Reviewer's report

Title: Furthering patient adherence: A position paper of the International Expert Forum on Patient Adherence based on an Internet forum discussion

Version: 1 Date: 24 November 2007

Reviewer: John F Steiner

Reviewer's report:

General
This position paper on furthering patient adherence is the product of an innovative, month-long, Internet-based discussion group comprising international researchers who have authored recent systematic reviews of the adherence literature. Interactions of the group focused on six propositions which frame many of the critical issues in adherence research and practice. By asking group members to vote on their agreement with each of these propositions and to assign a priority score to each, the authors of this paper successfully captured both the current opinions of experts in the field and identified targets for future research.

The methodology used to convene the panel allows for rapid compilation of opinions, but not for the development of consensus. As noted on p. 15, the level of interaction between experts was much less than would have resulted from a face-to-face meeting. As a result, the paper identifies many of the long-standing tensions in the field of adherence research, but leaves many of them unresolved, and at times provides seemingly contradictory recommendations. Among these tensions are: 1) the value of interpersonal approaches (such as face-to-face counseling) vs. technical approaches (such as telephone reminders) to improve adherence; 2) the relative effectiveness of interventions at the delivery system, clinician or patient level; 3) the use of patient characteristics to identify subgroups more likely to be non-adherent vs. measurement of adherence in all subgroups; and 4) the appeal of simple interventions vs. the difficulty of initiating and sustaining long-term behavior change.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Among their seemingly contradictory recommendations are:

1. That interventions should be simple to implement yet multidisciplinary (Abstract). It is difficult to see how coordination of a multidisciplinary intervention could be simple to deliver in a busy practice.
2. That interventions should be delivered in a busy practice, through enhanced communication by physicians, despite the many competing demands at office
visits.

3. That all individuals should be considered potentially non-adherent (p.10), while screening tools to identify at-risk groups are also recommended (p. 7)

A longer or more intensive interaction between the experts might have allowed a better recognition of such problems with the discussion as presented.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

There are also some specific, minor concerns with the manuscript:

4. The Abstract suggests that the problem of non-adherence is growing. No evidence for this statement is provided in the paper. Instead, the authors note that the burden of chronic disease is growing (p. 3). The statement in abstract gives a misleading impression that non-adherence itself is worsening.

5. On p. 6 they suggest that “good communication [between clinician and patient] is free”. Such a statement ignores the time cost and competing demands of clinical practice. Either time spent on adherence counseling will be taken away from other clinical activities, or (much more unlikely) visits will lengthen. While I agree with the authors that adherence counseling is a worthwhile investment of clinical time, they should not underestimate the impact of their recommendation on the nature of clinical work.

6. On p. 7 they note that 15/25 experts endorsed a particular approach, although only 20 of the 25 experts who were willing to respond actually did so (p.4). Since focus groups (unlike epidemiological research) do not include the non-participants in the denominator; I would encourage them to use 20 as the denominator here. I would also suggest that they report the number of participants in Table 1.

7. Their call for better screening strategies to identify groups at risk for non-adherence (p. 7) ignores the inability of adherence research over fifty years to identify a sensitive and specific set of predictors of a non-adherent individual. In the absence of such a set of predictors, attributing non-adherence to individuals on the basis of their appearance or sociodemographic profile is inaccurate and potentially discriminatory. As noted above, this strategy also conflicts with the approach of assuming that all individuals are potentially non-adherent, and with their statement on p. 9 that non-adherent individuals are difficult to identify.

8. While their call for patient-centered interventions (p. 8) has great merit, the tone of this section implies that the patient perspective has been excluded from adherence research. There are many counterexamples that should be acknowledged (e.g. Munro et al., Patient Adherence to Tuberculosis Treatment: a Systematic Review of Qualitative Research, PLoS Med 4(7):e238.)

9. At the bottom of p. 11, the authors make a distinction between “intentional adherence and “non-intentional adherence”, but do not define these terms. They
may mean to say “intentional non-adherence”, and non-intentional non-adherence”?

10. A few examples would be helpful to clarify what they mean on p. 12 by “changing the situation” vs. “changing the patient”.

11. Proposition 6 (p. 12) also makes the assumption that adherence interventions must choose between these alternatives. The potential for joint interventions at multiple levels (organizational, clinician, and patient) is not addressed, although this is a common approach to quality improvement in many other settings.

Discretionary Revisions (which the author can choose to ignore)

None

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**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