	45
Total	**30**	**100**

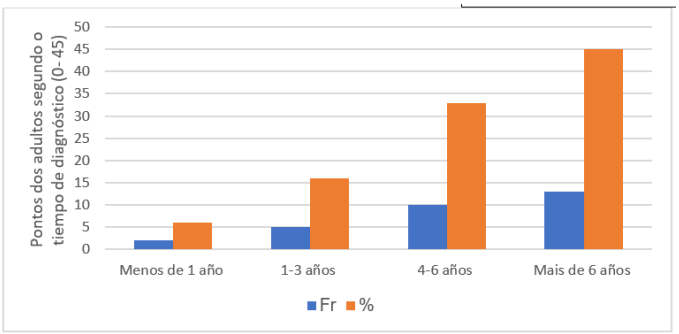

Fig. 4*- Distribution of adults according to the time of diagnosis of arterial hypertension*

According to the data presented in Table 2 regarding the time since diagnosis of hypertension, it is observed that the majority of adults diagnosed with hypertension have been managing the condition for more than 6 years. This group represents 45% of the population. Furthermore, 33% of adults were diagnosed between 4 and 6 years ago, while 16% were diagnosed 1 to 3 years ago, and only 6% were diagnosed less than 1 year ago.

These data indicate that hypertension is a chronic condition for the vast majority of participants, with a high prevalence of long-standing hypertension. For 45 of the adults diagnosed more than six years ago, hypertension is likely already a part of their daily lives, and they require ongoing treatment, whether through medication, dietary changes, or physical activity, to control their blood pressure. Managing this condition tends to be more routine for this group, with regular follow-up necessary to prevent more serious complications.

On the other hand, the 16% and 6% of adults diagnosed more recently (between 1-3 years and less than one year, respectively) are in a more initial phase of adapting to the diagnosis. This group may need additional guidance regarding adopting a healthy lifestyle, including a controlled diet and starting regular physical activity to prevent the worsening of hypertension (Table 3 and Figure 5).

Table 2- *Health conditions related to hypertension*

Hypertension conditions	**Fr**	%
Heart attack	5	16
Stroke	9	30
Kidney failure	10	34
Other cardiovascular problems	6	20
Total	**30**	**100**

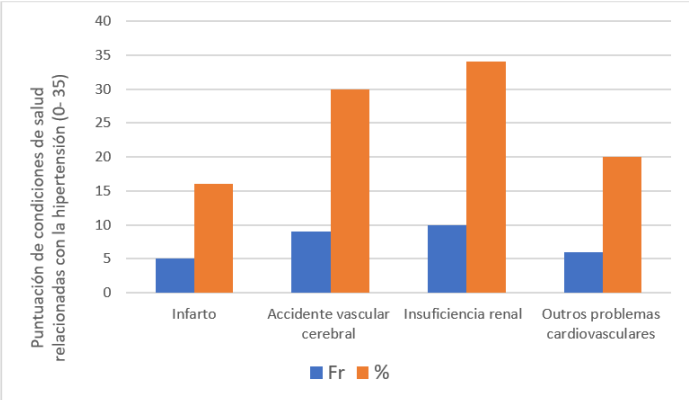

Fig. 5- *Health conditions related to hypertension*

According to the data presented in Table 3, on the conditions associated with high blood pressure, it is observed that most adults diagnosed with hypertension have kidney failure, stroke and other cardiovascular problems, conditions frequently associated with high blood pressure.

Among the 30 adults, 34% reported having kidney failure, 30% reported having suffered a stroke, 20% mentioned having other cardiovascular problems, and 16% stated they had suffered a heart attack.

These data indicate that hypertension, being a chronic condition for most participants, has also led to serious complications, such as kidney and cardiovascular problems. The higher prevalence of kidney failure (34%) and stroke (30%) among adults is especially concerning, as these conditions are among the most common complications associated with uncontrolled hypertension.

Twenty percent of adults have other cardiovascular problems and 16% have suffered a heart attack, which shows that hypertension is not just a separate condition, but a factor that can trigger a number of other serious diseases, significantly affecting the quality of life of adults (Table 4 and Figure 6).

Table 4. - *Frequency of taking prescribed medications for hypertension*

Frequency of use of medications for hypertension	**Fr**	%
Daily	25	84
When necessary	2	6
He does not take it daily.	3	10
Total	**30**	**100**

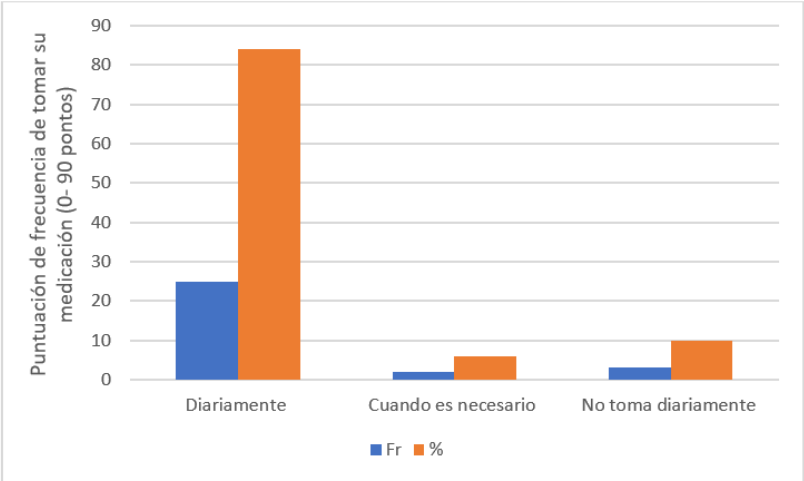

Fig. 6- *Frequency of taking prescribed medications for hypertension*

According to the data presented in Table 4 on conditions associated with hypertension, it is observed that most adults diagnosed with hypertension experience serious complications, such as kidney failure, stroke, and other cardiovascular problems. These conditions are commonly associated with uncontrolled hypertension.

Thirty-four percent of adults reported having kidney failure, a common complication of prolonged and poorly controlled hypertension. Hypertension damages the blood vessels in the kidneys, impairing their function. This is concerning because kidney failure can lead to further complications, such as the need for dialysis or even a kidney transplant, requiring ongoing monitoring and specific interventions to minimize kidney damage.

Thirty percent of the adults reported having suffered a stroke, one of the most serious consequences of uncontrolled hypertension. Stroke can result in permanent disabilities, such as paralysis, motor and cognitive impairments, impacting adults' quality of life. This finding highlights the urgent need for proper blood pressure control to prevent recurrent strokes among the participants.

Twenty percent of adults reported having other cardiovascular problems, such as heart failure and arrhythmias. These problems can be caused by high blood pressure, which strains the heart and arteries, increasing the risk of cardiovascular disease. Proper treatment of hypertension and the adoption of healthy habits are essential to prevent these conditions from worsening.

Sixteen percent of adults reported having suffered a heart attack, highlighting the impact of hypertension on cardiovascular health. A heart attack occurs when high blood pressure damages the arteries, contributing to the formation of clots and obstruction of blood flow. This reinforces the importance of regular blood pressure monitoring and adherence to medical treatment to prevent further cardiac complications (Table 5 and Figure 7).

Table 3- *Distribution of adults according to the main source of protein in their diet*

Main source of protein in the diet	**Fr**	**%**
Meat	10	35
Fish	4	13
Chicken	5	16
Eggs	7	23
Legumes	4	13
Total	**30**	**100**

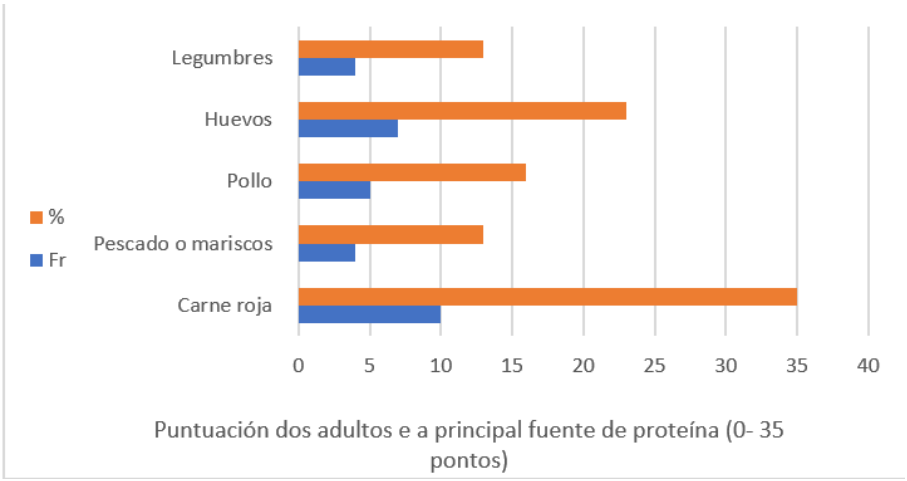

Fig. 7. *- Distribution of adults according to the main source of protein in their diet*

According to the data presented in Table 5 regarding the main source of protein in adults' diets, red meat is the primary protein source for most participants, with 35% of adults indicating a preference for this food. Egg consumption is also significant, representing 23% of adults' diets, followed by chicken (16%), fish or seafood (13%), and legumes (13%) (Table 6 and Figure 8).

Table 4- *Healthcare professional guidance on diet for hypertension*

Orientation	**Fr**	**%**
Yeah	16	54
No	4	13
Sometimes	10	33
Total	**30**	**100**

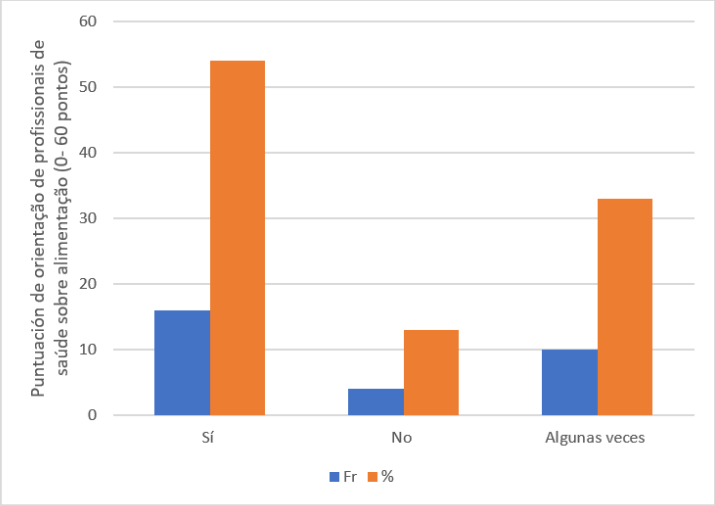

Fig. 7- *Healthcare professional guidance on diet for hypertension*

According to the data presented in Table 6 on professional health guidance on diet for hypertension, it is observed that most adults received guidance on how to improve their diet to control hypertension, which is a crucial aspect in the treatment of the condition.

Most adults (54%) receive ongoing dietary guidance for hypertension. This is positive, as adherence to a healthy diet can have a significant impact on reducing blood pressure. Regular guidance can include ongoing support, monitoring, and dietary adjustments based on the evolution of each adult's condition, contributing to effective hypertension management and the prevention of complications (Table 7 and Figure 9).

Table 5- Frequency of regular physical activity among adults

Regular physical activity	**Fr**	**%**
Yeah	12	40
No	8	26
Sometimes	10	34
Total	**30**	**100**

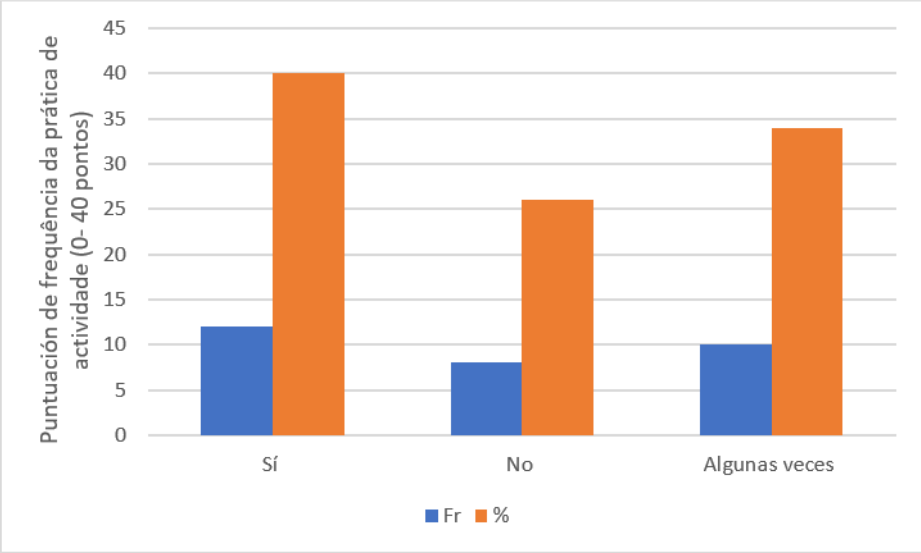

Fig. 8. - *Frequency of regular physical activity among adults*

According to the data presented in Table 7 on the regular practice of physical activity, it can be seen that most adults perform some form of physical activity, although the frequency and consistency vary considerably among the participants.

The majority of adults (40%) engage in regular physical activity, which is a positive sign. Consistent exercise is a cornerstone of maintaining cardiovascular health and managing hypertension. Exercises such as walking, water aerobics, and muscle-strengthening activities can improve blood circulation, reduce blood pressure, and contribute to overall well-being.

Approximately 34% of adults engage in physical activity only occasionally. Although this group still benefits from physical activity, intermittent exercise may not be sufficient to achieve the maximum benefits for blood pressure control and overall health maintenance. These adults could benefit from an additional incentive to increase the frequency and consistency of their physical activity.

Twenty-six percent of them do not engage in any physical activity. This group is a cause for concern, as a lack of physical activity can worsen health conditions such as hypertension, cardiovascular disease, and joint problems (Table 8 and Figure 10).

Table 6- *Weekly frequency of physical activities among adults*

Weekly frequency of physical activities	**Fr**	%
1-2 times per week	18	60
3-4 times per week	8	26
5 or more times per week	4	14
Total	**30**	**100**

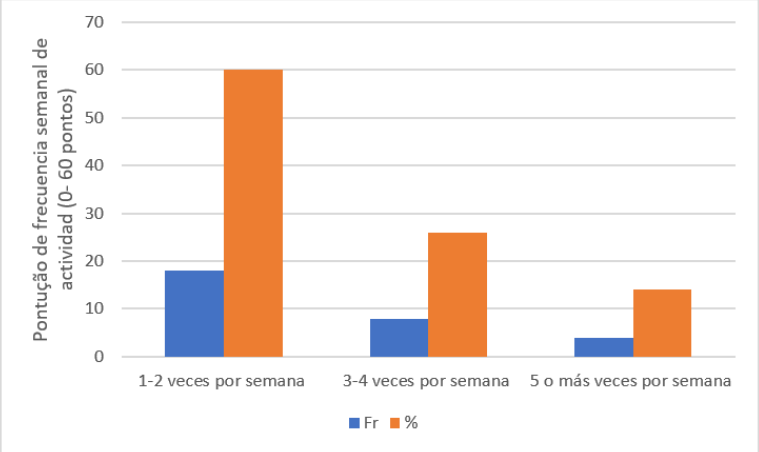

Fig. 9*Weekly frequency of physical activities among adults*

According to the data presented in Table 8 on the weekly frequency of physical activities, it can be seen that most adults practice physical activities regularly, but with variations in frequency.

The majority of adults (60%) engage in physical activity 1 to 2 times per week. While this frequency is positive, it can be considered moderate. For optimal benefits in managing hypertension and improving cardiovascular health, more frequent exercise is recommended. However, 1-2 times per week is a good starting point, especially for adults who may have physical limitations. Implementing more frequent activity can be a goal to be achieved gradually for this group (Table 9 and Figure 11).

Table 9. - *Difficulty performing exercises due to physical limitations or pain among adults*

Difficulties performing exercises	**Fr**	%
Yeah	14	48
No	8	26
Sometimes	6	20
Total	**30**	**100**

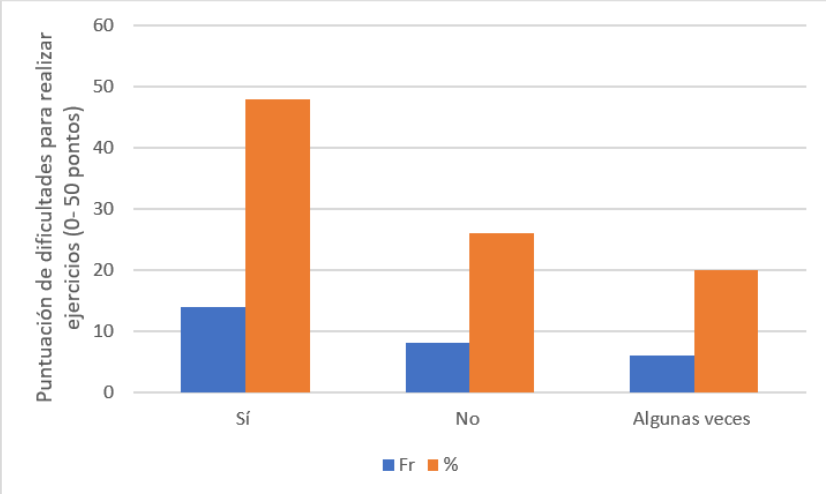

Fig. 11. - *Difficulty performing exercises due to physical limitations or pain among adults*

According to the data presented in Table 9 on the difficulty in performing exercises, it is observed that a considerable portion of adults face challenges when practicing physical activities.

Nearly half of adults (48%) face difficulty exercising. This is an important indicator, as the difficulty can be attributed to various factors, such as physical limitations, joint pain, chronic illnesses, lack of motivation, or fear of injury. This difficulty can impact adherence to physical activity and, consequently, overall health and hypertension management.

For this group, it is essential to offer adapted activities, such as low-impact exercises (walking, yoga, hydrogymnastics) that respect their limitations and at the same time promote the benefits necessary for the control of hypertension and improvement of quality of life.

Approximately 20% of adults report sometimes having difficulty exercising. This group may be in an intermediate situation, where they can sometimes perform physical activities with ease, but at other times they face temporary obstacles. For this group, ongoing support, adjustments to physical activities, and a personalized approach can help minimize difficulties.

The analysis of the results from the study conducted with adults provided valuable information on the prevalence of hypertension, practices related to physical activity, and the challenges adults face in maintaining a healthy lifestyle. These results can be contextualized based on evidence. existing scientific evidence (Du *et al.,* 2021). Expanding the understanding of how hypertension impacts the health of this population and how interventions can be more effective in managing this condition.

Adults with uncontrolled hypertension are more prone to serious complications, such as kidney failure and stroke, as corroborated by the study data, where 34% of adults reported having kidney failure and 30% had already suffered a stroke. These data are concerning, as they confirm that uncontrolled hypertension, when not properly monitored, can lead to the worsening of these chronic conditions (Batista *et al.,* 2012).

Hypertension has also shown an alarmingly high prevalence, with many adults living with the condition without proper control. This lack of adequate control is linked to a higher incidence of complications, as reflected in the data from the study in question, where a significant number of adults experienced serious consequences of hypertension, such as heart attack (16%) and other cardiovascular problems (20%).

These data reinforce the urgent need for interventions in the control of hypertension, both at the level of regular medical monitoring and in encouraging lifestyle changes, such as adopting healthy eating habits and practicing regular physical activity.

The difficulty reported by 48% of adults in exercising reflects the physical and psychological barriers many face in maintaining an active lifestyle. Physical limitations, such as joint pain, arthritis, muscle problems, and lack of balance, can hinder the ability to engage in regular physical activity. Furthermore, psychological factors, such as lack of confidence, fear of falling, and a negative perception of physical activity, also play a significant role (Sueldo *et al.,* 2022).

These difficulties require that physical activity programs be adapted to meet the specific needs of this population, and include muscle strengthening exercises, which can be effective and safe for hypertensive adults.

CONCLUSIONS

This study provided an understanding of the main factors influencing the control of hypertension in adults. The results indicate that effective management of this chronic condition requires more than medication; the integration of healthy practices, such as proper nutrition, regular physical activity, ongoing medical monitoring, and health education, is essential.

Regarding dietary habits, a diet predominantly based on animal protein was observed, with high consumption of red meat and low intake of fruits, vegetables, and legumes. Nutritional guidance, when available, is sporadic and insufficient, hindering the adoption of healthy eating habits. This situation underscores the importance of regular nutrition education programs, emphasizing balanced diets accessible to the economic and cultural circumstances of adults.

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***Conflict of interest*:**

The authors declare no conflicts of interest.

Authors' Contributions:

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Translation of Terms and Information: Israel Ningue Jacob, Liudmila Hernández Soutelo. Review of the Application of Bibliographic Standards: Israel Ningue Jacob, Liudmila Hernández Soutelo.