Table D46. Applicability

| Author, YearTrial 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., 20101NA | Unclear or NR Small study population and vague exclusion criteria; difficult to assess applicability | Yes | Yes | Yes |
| Berg et al., 19972NA | No Mostly white and insured | Yes | Yes | Yes |
| Berger et al., 20053NA | NoRecruitment was stratified by stage of readiness to change, which likely makes the population not representative | Yes | NoNo attention-matched control program | Unclear or NRInsufficient information given about persistence measure |
| Bogner et al., 20084NA | Yes | Yes | Yes | Yes |
| Bogner et al., 20105NA | Yes | Yes | Yes | Yes |
| Bosworth et al., 20087TCYBBosworth et al., 20078TCYB Methods paper | NoPopulation limited to 8 county area; certain co-morbidities excluded (i.e., MI, revascularization, stroke, etc.) | Yes | Yes | Yes |
| Bosworth et al., 20056V-STITCH | NoOnly veterans at Durham VA hospital | Yes | Yes | Yes |
| Capoccia et al., 20049NA | No Study population consisted primarily of white women | Yes | Yes | Yes |
| Carter et al., 200910NA | Yes | Yes | Yes | Yes |
| Chernew et al., 200811NA | Yes | Yes | Yes | Yes |
| Choudhry et al., 201012NA | Yes | Yes | Yes | Yes |
| Choudhry et al., 201113MI FREEE | Yes | Yes | Yes | Yes |
| Friedman et al., 199614NA | Yes | Yes | Yes | Yes |
| Fulmer et al., 199915NA | No Only 10% participation rate | NoPhone intervention would be applicable, but videophone technology is not widely available | Yes | Yes |
| Grant et al., 200316NA | NoOne 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., 200117First Myocardial Infarction (MI) Risk Reduction Program | NoLimited to participants in a registry program who received 2-week supply of pravastatin free | Yes | Yes | NoShort term measure of medication adherence with unvalidated measure |
| Hoffman et al., 200318NA | Yes | Yes | Yes | Yes |
| Hunt et al., 200819NA | Yes | Yes | Yes | Yes |
| Janson et al., 200320NA | Yes | Yes | Yes | NoThe study was only 7 weeks in duration - follow-up may be too short |
| Janson et al., 200921NA | NoRelatively high levels of education and employment | Yes | Yes | Yes |
| Johnson et al., 200623NR | Yes | Yes | Yes | NoNon-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., 200622NR | Yes | Yes | Yes | NoNon-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., 199524NA | Yes | Yes | NoNo attention-control condition | Yes |
| Katon et al., 199926NAKaton et al., 200227NA | Yes | Yes | Yes | Yes |
| Katon et al., 200128 NALudman et al., 200329NAVan Korff et al., 200330NA | Yes | Yes | Yes | Yes |
| Katon et al., 199625NA | NoMostly white and middle class | Yes | Yes | Yes |
| Lee et al., 200631FAME | Yes | Yes | Yes | No |
| Lin et al., 200632NA | NoNarrow eligibility criteria and exclusions for those with comorbidities | Unclear or NRUnsure 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., 201033NA | Yes | Yes | Yes | Yes |
| Mann et al., 201034The Statin Choice | NoConducted 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., 201135NA | Yes | Yes | Yes | Yes |
| Murray et al., 200736NA | Yes | NoAll 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., 200937NA | Yes | Unclear or NRThe 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., 200938NA | Yes | NoDosing aids are not used in typical practice; however, it seems that they could be easily incorporated. | NoThere was no attention-matched control condition. | Yes |
| Pearce et al., 200839Cardiovascular Risk Education and Social Support (CaRESS) Trial | Yes | Yes | Yes | Unclear or NRThe 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., 199540NA | Yes | Yes | Yes | Yes |
| Powers et al., 201168NA | Noonly VA population so not broadly applicable | Nointervention is very individualized so may difficult to implement in real practice | Yes | Noself-reported med adherence only measured at 3 months |
| Pyne et al., 201141HIV Translating Initiatives for Depression Into Effective Solutions (HITIDES) | NoAlmost exclusively men in study pop | Yes | Yes | Yes |
| Rich et al., 199642NA | NoUnclear exclusion criteria - "other severe illness??", age >70 | NoVery complex intervention with multiple disciplines, broadly defined intensity of intervention from inpt and outpt standpoint | NoComparator was not well-defined - were people getting any home visits, etc.? | NoOutcomes 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., 200543NA | Novast majority of participants were white women, patients could not have comorbid illness requiring medication | Yes | Yes | Yes |
| Ross et al., 200444NR | NoSubstantial 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., 200445NA | Yes | Yes | Yes | Unclear or NRYes for MEMS, No for clinical outcome since BP is only a surrogate measure |
| Rudd et al., 200946NA | Yes | Yes | NoThere was no attention-matched control condition | NoVery little information is provided about the self-report adherence measure used in the study. |
| Schaffer et al., 200447NA | Unclear or NREligibility criteria not reported | Yes | Yes | Yes |
| Schectman et al., 199448NA | Yes | Yes | Yes | Yes |
| Schneider et al., 200849NA | Yes | Yes | Yes | Yes |
| Schnipper et al., 200650NA | Yes | Yes | NoNo attention-matched control program | Yes |
| Simon et al., 200651NA | Yes | Yes | Yes | Yes |
| Sledge et al., 200652NA | NoPatients 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. | NoIntensity may not be feasible for routine use | NoNo attention-matched control program | Unclear or NR |
| Smith et al., 200853NR | Yes | Yes | Yes | Yes |
| Solomon et al., 199854NAGourley et al., 199855NA | NoVery few patients with HTN are on only a dihydropyridine or a dihydropyridine & a diuretic. | Unclear or NRThe 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 NRMedication 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., 200956NA | NoAfter 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 | Noseems this intervention could only be made available to MCO participants | Yes | Yes |
| Taylor et al., 200357NA | NoEligibility criteria were narrow, but it is possible that this sample is broadly applicable in terms of high-risk patients | Yes | NoNo attention-matched control | No80% adherence cut-off may not be applicable for all diseases |
| Vivian et al., 200258NA | NoVA medical center patients only; excluded if missed more than 3 appointments | NoAbility 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 | NoShort term adherence measured only (6 months); measure was not validated |
| Waalen et al., 200959NA | Yes | Yes | NoThere was no attention-matched control condition, and very little was reported about receipt of care in the control arm. | NoThe outcome is "use of medications" rather than "medication adherence." |
| Wakefield et al., 201160NA | Nolimited to VA patients | Nointervention seems very labor intensive so unsure of how feasible it would be to do this in a setting outside the VA | Yes | Nono 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., 200261NA | Yes | Yes | Yes | Yes |
| Weymiller et al., 200762Statin Choice Randomized TrialJones et al., 200963Statin Choice Randomized Trial | NoStudy 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., 201064NA | Yes | Yes | Yes | Yes |
| Wilson et al., 201065Better Outcomes of Asthma Treatment (BOAT); note that there is online supplemental material for methods and timeline | Yes | Yes | Yes | Yes |
| Wolever et al., 201066NA | Yes | Unclear or NR | Yes | Yes |
| Zhang et al., 201067NA | Yes | Yes | NoComparison group was a group of elderly patients receiving retiree health benefits; this is a narrowly defined population | Yes |