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BMJ Open

Effectiveness of educational interventions on hypertensive patients' self-management behaviours: an umbrella review protocol

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Keywords:	Hypertension < CARDIOLOGY, Systematic Review, Blood Pressure, EPIDEMIOLOGY, GENERAL MEDICINE (see Internal Medicine), Health Education

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1	Effectiveness of educational interventions on hypertensive patients' self-management
2	behaviours: an umbrella review protocol
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18	Abstract
19	Background: Although different educational interventions have been widely used to manage
20	and treat hypertension, alone or in combination with other interventions, there is a significant
21	variation in their claimed effectiveness.
22	Review question/objective:
23	The objective of the umbrella review is to determine the effectiveness of educational
24	interventions, alone or in combination with other interventions, for improving blood pressure
25	control and self-management practices among hypertensive patients.
26	The review question is: Do educational interventions, alone or in combination with other
27	interventions, improve self-management practices among patients with hypertension?

Methods: We will conduct a review of systematic reviews involving studies that implemented educational interventions, alone or in combination with other interventions, designed to change self-care practices among hypertensive patients who are 18 years and above, regardless of their sex and ethnicity. A comprehensive literature search will be conducted on six electronic databases: Medline, Embase, PsycINFO, CINAHL, Web of Science Core Collection and Google Scholar. Search terms will be developed using database-specific indexed terms and text words derived from the review aim. Endnote and RefWorks are the two bibliographic databases that will be used to organise search results. We will present the effects of the educational interventions, alone or in combination with other interventions, on hypertension self-management practices (medication adherence, low salt diet, physical activity, weight management practices, alcohol reduction and smoking cessation). We will report the outcome data with 95% confidence intervals for each study. Relative Risk (RR), Mean differences or Odd Ratios will be used, depending on the measuring indices in each study, for the primary and secondary outcomes.

- 42 Ethics and dissemination: We hope to publish this umbrella review in a peer-reviewed
- journal. The findings will also be presented as conference papers.
- **Review registration: PROSPERO -** CRD42022375581
- 45 Keywords: umbrella review, educational interventions, self-management, hypertension,
- 46 systematic review

- **Word count**: 3000
- 48 Strengths of this study
- By this umbrella review, we hope to:
 - Detect significant findings that are repeated or related in various systematic reviews

- To guide researchers towards future research and the design of clinical trials
 - To update recommendations for clinical practice

Background

Due to the growing adult population and changes in lifestyles, the burden of hypertension and diabetes in sub-Saharan Africa has increased [1]. A significant, controllable risk factor for the onset of coronary heart disease, congestive heart failure, renal failure, stroke, eye issues, and renal dysfunction is elevated blood pressure [2,3]. Self-management techniques are the actions people take to establish structure, routine, and control in their lives. Patients take control of their health through self-management practices, which include moderate exercise (at least three times per week), weight loss, and dietary changes [4]. According to the Joint National Committee on Prevention, Detection, Evaluation and Treatment of Hypertension, self-care activities are crucial in the management of hypertension [5-8].

Education on hypertension is regarded as one of the important interventions in the management of hypertension. Along with blood pressure control, education on hypertension has been demonstrated to increase patient understanding and self-management abilities, assisting patients in making decisions to effectively manage their medical state [9,10]. Healthcare professionals are intentional in delivering either one-on-one or group-based educational interventions, alone or in combination with other interventions, to help their patients achieve therapeutic goals. The significant variation in the claimed effectiveness of the different educational interventions used to manage and treat hypertension suggests the need for an umbrella review to detect significant findings that are repeated or related [11-20], which could guide future research and the design of clinical trials.

Objective of this review

75	The objective of the umbrella review is to determine the effectiveness of educational
76	interventions, alone or in combination with other interventions, for improving blood pressure
77	control and self-management practices among hypertensive patients.

Methods/Design

This review protocol is being reported in accordance with the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P) statement's guidelines for reporting (Additional file). The protocol is registered on PROSPERO (CRD42022375581).

83 Eligibility criteria

- *Types of participants*
- This umbrella review will examine systematic reviews involving sample populations of the patient:
 - a) Aged 18 years and above (either the mean age of the participants in the study is at least 18 years old or at least 50% of the review's participants must be at least 18 years).
 - b) Diagnosed with hypertension as the only chronic illness (at least 50% of those included in the reviews should have been diagnosed with hypertension as the only chronic disease)
 - c) Ambulatory (at least 50% of those included in the review should reside in their own homes).
 - d) No history of significant cardiac complications throughout the study (at least 50% of those included in the reviews should not have had a history of significant cardiac complications).

97	e)	Received an educational intervention, alone or in combination with other interventions
98		(at least 50% of those included in the reviews should have received an educational
99		intervention, alone or in combination with other interventions).
100	Revie	ws that do not go into enough detail about the sample populations of the studies they

include will be excluded. We will also exclude reviews on non-hypertensive patients and patients who do not have hypertension diagnosed as the only chronic illness.

- Types of intervention (s)/phenomena of interest
- This umbrella review will include reviews which evaluated various forms of educational interventions, alone or in combination with other interventions, that are designed to change the recommended hypertension self-care management practices namely:
 - a) medication adherence
- b) eating low-salt diets
 - c) engaging in physical activities
- d) engaging in weight management practices
- e) reduction of alcohol consumption
- 113 f) smoking cessation
 - The educational interventions could either be a one-on-one intervention or a group-based intervention.

116 Outcomes

The primary outcome of this umbrella review will be changes in self-management practices, while the secondary outcomes will be the number of patients who were able to

achieve blood control and the changes in health-related quality of life measured using standardised generic questionnaires (example SF-36, 15D, and the EQ-5D-5L).

Search methods for identification of studies

We will conduct a comprehensive literature search on six electronic databases: Medline, Embase, PsycINFO, CINAHL, Web of Science Core Collection and Google Scholar. Search terms will be developed using database-specific indexed terms and text words derived from the review aim. Search terms will be words related to educational intervention AND hypertensive patients AND hypertension self-management practices AND systematic reviews. Before charting the evidence, the search will be conducted once again on the selected databases to find any relevant articles that may have escaped notice during the initial search (e.g. newly published). We will manage the search results using Endnote and RefWorks. Full text of potentially relevant articles will then be screened against the review's inclusion and exclusion criteria. Differences in opinion will be resolved through discussion to reach a mutual agreement. The study screening and selection process will be reported using the standardized JBI instrument designed for umbrella reviews [21] (Supplementary material - Appendix 1). We would include systematic reviews that reported study-specific information such as the 95% confidence intervals, effect size and sample size.

Charting the evidence

Studies which meet the eligibility criteria will be appraised for methodological quality using the standardized critical appraisal instruments from the JBI System for the Unified Management, Assessment and Review Instrument and The JBI Reviewers' Manual 2014

[22] (Supplementary material - Appendix II). To ascertain whether research quality affects the conclusions of the umbrella review, we will apply sensitivity analysis based on the study quality. Using the following scale, we will evaluate each study's quality based on the findings of the critical appraisal: Low quality is defined as meeting 0-33% of the requirements, medium quality is defined as meeting 36%-66% of the criteria, and high quality is defined as meeting 67% of the criteria. Results from the included studies will be extracted using the JBI Data Extraction Form for Review for Systematic Reviews and Research Syntheses [23] (Supplementary material - Appendix III). The information to be extracted from each study will include study details, author/year, study objectives, participants (characteristics and number), setting/context, description of the intervention (randomised or non-randomised), search details, sources searched, range (years) of included studies, number of studies included, types of studies included, country of origin of included studies, appraisal, appraisal instrument used, appraisal rating, method of analysis, outcomes assessed, results/findings, effect size reported with 95% confidence interval, the study-specific estimated risk for side effects/negative outcomes reported with 95% confidence ratios, odd ratios interval (risk differences), mean significance/direction, and heterogeneity.

If we identify two systematic reviews that evaluated the effect of an educational intervention alone or in combination with other interventions on the same self-management behaviours like medication adherence, smoking cessation or alcohol reduction, we will choose the one that had the most studies included (or, if there were an equal number, the more recent one).

Outcome measure

Our primary outcome will be changes in hypertension self-management behaviours associated with an educational intervention.

We want to find out which educational intervention worked in improving the self-management behaviours of hypertensive patients (if it did not work, why?), what type of educational intervention (one-on-one or group based) is most effective in improving self-management behaviours and delivered by who (nurse, pharmacist or medical doctor).

The results will then be narratively summarised and discussed with respect to the review's objective and the broader scientific literature. There will be recommendations made, gaps in the body of evidence will be pointed out, and future research directions will be emphasised.

Data extraction and management

 Using the JBI data extraction form for review for systematic reviews and research syntheses, two members of the review team (BU-K, AI, AAB, AS, MMA, UAK), working independently, will extract data and summarise information on studies. Any disagreements will be resolved through dialogue with a third review author (IS). The information about the longest follow-up will be retrieved from studies that provide more than one outcome period (for example, 6 and 12 months). In cases where data are discovered to be lacking, we will get in touch with the study's corresponding author to ask for the missing information or to get study specifics clarified.

Measures of treatment effect

We will present the effects of the educational intervention, alone or in combination with other interventions, on hypertension self-management practices (medication adherence, low salt diet, physical activity, weight management practices, alcohol reduction and smoking cessation). We will report the outcome data with 95% confidence intervals for

 each study. Continuous outcomes between the intervention and control groups will be presented and quantified as mean difference (MD) and overall effect size, for example, the prevalence of hypertension self-management practices pre-and post-intervention. Relative Risk (RR), Mean differences or Odd Ratios (OR) will be used, depending on the measuring indices in each study, for the primary and secondary outcomes. Where possible, we will estimate a common effect size for comparisons, for example by converting IRR to RR and then OR.

Analysis software

We would perform analysis using the most recent meta-analytic software in R packages [24]. Furthermore, we will explore the best analytic options for estimating heterogeneity between studies [25].

Discussion

By this umbrella review, we hope to identify significant findings that are repeated or related in various systematic reviews. This will serve as a guide to researchers towards future research and the design of clinical trials. Findings from our study will inform decisions and update recommendations for clinical practice. We hope to publish this umbrella review in a peer-reviewed journal. The findings will also be presented as conference papers.

Potential study limitations

We would aim to report all potential limitations in the umbrella review. These would for example include any areas of the medical knowledge that have not yet been published by systematic reviews. We would also aim to identify limitations in studies that may demonstrate strong effects but have underlying limitations in data/sample size.

List of abbreviations

213	RR: relative risk
214	MD: mean difference
215	OR: odd ratio
216	PRISMA: Preferred Reporting Items for Systematic Review and Meta-Analysis
217	Ethics approval and consent to participate in the study
218	Not applicable.
219	Consent for publication
220	Not applicable.
221	Availability of data and materials
222	Not applicable.
223	Competing interests
224	The authors declare that they have no competing interests.
225	Funding information
226	None
227	Authors' contributions
228	BOU-K, UAK and IS devised the study and developed conceptual ideas. BOU-K and UAK led
229	the protocol development. BOU-K, UAK and AI drafted the manuscript. All authors helped
230	refine and re-draft the manuscript and approved the final version.
231	Acknowledgements
232	Not applicable.

234 References

9 235 10 236

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Supplementary material

Appendix I: Screening tool based on the eligibility criteria.

- 1. Name of author and year of publication Name of journal Title Initials of the reviewer Design: Is the review a systematic review or meta-analysis? Yes or No Language: Is the review published in English? Yes or No 7. Review type: a) Is the review an effectiveness review that takes quantitative evidence into account? Yes or No b) If a mixed-methods review, does the review include quantitative data focusing on the effectiveness of educational interventions whether used independently or in conjunction with other interventions? Yes or No 8. Participants: Is the review limited to adults aged 18 and up who have been diagnosed with hypertension? Yes or No
 - 9. Intervention: Is the intervention of interest to the study objective? Yes or No
 - 10. Outcome: Does the review report on any of the following outcomes? Effectiveness of educational intervention, alone or in combination with other interventions on hypertension self-management practices (medication adherence, low salt diet, weight management practices, physical activity, alcohol consumption, smoking cessation) OR effectiveness of educational interventions, alone or in combination with other interventions on blood pressure control OR Effectiveness of educational

intervention, alone or combined with other interventions on her health-relationality of life. Yes or No

If you answered 'Yes' to questions 5-10, please include the study.

If you have not answered 'Yes' to questions 5-10, please exclude the study

Appendix II: JBI Critical Appraisal Checklist for Systematic Reviews and Research

Syntheses

Review	ver:				
Date:					
Author					
Year:					
1.	Is the review question clearly and explicitly	Yes	No	Unclear	Not
	stated?				applicable
2.	Were the inclusion criteria appropriate for				
	the review question?		5		
3.	Was the search strategy appropriate?				
4.	Were the sources and resources used to				
	search for studies adequate?				
5.	Were the criteria for appraising studies				
	appropriate?				
6.	Was critical appraisal conducted by two or				
	more reviewers independently?				

7. Were there methods to minimize errors in					
data extraction?					
8. Were the methods used to combine studies					
appropriate?					
9. Was the likelihood of publication bias					
assessed?					
10. Were recommendations for policy and/or					
practice supported by the reported data?					
11. Were the specific directives for new					
research appropriate?					
Overall appraisal: Include Exclude	S	Seek	further in	formation	
Comments (include the reason for exclusion)					

Appendix III: JBI Data Extraction Form for Review for Systematic Reviews and Research Syntheses

Study Details	
Author/year	

Objectives	
Participants (characteristics/total	
number)	
Setting/context	
Description of Interventions/	
phenomena of interest	
Search Details	
Sources searched	
Range (years) of included studies	
The number of studies included	
Types of studies included	
Country of origin of incl. studies	
Appraisal	
Appraisal instruments used	
Appraisal rating	4
Analysis	
Method of analysis	
Outcome assessed	
Results/Findings	
Significance/direction	
Heterogeneity	
Comments	

 PRISMA-P 2015 Checklist

This checklist has been adapted for use with systematic review protocol submissions to BioMed Central journals from Table 3 in Moher D et al: Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. Systematic Reviews 2015 4:1

An Editorial from the Editors-in-Chief of Systematic Reviews details why this checklist was adapted - Moder D, Stewart L & Shekelle P: Implementing PRISMA-P: recommendations for prospective authors. Systematic Reviews 2016 5:15

Section/topic	#	Charklist item	Information reported		Line
Section/topic	#	Checklist item	Yes	No	number(s)
ADMINISTRATIVE IN	NFORMA ^T				
Title		r (ABB			
Identification	1a	Identify the report as a protocol of a systematic review			2
Update	1b	If the protocol is for an update of a previous systematic review, identify as such			
Registration	2	If registered, provide the name of the registry (e.g., PROSPERO) and registration number in the Abstract			48
Authors		ing,			
Contact	3a	Provide name, institutional affiliation, and e-mail address of all protocol authors; provide paysical mailing address of corresponding author			18
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review			173
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, therefore as such and list changes; otherwise, state plan for documenting important protocol amendments			
Support		o o o o			
Sources	5a	Indicate sources of financial or other support for the review			220-221
Sponsor	5b	Provide name for the review funder and/or sponsor			
Role of sponsor/funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol			
INTRODUCTION		ib lic			
Rationale	6	Describe the rationale for the review in the context of what is already known			62-65
		<u>ק</u>			

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Section/topic	#	Checklist item	ht, includir		Information Yes	n reported No	Line number(s)
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (PICO)	on / Augus Ens ng for uses	ı			72-25
METHODS	1		st 20)			
Eligibility criteria	8	Specify the study characteristics (e.g., PICO, study design, setting, time frame) and repor characteristics (e.g., years considered, language, publication status) to be used as criteria eligibility for the review	related to te)			
Information sources	9	Describe all intended information sources (e.g., electronic databases, contact with study a trial registers, or other grey literature sources) with planned dates of coverage	Tigade Liberie	s,			81-113
Search strategy	10	Present draft of search strategy to be used for at least one electronic database, including limits, such that it could be repeated	pa min	ed			
STUDY RECORDS			ABES)				
Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the					172-180
Selection process	11b	State the process that will be used for selecting studies (e.g., two independent reviewers) each phase of the review (i.e., screening, eligibility, and inclusion in meta-analysis)	#ropen	gh			173-175
Data collection process	11c	Describe planned method of extracting data from reports (e.g., piloting forms, done indepin duplicate), any processes for obtaining and confirming data from investigators	ende an	tly,			173-178
Data items	12	List and define all variables for which data will be sought (e.g., PICO items, funding source pre-planned data assumptions and simplifications	desimi	ny			181-185
Outcomes and prioritization	13	List and define all outcomes for which data will be sought, including prioritization of main additional outcomes, with rationale	and diec				161-163
Risk of bias in individual studies	14	Describe anticipated methods for assessing risk of bias of individual studies, including whe will be done at the outcome or study level, or both; state how this information will be used synthesis	on dated da	a			181-192
DATA			. ¥				
	15a	Describe criteria under which study data will be quantitatively synthesized	geno				185-189
Synthesis	15b	If data are appropriate for quantitative synthesis, describe planned summary measures, n handling data, and methods of combining data from studies, including any planned explor consistency (e.g., I^2 , Kendall's tau)	ation	of			
	15c	Describe any proposed additional analyses (e.g., sensitivity or subgroup analyses, meta-	graphiqu				
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Section/topic		Checklist item	includin	8 2 0	Yes	No	number(s)
		regression)	gfor	7			
	15d	If quantitative synthesis is not appropriate, describe the type of summary planned	r us	Augi			194-196
Meta-bias(es)	16	Specify any planned assessment of meta-bias(es) (e.g., publication bias across studies, s reporting within studies)	n∰ign e∭rela	sve 202			194-196
Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (e.g., GRADE)	ement ted to	3. Dov			194-196
		regression) If quantitative synthesis is not appropriate, describe the type of summary planned Specify any planned assessment of meta-bias(es) (e.g., publication bias across studies, sreporting within studies) Describe how the strength of the body of evidence will be assessed (e.g., GRADE)	(ABES). ata mining, Al training, and similar technologies.	rom http://bmiopen.bmi.com/ on June 12, 2025 at Ager			

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Primary Subject Heading :	Evidence based practice					
Secondary Subject Heading:	Cardiovascular medicine, Evidence based practice, Global health, Medical management, Research methods					
Keywords:	Hypertension < CARDIOLOGY, Systematic Review, Blood Pressure, EPIDEMIOLOGY, GENERAL MEDICINE (see Internal Medicine), Health Education					

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17	
17 18	Abstract
	Abstract Background: Although different educational interventions have been widely used to manage
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18 19	Background: Although different educational interventions have been widely used to manage
18 19 20	Background: Although different educational interventions have been widely used to manage and treat hypertension, alone or in combination with other interventions, there is a significant
18 19 20 21	Background: Although different educational interventions have been widely used to manage and treat hypertension, alone or in combination with other interventions, there is a significant variation in their claimed effectiveness.
18 19 20 21 22	Background: Although different educational interventions have been widely used to manage and treat hypertension, alone or in combination with other interventions, there is a significant variation in their claimed effectiveness. Review question/objective:
18 19 20 21 22 23	Background: Although different educational interventions have been widely used to manage and treat hypertension, alone or in combination with other interventions, there is a significant variation in their claimed effectiveness. Review question/objective: The objective of the umbrella review is to determine the effectiveness of educational

interventions, improve self-management practices among patients with hypertension?

Methods: We will conduct a review of systematic reviews involving studies that implemented educational interventions, alone or in combination with other interventions, designed to change self-care practices among hypertensive patients who are 18 years and above, regardless of their sex and ethnicity. Following the guidelines set forth in the PRISMA statement, a comprehensive literature search will be conducted from September to December 2023 on six electronic databases: Medline, Embase, PsycINFO, CINAHL, Web of Science Core Collection and Google Scholar. Search terms will be developed using database-specific indexed terms and text words derived from the review aim. We will present the effects of the educational interventions, alone or in combination with other interventions, on hypertension self-management practices. We will report the outcome data with 95% confidence intervals for each study. Relative Risk (RR), Mean differences or Odd Ratios will be used, depending on the measuring indices in each study.

- **Ethics and dissemination**: Ethical approval will not be required as this study will use aggregated data from previously published systematic reviews. However, this study has been reviewed by the Health Research and Ethics Committee, and we have registered the protocol in PROSPERO (CRD42022375581). We confirm that all methods were performed following the guidelines of the Declaration of Helsinki.
- **Review registration: PROSPERO -** CRD42022375581
- **Keywords**: umbrella review, educational interventions, self-management, hypertension,
- 47 systematic review

- **Word count**: 3000
- 49 Strengths of this study
 - We will provide a comprehensive overview of existing evidence by aggregating findings from systematic reviews of randomised controlled trials.

- We will ensure consistency in the selection and evaluation of included studies.
 - We will provide broader insights by examining various interventions across multiple studies.
 - Our study will assess the consistency of results across various systematic reviews,
 thereby enhancing the robustness of our conclusions.

Background

Due to the growing adult population and changes in lifestyles, the burden of hypertension and diabetes in sub-Saharan Africa has increased [1]. A significant, controllable risk factor for the onset of coronary heart disease, congestive heart failure, renal failure, stroke, eye issues, and renal dysfunction is elevated blood pressure [2,3]. Self-management techniques are the actions people take to establish structure, routine, and control in their lives. Patients take control of their health through self-management practices, which include moderate exercise (at least three times per week), weight loss, and dietary changes [4]. According to the Joint National Committee on Prevention, Detection, Evaluation and Treatment of Hypertension, self-care activities are crucial in the management of hypertension [5-8].

Education on hypertension is regarded as one of the important interventions in the management of hypertension. Along with blood pressure control, education on hypertension has been demonstrated to increase patient understanding and self-management abilities, assisting patients in making decisions to effectively manage their medical state [9,10]. The use of mobile-app self-assisted educational intervention has shown to reduce the systolic blood pressure and diastolic blood pressure in patients with hypertension [11]. This result may be explained by the fact that giving patients personalised feedback and recommendations based on their health information and conditions may be able to help them interpret changes in their vital signs and educate them on how to handle various situations involving the variability in

their vital signs [11]. Healthcare professionals are intentional in delivering either one-on-one or group-based educational interventions, alone or in combination with other interventions, to help their patients achieve therapeutic goals. The significant variation in the claimed effectiveness of the different educational interventions used to manage and treat hypertension suggests the need for an umbrella review to detect significant findings that are repeated or related [12-21], which could guide future research and the design of clinical trials.

Objective of this review

- The objective of the umbrella review is to determine the effectiveness of educational interventions, alone or in combination with other interventions, for improving blood pressure control and self-management practices among hypertensive patients.
 - Methods/Design
- This review protocol is being reported in accordance with the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P) statement's guidelines for reporting (Additional file). The protocol is registered on PROSPERO (CRD42022375581).

Eligibility criteria

- *Types of participants*
- This umbrella review will examine systematic reviews involving sample populations of the patient:
- a) Aged 18 years and above.
 - b) Diagnosed with hypertension as the only chronic illness (≥50% of those included in the reviews should have been diagnosed with hypertension as the only chronic disease)
 - c) Ambulatory ($\geq 50\%$ of those included in the review should reside in their own homes).

d)	No history of significant cardiac complications throughout the study (≥ 50% of tho									of those			
	included	in	the	reviews	should	not	have	had	a	history	of	significant	cardiac
	complica	tion	ıs).										

- e) Received an educational intervention, alone or in combination with other interventions (≥50% of those included in the reviews should have received an educational intervention, alone or in combination with other interventions).
- Reviews that do not go into enough detail about the sample populations of the studies they include will be excluded. We will also exclude reviews on non-hypertensive patients and patients who do not have hypertension diagnosed as the only chronic illness.

Types of intervention (s)/phenomena of interest

This umbrella review will include reviews which evaluated various forms of educational interventions, alone or in combination with other interventions, that are designed to change the recommended hypertension self-care management practices namely:

- a) medication adherence
- b) eating low-salt diets
 - c) engaging in physical activities
- d) engaging in weight management practices
- e) reduction of alcohol consumption
- f) smoking cessation

The educational interventions could either be a one-on-one education or a group-based teaching. Educational intervention in this umbrella review includes patient education workshops/seminars, individual counselling, written educational materials (pamphlets, brochures), and digital health education (using mobile apps or websites).

We will include systematic reviews of studies conducted between 2000 to 2023. Only studies reported in the English language will be included in this review. We hope to include systematic reviews of randomised controlled trials and cohort studies. Editorials, conference abstracts, letters will be excluded.

Outcomes

The primary outcome of this umbrella review will be changes in self-management practices, while the secondary outcomes will be the number of patients who were able to achieve blood control and the changes in health-related quality of life measured using standardised generic questionnaires (example SF-36, 15D, and the EQ-5D-5L).

Search methods for identification of studies

We will conduct a comprehensive literature search from September to December 2023 on six electronic databases: Medline, Embase, PsycINFO, CINAHL, Web of Science Core Collection and Google Scholar. Search terms will be developed using database-specific indexed terms and text words derived from the review aim. Search terms will be words related to educational intervention AND hypertensive patients AND hypertension self-management practices AND systematic reviews (Supplementary material, Appendix 1). Before charting the evidence, the search will be conducted once again on the selected databases to find any relevant articles that may have escaped notice during the initial search (e.g., newly published). We will manage the search results using Endnote and RefWorks. Full text of potentially relevant articles will then be screened against the review's inclusion and exclusion criteria. Differences in opinion will be resolved through discussion to reach a mutual agreement. The study screening and selection process will be reported using the standardized JBI instrument designed for umbrella reviews [22] (Supplementary material -

Appendix 2). We would include systematic reviews that reported study-specific information such as the 95% confidence intervals, effect size and sample size.

Charting the evidence

Studies which meet the eligibility criteria will be appraised for methodological quality using the standardized critical appraisal instruments from the JBI System for the Unified Management, Assessment and Review Instrument and The JBI Reviewers' Manual 2014 [23] (Supplementary material - Appendix 3). To ascertain whether research quality affects the conclusions of the umbrella review, we will apply sensitivity analysis based on the study quality. Using the following scale, we will evaluate each study's quality based on the findings of the critical appraisal: Low quality is defined as meeting 0-33% of the requirements, medium quality is defined as meeting 36%-66% of the criteria, and high quality is defined as meeting 67% of the criteria. Results from the included studies will be extracted using the JBI Data Extraction Form for Review for Systematic Reviews and Research Syntheses [24] (Supplementary material - Appendix 4). The information to be extracted from each study will include study details, author/year, study objectives, participants (characteristics and number), setting/context, description of the intervention (randomised or non-randomised), search details, sources searched, range (years) of included studies, number of studies included, types of studies included, country of origin of included studies, appraisal, appraisal instrument used, appraisal rating, method of analysis, outcomes assessed, results/findings, effect size reported with 95% confidence interval, the study-specific estimated risk for side effects/negative outcomes reported with 95% confidence interval (risk ratios, odd ratios differences). or mean significance/direction, and heterogeneity.

If we identify two systematic reviews that evaluated the effect of an educational intervention alone or in combination with other interventions on the same self-management behaviours as medication adherence, smoking cessation or alcohol reduction, we will choose the one that had the most studies included (or, if there were an equal number, the more recent one).

Outcome measure

 Our primary outcome will be changes in hypertension self-management behaviours associated with an educational intervention.

We want to find out which educational intervention worked in improving the self-management behaviours of hypertensive patients (if it did not work, why?), what type of educational intervention (one-on-one or group based) is most effective in improving self-management behaviours and delivered by who (nurse, pharmacist, or medical doctor).

The results will then be narratively summarised and discussed with respect to the review's objective and the broader scientific literature. There will be recommendations made, gaps in the body of evidence will be pointed out, and future research directions will be emphasised.

Data extraction and management

Using the JBI data extraction form for review for systematic reviews and research syntheses, two members of the review team (BU-K, AI, AAB, AS, MMA, UAK), working independently, will extract data and summarise information on studies. Any disagreements will be resolved through dialogue with a third review author (IS). The information about the longest follow-up will be retrieved from studies that provide more than one outcome period (for example, 6 and 12 months). In cases where data are discovered to be lacking,

 we will get in touch with the study's corresponding author to ask for the missing information or to get study specifics clarified.

Measures of treatment effect

We will present the effects of the educational intervention, alone or in combination with other interventions, on hypertension self-management practices (medication adherence, low salt diet, physical activity, weight management practices, alcohol reduction and smoking cessation). We will report the outcome data with 95% confidence intervals for each study. Continuous outcomes between the intervention and control groups will be presented and quantified as mean difference (MD) and overall effect size, for example, the prevalence of hypertension self-management practices pre-and post-intervention. Relative Risk (RR), Mean differences or Odd Ratios (OR) will be used, depending on the measuring indices in each study, for the primary and secondary outcomes. Where possible, we will estimate a common effect size for comparisons, for example by converting IRR to RR and then OR. Subgroup analyses will be performed for primary outcomes that are reported in at least two trials in each subgroup. These analyses will be stratified by the nature of the intervention to identify which educational interventions are effective for blood pressure control.

Patient and Public involvement

No patient involved.

Analysis software

We would perform analysis using the most recent meta-analytic software in R packages [25]. Furthermore, we will explore the best analytic options for estimating heterogeneity between studies [26].

Discussion

In this review, we will determine which educational interventions—and the theoretical frameworks that underlie them—were most promising for additional research and improvement. We hope to identify significant findings that are repeated or related in various systematic reviews. We will make robust recommendations by selecting high-quality and well-designed studies. This will serve as a guide to researchers towards future research and the design of clinical trials. Findings from our study will inform decisions and update recommendations for clinical practice.

Strengths and potential study limitations

We will provide a high-level synthesis of evidence by summarising findings from multiple systematic reviews, giving a broader perspective on the effect of educational intervention on self-management behaviours among patients with hypertension. We anticipate some limitations in this study. First, due to variations in methodologies and interventions, it may be challenging to draw definitive conclusions. However, we will conduct subgroup analysis to identify potential sources of heterogenicity and present findings as a narrative synthesis if statistical pooling is inappropriate. Second, we anticipate that some of the systematic reviews which meet the inclusion criteria may have flaws with its methodology, data analysis or reporting. We will use the JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses (Supplementary material, Appendix 2) to report only high-quality systematic reviews. We will report potential biases in the primary studies included in the systematic reviews. We would aim to report all potential limitations in the umbrella review at the end of this study.

List of abbreviations

RR: relative risk

2		
3	241	MD: mean difference
4 5		
6	242	OR: odd ratio
7	- :-	
8 9	• • •	
10	243	PRISMA: Preferred Reporting Items for Systematic Review and Meta-Analysis
11		
12	244	Ethics approval and consent to participate in the study
13 14		
15	245	Ethical approval will not be required as this study will use aggregated data from previously
16		The state of the s
17 18	246	published systematic reviews. However, this study has been reviewed by the Health Research
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20	247	and Ethics Committee, and we have registered the protocol in PROSPERO
21	240	(CDD 42022275501) W. C. d. d. l. d. l
22 23	248	(CRD42022375581). We confirm that all methods were performed following the guidelines of
24	249	the Declaration of Helsinki.
25	243	the Beckrution of Heisinki.
26 27		
28	250	Consent for publication
29		
30 31	251	Not applicable.
32		
33	252	Availability of data and materials
34 35		
36	253	Not applicable.
37	233	Not applicable.
38		
39 40	254	Competing interests
41		The authors declare that they have no competing interests.
42	255	The authors declare that they have no competing interests.
43 44		
45	256	Funding information
46		- ··
47 48	257	None
4 0	257	None
50		
51	258	Authors' contributions
52 53		
54	259	BOU-K, UAK and IS devised the study and developed conceptual ideas. BOU-K, UAK, AAB,
55		
56 57	260	AS, MMA led the protocol development. BOU-K, UAK, AI and IS drafted the manuscript. All
58	201	outhous halved rating and re-draft the manuscript and amount of the Continuous
59	261	authors helped refine and re-draft the manuscript and approved the final version.
60		

262 Acknowledgements

Not applicable.

265 References

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Supplementary material

Appendix 1

Search strategy

- 1. Main concept: educational intervention; hypertensive patients; self-management behaviours
- 2. These concepts will be combined the concepts using Boolean operators (AND, OR) and parentheses for grouping:
 - (educational intervention* OR health education OR patient education) AND (hypertensive patient* OR hypertension OR high blood pressure) AND (self-management behavior* OR self-care OR self-management OR lifestyle changes)
- 2a. Medline/Pubmed: ("educational intervention"[Title/Abstract] OR "health education"[Title/Abstract] OR "patient education"[Title/Abstract]) AND ("hypertensive patient"[Title/Abstract] OR "hypertension"[Title/Abstract] OR "high blood pressure"[Title/Abstract]) AND ("self-management behavior"[Title/Abstract] OR "self-"self-management"[Title/Abstract] care"[Title/Abstract] OR "lifestyle changes"[Title/Abstract])
- 2b. Embase: ('educational intervention'/exp OR 'health education'/exp OR 'patient education'/exp) AND ('hypertensive patient'/exp OR 'hypertension'/exp OR 'high blood pressure'/exp) AND ('self-management behavior'/exp OR 'self-care'/exp OR 'self-management'/exp OR 'lifestyle changes'/exp)
- 2c. PsycINFO: (educational intervention OR health education OR patient education) AND (hypertensive patient OR hypertension OR "high blood pressure") AND (self-management behavior OR self-care OR "self-management" OR "lifestyle changes")
- 2d. CINAHL: (educational intervention OR health education OR patient education) AND (hypertensive patient OR hypertension OR "high blood pressure") AND (self-management behavior OR self-care OR "self-management" OR "lifestyle changes")
- 2e. Web of Science Core Collection: ("educational intervention" OR "health education" OR "patient education") AND ("hypertensive patient" OR "hypertension" OR "high blood

pressure") AND ("self-management behavior" OR "self-care" OR "self-management" OR "lifestyle changes")

2f. Google Scholar: "educational intervention" OR "health education" OR "patient education" AND "hypertensive patient" OR "hypertension" OR "high blood pressure" AND "self-management behavior" OR "self-care" OR "self-management" OR "lifestyle changes"

Appendix 2: Screening tool based on the eligibility criteria.

Name of author and year of publication
2. Name of journal
3. Title
4. Initials of the reviewer
5. Design: Is the review a systematic review or meta-analysis? Yes or No
6. Language: Is the review published in English? Yes or No
7. Review type: a) Is the review an effectiveness review that takes quantitative
evidence into account? Yes or No
b) If a mixed-methods review, does the review include quantitative data focusing
on the effectiveness of educational interventions whether used independently or in
conjunction with other interventions? Yes or No
8. Participants: Is the review limited to adults aged 18 and up who have been
diagnosed with hypertension? Yes or No
9. Intervention: Is the intervention of interest to the study objective? Yes or No
10. Outcome: Does the review report on any of the following outcomes? Effectiveness
of educational intervention, alone or in combination with other interventions on
hypertension self-management practices (medication adherence, low salt diet,

weight management practices, physical activity, alcohol consumption, smoking cessation) OR effectiveness of educational interventions, alone or in combination with other interventions on blood pressure control OR Effectiveness of educational intervention, alone or combined with other interventions on her health-relationality of life. Yes or No

If you answered 'Yes' to questions 5-10, please include the study.

If you have not answered 'Yes' to questions 5-10, please exclude the study

Appendix 3: JBI Critical Appraisal Checklist for Systematic Reviews and Research

Syntheses

Reviev	ver:				
Date:					
Author	r:				
Year:					
1.	Is the review question clearly and explicitly	Yes	No	Unclear	Not
	stated?				applicable
2.	Were the inclusion criteria appropriate for				
	the review question?				
3.	Was the search strategy appropriate?				
4.	Were the sources and resources used to				
	search for studies adequate?				

5. Were the criteria for appraising studies		
appropriate?		
6. Was critical appraisal conducted by two or	r	
more reviewers independently?		
7. Were there methods to minimize errors in		
data extraction?		
8. Were the methods used to combine studies	3	
appropriate?		
9. Was the likelihood of publication bias		
assessed?		
10. Were recommendations for policy and/or		
practice supported by the reported data?		
11. Were the specific directives for new		
research appropriate?		
Overall appraisal: Include Exclude	de Seek further informa	ation
Comments (include the reason for exclusion)		

Appendix 4: JBI Data Extraction Form for Review for Systematic Reviews and Research Syntheses

Study Details	
Author/year	
Objectives	
Participants (characteristics/total	

number)	
Setting/context	
Description of Interventions/	
phenomena of interest	
Search Details	
Sources searched	
Range (years) of included studies	
The number of studies included	
Types of studies included	
Country of origin of incl. studies	
Appraisal	
Appraisal instruments used	
Appraisal rating	
Analysis	
Method of analysis	4
Outcome assessed	
Results/Findings	5
Significance/direction	
Heterogeneity	
Comments	

 PRISMA-P 2015 Checklist

This checklist has been adapted for use with systematic review protocol submissions to BioMed Central journals from Table 3 in Moher D et al: Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. Systematic Reviews 2015 4:1

An Editorial from the Editors-in-Chief of Systematic Reviews details why this checklist was adapted - Moder D, Stewart L & Shekelle P: Implementing PRISMA-P: recommendations for prospective authors. Systematic Reviews 2016 5:15

Section/topic		Chacklist item	Informatio	n reported	Line	
Section/topic	#	Checklist item	Yes	No	number(s)	
ADMINISTRATIVE IN	NFORMA ^T					
Title		r (ABB				
Identification	1a	Identify the report as a protocol of a systematic review			2	
Update	1b	If the protocol is for an update of a previous systematic review, identify as such				
Registration	2	If registered, provide the name of the registry (e.g., PROSPERO) and registration number in the Abstract			48	
Authors		ing,				
Contact	3a	Provide name, institutional affiliation, and e-mail address of all protocol authors; provide paysical mailing address of corresponding author			18	
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review			173	
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, therefore as such and list changes; otherwise, state plan for documenting important protocol amendments				
Support		o o o o				
Sources	5a	Indicate sources of financial or other support for the review			220-221	
Sponsor	5b	Provide name for the review funder and/or sponsor				
Role of sponsor/funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol				
INTRODUCTION		ib lic				
Rationale	6	Describe the rationale for the review in the context of what is already known			62-65	
		<u>ק</u>				

		BMJ Open BMJ Open			Page 20
		<u> </u>			2
Section/topic	#	Checklist item	Information Yes	n reported No	Line number(s)
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (PICO)			72-25
METHODS					
Eligibility criteria	8	Specify the study characteristics (e.g., PICO, study design, setting, time frame) and reported to characteristics (e.g., years considered, language, publication status) to be used as criteria to be eligibility for the review			
Information sources	9	Describe all intended information sources (e.g., electronic databases, contact with study and the control of th			81-113
Search strategy	10	Present draft of search strategy to be used for at least one electronic database, including limits, such that it could be repeated			
STUDY RECORDS		limits, such that it could be repeated			
Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the eview			172-180
Selection process	11b	State the process that will be used for selecting studies (e.g., two independent reviewers) through each phase of the review (i.e., screening, eligibility, and inclusion in meta-analysis)			173-175
Data collection process	11c	Describe planned method of extracting data from reports (e.g., piloting forms, done independently, in duplicate), any processes for obtaining and confirming data from investigators			173-178
Data items	12	List and define all variables for which data will be sought (e.g., PICO items, funding sources), any pre-planned data assumptions and simplifications			181-185
Outcomes and prioritization	13	pre-planned data assumptions and simplifications List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale			161-163
Risk of bias in individual studies	14	Describe anticipated methods for assessing risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; state how this information will be used by describe synthesis			181-192
DATA		s at A			
	15a	Describe criteria under which study data will be quantitatively synthesized			185-189
Synthesis	15b	lf data are appropriate for quantitative synthesis, describe planned summary measures, methods of handling data, and methods of combining data from studies, including any planned exploration consistency (e.g., I², Kendall's tau)	f		
	15c	Describe any proposed additional analyses (e.g., sensitivity or subgroup analyses, meta-			

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Saatian/tania	#	Checklist item		Informatio	n reported	Line
Section/topic	#	Checklist item		Yes	No	number(s)
		regression)				
	15d	If quantitative synthesis is not appropriate, describe the type of summary planned		\boxtimes		194-196
Meta-bias(es)	16	regression) If quantitative synthesis is not appropriate, describe the type of summary planned Specify any planned assessment of meta-bias(es) (e.g., publication bias across studies, serior porting within studies) Describe how the strength of the body of evidence will be assessed (e.g., GRADE)	е			194-196
Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (e.g., GRADE)				194-196
		bement Superieur (ABES) . ted to text and data mining, Al training, and similar technologies. Describe how the strength of the body of evidence will be assessed (e.g., GRADE)				

BMJ Open

Effectiveness of educational interventions on hypertensive patients' self-management behaviours: an umbrella review protocol

Journal:	BMJ Open
Manuscript ID	bmjopen-2023-073682.R2
Article Type:	Protocol
Date Submitted by the Author:	26-Jul-2023
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Secondary Subject Heading:	Cardiovascular medicine, Evidence based practice, Global health, Medical management, Research methods
Keywords:	Hypertension < CARDIOLOGY, Systematic Review, Blood Pressure, EPIDEMIOLOGY, GENERAL MEDICINE (see Internal Medicine), Health Education

SCHOLARONE™ Manuscripts

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2 3 4	1 2	Effectiveness of educational interventions on hypertensive patients' self-management behaviours: an umbrella review protocol
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8 9	4	Blessing O Ukoha-Kalu ^{1*} , Abdulmuminu Isah ¹ , Aminu A Biambo ² , Aliyu Samaila ² , Mustapha
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30 31		
32 33	17	
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36	18	Abstract
37 38	10	Parkennennde Although different advectional intermentions have been widely used to manage
39 40	19	Background: Although different educational interventions have been widely used to manage
41	20	and treat hypertension, alone or in combination with other interventions, there is a significant
42 43	21	variation in their claimed effectiveness.
44 45		
46	22	Review question/objective:
47 48		
49 50	23	The objective of the umbrella review is to determine the effectiveness of educational
	24	interventions, alone or in combination with other interventions, for improving blood pressure
53	25	control and self-management practices among hypertensive patients.
51 52 53 54 55 56		control and sent management practices among hypertensive patients.
56 57	26	The review question is: Do educational interventions, alone or in combination with other
58 59	27	interventions, improve self-management practices among patients with hypertension?
59 50	21	meer remains, improve son management practices among patients with hypertension:

Methods: We will conduct a review of systematic reviews involving studies that implemented educational interventions, alone or in combination with other interventions, designed to change self-care practices among hypertensive patients who are 18 years and above, regardless of their sex and ethnicity. Following the guidelines set forth in the PRISMA statement, a comprehensive literature search will be conducted from September to December 2023 on six electronic databases: Medline, Embase, PsycINFO, CINAHL, Web of Science Core Collection and Google Scholar. Search terms will be developed using database-specific indexed terms and text words derived from the review aim. We will present the effects of the educational interventions, alone or in combination with other interventions, on hypertension self-management practices. We will report the outcome data with 95% confidence intervals for each study. Relative Risk (RR), Mean differences or Odd Ratios will be used, depending on the measuring indices in each study.

- Ethics and dissemination: Ethical approval is not required as this study will use aggregated data from previously published systematic reviews. However, we have registered the protocol in PROSPERO (CRD42022375581). We confirm that all methods will be performed following the guidelines of the Declaration of Helsinki. The findings from this study will be disseminated through presentations at academic conferences and publication in peer-reviewed international journals.
- **Review registration: PROSPERO -** CRD42022375581
- **Keywords**: umbrella review, educational interventions, self-management, hypertension,
 48 systematic review
- **Word count**: 3098

 Strengths and Limitations

- We will provide a comprehensive overview of existing evidence by aggregating findings from systematic reviews of randomised controlled trials.
 - We will ensure consistency in the selection and evaluation of included studies.
 - We will provide broader insights by examining various interventions across multiple studies.
 - Our study will assess the consistency of results across various systematic reviews, thereby enhancing the robustness of our conclusions.
 - Due to variations in methodologies and interventions, it may be challenging to draw definitive conclusions.

Background

Due to the growing adult population and changes in lifestyles, the burden of hypertension and diabetes in sub-Saharan Africa has increased [1]. A significant, controllable risk factor for the onset of coronary heart disease, congestive heart failure, renal failure, stroke, eye issues, and renal dysfunction is elevated blood pressure [2,3]. Self-management techniques are the actions people take to establish structure, routine, and control in their lives. Patients take control of their health through self-management practices, which include moderate exercise (at least three times per week), weight loss, and dietary changes [4]. According to the Joint National Committee on Prevention, Detection, Evaluation and Treatment of Hypertension, self-care activities are crucial in the management of hypertension [5-8].

Education on hypertension is regarded as one of the important interventions in the management

of hypertension. Along with blood pressure control, education on hypertension has been

demonstrated to increase patient understanding and self-management abilities, assisting

patients in making decisions to effectively manage their medical state [9,10]. The use of

mobile-app self-assisted educational intervention has shown to reduce the systolic blood pressure and diastolic blood pressure in patients with hypertension [11]. This result may be explained by the fact that giving patients personalised feedback and recommendations based on their health information and conditions may be able to help them interpret changes in their vital signs and educate them on how to handle various situations involving the variability in their vital signs [11]. Educational interventions utilising personalised medication management plans [12-14], reminder systems [13], and counselling sessions [12] among patients with cardiovascular diseases have shown significant improvements in medication adherence rates. However, some studies showed varying results, indicating the need for tailored interventions to address individual barriers and motivations [15,16]. Educational interventions focusing on lifestyle modifications, including dietary changes, physical activity promotion, and stress management, were found to be effective in enhancing self-management behaviours [17,18]. Several factors influenced the effectiveness of educational interventions on hypertensive patients' self-management behaviours, including the duration and intensity of the intervention, patient engagement [19,20], health literacy levels [21], cultural sensitivity [21], and healthcare provider support [19].

 Healthcare professionals are intentional in delivering either one-on-one or group-based educational interventions, alone or in combination with other interventions, to help their patients achieve therapeutic goals. The significant variation in the claimed effectiveness of the different educational interventions used to manage and treat hypertension suggests the need for an umbrella review to detect significant findings that are repeated or related [20,22-30], which could guide future research and the design of clinical trials.

Objective of this review

The objective of the umbrella review is to determine the effectiveness of educational interventions, alone or in combination with other interventions, for improving blood pressure control and self-management practices among hypertensive patients.

Methods/Design

This review protocol is being reported in accordance with the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P) statement's guidelines for reporting (Additional file). The protocol is registered on PROSPERO (CRD42022375581).

Eligibility criteria

- Types of participants
- This umbrella review will examine systematic reviews involving sample populations of the patient:
 - a) Aged 18 years and above.
 - b) Diagnosed with hypertension as the only chronic illness (≥50% of those included in the reviews should have been diagnosed with hypertension as the only chronic disease)
 - c) Ambulatory ($\geq 50\%$ of those included in the review should reside in their own homes).
 - d) No history of significant cardiac complications throughout the study (≥ 50% of those included in the reviews should not have had a history of significant cardiac complications).
 - e) Received an educational intervention, alone or in combination with other interventions (≥50% of those included in the reviews should have received an educational intervention, alone or in combination with other interventions).

Reviews that do not go into enough detail about the sample populations of the studies they
include will be excluded. We will also exclude reviews on non-hypertensive patients and
patients who do not have hypertension diagnosed as the only chronic illness.

- *Types of intervention (s)/ phenomena of interest*
- This umbrella review will include reviews which evaluated various forms of educational interventions, alone or in combination with other interventions, that are designed to change the recommended hypertension self-care management practices namely:
 - a) medication adherence
 - b) eating low-salt diets
- c) engaging in physical activities
- d) engaging in weight management practices
- e) reduction of alcohol consumption
- f) smoking cessation
 - The educational interventions could either be a one-on-one education or a group-based teaching. Educational intervention in this umbrella review includes patient education workshops/seminars, individual counselling, written educational materials (pamphlets, brochures), and digital health education (using mobile apps or websites).
 - We will include systematic reviews of studies conducted between 2000 to 2023. Only studies reported in the English language will be included in this review. We hope to include systematic reviews of randomised controlled trials and cohort studies. Editorials, conference abstracts, letters will be excluded.

Outcomes

Charting the evidence

The primary outcome of this umbrella review will be changes in self-management practices, while the secondary outcomes will be the number of patients who were able to achieve blood control and the changes in health-related quality of life measured using standardised generic questionnaires (example SF-36, 15D, and the EQ-5D-5L).

Search methods for identification of studies

We will conduct a comprehensive literature search from September to December 2023 on six electronic databases: Medline, Embase, PsycINFO, CINAHL, Web of Science Core Collection and Google Scholar. Search terms will be developed using database-specific indexed terms and text words derived from the review aim. Search terms will be words related to educational intervention AND hypertensive patients AND hypertension self-management practices AND systematic reviews (Supplementary material, Appendix 1). Before charting the evidence, the search will be conducted once again on the selected databases to find any relevant articles that may have escaped notice during the initial search (e.g., newly published). We will manage the search results using Endnote and RefWorks. Full text of potentially relevant articles will then be screened against the review's inclusion and exclusion criteria. Differences in opinion will be resolved through discussion to reach a mutual agreement. The study screening and selection process will be reported using the standardized JBI instrument designed for umbrella reviews [31] (Supplementary material - Appendix 2). We would include systematic reviews that reported study-specific information such as the 95% confidence intervals, effect size and sample size.

Studies which meet the eligibility criteria will be appraised for methodological quality using the standardized critical appraisal instruments from the JBI System for the Unified Management, Assessment and Review Instrument and The JBI Reviewers' Manual 2014 [32] (Supplementary material - Appendix 3). To ascertain whether research quality affects the conclusions of the umbrella review, we will apply sensitivity analysis based on the study quality. Using the following scale, we will evaluate each study's quality based on the findings of the critical appraisal: Low quality is defined as meeting 0-33% of the requirements, medium quality is defined as meeting 36%-66% of the criteria, and high quality is defined as meeting 67% of the criteria. Results from the included studies will be extracted using the JBI Data Extraction Form for Review for Systematic Reviews and Research Syntheses [33] (Supplementary material - Appendix 4). The information to be extracted from each study will include study details, author/year, study objectives, participants (characteristics and number), setting/context, description of the intervention (randomised or non-randomised), search details, sources searched, range (years) of included studies, number of studies included, types of studies included, country of origin of included studies, appraisal, appraisal instrument used, appraisal rating, method of analysis, outcomes assessed, results/findings, effect size reported with 95% confidence interval, the study-specific estimated risk for side effects/negative outcomes reported with 95% confidence interval (risk ratios. odd ratios or mean differences). significance/direction, and heterogeneity.

If we identify two systematic reviews that evaluated the effect of an educational intervention alone or in combination with other interventions on the same self-management behaviours as medication adherence, smoking cessation or alcohol reduction, we will choose the one that had the most studies included (or, if there were an equal number, the more recent one).

Outcome measure

Our primary outcome will be changes in hypertension self-management behaviours associated with an educational intervention.

We want to find out which educational intervention worked in improving the selfmanagement behaviours of hypertensive patients (if it did not work, why?), what type of educational intervention (one-on-one or group based) is most effective in improving selfmanagement behaviours and delivered by who (nurse, pharmacist, or medical doctor).

The results will then be narratively summarised and discussed with respect to the review's objective and the broader scientific literature. There will be recommendations made, gaps in the body of evidence will be pointed out, and future research directions will be emphasised.

Data extraction and management

Using the JBI data extraction form for review for systematic reviews and research syntheses, two members of the review team (BU-K, AI, AAB, AS, MMA, UAK), working independently, will extract data and summarise information on studies. Any disagreements will be resolved through dialogue with a third review author (IS). The information about the longest follow-up will be retrieved from studies that provide more than one outcome period (for example, 6 and 12 months). In cases where data are discovered to be lacking, we will get in touch with the study's corresponding author to ask for the missing information or to get study specifics clarified.

Measures of treatment effect

We will present the effects of the educational intervention, alone or in combination with other interventions, on hypertension self-management practices (medication adherence, low salt diet, physical activity, weight management practices, alcohol reduction and smoking cessation). We will report the outcome data with 95% confidence intervals for each study. Continuous outcomes between the intervention and control groups will be presented and quantified as mean difference (MD) and overall effect size, for example, the prevalence of hypertension self-management practices pre-and post-intervention. Relative Risk (RR), Mean differences or Odd Ratios (OR) will be used, depending on the measuring indices in each study, for the primary and secondary outcomes. Where possible, we will estimate a common effect size for comparisons, for example by converting IRR to RR and then OR. Subgroup analyses will be performed for primary outcomes that are reported in at least two trials in each subgroup. These analyses will be stratified by the nature of the intervention to identify which educational interventions are effective for blood pressure control.

Patient and Public involvement

No patient involved.

Analysis software

We would perform analysis using the most recent meta-analytic software in R packages [34]. Furthermore, we will explore the best analytic options for estimating heterogeneity between studies [35].

Discussion

 In this review, we will determine which educational interventions—and the theoretical frameworks that underlie them—were most promising for additional research and improvement. We hope to identify significant findings that are repeated or related in various systematic reviews. We will make robust recommendations by selecting high-quality and well-designed studies. This will serve as a guide to researchers towards future research and the

 design of clinical trials. Findings from our study will inform decisions and update recommendations for clinical practice.

Potential strengths and limitations

We will provide a high-level synthesis of evidence by summarising findings from multiple systematic reviews, giving a broader perspective on the effect of educational intervention on self-management behaviours among patients with hypertension. We anticipate some limitations in this study. First, due to variations in methodologies and interventions, it may be challenging to draw definitive conclusions. However, we will conduct subgroup analysis to identify potential sources of heterogenicity and present findings as a narrative synthesis if statistical pooling is inappropriate. Second, we anticipate that some of the systematic reviews which meet the inclusion criteria may have flaws with its methodology, data analysis or reporting. We will use the JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses (Supplementary material, Appendix 2) to report only high-quality systematic reviews. We will report potential biases in the primary studies included in the systematic reviews. We would aim to report all potential limitations in the umbrella review at the end of this study.

Ethics and dissemination

Ethical approval is not required as this study will use aggregated data from previously published systematic reviews. However, we have registered the protocol in PROSPERO (CRD42022375581). We confirm that all methods will be performed following the guidelines of the Declaration of Helsinki. The findings from this study will be disseminated through presentations at academic conferences and publication in peer-reviewed international journals.

List of abbreviations

RR: relative risk

265	MD: mean difference
266	OR: odd ratio
267	PRISMA: Preferred Reporting Items for Systematic Review and Meta-Analysis
268	
269	
270	Consent for publication
271	Not applicable.
272	Availability of data and materials
273	Not applicable.
274	Competing interests
275	The authors declare that they have no competing interests.
276	Funding information
277	None
278	Authors' contributions
279	BOU-K, UAK and IS devised the study and developed conceptual ideas. BOU-K, UAK, AAB,
280	AS, MMA led the protocol development. BOU-K, UAK, AI and IS drafted the manuscript. All
281	authors helped refine and re-draft the manuscript and approved the final version.
282	Acknowledgements
283	Not applicable.
284	

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Supplementary material

Appendix 1

Search strategy

- 1. Main concept: educational intervention; hypertensive patients; self-management behaviours
- 2. These concepts will be combined the concepts using Boolean operators (AND, OR) and parentheses for grouping:
 - (educational intervention* OR health education OR patient education) AND (hypertensive patient* OR hypertension OR high blood pressure) AND (self-management behavior* OR self-care OR self-management OR lifestyle changes)
- 2a. Medline/Pubmed: ("educational intervention"[Title/Abstract] OR "health education"[Title/Abstract] OR "patient education"[Title/Abstract]) AND ("hypertensive patient"[Title/Abstract] OR "hypertension"[Title/Abstract] OR "high blood pressure"[Title/Abstract]) AND ("self-management behavior"[Title/Abstract] OR "selfcare"[Title/Abstract] OR "self-management"[Title/Abstract] "lifestyle changes"[Title/Abstract])
- 2b. Embase: ('educational intervention'/exp OR 'health education'/exp OR 'patient education'/exp) AND ('hypertensive patient'/exp OR 'hypertension'/exp OR 'high blood pressure'/exp) AND ('self-management behavior'/exp OR 'self-care'/exp OR 'self-management'/exp OR 'lifestyle changes'/exp)
- 2c. PsycINFO: (educational intervention OR health education OR patient education) AND (hypertensive patient OR hypertension OR "high blood pressure") AND (self-management behavior OR self-care OR "self-management" OR "lifestyle changes")
- 2d. CINAHL: (educational intervention OR health education OR patient education) AND (hypertensive patient OR hypertension OR "high blood pressure") AND (self-management behavior OR self-care OR "self-management" OR "lifestyle changes")
- 2e. Web of Science Core Collection: ("educational intervention" OR "health education" OR "patient education") AND ("hypertensive patient" OR "hypertension" OR "high blood

pressure") AND ("self-management behavior" OR "self-care" OR "self-management" OR "lifestyle changes")

2f. Google Scholar: "educational intervention" OR "health education" OR "patient education" AND "hypertensive patient" OR "hypertension" OR "high blood pressure" AND "self-management behavior" OR "self-care" OR "self-management" OR "lifestyle changes"

Appendix 2: Screening tool based on the eligibility criteria.

1. Name of author and year of publication
2. Name of journal
3. Title
4. Initials of the reviewer
5. Design: Is the review a systematic review or meta-analysis? Yes or No
6. Language: Is the review published in English? Yes or No
7. Review type: a) Is the review an effectiveness review that takes quantitative
evidence into account? Yes or No
b) If a mixed-methods review, does the review include quantitative data focusing
on the effectiveness of educational interventions whether used independently or in
conjunction with other interventions? Yes or No
8. Participants: Is the review limited to adults aged 18 and up who have been
diagnosed with hypertension? Yes or No
9. Intervention: Is the intervention of interest to the study objective? Yes or No
10. Outcome: Does the review report on any of the following outcomes? Effectiveness
of educational intervention, alone or in combination with other interventions on
hypertension self-management practices (medication adherence, low salt diet,

weight management practices, physical activity, alcohol consumption, smoking cessation) OR effectiveness of educational interventions, alone or in combination with other interventions on blood pressure control OR Effectiveness of educational intervention, alone or combined with other interventions on her health-relationality of life. Yes or No

If you answered 'Yes' to questions 5-10, please include the study.

If you have not answered 'Yes' to questions 5-10, please exclude the study

Appendix 3: JBI Critical Appraisal Checklist for Systematic Reviews and Research

Syntheses

Reviev	ver:					
Date:						
Author	Author:					
Year:						
1.	Is the review question clearly and explicitly	Yes	No	Unclear	Not	
	stated?				applicable	
2.	Were the inclusion criteria appropriate for					
	the review question?					
3.	Was the search strategy appropriate?					
4.	Were the sources and resources used to					
	search for studies adequate?					

5. Were the criteria for appraising studies	
appropriate?	
6. Was critical appraisal conducted by two o	or
more reviewers independently?	
7. Were there methods to minimize errors in	n
data extraction?	
8. Were the methods used to combine studies	ies
appropriate?	
9. Was the likelihood of publication bias	
assessed?	
10. Were recommendations for policy and/or	r
practice supported by the reported data?	
11. Were the specific directives for new	
research appropriate?	
Overall appraisal: Include Exclu	lude Seek further information
Comments (include the reason for exclusion)	

Appendix 4: JBI Data Extraction Form for Review for Systematic Reviews and Research Syntheses

Study Details	
Author/year	
Objectives	
Participants (characteristics/total	

PRISMA-P 2015 Checklist

This checklist has been adapted for use with systematic review protocol submissions to BioMed Central journals from Table 3 in Moher D et al: Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. Systematic Reviews 2015 4:1

An Editorial from the Editors-in-Chief of Systematic Reviews details why this checklist was adapted - Moder D, Stewart L & Shekelle P: Implementing PRISMA-P: recommendations for prospective authors. Systematic Reviews 2016 5:15

Section/topic #		# Chacklist itam	Informatio	Information reported Line	
Section/topic	#	Checklist item	Yes	No	number(s)
ADMINISTRATIVE IN	ADMINISTRATIVE INFORMATION				
Title		ata m			
Identification	1a	Identify the report as a protocol of a systematic review			2
Update	1b	If the protocol is for an update of a previous systematic review, identify as such		\boxtimes	
Registration	2	If registered, provide the name of the registry (e.g., PROSPERO) and registration number the Abstract			48
Authors		ng,			
Contact	За	Provide name, institutional affiliation, and e-mail address of all protocol authors; provide paysical mailing address of corresponding author			18
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review			173
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, therefore as such and list changes; otherwise, state plan for documenting important protocol amendments			
Support Support					
Sources	5a	Indicate sources of financial or other support for the review			220-221
Sponsor	5b	Provide name for the review funder and/or sponsor		\boxtimes	
Role of sponsor/funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol			
INTRODUCTION		liblio			
Rationale	6	Describe the rationale for the review in the context of what is already known			62-65
		<u> </u>			

		BMJ Open copyright,	mjopen-20			Page 22 2
Section/topic	#	Checklist item	-2023-073682	Information Yes	n reported No	
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to	on 7 Augus			72-25
METHODS			st 20			
Eligibility criteria	8	Specify the study characteristics (e.g., PICO, study design, setting, time frame) and reported characteristics (e.g., years considered, language, publication status) to be used as criteria eligibility for the review	t 2023. Dowr			
Information sources	9	Describe all intended information sources (e.g., electronic databases, contact with study and trial registers, or other grey literature sources) with planned dates of coverage	es, erie			81-113
Search strategy	10	Present draft of search strategy to be used for at least one electronic database, including	nged			
STUDY RECORDS			om http			
Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the				172-180
Selection process	11b	State the process that will be used for selecting studies (e.g., two independent reviewers) the each phase of the review (i.e., screening, eligibility, and inclusion in meta-analysis)	oggh			173-175
Data collection process	11c	Describe planned method of extracting data from reports (e.g., piloting forms, done independent in duplicate), any processes for obtaining and confirming data from investigators	le <mark>s</mark> tly,			173-178
Data items	12	List and define all variables for which data will be sought (e.g., PICO items, funding sources) pre-planned data assumptions and simplifications	, <mark>a</mark> ny or			181-185
Outcomes and prioritization	13	List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale	June			161-163
Risk of bias in individual studies	14	Describe anticipated methods for assessing risk of bias of individual studies, including wheth will be done at the outcome or study level, or both; state how this information will be used by synthesis	d ≵ a 25			181-192
DATA		ý	at A			
	15a	Describe criteria under which study data will be quantitatively synthesized	geno			185-189
Synthesis	15b	If data are appropriate for quantitative synthesis, describe planned summary measures, methodness, and methods of combining data from studies, including any planned exploration consistency (e.g., I^2 , Kendall's tau)	on <mark>g</mark> of			
	15c	Describe any proposed additional analyses (e.g., sensitivity or subgroup analyses, meta-	graphiqu		\boxtimes	

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	#	Checklist item	includin	χ 3	Yes	No	number(s)
		regression)	o ;	7			
	15d	If quantitative synthesis is not appropriate, describe the type of summary planned	י האל האל				194-196
Meta-bias(es)	16	Specify any planned assessment of meta-bias(es) (e.g., publication bias across studies, sereporting within studies)	nela Sirela	ve S			194-196
Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (e.g., GRADE)	ement ted to	ير 2			194-196
		regression) If quantitative synthesis is not appropriate, describe the type of summary planned Specify any planned assessment of meta-bias(es) (e.g., publication bias across studies, streporting within studies) Describe how the strength of the body of evidence will be assessed (e.g., GRADE)	ABES) a mining. Al training, and similar technologies.	m http://hmiopen.hmi.com/.on_lime.12_2025.at Age			

