Reviewer's report

Title: Adherence to Anti-tuberculosis Treatment among Pulmonary Tuberculosis Patients: a Qualitative and Quantitative Study

Version: 3 Date: 13 May 2009

Reviewer: Susan van den Hof

Reviewer's report:

The revised manuscript has improved a lot, but there are still some questions to be addressed:

First, I am glad that ‘defaulted beforehand’ as described in the previous version, actually means that the last doses were not taken so stopping treatment before finishing the whole course. Therefore, my previous comments on this issue are not valid.

Major Compulsory Revisions

In the results, a new category regarding Observed treatment is introduced: ‘deliver drugs to patient’s home). It is not clear to me what it means exactly. How often are they delivered (every dose, every month?) and does this also mean that taking of the drugs is supervised? If yes, that would mean that 113/670=17% is not observed taking treatment. If no, 35% is not observed taking treatment. More information is needed to be able to understand why this factor is important for adherence.

Please describe in the manuscript which percentage of patients take drugs supervised by someone else.

What does it mean exactly that health workers visited the patient at home? Is that recommended in China, and if yes, how often, by whom, and with what purpose? How is it defined in the questionnaire (should they be visited only once or a certain number of times)? This information is needed to be able to understand why this factor is important for adherence

The authors have adjusted the multivariate model for adherence for all variables considered univariately. However, it seems that many of the added variables do not add to the fit of the model as only Being illiterate, Observed treatment and Home-visiting give statistically significant results and the univariate and multivariate results are similar. A statistician should be consulted on development of the multivariate model. Also, in the methods section it should be described how the final multivariate model was built and selected.

Discretionary Revisions

Was the occurrence of adverse events not assessed in the quantitative study, so you could say how often adverse effects, and especially liver problems, occurred
in the whole patient group included in the quantitative study, except only in non-adherent patients included in the qualitative study.

Is treatment outcome available for the patients included in this study (and for the non-respondents) to 1. assess the effect of non-adherence on treatment outcome and 2. to assess differences between non-respondents and respondents in treatment outcome

Household registration and floating population are not terms used in the international literature. Please specify.

**Level of interest:** An article of importance in its field

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

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

'I declare that I have no competing interests'