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## Media release

### Pharmacists aim for HAPPY and healthy patients

A trial study conducted recently has drawn together a vast range of information on how pharmacies can help patients reduce systolic blood pressure (BP) and reduce the risk of cardiovascular disease (CVD). The study was undertaken as part of the Fourth Community Pharmacy Agreement Research and Development Program which was funded by the Department of Health and Ageing.

It is hoped that the Hypertension Adherence Program in Pharmacy (HAPPY) trial will help lay the foundation for a national program to be implemented nationally in the future. In the mean time, however, this study revealed a lot about what all community pharmacies could already be doing to help manage hypertension

A key finding of the trial was that, for potential future implementation of the HAPPY service, the main emphasis should be on reduction of BP rather than just improving a patient's medication adherence.

CVD poses a considerable burden on individuals and on the Australian health care system, prompting the government to declare it a National Health Priority. Hypertension is well-recognised as a major modifiable risk factor for CVD. Antihypertensive medications are effective in reducing risk, particularly of heart attack and stroke, but a significant proportion of people diagnosed with hypertension are untreated, and many of those who are treated remain poorly controlled.

Poor adherence with medication regimens and a lack of persistence with medication use are two of the major reasons for failure to achieve BP targets. Community pharmacists are ideally placed to help people improve their medication adherence and reach these targets, which led to the development a specifically designed intervention package that could be easily integrated into the community pharmacy workflow. The HAPPY service specifically enabled pharmacists to improve patient adherence with antihypertensive medications.

Participants in the trial received:

- a home BP monitor with the capacity to store and download BP readings;
- training by the pharmacist on self-monitoring of BP;
- motivational interviewing and education by the pharmacist;
- a Medication Use Review (MUR) to identify/resolve possible medication-related hypertension;
- pharmacist-initiated Dose Administration Aid (DAA), Home Medicines Review (HMR), and/or Patient Medication Profile (PMP), where necessary;
- referral to a GP when needed (such as very high blood pressure); and
- refill reminders, if they so chose (by SMS, telephone or mail).

Significant decreases in both diastolic and systolic BP were observed in the Pharmacist Care Group (PCG) or the Usual Care Group (UCG). The intervention was associated with a significantly greater

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reduction in average systolic BP in comparison to usual care. The average reduction in BP in the PCG was 10mmHg, which was significantly greater than the drop in the UCG.

The proportion of participants judged to be adherent with their medication regimen increased in both groups, but there was no significant difference in adherence rates between the groups.

“A professional pharmacy service centred on managing hypertension would serve to save lives, improve quality of life for patients and achieve increased efficiency in the health system,” Guild National Councillor Toni Riley said.

“Community pharmacists need to be ready and willing to embrace services like HAPPY when they are rolled out to all pharmacies, because they reinforce and enhance our primary health role and increase our value to the health system.

“The HAPPY service would build on the outstanding work pharmacies already undertake. Such inventions could easily be incorporated as part of any ‘normal’ day in any pharmacy,” Ms Riley said.

The study reported that the intervention was highly cost-effective and that consumers indicated that, on average, they would be willing to pay \$20 per month for the intervention if provided as a community pharmacy service.

Secondary outcomes included changes in patients’ BP control, changes in quality of life, patient satisfaction, and economic benefits arising from savings to the health system.

This initiative is endorsed by the Heart Foundation who recognise non-adherence to medicine as a serious issue and one that if addressed, could contribute significantly to preventing heart disease.

“Cardiovascular disease is the number one killer of Australian men and women. Community pharmacists have an important role in its prevention and management, which is enhanced by their frequent opportunities to monitor and support their patients” National CEO of the Heart Foundation, Dr Lyn Roberts said.

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