Reviewer's report

Title: Factors influencing adherence in Hepatitis-C infected patients: a systematic review

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Reviewer: Patrizia Carrieri

Reviewer's report:

This is a very interesting paper which was really needed in the field of hepatitis C for two main reasons.

First, though new treatment options for Hepatitis C are replacing Peg-IFN based therapy in many countries, due to the costs of new treatments, it is likely that PegIFN + Ribavirin will still be the main treatment option for many low-resources settings.

Secondly, many risk factors for non adherence identified in this analyses (with exception of toxicity-related factors) will probably be the same for Peg-IFN free treatments.

I also appreciate that they made a considerable effort to include the literature (no exclusion criteria) in the field whatever the cut-off used for adherence.

Major compulsory revisions

I have two major concerns concerning the manuscript:

1) The authors do not deal with treatment interruptions or discontinuation which is one of the main problem during HCV treatment. This needs to be integrated as many papers are missing.

2) A lot of literature in the field is missing, particularly that concerning specific populations at potential risk of non-adherence like persons with psychiatric diseases or drug users. As an example I just cite few papers 1-6 which were not included but there are more paper I don’t cite here which deserve to be considered.

This literature often brings important results about the absence of association between being drug users or having a psychiatric disease on adherence. By contrast this is not always the case of treatment interruption/discontinuation?

Minor Essential Revisions

I have further points that the authors could put into evidence:

1) The author do not mention that barriers to access to HCV treatment (prescription bias) for some populations may result in undetected risk factors for non-adherence. In other words it is well known that patients engaging in HCV treatment especially in some studies, are those who are more likely to be adherent. This should be better developed in the discussion.

2) I think it is also important to underline the factors which are not significantly
associated with adherence which should be better underlined also in the abstract. This is important to provide arguments to break down barriers to access to HCV treatment in the discussion.

3) The results about the HIV co-infection as a factor facilitating adherence is intriguing and should be better underlined as access to HCV treatment in co-infected individuals is a major challenge

Discretionary Revisions

The paper is well structured and developed and clear for the reader, but sometimes it could be a bit more concise (especially in the discussion when dealing with the cut-off for adherence continuous vs. dichotomous etc…) and also an additional English revision.

Careful with citing, I saw a misspelling (Marcellin et al…)

To summarize, the authors needs to improve the literature review also including treatment interruption and discontinuation as a form of non adherence, reanalyze the data, improve discussion by detailing the risk of prescription bias and better discuss non associated factors.


Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.
Declaration of competing interests:

I declare that I have no competing interests