

Research suggests team-based care is most effective way to control hypertension

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Patients diagnosed with high blood pressure are given better control of their condition from a physician-pharmacist collaborative intervention than physician management alone, according to new research.

Pharmacists can play a key role in communicating with physicians to address suboptimal therapy, helping physicians to provide counselling on [lifestyle change](#) and performing patient follow-up.

The research was carried out to evaluate the individual care processes of the physician-pharmacist collaborative intervention in treating hypertension, a major cause of heart disease, strokes and aneurysms of the arteries.

In a study combining two randomised controlled clinical trials, the team of researchers led by Brunel University London found that, resulting from the physician-pharmacist team, each antihypertensive medication alone led to systolic [blood pressure](#) (SBP) reduction of 7.19mm Hg, and each session of counselling about lifestyle change alone resulted in a SBP reduction of 5.30mm Hg.

The six-month data was taken from two US studies in 2008 and 2009, in which a total of 496 [patients](#) were treated.

Puttarin Kulchaitanaroaj, Research Fellow at Brunel University London's Health Economics Research Group and co-author of the study, said: "By combining data from two trials and using instrumental variable

regression we wanted to address unmeasured confounders and isolate the individual actions from the intervention package that led to a successful outcome – in this case, a reduction in hypertension in patients. We hope that researchers can further and better investigate links between care processes and outcomes.

"The results suggest that both medication and lifestyle change are effective in bringing down a patient's blood pressure. The study will be useful for health providers to not undermine the benefit of counselling and for policy makers to consider team-based care."

More information: The study can be viewed [here](#).

Provided by Brunel University

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