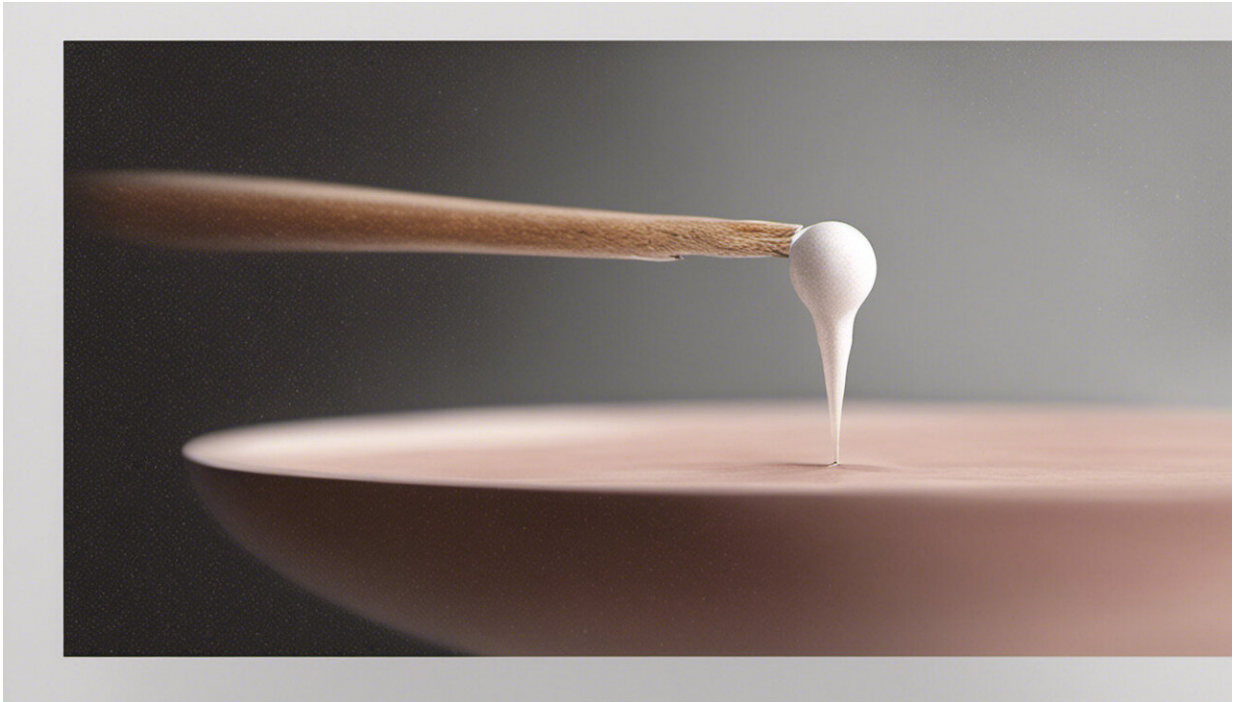


Pharmacists help patients with hypertension

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Credit: AI-generated image ([disclaimer](#))

If you have hypertension, it pays to include a pharmacist in a medical care team.

That's the upshot from research by the University of Iowa that found [patients](#) with uncontrolled hypertension had better [blood pressure](#) control when being cared for by pharmacists working in care teams (with a physician, for example) than patients who relied mostly on a doctor for

medication guidance.

The researchers showed pharmacist-included care teams delivered more hands-on and tailored medication regimens to patients, which yielded more effective blood-pressure control results than for those patients who did not have a pharmacist on hand. The results come from two studies, the most recent published in print this month in the *Journal of the American Society of Hypertension*.

"We've known for more than 40 years that including pharmacists on medical care teams improved blood pressure control and the management of many chronic conditions," says Barry Carter, UI pharmacy professor who led the research teams on both papers.

"However, we have had little evidence that such programs could be scaled up and implemented in a large number of diverse medical offices, with wide geographic distribution and serving high numbers of minority populations. This study is the first to address all of these issues and, importantly, demonstrated that subjects from racial and ethnic minority groups had the same degree of blood pressure improvements as the entire population. We also demonstrated, especially in the minority groups, that the effect could be sustained for a full two years after the intervention ended."

Hypertension, or [high blood pressure](#), increases the risk for heart disease and stroke, two of the leading causes of death for Americans. One of every three American adults has been diagnosed with hypertension, with only slightly more than half of them keeping their blood pressure under control, according to the federal Centers for Disease Control. In Iowa, more than a quarter of the population reported having hypertension in 2007, according to the CDC.

For the studies, UI researchers enrolled 625 patients from various racial backgrounds with [uncontrolled hypertension](#) from 32 medical offices

across 15 states in the U.S. They then evaluated how well patients were able to control their blood pressure when getting care from a medical team that included a pharmacist compared to being treated by a physician only. The study took place between March 2010 and June 2013. The pharmacists were embedded in the medical office and had long-standing relationships with the physicians, an important distinction from community pharmacists who may not have such relationships with local physicians.

The researchers measured patients' [blood pressure control](#), the degree and intensity of care they received, and how well they followed medication recommendations.

In the study published this month, the UI team found that patients who saw a medical team that included a clinical pharmacist showed a systolic blood pressure drop of 6.1 mmHg nine months later compared to those who did not see a clinical pharmacist during the same time. A reduction of that scale would reduce the chances of death by stroke by 23 percent, the researchers note.

"That means, if you saw a care team with a clinical pharmacist, your blood pressure was more likely to be lower," says Tyler Gums, a postdoctoral researcher in the UI College of Pharmacy and corresponding author on the *Journal of the American Society of Hypertension* paper.

Moreover, patients in the pharmacist-included care teams had their medications adjusted an average of 4.9 times during the nine-month period, of which three instances involved dose increases or added medications, according to the study. Patients who saw physicians only averaged one adjusted medication and less than one instance of dose increases or added medications in the same period, the researchers found.

"Clinical pharmacists were able to contribute to the care team by tailoring blood pressure medications for each patient and spent extra time educating patients on how to decrease their blood pressure," Gums explained.

In a [related study](#) using the same patient group, the researchers found patients in the pharmacist-included care teams did not follow their medication recommendations more readily than the control group.

Carter's team plans further studies to understand why.

More information: *Journal of the American Society of Hypertension*, [www.ashjournal.com/article/S19... \(15\)00475-1/fulltext](http://www.ashjournal.com/article/S19... (15)00475-1/fulltext)

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