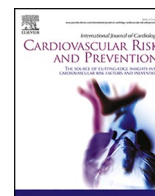




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Video or text? Education through a social media website in hypertension^{☆,☆☆}

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ABSTRACT

Background: Currently, several studies are available on the effective use of the Instagram social media platform to conduct training projects for CVD patients. The aim of this study was to determine the most effective methods (text or video) of informing people about the primary prevention of hypertension using a social media website. **Materials and methods:** A total of 125 participants were randomly selected and assigned to one of the four training groups depending on the training mode, i.e. text posts (4000 characters) - Group 1, video clips (5 min) - Group 2, text followed by video - Group 3 and video followed by text - Group 4. Before and after training, respondents in all four groups completed the Heart Disease Knowledge Questionnaire (HDKQ).

Results: The total number of people who listened to and read the materials of the online school was 2108 people. Before training, the number of correct responses for 29 HDKQ statements was 18.4 ± 5.1 , after training it increased to 21.9 ± 3.9 (CI, 21; 22.7) ($p < 0.0001$). The post-hoc analysis showed that after training the participants in Group 4 had more correct responses than the respondents in Group 3, 2, 1 i.e. $\Delta = 5.2$, $\Delta = 1.5$, $\Delta = 0.3$, respectively. The respondents from Group 3 gave the lowest number of correct responses in other groups.

Conclusions: The most effective method of informing people about the primary prevention of hypertension using a social media website corresponded to the following sequence: a video clip followed by a text post.

1. Introduction

In recent years, due to widespread use in developed countries, social networks have been used to improve the health literacy of patients [1,2]. The leading cardiology societies approve of the use of social networks for the prevention of cardiovascular diseases (CVD) and consider it a promising area [3,4]. Instagram is one of the most popular social networks in the Russian Federation and worldwide. In Russia, it has more

than 44 million users [5]. Notably, in 2019 Russia ranked first among European countries in terms of the use of social media with an average daily usage time of more than 2 h.

The increasing popularity of social networks and mobile health apps has led to the emergence of 'mobile health', a term that combines the use of mobile devices and wireless technologies to support health initiatives both as a method of patient follow-up and data collection and as an effective means of health education and promotion [6]. According to the

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¹ This author takes responsibility for all aspects of the reliability and freedom from bias of the data presented and their discussed interpretation.

eHealth literacy study published in the Journal of Medical Internet Research, not only middle-aged people, but almost 90% of older people use social media to find and share health information [7]. The percentage of people in a similar age group using social media in Russia is likely to be less, but the tendency to an increase in the number of social media users in all age groups is clear.

Currently, several studies are available on the effective use of the Instagram social media platform to conduct training projects for CVD patients in the Russian Federation [8,9]. Unlike many social networks, Instagram can provide patients with information in both text and video form. Naturally, the question arises as to which form of information presentation is absorbed more effectively by patients. Given the importance of hypertension as one of the leading risk factors for CVDs and the high prevalence of this condition, it is possible to study the effectiveness of methods of informing people with hypertension about the primary prevention of CVDs using the Instagram social media platform.

2. Purpose

To identify the most effective way to provide information for the education of patients with hypertension in primary prevention using a social network.

To determine the most effective ways to inform people with hypertension about the primary prevention of CVDs using a social media website.

3. Material and methods

The study protocol was approved by the Ethics Committee of the Research and Practical Clinical Centre for Diagnostics and Telemedicine Technologies of the Moscow Healthcare Department. All participants gave their written informed consent to participate in the study.

The study was conducted on the Instagram social media platform in 2 stages. At Stage 1 *Save Your Heart* free online school was announced on 8 medical blogs: @doc_4_you, @kardiolog_mv, @doc_cardio_podgorodetskaya, @dr.gavriliuk, @doctor_lobzhanidze, @doc.for.health, @dr_cardioann, @doctor_isaeva_cardio.

At Stage 2 from 945 respondents wishing to participate in the study 125 participants were randomly selected and assigned into one of the four training groups using a random number generator:

1. @sohrani.svoe.serdce.t ($n = 31$): health education materials of the online school were represented only by text posts of up to 4000 characters (9 posts in total);
2. @sohrani.svoe.serdce.v ($n = 31$): health education materials of the online school were represented by short video clips of up to 5 min (9 posts in total);
3. @sohrani.svoe.serdce.tv ($n = 33$): health education materials of the online school were represented by text posts followed by video clips (18 posts in total);
4. @sohrani.svoe.serdce.vt ($n = 30$): health education materials of the online school were represented by video clips followed by text posts (18 posts in total).

The training started on February 1, 2021. The education materials were prepared by a group of cardiologists running their medical blogs (@doc_4_you, @kardiolog_mv, @doc_cardio_podgorodetskaya, @dr.gavriliuk, @doctor_lobzhanidze, @doc.for.health, @dr_cardioann, @doctor_isaeva_cardio) based on the guidelines of the European Society of Cardiology and approved by an independent ethics committee.

The programme included the following modules:

1. Risk Factors for CVDs.
2. Heart-Healthy Diet.
3. Cholesterol. What a Patient Needs to Know.

4. Physical Activity for the Prevention of CVDs.
5. Overweight and Obesity.
6. Smoking as a Risk Factor for CVDs.
7. Hypertension: Diagnosis.
8. Hypertension: Treatment.
9. Myocardial Infarction: Diagnosis and Treatment.

Posts were made in all the groups simultaneously 1 time a day in the morning. Feedback from cardiologists was available to participants in the comments under the posts. The education materials contained answers to all the questions of the Heart Disease Knowledge Questionnaire (HDKQ) to be completed.

One week before the training start, a png file with an adapted HDKQ with additional questions on gender, age, education, duration of hypertension, smoking status and body mass index (BMI) was sent to all participants in direct messages. The respondents sent their responses in direct messages of the school accounts in the 'question number-answer' form. The response options included 'Yes', 'No', 'I don't know'. On the training end date the adapted HDKQ was once again sent to all participants in direct messages; responses were accepted within 2 weeks after the mailing date.

4. Statistical data processing

The data analysis included all study subjects for whom the responses to the questionnaire were obtained at least in one time point (before and/or after training).

For each study subject the number of correct responses to the questionnaire was calculated (ranging from the minimum score of 0 to the maximum score of 29 points). Study results were reported using descriptive statistics indicating the number of non-missing values (N), minimum (Min), maximum (Max), mean (M), standard deviation (SD), 95% confidence interval (CI) for the mean, median (Me) and interquartile range (IQR).

The inter-group comparison was made using analysis of variance (ANOVA). Significant post-hoc differences were identified by pairwise comparison using *t*-test adjusted for the multiple comparisons using the Tukey method. The significance level was set at 0.05 (two-tailed). Additionally, regression models were built. The number of correct responses before training, after training, and the difference between the number of correct responses before and after training for each study subject were used as the dependent variable. Gender, age, education (higher or secondary), group, duration of hypertension, history of smoking, height, weight and body mass index (BMI) were used as factors. The regression coefficient (β) and 95% CI for β were estimated for each factor. Statistical analyses were performed using Stata 14.

5. Results

The total number of people who listened to and read the materials of the *Save Your Heart* online school was 2108 people; the overall engagement (comments, shares and saves) was 1598 people. The online school audience was mostly female (84%), with a mean age of 45.9 ± 12.3 years. A total of 80.8% of participants had post-secondary education. The mean duration of hypertension was 6.1 ± 7.6 years. Smokers accounted for 3.2% of the respondents. Participant characteristics by group are shown in Table 1.

Before training the number of correct responses for 29 HDKQ statements was 18.4 ± 5.1 (CI, 17.5; 19.4), with no significant differences between the groups (Table 2).

After training the number of correct responses increased to 21.9 ± 3.9 (CI, 21; 22.7) (p (ANOVA) < 0.0001) (Table 2).

The participants all group scored the least correct answers before the school when answering the following questions:

Table 1

General characteristics of the study participants by group.

Parameter		1 (n = 31)	2 (n = 31)	3 (n = 33)	4 (n = 30)
Gender, n (%)	Male	5 (16%)	5 (16%)	6 (18%)	4 (13%)
	Female	26 (84%)	26 (84%)	27 (82%)	26 (87%)
Age, years		43.3 ± 13.6	45.3 ± 11.4	48.5 ± 11.5	46.1 ± 12.9
		26/84	22/71	29/89	24/80
Post-secondary education, n/%					
Duration of hypertension, years		3.3 ± 5.1	6.5 ± 6.7	7.1 ± 8.7	7.9 ± 9.4
Smoking, n		1	0	2	1
BMI, kg/m ²		26.0 ± 5.0	26.8 ± 5.3	28.6 ± 5.8	26.5 ± 4.9
Average percentage viewed, %		–	26	23.3	23.9

1. “The healthiest exercise for the heart involves rapid breathing for a sustained period of time” - 19% correct before school with no difference between groups. After school, the number of correct answers increased to 49%.
2. “The most important cause of heart attacks is stress” - 33.8% of pre-school correct answers. After school, the number of correct answers increased to 47%.

The most correct answers before school were when answering the following questions:

1. “Heart disease is better defined as a short-term illness than a chronic, long-term illness” - 92% correct answers before school, no difference between groups
2. “Many vegetables are high in cholesterol” - 89.5% of correct answers before school.

The post-hoc analysis showed that after training the participants from Group 4 had more correct responses than the respondents in Group 3, 2, 1, i.e. $\Delta = 5.2$ (CI, 2.2; 8.1), $\Delta = 1.5$ (–1.3; 4.3), $\Delta = 0.3$ (–2.6; 3.2). The respondents from Group 3 gave the lowest number of correct responses compared to Groups 1 and 2, i.e. $\Delta = 4.9$ (CI, –7.8; 2.0) and $\Delta = 3.7$ (CI, –6.5;–0.8), respectively. (Table 3). The regression analysis showed that the post-training number of correct responses in Group 4 increased on average by 3.9 compared to Group 3 ($\beta = 3.94$ $p = 0.04$ (CI, 0.21; 7.66) (Table 4).

The study showed a significant association between the duration of hypertension and the number of correct responses both before and after training ($\beta = 0.20$ $p = 0.007$ (CI, 0.06; 0.34) and $\beta = 0.16$ $p = 0.005$ (CI, 0.05; 0.27), respectively). No association was found between gender, age, education and the number of correct responses both before and after training (Table 4).

6. Discussion

In this study the most effective way to inform people with hypertension about the primary prevention of CVDs on social media was the provision of information in the form of a video clip of up to 5 min followed by a text post of up to 4000 characters.

Currently, the WHO recognises social resources as a valuable agent

Table 3

Post-hoc pairwise comparison results for the number of correct responses after training.

Indicator	Mean difference	95% CI for difference	Significance
Group 2 vs Group 1	–1.2	–4.1; 1.6	–
Group 3 vs Group 1	–4.9	–7.8;–2.0	+
Group 4 vs Group 1	0.3	–2.6; 3.2	–
Group 3 vs Group 2	–3.7	–6.5;–0.8	+
Group 4 vs Group 2	1.5	–1.3; 4.3	–
Group 4 vs Group 3	5.2	2.2; 8.1	+

Table 4

Regression parameters for the number of correct responses before and after training.

Factor	β	p	95% CI for β	β	p	95% CI for β
	before training			after training		
Time						
Gender (Female = ref)	–0.50	0.760	–3.73; 2.74	–0.33	0.823	–3.28; 2.62
Age	–0.05	0.270	–0.13; 0.04	–0.07	0.051	–0.14; 0.00
Education (Secondary = ref)	–0.05	0.970	–2.72; 2.62	1.70	0.176	–0.78; 4.18
Group (3 = ref)						
1	1.76	0.198	–0.94; 4.46	3.67	0.005	1.18; 6.15
2	0.37	0.786	–2.33; 3.07	2.33	0.062	–0.12; 4.78
4	0.83	0.551	–1.92; 3.58	3.34	0.011	0.79; 5.90
Duration of hypertension	0.20	0.007	0.06; 0.34	0.16	0.005	0.05; 0.27
History of smoking	0.43	0.011	0.10; 0.76	0.08	0.624	–0.23; 0.39
Height	1.44	0.972	–80.9; 83.79	–9.23	0.798	–80.92; 62.46
Weight	–0.04	0.932	–0.93; 0.85	0.12	0.768	–0.67; 0.90
BMI	–0.15	0.905	–2.63; 2.33	–0.42	0.702	–2.63; 1.78
Intercept	23.84	0.731	–113.78; 161.47	38.78	0.520	–81.24; 158.81

Table 2

Descriptive statistics for the number of correct responses before and after training.

Parameter	Group 1 (n = 31)	Group 2 (n = 31)	Group 3 (n = 33)	Group 4 (n = 30)	Total (n = 125)
before					
Mean	19.5	17.6	17.4	19.3	18.4
95% CI	(17.7; 21.4)	(15.8; 19.4)	(15.3; 19.5)	(17.7; 21.0)	(17.5; 19.4)
Min/Max	(7; 29)	(9; 26)	(6; 26)	(9; 27)	(6; 29)
p50	20	17	17	19	19
IQR	8	7	10	7	8
p (ANOVA)	0.213				
after					
Mean	23.3	22.1	18.4	23.6	21.9
95% CI	(21.4; 25.3)	(20.9; 23.3)	(16.3; 20.5)	(22.4; 24.7)	(21; 22.7)
Min/Max	12; 29	15; 26	13; 26	20; 28	12; 29
p50	23	22	17	24	22
IQR	4	3	7	3	5
p (ANOVA)	<0.0001				

for behaviour change in health promotion [10]. The development of digital technologies and the ever-increasing usage of social media determine their potential to provide information and social support for people with various non-communicable diseases [11–13]. This is why social media are increasingly being used as an educational resource in healthcare [14]. The use of social media for learning and education has already proven effective in obesity and diabetes mellitus [15,16]. More extended use of social media communications and telemedicine for the clinical management of hypertension would be useful, when direct (face-to-face) interactions are not allowed or in case of home isolation (similarly, in case of epidemic, such as COVID-19), physical inabilities or geographical limitations [17–19].

In a recent study published in *Surgery* 95% of respondents reported that joining the *Facebook* support group for liver transplant patients had a positive impact on their care [20].

However, despite the large amount of health information on social media [14,21,22], we do not know much about the comprehensibility of the presented material. Thus, it is important to study various ways of education material presentation.

As shown in this study, the number of correct responses after training increased in all study groups. Among the training modes we studied, the most effective method of informing people about the primary prevention of hypertension using a social media website corresponded to the following sequence: a video clip of up to 5 min followed by a text post of up to 4000 characters. The lowest number of correct responses for HDKQ statements after training was given by the participants who received the material in the form of text posts followed by video clips.

It is known that text- and video-based patient education is effective in the short-term treatment of out- and inpatients [20]. At the same time, the effectiveness of education through social media was studied in a limited number of patients with obesity and diabetes mellitus [24]. In this study, different modes of hypertensive patient education on social media were compared for the first time.

The number of correct responses before and after training depended on the duration of hypertension, which is consistent with a number of studies [25]; however, not all studies established this association [26]. In this study gender, age, smoking status and body mass index were not associated with the awareness of risk factors.

Thus, the results obtained in the *Save Your Heart* school for hypertensive patients confirm the possibility of effective training of patients in the primary prevention of CVDs in the short term provided that a combined programme is used in a certain sequence (video clips followed by texts).

7. Conclusions

Thus, as shown in this study, in all the 4 groups there was a tendency to increase in the number of correct responses after training, but among the training modes, the most effective method of informing people about the primary prevention of hypertension using a social media website corresponded to the following sequence: a video clip of up to 5 min followed by a text post of up to 4000 characters. Participants in Group 3 who received the material in the form of text posts followed by video clips gave the lowest number of correct responses for HDKQ statements after training. Noteworthy is the fact that users of the social network had low knowledge regarding the payload for the heart and the causes of a heart attack. The results of this study can be used to design online primary prevention training programmes for people with hypertension.

8. Limitations

The research was carried out on the social network Instagram and the results cannot be transferred to other social networks. We studied a small number of participants in the future a larger study is needed.

Author statement

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