



# Community pharmacist practices in hypertension management

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## Abstract

**Objective:** To determine the current practices of community pharmacists for the management of hypertension.

**Methods:** Cross-sectional, observational study of pharmacists' practices using unannounced standardized patients (SPs) with hypertension using a random stratified sample of 101 community pharmacies in Edmonton, Alberta. Consent was not obtained from the pharmacists.

**Results:** *Knowledge of current blood pressure target values:* Of the 101 community pharmacists who were visited by the SPs, 69% offered a general BP target value to the SPs (<120/80), with 7% stating the correct target BP value for this scenario (<140/90). Only 14% requested enough patient history to properly determine target BP.

*Review of patient medical history:* Few pharmacists questioned the SPs' medical history (7%), their medication profile (16%), a family history of cardiovascular disease (19%), previous elevated BP readings (20%), or a previous diagnosis of hypertension (22%).

*Accuracy/confirmation of BP reading:* 53% of pharmacists inquired about the conditions under which the BP was taken; 39% of pharmacists offered to re-take BP.

*Education/Lifestyle Measures:* Pharmacists discussed how hypertension is diagnosed (76%), what hypertension is (46%), how to take a BP properly (46%), the impact of lifestyle measures on BP (60%), and gave supplemental educational materials (29%).

*Referral:* 83% of pharmacists advised the SPs to make an appointment to see a physician.

**Conclusions:** Pharmacists took reasonable steps to determine the accuracy of the BP measurement, explain the diagnosis of hypertension and refer to a physician. Major deficiencies in medical history-taking and assessment of target BP were observed.

## Editor's note

This study, conducted in 2004, provided considerable impetus for the development of the 2006 Canadian Hypertension Education Program (CHEP) Practice Guidelines for the Management of Hypertension by Pharmacists. Despite the positive impressions they made on the standardized patients (88% reported finding the pharmacists approachable, and 78% found them easy to understand), most of the pharmacists studied were not knowledgeable about the 2004 Canadian Hypertension Education Program guidelines, nor did they collect enough information to determine appropriate blood pressure targets.

We hope that the information in this supplement will improve the ability of community pharmacists to play a more effective role in the care of hypertensive patients.

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