Diabetic mellitus is a chronic metabolic disorder in which glycaemic control is important to prevent complications. Type 1 diabetes is a result of an absolute lack of insulin, whereas type 2 diabetes is due to partial insulin deficiency and/or insulin resistance; it is also strongly influenced by environment and lifestyle factors.

Diabetes is a major cause of blindness, coronary heart disease, lower limb amputation, and kidney failure. On average, a patient with diabetes spends approximately 6 days a year in hospital compared with an average of 1 day for a non-diabetic patient. The aims of managing patients with diabetes include control of symptoms, screening for complications, and prevention of long-term complications. The prevention of complications relies on achieving blood glucose control, along with management of other risk factors, including hypertension and hyperlipidaemia.

Hypertension is the most important factor that promotes the progression of diabetic nephropathy. Through intervention, there is, therefore, the possibility of reducing potential morbidity and mortality.

The pharmacist has an important role in the approach to the management of hypertension in diabetic patients, through intervention as an educator to both patients and physicians. Pharmacists have the responsibility of educating the physicians on current clinical recommendations, including the renoprotective benefits of angiotensin converting enzyme (ACE) inhibitors and angiotensin receptor blockers (ARBs).

It has been shown that ACE and ARB drugs reduce progression of microalbuminuria to nephropathy, and slow the progression of established nephropathy. This is true even in normotensive patients with these renal complications. In addition to this ‘renoprotective’ action, ACE and ARB drugs may offer cardiovascular protection, though this effect is less well established. Pharmacists can thus advise on choices of antihypertensive drugs, as well as oral hypoglycaemic agents (OHAs), and other medications used in the treatment of diabetes.

The pharmacist’s role in type 2 diabetes
Pharmacists are already involved in diabetes care. They are part of a diabetes care team, along with doctors, nurses, and dieticians – all have complementary roles. With the shortage of doctors in developing countries, an extended role for the pharmacist in diabetes care is especially appropriate.

Potential responsibilities of the pharmacist include:

- general diabetes-related education;
- teaching blood glucose monitoring;
- encouraging drug compliance;
- stressing the importance of diet and exercise;
- recognition of hyperglycaemia and hypoglycaemia;
- managing hypertension in diabetes.

Hypertension is a particularly appropriate part of diabetes care in which the pharmacist can be involved. They can encourage non-drug treatment (weight reduction, and salt and alcohol moderation), and counsel on drug effects and side-effects. Blood pressure (BP) levels can be measured and regularly monitored, and anti-hypertensive drugs introduced, and doses titrated as necessary and appropriate. The extended role of pharmacists in diabetes care described here will save precious time resources for doctors and nurses, and allow more effective treatment of hypertension.

**References**