Reviewer’s report

**Title:** Prevalence and correlates of medication non-adherence among kidney transplant recipients more than 6 months post-transplant: A cross-sectional study

**Version:** 1  **Date:** 20 June 2013

**Reviewer:** Konstadina Griva

**Reviewer’s report:**

The paper reports results from on a cross sectional study, exploring factors associated medical adherence in KTx patients.

The topic is interesting and clinically relevant yet not particularly novel in terms of focus or methodology. I do believe that studies such as this are important as these broader areas of psychosocial factors (mood, literacy, beliefs) have important effects on the health of transplant patients but authors need to clearly demonstrate how their work adds to existing body of knowledge and understanding.

This study does not seem to provide a strong test of the hypotheses as methodological aspects related to sample and measurement constrain conclusions to be drawn but I believe that it highlights one useful finding, i.e., the comparatively low levels of non-adherence. Some problems I noted are as follows:

**Major compulsory revisions**

1. It is difficult to test hypotheses related to determinants of adherence in a sample of essentially younger and fitter TX recipients that may not be representative of the TX population. This seriously threatens the internal validity of results bearing on the factors associated with adherence.

2. Volunteer bias was significant, including a large proportion of people who refused or were unable to participate. The authors need to clarify what and comment on representativeness of the study sample. A substantial number of patients screened were not approached due to clinical concerns. It is also no clear what ‘clinical concerns refer to’. Were these patients that were not eligible due to clinical inclusion criteria? The authors need to explain.

3. Why categorise adherence based on these cut offs? Were these established cut offs? Categorization constrains variability and introduces the threat of classification errors that, again, threaten the validity of results. It would be useful for authors to comment on their approach.

4. It would be useful to add data on clinical profile of patients (e.g. medical regime, immunosuppressant type and serum concentrations). Were the patients classified as non adherent, outside clinical targets for serum concentrations of immunosuppressants?
I hope these comments are helpful.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

No competing interest