Barry L Carter

List of Publications by Year in descending order

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		71102	24258
133	12,531	41	110
papers	citations	h-index	g-index
134	134	134	13863
all docs	docs citations	times ranked	citing authors

#	Article	IF	CITATIONS
1	Development of clinical pharmacy quality measures: A call to action. JACCP Journal of the American College of Clinical Pharmacy, 2022, 5, 366-369.	1.0	4
2	Development of a centralized, remote clinical pharmacy service to enhance primary care. Pharmacy Practice, 2021, 19, 2348.	1.5	0
3	Targeting of uncontrolled hypertension in the emergency department (TOUCHED): Design of a randomized controlled trial. Contemporary Clinical Trials, 2021, 102, 106283.	1.8	1
4	Dissemination of a telehealth cardiovascular risk service: The CVRS live protocol. Contemporary Clinical Trials, 2021, 102, 106282.	1.8	3
5	A cluster randomized trial to evaluate a centralized remote clinical pharmacy service in large, health system primary care clinics. JACCP Journal of the American College of Clinical Pharmacy, 2021, 4, 1287.	1.0	O
6	Effect of a Physician/Pharmacist Collaborative Care Model on Time in Target Range for Systolic Blood Pressure: Post Hoc Analysis of the CAPTION Trial. Hypertension, 2021, 78, 966-972.	2.7	8
7	The Cardiovascular Effects of Treatment with Hydroxychloroquine and Azithromycin. Pharmacotherapy, 2020, 40, 978-983.	2.6	4
8	A pharmacist intervention for monitoring and treating hypertension using bidirectional texting: PharmText BP. Contemporary Clinical Trials, 2020, 98, 106169.	1.8	4
9	A textingâ€based blood pressure surveillance intervention. Journal of Clinical Hypertension, 2019, 21, 1463-1470.	2.0	9
10	Have we been true to Paul Parker's vision? Paul F. Parker Medal for Distinguished Service to the Profession of Pharmacy remarks. JACCP Journal of the American College of Clinical Pharmacy, 2019, 2, 92-94.	1.0	1
11	Self-identified barriers to rural mental health services in Iowa by older adults with multiple comorbidities: qualitative interview study. BMJ Open, 2019, 9, e029976.	1.9	16
12	Team-Based Care with Pharmacists to Improve Blood Pressure: a Review of Recent Literature. Current Hypertension Reports, 2018 , 20 , 1 .	3.5	66
13	Collaborative care model for hypertension. Journal of Clinical Hypertension, 2018, 20, 96-97.	2.0	4
14	Pharmacist Intervention for Blood Pressure Control in Patients with Diabetes and/or Chronic Kidney Disease. Pharmacotherapy, 2018, 38, 309-318.	2.6	35
15	Efficacy of Patient Activation Interventions With or Without Financial Incentives to Promote Prescribing of Thiazides and Hypertension Control. JAMA Network Open, 2018, 1, e185017.	5.9	17
16	Diuretics in Hypertension., 2018,, 211-221.		2
17	Cluster-Randomized Trial to Evaluate a Centralized Clinical Pharmacy Service in Private Family Medicine Offices. Circulation: Cardiovascular Quality and Outcomes, 2018, 11, e004188.	2.2	31
18	Team-Based Care for Hypertension Management. , 2018, , 443-451.		0

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19	The Clinical Pharmacy Specialist: Part of the Solution. Journal of General Internal Medicine, 2017, 32, 375-377.	2.6	9
20	Cost-utility analysis of physician–pharmacist collaborative intervention for treating hypertension compared with usual care. Journal of Hypertension, 2017, 35, 178-187.	0.5	26
21	Selection bias and subject refusal in a cluster-randomized controlled trial. BMC Medical Research Methodology, 2017, 17, 94.	3.1	15
22	Avoiding Pitfalls With Implementation of Randomized Controlled Multicenter Trials: Strategies to Achieve Milestones. Journal of the American Heart Association, 2016, 5, .	3.7	11
23	Evaluation of Pharmacists' Work in a Physicianâ€Pharmacist Collaborative Model for the Management of Hypertension. Pharmacotherapy, 2016, 36, 374-384.	2.6	62
24	Research Needs to Improve Hypertension Treatment and Control in African Americans. Hypertension, 2016, 68, 1066-1072.	2.7	78
25	Physician–Pharmacist Collaborative Management. Hypertension, 2016, 68, 1314-1320.	2.7	35
26	Cluster randomized trials for pharmacy practice research. International Journal of Clinical Pharmacy, 2016, 38, 607-614.	2.1	10
27	Primary Care Physicianâ€Pharmacist Collaborative Care Model: Strategies for Implementation. Pharmacotherapy, 2016, 36, 363-373.	2.6	25
28	Evolution of Clinical Pharmacy in the USA and Future Directions for Patient Care. Drugs and Aging, 2016, 33, 169-177.	2.7	81
29	Physician-pharmacist collaboration versus usual care for treatment-resistant hypertension. Journal of the American Society of Hypertension, 2016, 10, 307-317.	2.3	28
30	Sustained Blood Pressure Control Following Discontinuation of a Pharmacist Intervention for Veterans. Journal of Clinical Hypertension, 2015, 17, 701-708.	2.0	10
31	A Clusterâ€Randomized Trial of a Centralized Clinical Pharmacy Cardiovascular Risk Service to Improve Guideline Adherence. Pharmacotherapy, 2015, 35, 653-662.	2.6	12
32	Will Teamâ€Based Care Really Be Implemented?. Journal of Clinical Hypertension, 2015, 17, 692-693.	2.0	0
33	Instrumental variable methods to assess quality of care the marginal effects of process-of-care on blood pressure change and treatment costs. Research in Social and Administrative Pharmacy, $2015, 11, 609-609$	3.0	3
34	A centralized cardiovascular risk service to improve guideline adherence in private primary care offices. Contemporary Clinical Trials, 2015, 43, 25-32.	1.8	14
35	Outpatient blood pressure monitoring using bi–directional text messaging. Journal of the American Society of Hypertension, 2015, 9, 375-381.	2.3	37
36	Pharmacist intervention for blood pressure control: medication intensification and adherence. Journal of the American Society of Hypertension, 2015, 9, 569-578.	2.3	30

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37	Increasing Trend in Admissions for Malignant Hypertension and Hypertensive Encephalopathy in the United States. Hypertension, 2015, 65, 1002-1007.	2.7	54
38	Cluster-Randomized Trial of a Physician/Pharmacist Collaborative Model to Improve Blood Pressure Control. Circulation: Cardiovascular Quality and Outcomes, 2015, 8, 235-243.	2.2	99
39	Cost-Effectiveness of a Physician–Pharmacist Collaboration Intervention to Improve Blood Pressure Control. Hypertension, 2015, 66, 1145-1151.	2.7	70
40	A Mixedâ€Method Approach to Evaluate a Pharmacist Intervention for Veterans With Hypertension. Journal of Clinical Hypertension, 2014, 16, 133-140.	2.0	12
41	Physician-Pharmacist Collaborative Management of Asthma in Primary Care. Pharmacotherapy, 2014, 34, 1033-1042.	2.6	51
42	Effect of a care transition intervention by pharmacists: an RCT. BMC Health Services Research, 2014, 14, 406.	2.2	60
43	Effect of clinical pharmacist intervention on medication discrepancies following hospital discharge. International Journal of Clinical Pharmacy, 2014, 36, 430-437.	2.1	61
44	Efficacy and Safety of Nighttime Dosing of Antihypertensives: Review of the Literature and Design of a Pragmatic Clinical Trial. Journal of Clinical Hypertension, 2014, 16, 115-121.	2.0	48
45	2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults. JAMA - Journal of the American Medical Association, 2014, 311, 507.	7.4	6,625
46	Diuretic Therapy in Cardiovascular Disease. , 2013, , 160-171.		O
46		2.6	0 23
	Diuretic Therapy in Cardiovascular Disease., 2013,, 160-171. Acceptance of Recommendations by Inpatient Pharmacy Case Managers: Unintended Consequences of	2.6	
47	Diuretic Therapy in Cardiovascular Disease. , 2013, , 160-171. Acceptance of Recommendations by Inpatient Pharmacy Case Managers: Unintended Consequences of Hospitalist and Specialist Care. Pharmacotherapy, 2013, 33, 11-21. Using theory to predict implementation of a physician–pharmacist collaborative intervention within a		23
47	Diuretic Therapy in Cardiovascular Disease., 2013,, 160-171. Acceptance of Recommendations by Inpatient Pharmacy Case Managers: Unintended Consequences of Hospitalist and Specialist Care. Pharmacotherapy, 2013, 33, 11-21. Using theory to predict implementation of a physician–pharmacist collaborative intervention within a practice-based research network. Research in Social and Administrative Pharmacy, 2013, 9, 719-730. Institutional Review Board Barriers and Solutions Encountered in the Collaboration Among Pharmacists and Physicians to Improve Outcomes Now Study: A National Multicenter Practice-Based	3.0	23
48	Diuretic Therapy in Cardiovascular Disease., 2013,, 160-171. Acceptance of Recommendations by Inpatient Pharmacy Case Managers: Unintended Consequences of Hospitalist and Specialist Care. Pharmacotherapy, 2013, 33, 11-21. Using theory to predict implementation of a physician–pharmacist collaborative intervention within a practice-based research network. Research in Social and Administrative Pharmacy, 2013, 9, 719-730. Institutional Review Board Barriers and Solutions Encountered in the Collaboration Among Pharmacists and Physicians to Improve Outcomes Now Study: A National Multicenter Practice-Based Implementation Trial. Pharmacotherapy, 2013, 33, 902-911. Underutilization of cardiovascular medications: Effect of a continuity-of-care program. American	3.0 2.6	23 16 9
47 48 49 50	Diuretic Therapy in Cardiovascular Disease., 2013,, 160-171. Acceptance of Recommendations by Inpatient Pharmacy Case Managers: Unintended Consequences of Hospitalist and Specialist Care. Pharmacotherapy, 2013, 33, 11-21. Using theory to predict implementation of a physician–pharmacist collaborative intervention within a practice-based research network. Research in Social and Administrative Pharmacy, 2013, 9, 719-730. Institutional Review Board Barriers and Solutions Encountered in the Collaboration Among Pharmacists and Physicians to Improve Outcomes Now Study: A National Multicenter Practice-Based Implementation Trial. Pharmacotherapy, 2013, 33, 902-911. Underutilization of cardiovascular medications: Effect of a continuity-of-care program. American Journal of Health-System Pharmacy, 2013, 70, 1592-1600. Physicianâ€Pharmacist Coâ€Management and 24â€Hour Blood Pressure Control. Journal of Clinical	3.0 2.6 1.0	23 16 9 20
47 48 49 50	Diuretic Therapy in Cardiovascular Disease., 2013,, 160-171. Acceptance of Recommendations by Inpatient Pharmacy Case Managers: Unintended Consequences of Hospitalist and Specialist Care. Pharmacotherapy, 2013, 33, 11-21. Using theory to predict implementation of a physician–pharmacist collaborative intervention within a practice-based research network. Research in Social and Administrative Pharmacy, 2013, 9, 719-730. Institutional Review Board Barriers and Solutions Encountered in the Collaboration Among Pharmacists and Physicians to Improve Outcomes Now Study: A National Multicenter Practice-Based Implementation Trial. Pharmacotherapy, 2013, 33, 902-911. Underutilization of cardiovascular medications: Effect of a continuity-of-care program. American Journal of Health-System Pharmacy, 2013, 70, 1592-1600. Physicianâ€Pharmacist Coâ€Management and 24â€Hour Blood Pressure Control. Journal of Clinical Hypertension, 2013, 15, 337-343. Similar Blood Pressure Values Across Racial and Economic Groups: Baseline Data from a Group	3.0 2.6 1.0 2.0	23 16 9 20 27

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55	The Hypertension Team: The Role of the Pharmacist, Nurse, and Teamwork in Hypertension Therapy. Journal of Clinical Hypertension, 2012, 14, 51-65.	2.0	119
56	Guidelines for Use of Diuretics: A View From a Member of JNC 7. Journal of Clinical Hypertension, 2012, 14, 273-276.	2.0	4
57	Role of collaborative care models including pharmacists in improving blood pressure management in chronic kidney disease patients. Current Opinion in Nephrology and Hypertension, 2011, 20, 498-503.	2.0	10
58	Sustained Blood Pressure Control Following Discontinuation of a Pharmacist Intervention. Journal of Clinical Hypertension, 2011, 13, 431-437.	2.0	35
59	Thiazide and Loop Diuretics. Journal of Clinical Hypertension, 2011, 13, 639-643.	2.0	134
60	Patient and Physician Beliefs About Control over Health: Association of Symmetrical Beliefs with Medication Regimen Adherence. Journal of General Internal Medicine, 2010, 25, 397-402.	2.6	60
61	Deterioration of Blood Pressure Control After Discontinuation of a Physician-Pharmacist Collaborative Intervention. Pharmacotherapy, 2010, 30, 228-235.	2.6	50
62	Effect of Selfâ€Efficacy and Social Support on Adherence to Antihypertensive Drugs. Pharmacotherapy, 2010, 30, 432-441.	2.6	35
63	Designing Quality Health Services Research: Why Comparative Effectiveness Studies Are Needed and Why Pharmacists Should Be Involved. Pharmacotherapy, 2010, 30, 751-757.	2.6	9
64	Why Physicians Do Not Prescribe a Thiazide Diuretic. Journal of Clinical Hypertension, 2010, 12, 502-507.	2.0	3
65	A Cluster-Randomized Effectiveness Trial of a Physician-Pharmacist Collaborative Model to Improve Blood Pressure Control. Circulation: Cardiovascular Quality and Outcomes, 2010, 3, 418-423.	2.2	38
66	Comparative Effectiveness Research: Evaluating Pharmacist Interventions and Strategies to Improve Medication Adherence. American Journal of Hypertension, 2010, 23, 949-955.	2.0	38
67	Meta-Analysis of Dose-Response Characteristics of Hydrochlorothiazide and Chlorthalidone: Effects on Systolic Blood Pressure and Potassium. American Journal of Hypertension, 2010, 23, 440-446.	2.0	106
68	Pharmacist-Physician Comanagement of Hypertension and Reduction in 24-Hour Ambulatory Blood Pressures. Archives of Internal Medicine, 2010, 170, 1634.	3.8	84
69	Physician and Pharmacist Collaboration to Improve Blood Pressure Control. Archives of Internal Medicine, 2009, 169, 1996.	3.8	258
70	The Potency of Team-Based Care Interventions for Hypertension. Archives of Internal Medicine, 2009, 169, 1748-55.	3.8	294
71	Thiazide-Induced Hyperglycemia: Can It Be Prevented?. American Journal of Hypertension, 2009, 22, 473-473.	2.0	2
72	All Thiazideâ€Like Diuretics Are Not Chlorthalidone: Putting the ACCOMPLISH Study Into Perspective. Journal of Clinical Hypertension, 2009, 11, 5-10.	2.0	40

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73	Fixedâ€Dosed Combinations Are Not Indicated as Initial Therapy: A Debate. Journal of Clinical Hypertension, 2009, 11, 94-99.	2.0	1
74	Physician Adherence to Blood Pressure Guidelines and Its Effect on Seniors. Pharmacotherapy, 2008, 28, 843-851.	2.6	27
75	Reduction in Adverse Symptoms as Blood Pressure Becomes Controlled. Pharmacotherapy, 2008, 28, 1104-1114.	2.6	11
76	A Cluster Randomized Trial to Evaluate Physician/Pharmacist Collaboration to Improve Blood Pressure Control. Journal of Clinical Hypertension, 2008, 10, 260-271.	2.0	184
77	Thiazide-Induced Dysglycemia. Hypertension, 2008, 52, 30-36.	2.7	105
78	The Iowa Continuity of Care study: Background and methods. American Journal of Health-System Pharmacy, 2008, 65, 1631-1642.	1.0	24
79	Formation of a primary care pharmacist practice-based research network. American Journal of Health-System Pharmacy, 2007, 64, 2044-2049.	1.0	33
80	Explicit and Implicit Evaluation of Physician Adherence to Hypertension Guidelines. Journal of Clinical Hypertension, 2007, 9, 113-119.	2.0	57
81	Patient and Provider Perceptions of Hypertension Treatment: Do They Agree?. Journal of Clinical Hypertension, 2007, 9, 416-423.	2.0	23
82	Strategies to improve the cardiovascular risk profile of thiazide-type diuretics as used in the management of hypertension. Expert Opinion on Drug Safety, 2007, 6, 583-594.	2.4	4
83	Adherence, Quality of Life, Cost Effectiveness, and the Role of the Pharmacist., 2007, , 1119-1127.		10
84	Development and Reliability Testing of the Clinical Pharmacist Recommendation Taxonomy. Pharmacotherapy, 2007, 27, 639-646.	2.6	21
85	Description of pharmacist interventions during physician–pharmacist co-management of hypertension. International Journal of Clinical Pharmacy, 2007, 30, 128-135.	1.4	66
86	Thiazide Diuretics, Potassium, and the Development of Diabetes. Hypertension, 2006, 48, 219-224.	2.7	405
87	Comparative Antihypertensive Effects of Hydrochlorothiazide and Chlorthalidone on Ambulatory and Office Blood Pressure. Hypertension, 2006, 47, 352-358.	2.7	391
88	Atherosclerotic Renal Artery Stenosis and Renovascular Hypertension: Clinical Diagnosis and Indications for Revascularization. Journal of Clinical Hypertension, 2006, 8, 481-486.	2.0	14
89	Antihypertensive Prescribing. Hypertension, 2006, 48, 816-817.	2.7	4

 $_{90}$ Hypertension outcomes through blood pressure monitoring and evaluation by pharmacists (HOME) Tj ETQq0 0 0 rgBT /Overlock 10 Tf 5 118

#	Article	IF	Citations
91	Development and Initial Validation of an Instrument to Measure Physician–Pharmacist Collaboration from the Physician Perspective. Value in Health, 2005, 8, 59-66.	0.3	76
92	Development of Diabetes With Thiazide Diuretics: The Potassium Issue. Journal of Clinical Hypertension, 2005, 7, 638-640.	2.0	11
93	Physician adherence to JNC 7 guidelines and blood pressure control. American Journal of Hypertension, 2005, 18, A190-A190.	2.0	1
94	Antihypertensive drug interactions. Drugs of Today, 2005, 41, 55.	2.4	5
95	Antihypertensive drug interactions. Timely Topics in Medicine Cardiovascular Diseases [electronic Resource], 2005, 9, E2.	0.1	0
96	Implementing the New Guidelines for Hypertension. Journal of Managed Care Pharmacy, 2004, 10, S18-S25.	2.2	34
97	Influential Characteristics of Physician/Pharmacist Collaborative Relationships. Annals of Pharmacotherapy, 2004, 38, 764-770.	1.9	144
98	Measuring Adherence to Practice Guidelines for the Management of Hypertension. Hypertension, 2004, 44, 602-608.	2.7	102
99	A longitudinal analysis of antihypertensive drug interactions in a Medicaid population. American Journal of Hypertension, 2004, 17, 421-427.	2.0	10
100	Selection of explicit criteria for a JNC-7 guideline adherence tool. American Journal of Hypertension, 2004, 17, S144.	2.0	1
101	Hydrochlorothiazide Versus Chlorthalidone. Hypertension, 2004, 43, 4-9.	2.7	280
102	Evaluation of the Iowa MedicaidPharmaceutical CaseManagement Program. Journal of the American Pharmacists Association: JAPhA, 2004, 44, 337-349.	1.5	73
103	How Pharmacists Can Assist Physicians With Controlling Blood Pressure. Journal of Clinical Hypertension, 2003, 5, 31-37.	2.0	55
104	Development of a computer algorithm for defining an active drug list using an automated pharmacy database. Journal of Clinical Epidemiology, 2003, 56, 802-806.	5.0	15
105	Longitudinal analyis of antihypertensive drug interactions. American Journal of Hypertension, 2003, 16, A13.	2.0	1
106	Extent of Services Provided by Pharmacists in the Iowa Medicaid Pharmaceutical Case Management Program. Journal of the American Pharmacists Association, 2003, 43, 24-33.	0.5	32
107	Extent of services provided by pharmacists in the Iowa Medicaid Pharmaceutical Case Management program. Journal of the American Pharmacists Association, 2003, 43, 24-33.	0.5	1
108	Hypertension: a review of therapeutic options. Managed Care, 2003, 12, 34-44.	0.3	0

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109	Blood Pressure as a Surrogate End Point for Hypertension. Annals of Pharmacotherapy, 2002, 36, 87-92.	1.9	6
110	Eplerenone â€" A Novel Selective Aldosterone Blocker. Annals of Pharmacotherapy, 2002, 36, 1567-1576.	1.9	40
111	The extent of potential antihypertensive drug interactions in a Medicaid population. American Journal of Hypertension, 2002, 15, 953-957.	2.0	26
112	Interpreting the findings of the IMPROVE study. American Journal of Health-System Pharmacy, 2001, 58, 1330-1337.	1.0	42
113	Can Clinical Pharmacists Affect SF-36 Scores in Veterans at High Risk for Medication-Related Problems?. Medical Care, 2001, 39, 113-122.	2.4	59
114	The Relationship between Drug Therapy Noncompliance and Patient Characteristics, Healthâ€Related Quality of Life, and Health Care Costs. Pharmacotherapy, 2000, 20, 941-949.	2.6	102
115	An Economic Analysis of a Randomized, Controlled, Multicenter Study of Clinical Pharmacist Interventions for High-Risk Veterans: The IMPROVE Study. Pharmacotherapy, 2000, 20, 1149-1158.	2.6	74
116	Clinical and Economic Impact of Ambulatory Care Clinical Pharmacists in Management of Dyslipidemia in Older Adults: The IMPROVE Study. Pharmacotherapy, 2000, 20, 1508-1516.	2.6	125
117	The Role of Pharmacists in the Detection, Management, and Control of Hypertension: A National Call To Action. Pharmacotherapy, 2000, 20, 119-122.	2.6	26
118	Types of Interventions Made by Clinical Pharmacists in the IMPROVE Study. Pharmacotherapy, 2000, 20, 429-435.	2.6	49
119	Assessing the structure and process for providing pharmaceutical care in Veterans Affairs medical centers. American Journal of Health-System Pharmacy, 2000, 57, 29-39.	1.0	31
120	Ambulatory Care Pharmacy Services: Has the Agenda Changed?. Annals of Pharmacotherapy, 2000, 34, 772-787.	1.9	39
121	Antihypertensive Drug Utilization in Hypertensive Veterans With Complex Medication Profiles. Journal of Clinical Hypertension, 2000, 2, 172-180.	2.0	17
122	Characteristics of ambulatory care clinics and pharmacists in Veterans Affairs medical centers. American Journal of Health-System Pharmacy, 1998, 55, 68-72.	1.0	28
123	The IMPROVE study: Background and study design. American Journal of Health-System Pharmacy, 1998, 55, 62-67.	1.0	29
124	Optimizing delivery systems to tailor pharmacotherapy to cardiovascular circadian events. American Journal of Health-System Pharmacy, 1998, 55, S17-S23.	1.0	11
125	Postabsorption Concentration Peaks with Brandâ€Name and Generic Verapamil: A Doubleâ€Blind, Crossover Study in Elderly Hypertensive Patients. Journal of Clinical Pharmacology, 1997, 37, 526-534.	2.0	18
126	Comprehensive Pharmaceutical Care in the Chain Setting. Journal of the American Pharmacists Association, 1996, 36, 443-451.	0.5	111

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127	Dual Calcium-Channel Blocker Therapy in the Treatment of Hypertension. Annals of Pharmacotherapy, 1996, 30, 802-810.	1.9	7
128	Comparison of Nifedipine Alone and With Diltiazem or Verapamil in Hypertension. Hypertension, 1996, 28, 109-114.	2.7	63
129	Ambulatory Care Pharmacy Services: The Incomplete Agenda. Annals of Pharmacotherapy, 1992, 26, 701-708.	1.9	36
130	Onceâ€Daily Propranolol for Hypertension: A Comparison of Regularâ€Release, Longâ€Acting, and Generic Formulations. Pharmacotherapy, 1989, 9, 17-22.	2.6	10
131	Evaluation of Family Physician Prescribing: Influence of the Clinical Pharmacist. Drug Intelligence & Clinical Pharmacy, 1984, 18, 817-821.	0.4	20
132	Association between Appropriateness of Prescribing and Prescription Documentation. American Journal of Health-System Pharmacy, 1983, 40, 1513-1515.	1.0	0
133	Adherence to Hypertension Treatments. , 0, , 253-266.		1