

# Ambulatory Blood Pressure Monitoring as a Community Pharmacy Service

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**Background:** Hypertension is an important risk factor for stroke, and the current National Cardiovascular Health Policy has identified the need for more effective detection and management within the primary care setting<sup>1</sup>.

**Aims:** This cross-sectional observational study of patients availing of an ABPM service in community pharmacies was designed to:

- Explore the profile of patients availing of the service, and
- Examine the prevalence of hypertension among the sample.

**Methods:** All patients > 18 years undergoing 24 hour blood pressuring monitoring service in Boots Ireland community pharmacies were invited to participate in the study. The service consultation gathered information on demographics, past medical history and cardiovascular risk factors. The 24 hour monitoring comprised blood pressure measurements at 30 minute intervals using a Microlife® WatchBP® O3 Afib device. The ABPM reports for consenting patients were screened for validity, and where a patient had availed of the ABPM service repeatedly, only the first valid report was included. Data were anonymized and analysed using SPSS v. 21.

**Results:** 566 valid records from consenting patients were available for analysis. 46.8% of the participants were male and 53.2% were female. The mean age was 57.29 years (SD 13.33) and the majority (91.8%) had white ethnicity. 58.4% had private health insurance, 17.4% had medical cards, 5.1% had doctor's visit cards, and 4.4% were participants in the Long-term Illness scheme, while 22.3% were covered by none of the above.

64.3% of participants were diagnosed as hypertensive based on ABPM, nocturnal hypertension being more prevalent than daytime hypertension, and males showing higher prevalence than females. The study demonstrated the value of this service as an aid to diagnosis, particularly in patients with 'white coat' phenomena.

1. Department of Health and Children. Changing cardiovascular health: National cardiovascular health policy, 2010-2019. Dublin, 2010.