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The Impact of Medication Adherence amid Individuals with Chronic Illness and Medically Underserved Adults

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The Impact of Medication Adherence amid Individuals with Chronic Illness and Medically Underserved Adults

According to the randomized controlled trial (RCT) conducted by Hartch et al. (2024), the researchers aimed to examine how medical adherence, knowledge, self-efficacy and medication specific support using mobile app associated with tracking, reminders and medication information among individual with various chronic conditions over a prolonged period.

Strengths and Limitations

One of the strengths of the study is an increased tendency in medication adherence after introducing the adherence application. The article employed a rigorous design (RCT) supporting casual inferences and reduced bias by controlling groups and randomizing. Additionally, 43% of participants showed an increase in medication adherence (Hartch et al., 2024). On the other hand, there was a small sample to determine the particular role of self-efficacy and study experiment observed participants for a duration of one month only. As well, the study inclusion criteria focused on underserved communities with chronic conditions leading to generalizability to particular illnesses. There was a significant bias in social desirability that can lead to overestimation of medication compliance.

Reliability and Validity

The study results are reliable as researchers used validated medication adherence tool and use of coding qualitative date to examine self-report measures. The researchers solely used nominal and ordinal data for frequency distributions. The summaries utilized the median (IQR) because of the skewed data distribution. Linear regression models were used to test and determine the outcome of the medication adherence app (Hartch et al., 2024). Based on the

results, there was a significant statistical change of ±5.98 stemmed from difference in baseline values in recorded outcomes. According to Hartch et al. (2024), there was a difference in statistical significance of (p=.003) with 50% of the patients demonstrated improved adherence standards compared to 9.7% (n=3) in the control group. However, the study focused on populations that are usually medically underserved. The study is an RCT that provide level 1 evidence strongly inform strong causal references that clarify differences among the groups in improvement of medication adherence. The measurement of cause-effect was determined by use of RCT design and dual response relation to improve adherence. Internal validity maybe threatened by high attrition level and measurement bias through use of self-reported by estimating adherence. External validity was threatened by characteristics of study population since it only focused on medically underserved population. The app design, contextual factors, and access technology among participants may be external factors that threaten outcomes.

Ethics

The study was registered with clinicaltrials.gov and the Vanderbilt University Institutional Review Board, (NCT05098743), approved the study according to its ethical obligations.

Conclusion

The topic outlines the need to establish whether an adherence app can be utilized to increase medication adherence among patients with chronic illness. The study findings implication to be disseminated in future studies to improve adherence through use of medical apps and portals and measurement of outcomes. However, it is important to note that the study lasted for a month hence the need to carry out another study that will take longer and have more

participants (Hartch et al., 2024). Nurses and assistive persons should integrate medication apps to improve workflow and partner with medical institutions or local departments in implementing and maintenance of these apps.

References

Hartch, C. E., Dietrich, M. S., Lancaster, B. J., Stolldorf, D. P., & Mulvaney, S. A. (2024). Effects of a medication adherence app among medically underserved adults with chronic illness: a randomized controlled trial. *Journal of Behavioral Medicine*, *47*(3), 389-404. https://doi.org/10.1007/s10865-023-00446-2