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Impact of pharmacist-led interventions on medication adherence and clinical outcomes in patients with hypertension and hyperlipidemia : A scoping review of published literature (Review) [\(Open Access\)](#)

Elnaem, M.H.^{a,b}, Rosley, N.F.F.^a, Alhifany, A.A.^c, Elrggal, M.E.^c, Cheema, E.^d

^aDepartment of Pharmacy Practice, Faculty of Pharmacy, International Islamic University Malaysia, Kuantan, Malaysia

^bQuality Use of Medicines Research Group, Faculty of Pharmacy, International Islamic University Malaysia, Kuantan, Malaysia

^cDepartment of Clinical Pharmacy, College of Pharmacy, Umm Al-Qura University, Makkah, Saudi Arabia

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Abstract

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Background: The aim of this study was to provide a scoping review of the impact of pharmacist-led interventions on medication adherence and clinical outcomes in patients with hypertension and hyperlipidemia. **Methods:** A scoping review was conducted using pre-defined search terms in three scientific databases, including Google Scholar, ScienceDirect, and PubMed. A multi-stage screening process that considered relevancy, publication year (2009–2019), English language, and article type (original research) was followed. Review articles, meta-analysis studies, and conference proceedings were excluded. Data charting was done in an iterative process using a study-specific extraction form. **Results:** Of the initially identified 681 studies, 17 studies with 136,026 patients were included in the review. Of these, 16 were randomized controlled trials, while the remaining study was a retrospective cohort study. The majority of pharmacist-led interventions were face-to-face counseling sessions (n=8), followed by remote-or telephone-based interventions (n=5) and multi-faceted interventions (n=4). The majority of the studies (n=7) used self-reported adherence measures and pharmacy refill records (n=8) to measure the rate of adherence to prescribed medications. Eleven of the included studies reported a statistically significant (P<0.05) impact on medication adherence. Overall, twelve studies assessed the effect of the interventions on the clinical outcome measures; of these, only four studies were associated with significant impact. **Conclusion:** Pharmacist-led interventions were associated with improved patients' adherence to their medications but were less likely to be consistently associated with the attainment of clinical outcomes. Face-to-face counseling was the most commonly used intervention; while, the multi-faceted interventions were more likely to be effective in improving the overall outcome measures. The rigorous design of targeted interventions with more frequent follow-ups, careful consideration of the involved medications, and patients' characteristics could increase the effectiveness of these interventions. © 2020 Elnaem et al.

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