

SUPPLEMENTARY TABLE

Intervention components of community pharmacist-led hypertension management trials from the 2014 Cheema *et al.* systematic review

Study details (year)	Setting and country	Sample size (intervention/control) and population	Components of pharmacist intervention	Intensity of intervention and follow-up duration	Method of communicating with/referring to GPs	Blood pressure threshold in the pharmacy	Mean systolic blood pressure difference (mmHg [95% confidence interval])
McKenney <i>et al.</i> (1973)	US community pharmacies	n=50 (25/25) adults with hypertension	Patient education including advice on diet, physical activity, identification of drug-related problems	Monthly 6-minute consultations for 5 months	Letters and verbal discussions	Diastolic BP <90mmHg	-13 [not reported]
McKenney <i>et al.</i> (1978)	US community pharmacies	n=136 (70/66) adults with hypertension	Patient education including advice on diet, medication adherence, identification of drug-related problems	Frequency not stated (4-month duration)	Not stated	Not stated	-3.6 [-11.90 to 4.70]
Park <i>et al.</i> (1996)	US community pharmacies	n=53 (27/26) adults with hypertension	Blood pressure (BP) and heart rate assessments, counselling on lifestyle modifications and drug therapy	Monthly for 4 months	Not stated	Not stated	-13.0 [-27.66 to 1.66]
Blenkinsopp <i>et al.</i> (2000)	UK community pharmacies	n=180 (101/79) adults with hypertension	Patient education, monitoring of pharmacological treatment — identification of drug-related problems and advice to improve medication adherence	Every 2 months for 6 months, lasting 7–12mins per consultation	Speak to GP or refer patient directly	<160/90mmHg	Not reported
Garcao <i>et al.</i> (2002)	Portugese community pharmacies	n=82 (41/41) adults with hypertension	BP monitoring; assess adherence to treatment, prevent, detect, and resolve drug-related problems, encourage non-pharmacological measures for BP control	Monthly for 6 months	Not stated	Not stated	-18.3 [-29.90 to -6.70]
Sookaneknun <i>et al.</i> (2004)	Thai community pharmacies	n=235 (118/117) adults with hypertension	BP monitoring; patient education — advice on diet, physical activity; identification of drug-related problems	30–50 minutes monthly for 6 months	Letter sent to GP	<135/85mmHg	-4.6 [-9.36 to 0.04]
Zillich <i>et al.</i> (2005)	US community pharmacies	n=117 (57/60) Patients with uncontrolled BP at baseline	Training in home BP monitoring and giving recommendations to GP based on these; patient education on high BP, disease management, medication adherence and lifestyle advice	4 pharmacy consultations in 3 months lasting 15 to 60 minutes.	Email with telephone follow-ups for clarification	<140/90mmHg (home BP)	-4.6 [-13.38 to 4.18]
Fornos <i>et al.</i> (2006)	Spanish community pharmacies	n=112 (56/56) adults with type 2 diabetes mellitus (T2DM)	Patient education — advice on improving medication adherence, identification of drug-related problems, diet, alcohol and physical activity	Monthly for 13 months	Paper-based forms sent to GP	<140/90mmHg	-10.0 [-19.92 to -0.08]
Krass <i>et al.</i> (2007)	Australian community pharmacies	n=289 (149/140) adults with T2DM	Glucose self-monitoring training, adherence support, medication review, and diabetes self-management, lifestyle information focusing on physical activity and weight loss	5 consultations over 6 months	Paper-based forms sent to GP	<130/80mmHg	-4.8 [-9.53 to -0.07]
McLean <i>et al.</i> (2008)	Canadian community pharmacies	n=227 (115/112) Adults with diabetes who had BP higher than 130/80mmHg	Reviewing BP as a risk factor, discussing the causes and consequences of high BP, explaining the effect of diabetes on high BP, and focusing on the lifestyle strategies the patient could undertake to improve BP; team based care with nurses	6-weekly intervals for 6 months	Faxed notes to GP	<130/80mmHg	-5.6 (standard deviation 2.1)
Doucette <i>et al.</i> (2009)	US community pharmacies	n=78 (36/42) adults with T2DM	Discussing medications, clinical goals, and self-care activities with patients and recommending medication changes to physicians when appropriate.	Every 3 months for 12 months	Faxed notes to GP	<130/80mmHg	2.6 [-4.62 to 9.82]
Planas <i>et al.</i> (2009)	US community pharmacies	n=52 (32/20) adults with hypertension and diabetes	Patient education — diet and exercise advise; monitoring of pharmacological treatment; recommendations to physicians	Monthly for 9 months	Not stated	<130/80mmHg	-14.6 (not stated)
Santschi <i>et al.</i> (2011)	Canadian community pharmacies	n=89 (48/41) adults with chronic kidney disease	Medicines optimisation and providing information on the use of over-the-counter drugs and natural products	Monthly for 2 months, and then every 3 months for the remaining 12 months	Letter sent to GP	<130/80mmHg in nurse-measured clinic	-11.6 (-21.3 to -1.8)
Ali <i>et al.</i> (2012)	UK community pharmacies	n=46 (23/23) adults with diabetes	Diabetes education, medicines use review, lifestyle modification counselling, HbA _{1c} , body mass index, BP, blood glucose and lipid profile measurements	6 consultations in 12 months	Not stated	Not stated	-23.00 [-42.92 to -3.08]
Amariles <i>et al.</i> (2012)	Spanish community pharmacies	n=714 (356/358) adults with >1 drug for CVD or CV risk factor	Interviewing the patient and reviewing the drug and clinical records — drug history and results of clinical laboratory tests; evaluate drug therapy goals (e.g. lowering BP) and personalised interventions	5 consultations in 8 months	Intervention assessment forms sent to surgery	<140/90mmHg or <130/80 in presence of risk factors	-6.50 [-8.83 to -4.17]
Svarstad <i>et al.</i> (2013)	US community pharmacies	n=576 (276/300) adults with hypertension	Pharmacist and pharmacy technician teams implemented brief medication questionnaires, toolkits for enhancing medication adherence and provided pharmacist feedback to patients and physicians	6 consultations in 12 months	Fax letter to GP	<140/90mmHg	-7.31 [-10.70 to -3.92]

Sources: *J Gen Intern Med*⁸⁷; *Circulation*⁸⁸; *Contemp Pharm Pract*⁸⁹; *J Am Pharm Assoc*¹⁰⁰; *Int J Pharm Pract*¹⁰¹; *J Am Pharm Assoc*¹⁰²; *Ann Pharmacother*¹⁰³; *Pharmacy World & Science*¹⁰⁴; *Pharm World Sci*¹⁰⁵; *Diabet Med*^{106,111}; *Arch Intern Med*¹⁰⁷; *Ann Pharmacother*¹⁰⁸; *J Am Pharm Assoc*¹⁰⁹; *J Pharm Health Serv Res*¹¹⁰; *J Manag Care Pharm*¹¹²; *J Am Pharm Assoc*¹¹³