Author’s response to reviews

Title: Adherence to antidiabetic medication and factors associated with non-adherence among patients with type-2 diabetes mellitus in two regional hospitals in Cameroon

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Version: 3 Date: 09 Mar 2019

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The Editor,

BMC Endocrine Disorders

Re: “Adherence to antidiabetic medication and factors associated with non-adherence among patients with type-2 diabetes mellitus in two regional hospitals in Cameroon”. Manuscript ID: BEND-D-17-00244R2.

Dear Editor,

Thank you for the opportunity to revise our manuscript referenced above for publication in your journal.

We found your comments very insightful and we have revised the manuscript accordingly. All changes in the manuscript are highlighted in yellow colour and we provide a point-by-point response to the comments below.
We look forward to your thoughts and hope you will find the manuscript suitable for publication.

Sincerely,
Leopold Aminde, MD
(On behalf of authors)

1) In the methods, please reference the Medication Compliance Questionnaire correctly, including how it was developed and validated.

Response: Thank you. This has now been inserted.

This reads:

“This tool was developed using a combination of the adherence scales including the Morisky self-reporting scale (22) and the Hill-Bone Compliance to High Blood Pressure Therapy Scale (23). Validity of the MCQ tool has previously been assessed with a reported Cronbach’s alpha value of 0.782, suggesting acceptable reliability of the tool (21).”

2) Your adherence cut-off for this scale is based on the cut-off value for a different scale. Please provide a justification for why this is appropriate considering they are two different scales and why a cut-off specific for the Medication Compliance Questionnaire was not determined.

Response: Thank you for raising this important point. The cut-off value used is not entirely same as what is used in a different scale (the 9-item Morisky Medication Adherence scale). In the latter, a total score of greater than 11 on 13 points (total) is used (1). The total score in the MCQ however is 28. To define adherence, we considered a score of greater than or equal to 27 to define a participant as adherent, which would represent > 95% compliance to their medication. This cut-off considered is only guided by the approach in the Morisky tool, a well-recognized tool. The cut-off we adopt has similarly been used in the literature (2), and hence enabled comparability of our findings. We however agree with the Editor that it would be important to explicitly determine a diagnostic accuracy cut-off value for this MCQ tool. Unfortunately, this was not the objective of this work, and while we acknowledge the potential shortcomings of this and other subjective medication adherence scales/tools compared to objective methods as discussed in the limitation section of the manuscript, we believe this would be an important question for further investigation in a different research paper.