Reviewer's report

Title: Treatment non-adherence in pediatric long-term conditions: systematic review and synthesis of qualitative studies of carers' views

Version: 1 Date: 9 October 2013

Reviewer: Meghan McGrady

Reviewer's report:

This manuscript explores the significant public health concern of pediatric non-adherence via an innovative application of qualitative techniques. Results have the potential to advance our theoretical understanding of adherence, significantly impact clinical care, and inform future research. There are several modifications that could be made, however, to further enhance the quality of this important manuscript.

Major Compulsory Revisions

1. Literature Review and Conclusions: While the significance of understanding pediatric adherence is stated, the rationale for conducting a review of the qualitative (versus quantitative) literature remains unclear. The introduction and discussion sections would be strengthened by inclusion of this rationale and integration of qualitative findings with previous quantitative studies in this area (i.e., consistency with quantitative research, how these findings go beyond our knowledge gained from quantitative studies).

2. Literature Review: The introduction could be strengthened by including a more extensive literature review targeting pediatric-specific studies. To support the statement that variables impacting adherence differ between pediatric and adult populations, the authors should consider replacing their citations regarding adult interventions and factors previously related to adherence with pediatric-specific work. While there is an extensive body of literature regarding pediatric adherence, the authors may find some of the following citations helpful:

   Pediatric Adherence Intervention Reviews
   • Bain-Brickley et al. (2011) Interventions to improve adherence to antiretroviral therapy in children with HIV infection. The Cochrane Database of Systematic Reviews, Dec 7:(12).
   • Hood et al. (2010). Interventions with adherence-promoting components in pediatric type 1 diabetes: meta-analysis of their impact on glycemic control.
Factors Related to Pediatric Adherence


3. Research Question: The research question remains unclear. The authors state their research question as investigating “reasons for adherence” and “findings that contribute to explaining treatment adherence.” The readability could be enhanced by clarification of the aim (whether the authors were examining “predictors” of adherence, “factors related to adherence,” “the process of adherence,” etc.) and use of consistent language throughout the document.

4. Research Question: Related to Comment #3, it remains unclear as to how the authors are conceptualizing the caregiver’s role in adherence. Specifically, the authors state that they are investigating caregivers “reasons for adherence and non-adherence” (page 5). This language may be interpreted as suggesting that the authors are only interested in aspects of adherence that are controlled entirely by the caregiver. As adherence often requires involvement from the caregiver and the child, the authors should consider revising their language to reflect their investigation of “the caregiver-reported factors that influence adherence among youth with a chronic medical condition” (or something similar).

5. Methods Regarding Study Inclusion: The methods should be clarified to ensure replication and allow for accurate conclusions regarding generalizability. The authors appear to have limited their study to include only articles including children, what age cutoff did the authors use? Did the authors only include studies with an age range within certain limits or with a specific mean age?

6. Methods Regarding Study Inclusion: Further, did the authors include only studies examining self-management regimens requiring daily (versus weekly/monthly/etc.) adherence to a recommendation? As adherence is often related to regimen complexity, this clarification is necessary to accurately interpret the results.

7. Methods Regarding Study Inclusion: While the authors cite that 1996 is the earliest paper published on this subject, use of this rationale requires verification via literature review. Could the authors provide additional justification for this criteria (results of reviews leading to this criteria) or consider altering their rationale (e.g., including articles in the last 15 years)?

8. Methods Regarding Study Inclusion: Can the authors clarify why they excluded “post-operative treatments for long-term conditions?”

9. Methods and Results: CASP Quality Assessment Tool: As some readers may be unfamiliar with qualitative techniques and measures, could the authors provide more information about this measure and how it assesses study quality? Also, the results of this measure appear to be missing from the results section, could the authors please clarify their findings?
Minor Essential Revisions
1. I believe the authors may have made typos in the following text:
a. “published over an 11 year period (1996-2011)” (page 9) – should this say 15 years?
b. “summarized according to five main themes” (page 9) – The authors list 6
2. Method: Given the complex inclusion/exclusion criteria, could the authors
please provide N’s for studies excluded for: “general advice;” “half the findings”
related to adherence, etc.?
3. Discussion: The discussion could be enhanced by discussion of the findings
within the context of a larger theoretical model of pediatric adherence.

Discretionary Revisions
1. Research Question: While the authors included psychological and
developmental chronic conditions in their literature search, it appears all included
studies examined adherence to a regimen for a chronic medical condition. To
enhance the clarity of the manuscript, the authors may wish to consider changing
their introduction, title, and discussion to focus specifically on pediatric chronic
medical conditions.

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a
statistician.
Declaration of competing interests:
I declare that I have no competing interests