

NURSING RESEARCH REVIEW FORM
1st Review (Submitted for the ENRS Supplement to NR)

Manuscript # 2005/105
Manuscript title: From research to practice: Improving medication adherence in persons with HIV
Manuscript type: Regular
Number of text pgs.: 14
Number of figures: 5
Number of tables: 1
Reviewer: Christine Grady
Stat reviewer assigned?: No -- do you recommend a stat reviewer? Not at this time

Please evaluate the following with these choices: (1) adequate, (2) inadequate (describe in written review) or (3) not appropriate (describe in written review)

Problem statement: 2
Attention to relevant literature: 2
Theoretical framework: 2
Research design: 2
Data analysis: 2
Discussion of results: 2
Organization:
Writing style:

Please rate the following topics 1-5 (with 5 being the highest rating):

Value of topic:
Probable reader interest in topic: 4
Importance of present contribution to nursing: 4
Priority of topic for publication: 5
Rank this manuscript for its value: 4

Reviewer's Recommendation (please type "X" after your choice):

Accept without revisions
Accept with revisions
Maybe accept with MAJOR revisions X
Do not accept

Comments for Editor only:

In my view, a lot would need to be done to make this study worth printing. The main thrust appears to be how tightly a planned intervention was adhered to. But almost nothing is said about the intervention itself or whether it works, and it is hard to determine how much it matters that a phone call took 8 minutes versus 12 minutes, or occurred 9 days apart rather than 7?

**Please provide a comprehensive and integrated review of this manuscript.
Be sure to present a balanced view of the manuscript's strengths and weaknesses.**

Comments on “From Research to Practice: Improving Medication Adherence in Persons with HIV”

This manuscript reports certain characteristics (such as # and duration of interventions, # of phone calls etc) of a telephone intervention designed to improve adherence of HIV infected patients with antiretroviral therapy. Although finding interventions that increase adherence with medication is important, and evaluating the feasibility in clinical practice of these interventions in a systematic way is also important, I found the manuscript confusing on a number of levels.

1. The title doesn't describe the paper.
2. The background discussion talks about adherence to HIV medication. Although the particular intervention that was being evaluated was being applied to HIV patients, there is nothing in the paper about the content of the intervention, nor about the extent to which it was or was not effective in increasing medication adherence. Therefore, the background should discuss adherence interventions that have been demonstrated to be effective, and importantly the extent to which these interventions were or were not successfully adopted into clinical practice (which seems to be what they are trying to evaluate). In fact, it was only when I got to the last par of the intro on page 6 (!) that I had any indication that this paper was not about medication adherence. The background also states that social cognitive theory and self-efficacy theory provide the framework for the intervention. Again, this seems confused to me—I can see self-efficacy as an important framework for thinking about medication adherence, but the fact that some patients did not complete the telephone interventions as designed may actually indicate high levels of self-efficacy rather than low- although this was not assessed.
3. Methods refers to a parent study- which is never described. Methods also suggest that participants were those who desired to participate and contacted the investigator—couldn't this be a biased sample? Methods also describes sample as “the 99 subjects in the treatment arm of the parent study”- who apparently all received the telephone interventions. How does this relate to the statement about those “who desired to participate”? and what was randomized?
4. According to page 9, 6 endpoints were measured (# and duration of sessions, time between sessions, # of attempted phone calls etc). The significance of these endpoints is not described anywhere? For example, how does it matter if the call lasted 9 minutes or 12 minutes?
5. Similarly, I don't understand the implications of “doubling up”- is that good, bad, or neutral? And how does “doubling-up” affect the reported data on the number of phone calls?
6. I am confused about the data on number of attempted calls. The text says “typically more than one attempt was needed”, but the mean is 1.2 and mode 1.0-

that looks like 1 to me. Then the means reported in the table are approximately 0.6. How can there be less than 1 phone call? Also, did the caller stop trying after a certain number?

7. I find reports (p. 11) that 1 session lasted longer than another meaningless without knowing what the session was about.

8. The discussion's starting sentence says "One way of assessing quality is by examining adherence to a research or clinical protocol" Quality of what?

9. Did the authors try to find out whether the participants found the sessions helpful? Or found the info redundant or more than they could handle (all alluded to in the discussion)

10. I would not call the telephone sessions "treatment". In the discussion, there is reference to wanting to know how effective interventions work out in clinical practice, yet there is no information regarding the "effectiveness" of this intervention.

11. What is the conclusion of this study? I didn't understand the sentence in the "results" section of the abstract.

12. The graphs don't add much.