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Study sheds light on involvement of pharmacists for treating diabetic patients

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This news might hold the attention of the pharmacists. Various national and regional studies claim that when pharmacists directly take part in patient care, they may considerably decrease treatment expenses and enhance results. Well, a study by the **University at Buffalo School of Pharmacy and Pharmaceutical Sciences on the diabetic patients supposedly recognized expense savings with enhancements in a vital pointer of glucose control in diabetes patients, the hemoglobin A1C measurement.**

The A1C appears to offer a three-month average of the quantity of surplus glucose in the blood. Elevated A1Cs probably points out that a patient seems to be more at risk for developing long-term complications linked to diabetes, like kidney disease or issues related to vision. The UB study included around 50 subjects suffering from Type 2 diabetes. The study illustrated that apparently in merely six months, clinical pharmacists, in partnership with primary care providers, could notably decrease patients' A1C levels.

It was seen that the patients' A1C levels were presumably decreased by an average of 1.1 percent, from the standard of 8.5

percent to 7.4 percent. This happened supposedly a year after being enlisted in the program, while also developing the by and large metabolic profile.

Erin Slazak, PharmD, UB clinical assistant professor of pharmacy practice and board certified pharmacotherapy specialist, commented, “Our results show that enhancing the patient’s access to care through collaborative physician-pharmacist relationships can yield lower [blood glucose levels](#), improve the overall metabolic profile and reduce costs to the payer.”

These clinical enhancements seemingly transpired while monthly expenditures for each patient decreased by roughly \$212 i.e. about \$2,500 per year. This took place even though there appeared to be small raises in the cost of [medications](#) prescribed.

Slazak mentioned, “Patients had unlimited access to pharmacists throughout the year.”

Patients enlisted in the UB program had supposedly been recognized by their primary care providers as having trouble in regulating their blood sugar. Slazak is of the opinion that it was not unusual to observe patients with [glucose levels](#) as high as 400 mg/dl when the standard levels are actually under 100 mg/dl.

The UB pharmacists apparently spent the preliminary one-hour appointment with every patient, where they carried out comprehensive health records by encompassing [nutritional](#) details and all medications and disease conditions. After that, they analyzed them for all the patients. Subsequently, the patients could then make appointments or call the pharmacists as per their convenience.

For patients in the preliminary stages of taking insulin, the study author believes it may be common to be contacted occasionally every few days. The pharmacists then offered some ideas to physicians about alterations in medications, [dosages](#) or lifestyle that could be advantageous to their patients. That type of individualized attention is supposedly not common for diabetic patients.

The findings were published in the Journal of the American Pharmacists Association.

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