Pharmacist-led interventions may help prevent cardiovascular disease
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With their expertise in the safe and effective use of medications, pharmacists can help in the management of chronic diseases. A review and analysis published in the *British Journal of Clinical Pharmacology* indicates that initiatives—such as patient education, medication review, and physical assessments—led by pharmacists can make important contributions to the prevention of cardiovascular disease.

To assess the potential of pharmacists to help prevent cardiovascular diseases in *general practice*, Abdullah Alshehri, of the University of Birmingham, in the UK, and his colleagues searched the medical literature for relevant randomised controlled clinical trials.

The team identified 21 trials with a total of 8,933 patients. Pharmacist-led interventions included patient education, medication review and counselling, physical assessment, assessing adherence, lifestyle modification, and medication management (such as prescribing, adjusting, monitoring, and administering therapy, and identifying drug-related problems). The most frequently used pharmacist-led interventions were medication review and medication management.

Patients receiving pharmacist-led interventions experienced significant reductions in their [systolic blood pressure](https://en.wikipedia.org/wiki/Systolic_pressure) (by an average of -9.33 mmHg); [Hemoglobin A1c](https://en.wikipedia.org/wiki/Hemoglobin_A1c), a measure of blood sugar levels (by an average of -0.76%); and [LDL-cholesterol](https://en.wikipedia.org/wiki/LDL_cholesterol) (by an average of -15.19 mg/dl). Pharmacist-led interventions also helped patients correctly follow their prescribed medication regimens.

"The evidence presented in this review provides an important message to [health systems](https://en.wikipedia.org/wiki/Health_system) and policy makers regarding the effectiveness of general practice-based pharmacists’ interventions," said Alshehri. "The significant reductions in blood pressure, blood glucose, and blood cholesterol reported in this meta-analysis, if sustained in clinical practice, could have significant implications for managing hypertension, diabetes and dyslipidaemia that could prevent cardiovascular morbidity and mortality."

Alshehri noted that the findings support a greater involvement of pharmacists in general practice. "This will benefit health organisations by providing cost-effective care associated with greater control of patients' conditions and their medications," he said.


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