

# Studies find pharmacists help patients control blood pressure

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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.

UI pharmacy research associate Tyler Gums will present the findings on May 18 at the American Society of Hypertension annual conference in New York.

The results come from two studies done by research teams led by Barry Carter, UI pharmacy professor.

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

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," said Gums, a postdoctoral researcher in the UI College of Pharmacy.

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 1 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.

The researchers found [patients](#) in the pharmacist-included care teams did not follow their medication recommendations more readily than the control group. Further research is needed to understand why.

**More information:** [www.ash-us.org/Scientific-Meet ... entific-Meeting.aspx](http://www.ash-us.org/Scientific-Meet...entific-Meeting.aspx)

Provided by University of Iowa

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