

Outcomes & Pathway

Outcome	Education & Advice	Pathway
Normal BP and glucose	Preventive lifestyle counselling	End of screening journey
Existing patients with controlled BP and/or controlled blood glucose	Preventive lifestyle counselling	End of screening journey
Uncontrolled BP/glucose (on treatment)	Lifestyle counselling + adherence counselling + referral to participating Healthcentre	Refer to health centre
Uncontrolled BP/glucose (not on treatment)	Lifestyle counselling + referral counselling + referral to participating Healthcentre	Refer to healthcentres for confirmation and initiation of treatment
High BP / high glucose at screening	Immediate counselling + referral counselling + referral to participating Healthcentre	Refer to healthcentres for facility-level assessment and confirmation of diagnosis
High Body Mass Index (weight /height ²)	Preventive lifestyle counselling	Educate on healthy lifestyle and good food choices

Screening Urgencies

Immediate referral to nearest hospital if:

- **Hypertensive Urgency:** BP $\geq 180/120$ mmHg without evidence of acute organ damage (stroke, heart failure, etc) and with or without mild symptoms (e.g., headache, anxiety).
- **Hypertension Emergency:** BP $\geq 180/120$ mmHg with evidence of acute organ damage or complications often with symptoms.
- **Hyperglycemia:** RBS ≥ 16.7 mmol/L or FBS ≥ 13.9 mmol/L with symptoms (frequent urination, excessive thirst, increased hunger, fatigue or weakness, blurred vision, dry mouth)
- **Hypoglycemia for diabetic patients:** Blood glucose ≤ 3.0 mmol/L.



The role of the community pharmacies and Over-the-counter medicines sellers in Hypertension and Type 2 diabetes Management

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Objectives

The AYA Integrated Healthcare Initiative aims to strengthen early detection, prevention, and management of non-communicable diseases within Ghanaian communities.

Specifically, the objectives of the screening patients in the community are:

- To detect undiagnosed and uncontrolled hypertension and type II diabetes in communities and link patients to care.
- For community pharmacies and Over-the-counter medicines sellers to conduct patient screening.
- To strengthen referral, management, and follow-up systems for detected cases.
- To promote healthy lifestyles and the prevention of diabetes and hypertension through targeted education

Target Population and Scope

Target Population:

- Hypertension: Adults ≥ 18 years, with focus on high-risk groups
- Diabetes: Adults ≥ 35 years, with focus on the same high-risk groups. (obese, sedentary, family history).
- Other potential target groups: Younger persons with risk factors (obese, sedentary, family history).

Screening Points:

- Households: Routine community visits by Community Health Nurses (CHNs)/ Community Health Officers (CHOs) using randomized household selection.
- Community pharmacies and Over-the-counter medicines sellers: Walk-in clients.

Inclusion criteria:

- Adult residents within participating districts.
- Individuals who voluntarily provide informed consent.

Screening Parameters

Referral Cut-off values

Parameter	Target Value	Notes
Blood Pressure	$\geq 140/90$ mmHg	Clients without comorbidities
	$\geq 130/80$ mmHg	Clients with diabetes, chronic kidney disease or ≥ 3 risk factors
Fasting Blood Sugar	≥ 7.0 mmol/L	
Random Blood Sugar	≥ 7.8 mmol/L to 11.0 mmol/L	2 hours postprandial / after meals
Fasting Blood Sugar or Random Blood Sugar	≤ 3.0 mmol/L	Indicates hypoglycemia (low blood sugar) among patients living with diabetes who are on treatment.

Screening Process

