23.5%), and pharmacy records \( n=7 \), 8.6%). Different versions of the Morkis test were used (4-item, and 8-item). Other validated adherence ques-
tions identified within the studies (with more than one occurrence) were: MAT (n=3) and MedTake (n=2). Fill counting, medical chart review, and serum drug determination were used in 4 studies each. None study used electronic monitoring of adherence.

**RESULTS:** Data from the 11 studies included 2731 patients. Major differences were identified among the methods adopted by local researchers for measuring adherence to treat-
ment. Indirect measures are more common, particularly those based on patients’ or caregivers’ perception of adherence behaviors. Most studies employed HIV/AIDS or hypertension patients. Other chronic conditions with long term continuous oral therapies were underrepresented.

**CONCLUSIONS:** The results of this review indicate that PROs included in clinical trials may have a limited utility. Indirect measures are more common, particularly those based on patients’ or caregivers’ perception of adherence behaviors. Most studies involved HIV/AIDS or hypertension patients. Other chronic conditions with long term continuous oral therapies were underrepresented.

**Methods:** To determine if the tool PROMETX – Proemovez, helps in reducing the clinical markers of pharmacokinetics. **M**ethods: PROMETX – Proemovez tool for telephony (voice and text messages) you want, combined with other strategies, to maintain and increase drug compliance, remembering the exact times of taking medication. With prior consent, information is sent to all medications they are prescribed, coded for strictly personal interpretation and handling of confidential and bidirec-
tional. A descriptive longitudinal, which includes users with at least two visits to Pharmacotherapy Monitoring, a pre and post-deployment of telephony tool. Demographic variables are analyzed and compared in an exploratory way in the same population type and amount of drug therapy use problems at the begin-
ning and at the end of use of the tool. A total of 25.6% of patients had at least 1 drug therapy use problems during the first consultation of Pharmacotherapy Monitoring, a situation that changed after the use of PROMETX – Proemovez, which decreased significantly in patients with PROs use problems to 16.7%. A decrease between the two observations of 53.3% with a chi-squared \( \chi^2 \) of 9.56 and a p value of 0.002. **Conclusions:** The tool PROMETX – Proemovez appears to contribute to the decline in drug therapy use problems identified in the Pharmacotherapy Monitoring.

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