Title: Supporting medication adherence using a digital intervention in UK primary care: a qualitative evaluation of the medication adherence for patients support trial

Problem: Medication non-adherence in one of the fundamental behavioural risk factors of uncontrolled hypertension and type 2 diabetes mellitus, associated with increased risk of complications, additional consultations and hospital admissions.

Digital intervention show promise in supporting patients take their medications as prescribed. We conducted a randomized controlled trial in eight primary care practices in the UK, testing the feasibility and efficacy of a text and voice messaging intervention to support medication adherence compared to usual care.

This post-trial qualitative study aimed to obtain patients view and recommendations about the intervention mechanisms of action and obtain recommendation for improvement and intervention scale up.

Approach: Twenty intervention group patients were purposively selected and invited to an interview based on levels of intervention engagement and basic demographics. In depth interviews were conducted face to face and over the phone. Transcripts were coded independently by two researchers, and analysed thematically.

Findings: Four main themes were elicited from the analysis: intervention facilitated acceptability of non-adherence; enabled mechanisms of adherence and prompted social integration. It was also found that personalisation was essential, but tailoring was important to support adherence.

Implications: Improved medication adherence has been associated with decrease in all-cause mortality and morbidity, and digital interventions can be a solution to rapidly evolve the provision of health care.

Future research could explore health care providers views on a digital intervention and adopt a multi-perspective approach to whether and how digital interventions could facilitate behaviour change in primary care.

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