INTRODUCTION

Prior reviews have suggested adherence rates for chronic conditions are generally poor, even among developed countries. Despite clear benefits of high adherence, interventions aimed at improving adherence have had mixed success. These reviews have focused on interventions which had functional or educational components published up to November 2013. This article includes all studies in a systematic literature review on adherence interventions conducted by the Agency for Healthcare Research and Quality (AHRQ). Though focused on interventions which had functional, educational, or motivational components, published up to November 2013.

OBJECTIVES

The specific research questions to be answered by this review are as follows:

- Are functional-related adherence interventions associated with an increase in adherence?
- Are educational-related adherence interventions associated with an increase in adherence?
- Are motivational-related adherence interventions associated with an increase in adherence?
- Are multidisciplinary adherence interventions which include functional, educational, and motivational components associated with an increase in adherence?

METHODS

Search Strategy

A comprehensive systematic literature review of adherence interventions was conducted by the Agency for Healthcare Research and Quality (AHRQ), though focused on interventions which had functional, educational, or motivational components published up to November 2013. Literature reviews were included to identify comprehensive designs of an adherence intervention, be published in English, and have adherence as an outcome (the search terms are shown in Table 1).

A total of 76 articles were reviewed.

ABSTRACT

OBJECTIVES

Despite the clear benefits of high adherence, interventions aimed at improving adherence have had mixed success. These reviews have focused on interventions which had functional or educational components published up to November 2013. This article includes all studies in a systematic literature review on adherence interventions conducted by the Agency for Healthcare Research and Quality (AHRQ). Though focused on interventions which had functional, educational, or motivational components, published up to November 2013.

OBJECTIVES

- Are functional-related adherence interventions associated with an increase in adherence?
- Are educational-related adherence interventions associated with an increase in adherence?
- Are motivational-related adherence interventions associated with an increase in adherence?
- Are multidisciplinary adherence interventions which include functional, educational, and motivational components associated with an increase in adherence?

RESULTS

- Functional interventions were the most common, appearing in 35 (43.3%) of all intervention studies; 30 (38.1%) studies were functional-only interventions. Functional variables tended to have a relatively large effect and approximately two-thirds of the studies showed a significant effect (see Table 2).

DISCUSSION

- The results reinforce the challenge with improving adherence among patients with chronic diseases.

- A large percentage of studies reported no effect of their intervention. Even among studies which showed a difference between the intervention and control groups, the effect was often quite small.

- Functional interventions appear to be the most effective component in producing large changes in adherence. Motivational interventions, particularly when they are financial, appear to have the most consistent effect.

- Although it is difficult to draw firm conclusions based on the heterogeneous interventions, measures of assessment, and therapeutic area. This study provides some evidence that interventions which include multiple dimensions/areas of adherence are likely to be more effective.

- Educational interventions were somewhat common appearing in 27 (34.1%) of all intervention studies. Educational interventions appeared in just 16 (20%) of all studies.

- Functional interventions were the most common, appearing in 35 (43.3%) of all intervention studies; 30 (38.1%) studies were functional-only interventions. Functional variables tended to have a relatively large effect and approximately two-thirds of the studies showed a significant effect (see Table 2).

- Approximately half of interventions showed an effect, though the non-significant results were not statistically significant (see Table 3).