Table D46. Applicability

| Author, Year  Trial Name | Is the study population broadly applicable?  Comments if “no” response | Is the intervention broadly applicable?  Comments if “no” response | Is the comparator broadly applicable?  Comments if “no” response | Are the outcomes broadly applicable?  Comments if “no” response |
| --- | --- | --- | --- | --- |
| Bender et al., 20101 NA | Unclear or NR  Small study population and vague exclusion criteria; difficult to assess applicability | Yes | Yes | Yes |
| Berg et al., 19972 NA | No  Mostly white and insured | Yes | Yes | Yes |
| Berger et al., 20053 NA | No  Recruitment was stratified by stage of readiness to change, which likely makes the population not representative | Yes | No  No attention-matched control program | Unclear or NR  Insufficient information given about persistence measure |
| Bogner et al., 20084 NA | Yes | Yes | Yes | Yes |
| Bogner et al., 20105 NA | Yes | Yes | Yes | Yes |
| Bosworth et al., 20087  TCYB  Bosworth et al., 20078  TCYB Methods paper | No  Population limited to 8 county area; certain co-morbidities excluded (i.e., MI, revascularization, stroke, etc.) | Yes | Yes | Yes |
| Bosworth et al., 20056  V-STITCH | No  Only veterans at Durham VA hospital | Yes | Yes | Yes |
| Capoccia et al., 20049 NA | No  Study population consisted primarily of white women | Yes | Yes | Yes |
| Carter et al., 200910  NA | Yes | Yes | Yes | Yes |
| Chernew et al., 200811  NA | Yes | Yes | Yes | Yes |
| Choudhry et al., 201012 NA | Yes | Yes | Yes | Yes |
| Choudhry et al., 201113 MI FREEE | Yes | Yes | Yes | Yes |
| Friedman et al., 199614 NA | Yes | Yes | Yes | Yes |
| Fulmer et al., 199915 NA | No  Only 10% participation rate | No  Phone intervention would be applicable, but videophone technology is not widely available | Yes | Yes |
| Grant et al., 200316 NA | No  One clinic with little ethnic diversity makes this different than overall populations of patients with type 2 diabetes mellitus; Is based in community clinic rather than tertiary care but is academic-affiliated and thus less generalizable | Yes | Yes | Yes |
| Guthrie et al., 200117  First Myocardial Infarction (MI) Risk Reduction Program | No  Limited to participants in a registry program who received 2-week supply of pravastatin free | Yes | Yes | No  Short term measure of medication adherence with unvalidated measure |
| Hoffman et al., 200318 NA | Yes | Yes | Yes | Yes |
| Hunt et al., 200819  NA | Yes | Yes | Yes | Yes |
| Janson et al., 200320 NA | Yes | Yes | Yes | No  The study was only 7 weeks in duration - follow-up may be too short |
| Janson et al., 200921 NA | No  Relatively high levels of education and employment | Yes | Yes | Yes |
| Johnson et al., 200623 NR | Yes | Yes | Yes | No  Non-adherence measure contains 5 items: taken less of medication than doctor recommended; taken a break from medication; forgot a dose; taken a dose late or not at all; stopped taking medication because you felt better) |
| Johnson et al., 200622 NR | Yes | Yes | Yes | No  Non-adherence measure contains 5 items: taken less of medication than doctor recommended; taken a break from medication; forgot a dose; taken a dose late or not at all; stopped taking medication because you felt better) |
| Katon et al., 199524 NA | Yes | Yes | No  No attention-control condition | Yes |
| Katon et al., 199926 NA  Katon et al., 200227 NA | Yes | Yes | Yes | Yes |
| Katon et al., 200128  NA  Ludman et al., 200329 NA  Van Korff et al., 200330 NA | Yes | Yes | Yes | Yes |
| Katon et al., 199625  NA | No  Mostly white and middle class | Yes | Yes | Yes |
| Lee et al., 200631 FAME | Yes | Yes | Yes | No |
| Lin et al., 200632  NA | No  Narrow eligibility criteria and exclusions for those with comorbidities | Unclear or NR  Unsure whether training that intervention nurses received in depression diagnosis, pharmacotherapy, behavioral activation, and problem-solving treatment could be broadly applied | Yes | Yes |
| Maciejewski et al., 201033 NA | Yes | Yes | Yes | Yes |
| Mann et al., 201034 The Statin Choice | No  Conducted at one urban minority practice with mostly African American and Latino participants. Thus while good to apply to these patients, may not apply broadly to all patients with diabetes. | Yes | Yes | Yes |
| Montori et al., 201135 NA | Yes | Yes | Yes | Yes |
| Murray et al., 200736 NA | Yes | No  All participants obtained meds at one pharmacy with a pharmacist trained in multiple disciplines who took time to assess for adherence, etc. and intervened as needed | Yes | Yes |
| Nietert et al., 200937 NA | Yes | Unclear or NR  The level of follow-up that pharmacists conducted in this study for the interventions was greater than the care they usually provided. | Yes | Yes |
| Okeke et al., 200938 NA | Yes | No  Dosing aids are not used in typical practice; however, it seems that they could be easily incorporated. | No  There was no attention-matched control condition. | Yes |
| Pearce et al., 200839  Cardiovascular Risk Education and Social Support (CaRESS) Trial | Yes | Yes | Yes | Unclear or NR  The medication adherence measure used in this study was not clearly described by the investigators, so it is unclear whether it is "broadly applicable". The answer may be "No" to the quality of life measures, which were composite measures from the SF-36 Health Survey. |
| Powell et al., 199540 NA | Yes | Yes | Yes | Yes |
| Powers et al., 201168 NA | No  only VA population so not broadly applicable | No  intervention is very individualized so may difficult to implement in real practice | Yes | No  self-reported med adherence only measured at 3 months |
| Pyne et al., 201141 HIV Translating Initiatives for Depression Into Effective Solutions (HITIDES) | No  Almost exclusively men in study pop | Yes | Yes | Yes |
| Rich et al., 199642 NA | No  Unclear exclusion criteria - "other severe illness??", age >70 | No  Very complex intervention with multiple disciplines, broadly defined intensity of intervention from inpt and outpt standpoint | No  Comparator was not well-defined - were people getting any home visits, etc.? | No  Outcomes had 2 different methods of calculation (individual vs. all meds); also proportions of people taking >80% of meds; only one short-term measure of adherence |
| Rickles et al., 200543 NA | No  vast majority of participants were white women, patients could not have comorbid illness requiring medication | Yes | Yes | Yes |
| Ross et al., 200444 NR | No  Substantial differences between participants who responded to survey and non-responders; non-responders with less education, fewer white non-Hispanic, more with low income, more with safety-net insurance, less computer access | Yes | Yes | Yes |
| Rudd et al., 200445 NA | Yes | Yes | Yes | Unclear or NR  Yes for MEMS, No for clinical outcome since BP is only a surrogate measure |
| Rudd et al., 200946  NA | Yes | Yes | No  There was no attention-matched control condition | No  Very little information is provided about the self-report adherence measure used in the study. |
| Schaffer et al., 200447 NA | Unclear or NR  Eligibility criteria not reported | Yes | Yes | Yes |
| Schectman et al., 199448 NA | Yes | Yes | Yes | Yes |
| Schneider et al., 200849 NA | Yes | Yes | Yes | Yes |
| Schnipper et al., 200650 NA | Yes | Yes | No  No attention-matched control program | Yes |
| Simon et al., 200651 NA | Yes | Yes | Yes | Yes |
| Sledge et al., 200652 NA | No  Patients with higher health care costs were over-sampled, and so the intervention was conducted among a group with very high inpatient health service use. This plus the exclusion of outliers and those with high morbidity creates a sample that is not broadly applicable. | No  Intensity may not be feasible for routine use | No  No attention-matched control program | Unclear or NR |
| Smith et al., 200853 NR | Yes | Yes | Yes | Yes |
| Solomon et al., 199854  NA  Gourley et al., 199855  NA | No  Very few patients with HTN are on only a dihydropyridine or a dihydropyridine & a diuretic. | Unclear or NR  The actual content of the intervention was unclear and was delivered by pharmacy residents - limits the applicability of the intervention as the number of pharmacy residencies is limited | Yes | Unclear or NR  Medication adherence outcomes broadly applicable, but morbidity outcomes of varying significance, appear to be post-hoc; too numerous to report all in this table, most relevant to med adherence chosen. |
| Stacy et al., 200956 NA | No  After randomization, those that had no intention of picking up medication, not aware of statin prescription, or failed to answer at least 50% of baseline assessment | No  seems this intervention could only be made available to MCO participants | Yes | Yes |
| Taylor et al., 200357  NA | No  Eligibility criteria were narrow, but it is possible that this sample is broadly applicable in terms of high-risk patients | Yes | No  No attention-matched control | No  80% adherence cut-off may not be applicable for all diseases |
| Vivian et al., 200258 NA | No  VA medical center patients only; excluded if missed more than 3 appointments | No  Ability for pharmacist to do this and have prescribing authority is limited to VA system; outside the VA system, pharmacists currently only have the potential for prescribing authority as Clinical Pharmacist Practitioners in 2 states (NC and New Mexico) | Yes | No  Short term adherence measured only (6 months); measure was not validated |
| Waalen et al., 200959 NA | Yes | Yes | No  There was no attention-matched control condition, and very little was reported about receipt of care in the control arm. | No  The outcome is "use of medications" rather than "medication adherence." |
| Wakefield et al., 201160 NA | No  limited to VA patients | No  intervention seems very labor intensive so unsure of how feasible it would be to do this in a setting outside the VA | Yes | No  no clear measure of medication adherence, only measured on a scale where medication adherence is only one question and the others have to do with diet, exercise, glucose monitoring, and etc. |
| Weinberger et al., 200261 NA | Yes | Yes | Yes | Yes |
| Weymiller et al., 200762 Statin Choice Randomized Trial  Jones et al., 200963 Statin Choice Randomized Trial | No  Study patients more educated than community patients, and were recruited in a specialty clinic as opposed to a primary care clinic | Yes | Yes | Yes |
| Williams et al., 201064  NA | Yes | Yes | Yes | Yes |
| Wilson et al., 201065 Better Outcomes of Asthma Treatment (BOAT); note that there is online supplemental material for methods and timeline | Yes | Yes | Yes | Yes |
| Wolever et al., 201066  NA | Yes | Unclear or NR | Yes | Yes |
| Zhang et al., 201067 NA | Yes | Yes | No  Comparison group was a group of elderly patients receiving retiree health benefits; this is a narrowly defined population | Yes |