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The Effect of Community Pharmacist Prescribing and Care on Cardiovascular Risk Reduction: The RxEACH Multicentre Randomized Controlled Trial

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Abstract:

Background:

Despite the risk associated with hypertension, diabetes, dyslipidemia, and smoking, cardiovascular disease (CVD) risk factors remain poorly identified and controlled. Pharmacists are highly accessible primary care providers who see patients at risk for CVD frequently. We sought to evaluate the effect of a community pharmacy-based case finding and intervention program on cardiovascular risk.

Methods:

Design: Randomized controlled trial.

Setting: 56 community pharmacies across Alberta, Canada.

Population: Adults at high risk for CVD: those with diabetes, chronic kidney disease, vascular disease and/or Framingham Risk > 20%, who have at least one uncontrolled risk factor (blood pressure, LDL-cholesterol (LDL-c), HbA1c, or current smoking). Participants were recruited by their pharmacist.

Randomization: Per individual to intervention or usual care groups using variable block size and stratified by pharmacy.

Intervention: Pharmacists completed a Medication Therapy Management review including an individualized CVD risk assessment and education. Pharmacists prescribed medications and ordered laboratory tests to achieve treatment targets. Patients received monthly follow-up visits for 3 months.

Usual care: Usual pharmacist care with no specific intervention for 3 months.

Primary outcome: Difference in change in estimated CVD risk between intervention and usual care groups. Estimated CVD risk was determined using the greater of Framingham Risk, International Score, or UKPDS Risk.

Results:

We enrolled 723 patients. Median age was 62 years (interquartile range 54-69), 57% were male and 27% were smokers. After adjusting for baseline values, there was a difference of 21% in CVD risk ($p < 0.001$). There was also a difference in change between intervention and usual care groups of 0.2 mmol/L in LDL-c ($p = 0.0009$), 9.4 mmHg in systolic blood pressure ($p < 0.001$), 0.92% in HbA1c ($p < 0.001$), and 20.2% in smoking cessation ($p = 0.002$), all in favor of pharmacist intervention.

Conclusions:

This is the first large randomized trial of CVD risk reduction in community pharmacy settings. RxEACH demonstrates the benefit of pharmacist care on CVD risk reduction as well as individual risk factors.

Category (Complete): Prevention

Keyword (Complete): Prevention ; Health policy ; Clinical trials

Description (Complete):

***Trial Type:** Smaller study/randomized clinical trial (RCT)

If Other, please explain: : (not sure if this qualifies as "major")

Drug : True

Strategy : True

Randomized : True

Placebo-Controlled : True

Other: : community pharmacy-based

Number of patients enrolled (Enter a whole number without a comma): : 723

Enrollment start date (MM/DD/YR): : 01/15/14

Enrollment completed?: Yes

Analysis completed: Yes

Responsible individual at Data Coordinating Center: : Dr. Ross Tsuyuki

Data Coordinating Center(s): : EPICORE Centre

Institution: : University of Alberta

If you are summarizing your research in a few sentences, what would you stress? : A first-ever randomized trial of advanced scope of practice of community pharmacists on management of dyslipidemia, diabetes, smoking cessation and blood pressure management on reduction in estimated cardiovascular risk.

If your analysis is completed: What is the most important finding? : In this province-wide study, community pharmacists identified high cardiovascular risk patients and reduced their estimated cardiovascular risk by 21% ($p < 0.001$) in only 3 months.

Published acronym (if applicable): : RxEACH

Published Name of Trial: : The Alberta Vascular Risk Reduction Community Pharmacy Project: RxEACH

Institution Information (Complete):

***Responsible Institution 1:** : University of Alberta

***City:** : Edmonton

***State:** Alberta

***Country:** Canada

Choose a Lead Investigator: : 000000618656|Tsuyuki|Ross

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