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EDITORIAL

The ultimate opportunity for advancing pharmacy practice

Imagine the ultimate alignment of the stars for advancing pharmacy practice. It would ideally include a condition that is highly prevalent, is managed mostly through drug therapy in the community and has many opportunities for improvement. But to move forward, we would need robust, high-level evidence for pharmacist care. And it would need to be cost-effective for our health care system.

We have this already—it's hypertension. Hypertension affects more than 1 billion people worldwide[1,2] (about 23% of the population in Canada[3]) and is the single leading modifiable risk factor for premature morbidity and mortality in the world.[4] Hypertension is mostly managed in the community and mostly through drug therapy. Rates of control of hypertension are generally quite poor, with about 30% to 90% of patients globally being uncontrolled[2] (that figure is about 35% in Canada and about 40% for those with diabetes in Canada[3]). There is already robust clinical trial evidence for pharmacist care—Santschi et al.[5] reviewed 39 trials of pharmacist care in hypertension, showing an average reduction of 7.6/3.9 mmHg when a pharmacist is involved compared with usual care. And it's even greater when pharmacists prescribe antihypertensive medications (e.g., the RxACTION study).[6] Indeed, hypertension was one of the model conditions put forward by CPhA to the Council of the Federation's Health Care Innovation Working Group in 2013 and is one of the World Health Organization's 25 by 25 targets (i.e., to reduce hypertension by 25% by 2025, see www.who.int/nmh/publications/ncd-infographic-2014.pdf?ua=1). While you have probably heard rumblings of all this before, what has brought us to the tipping point is the article published in the May/June issue of *CPJ* by Marra et al.[7]

In this article, Dr. Carlo Marra and colleagues conducted an economic evaluation of advanced scope of pharmacy practice in patients with hypertension.[7] Essentially, this means taking the blood pressure reduction demonstrated in the RxACTION study (18.3 mmHg systolic)[6] and modelling the reduction in cardiovascular and renal failure events over a time horizon of 30 years. The results are stunning. Pharmacist care for those with hypertension would decrease almost 500,000 cardiovascular and renal events and result in about 1 million life-years saved![8] And it would substantially reduce costs to our health care system (in fact, if rolled out to just half of the Canadian population with poorly controlled hypertension, the savings would be $15.7 billion).[8] These are extraordinary findings—almost unprecedented in health care—**better outcomes *and* lower costs with pharmacist care.**

This has not gone unnoticed. Hypertension Canada is the only national nonprofit organization dedicated solely to the prevention and control of hypertension and its complications.[9] In fact, the Hypertension Canada (formerly CHEP) guidelines have recognized the special role of pharmacists since 2010. Hypertension Canada's vision is: "Canadians will have the healthiest and best-managed blood pressure in the world," and pharmacists are a key strategy to achieving this vision.[9] To this end, Hypertension Canada has involved more than 1500 pharmacies in World Hypertension Week this past May. Pharmacists have also participated in Hypertension Canada's Primary Care Continuing Education days earlier this year. Looking to the near future, Hypertension Canada will be reviewing this new evidence for the role of the pharmacist in hypertension assessment and management. Hypertension Canada will be launching a pharmacist certification program in hypertension management.

What can you do? These benefits to society (and the profession) won't be realized without your participation. Here's how you can help:

- Become a member and volunteer with your pharmacy professional organizations to help them take this forward. They need your help! There ***is*** strength in numbers.
- Join Hypertension Canada—there are many volunteering opportunities.
- Participate in Hypertension Canada Primary Care educational days.
- Come to the Canadian Hypertension Congress (in Toronto this year, October 12-14, 2017).
- Get involved in the care of your patients with hypertension.

So, not only are the stars aligning, but perhaps also the universe. We have an unprecedented opportunity and a societal duty to move hypertension care forward. ■

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Erratum

ERRATUM

Grindrod K, Nagge J, Poon A. QT prolongation. *Can Pharm J (Ott)* 2016;149:138. (Original doi: 10.1177/1715163516642209)

In the online full-text version of this article in the May/June 2016 issue of *Canadian Pharmacists Journal*, the second author (Jeff Nagge) and third author (Adrian Poon) were omitted, though they were listed as authors in the online PDF and in the print issue. The online full text has been corrected to accurately reflect Jeff Nagge's and Adrian Poon's authorship.

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Corrigendum

CORRIGENDUM

Patel T, Slonim K, Lee L. Use of potentially inappropriate medications among ambulatory home-dwelling elderly patients with dementia: a review of the literature. *Can Pharm J (Ott)* 2017;150:169-83. (Original doi: 10.1177/1715163517701770)

In the Funding section on page 182 of this article in the May/June 2017 issue of *Canadian Pharmacists Journal*, a funder for the work was omitted. The Ontario Pharmacy Evidence Network (OPEN) should have been included. The corrected statement is provided below:

Funding: *This review was conducted in response to an applied health research question submitted by Alzheimer Society Ontario to the Innovations Strengthening Primary Healthcare through Research (INSPIRE–PHC) Program and the Ontario Pharmacy Evidence Network (OPEN) supported by grants from the Government of Ontario (INSPIRE-PHC - Ministry grant 06547 and OPEN- Ministry grant 06674). The views expressed in this article are those of the authors and do not necessarily reflect those of the Government of Ontario.*

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