Reviewer’s report

Title: Perspectives on reasons for non-adherence to medication in persons with schizophrenia in Ethiopia: a qualitative study of patients, caregivers and health workers

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Reviewer: Rikke Jørgensen

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Major Compulsory Revisions:

This paper contributes with essential important knowledge according to non-adherence in individuals with schizophrenia living in low and middle income countries. However, revisions are needed to strengthen the overall paper and handle the different perspectives from participants.

Background: is well-written with relevant references, but it lacks a clear definition of the concept adherence/non-adherence. Stating a clear definition of adherence/non-adherence is very important, as it is the phenomenon investigated. The rationale for choosing different perspectives on adherence/non-adherence is neither present – why is it necessary to explore patients’, relatives’ and clinicians’ perspectives? Adherence/non-adherence is a concept primarily developed and used by clinicians, so exploring it from both patients’/relatives’ and clinicians’ perspective is a challenge.

Methods: This section is very brief and needs more elaboration. The rationale for choosing both focus groups and in-depth interviews are missing, why is both methods necessary? What was the rationale for the grouping of the focus groups and the interviews according to the participants? How many participated in the focus groups? Did both participants with high levels of adherence and non-adherence participate in same focus group, advantages/disadvantages and importance of this?

How was the topic guide constructed? Elaboration on this is needed as it is very difficult to follow if the authors just wanted to verify prior factors affecting adherence found in high income countries, or? What is the purpose with the topic guide? The evolvement of the topic guide, was it brought by clinicians or patients/relatives (impact on analysis)?

The rationale for choosing thematic analysis is vague, and a more clearly description on how the data was analyzed and how the analysis led to the development of the themes are lacking.

Results: In general the results section needs more clarity according to the derived themes and participants; are there similarities or differences between factors identified from the different participants? Is the themes derived from the data or are they theoretical themes? The analysis is also containing concepts usually used by clinicians, e.g. lack of insight, stigma. It is not clear if the
concepts used for factors/themes are from the data collected or theoretical concepts. I guess that investigating different perspectives (patients/relatives and clinicians) challenges researchers as they have to be true to both perspectives. According to the Poverty section, here it is not clear if issue of food is an issue to all the participants. Because of the lacking definition of adherence/non-adherence the analysis of the data is quite vague in some of the themes, and it is unclear if non-adherence is referring to medication alone or other treatment modalities as well (the entire background only addresses medication).

When collecting data from different participants on perspectives on a phenomenon, it is important to address it in the analysis. The rationale for bringing different perspectives in play should be transparent!

Discussion: The discussion addresses issues not mentioned in the analysis, which can be of confusion for the reader. Some of the factors discussed need more elaboration.

The authors claim that the main limitation of the study is generalizability. The concept generalizability is a concept primarily used in quantitative research and refers to, if the results are generalizable to another population. Within qualitative research the concept transferability is often used, but refers to if the results are transferable to a similar setting/context. If the concept generalizability is used within qualitative research, the population ought to be much better described than in this paper, and a reference would be preferable.

Another limitation mentioned by the authors is the issue according to non-adherence as a problem or not for the patients and relatives. Taken into account that non-adherence/adherence is a clinician created concept/construct, and that non-adherence is defined by clinicians as a problem, it cannot be expected that patients´ and relatives share same perception as clinicians. It seems that the clinicians look at non-adherence as a problem according to clinical outcome, whereas patients look at the consequences in relation to others.

**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´ below