

Pharmacist-led hypertension drug use review

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Introduction Few studies have shown the impact of pharmacists on the control of hypertension in patients.^{1,2} This paper outlines a pharmacist-led hypertension drug use review at two GP practices which identified adherence to British Hypertension Society (BHS) guidelines for patients receiving nifedipine or amlodipine.²

Patients were also assessed with a view to changing calcium channel blocker (CCB) to felodipine to increase cost effectiveness, since trials have demonstrated equal benefit in terms of blood pressure (BP) control and long term outcomes of morbidity and mortality.^{3,4}

Method Patients were identified by practice computer drug searches with exclusion criteria: Raynaud's disease, uncontrollable angina/blood pressure, known to be resistant to change. A practice clinic protocol was agreed establishing preferred BP measurement and limits for a clinical pharmacist to carry out patient consultations.² The pharmacist was responsible for all necessary patient record changes, including medication and monitoring requirements.

Where patients fell outside the agreed protocol, messages were left for the patient's GP to follow up identified interventions. Where extreme BPs were recorded, a GP on site was contacted to confirm immediate action.

Patients were asked to attend the surgery for a repeat BP measurement two weeks after changing therapy. Patients received information reinforcing the reasons for the review and any subsequent changes or follow-up.

All patient medication was reviewed at the consultation and discussed as appropriate. Community pharmacists were informed of the review and two were trained to take follow-up BPs where patients found it easier to attend the local pharmacy than GP practice.

Results The clinic reviewed 211 patients, of whom 76 per cent had hypertension, 14 per cent angina, 10 per cent both hypertension and angina and 1 per cent Raynaud's disease.

One hundred and eighty-six patients (86 per cent) were changed to felodipine, 17 patients (8 per cent) had a CCB stopped as a result of the review and 13 (6 per cent) were excluded

FOCAL POINTS

* Few studies have shown the impact of pharmacists on the control of hypertension in patients

* Many studies have shown that there is scope for improvement in the control of hypertension

* A review of patients receiving nifedipine or amlodipine at two GP practices was carried out in line with British Hypertension Society guidelines

* Patients were also assessed with a view to changing calcium channel blocker to felodipine since trials have demonstrated equal benefit in terms of blood pressure control and long term outcomes of morbidity and mortality

* This review demonstrated that a pharmacist can actively review and improve the control of hypertension in a primary care population whilst optimising prescribing costs

ed from review. Of patients changed to felodipine, four (2 per cent) changed back to their original CCB at a later date. However, 12 (6 per cent) had their felodipine dose increased and five further patients (2 per cent) had felodipine stopped at a later date.

Twenty-seven patients (13 per cent) had aspirin started as part of the review process, and 41 patients (19 per cent) were referred for cholesterol blood tests.

Diastolic BP was greater than 90mmol/Hg in 25 patients (12 per cent). However, 19 of these patients (9 per cent) had better BP control after the review.

Only two of the patients reviewed (1 per cent) had unacceptably high BP after the review and medication change.

A total estimated annual prescribing cost saving of over £11,500 was made from the CCB review alone. Other cost changes, including savings or increases, from medication review or monitoring interventions were not summarised. The cost of carrying out the review was substantially less than estimated prescribing savings.

Discussion This review demonstrated that a pharmacist can actively review and improve the control of hypertension in a primary care population while optimising prescribing costs. Hypertension is a potential development area where pharmacists can contribute more to patient care in terms of effective drug use and monitoring.

References

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Int J Pharm Pract
2002;10(suppl):R20