LETTER TO THE EDITOR

Daily SMS reminders to obtain adherence to asthma treatment

First, we would like to thank Razykov et al., for their interest and comment on our study (A daily SMS reminder increases adherence to asthma treatment: A three-month follow-up study).

We agree with Razykov et al., that the limited sample size and the lack of power are clear limitations of our pilot study. Small sample size is a well-known limitation in many clinical trials, which stresses the importance of replications of positive study findings.

Regarding Razykov et al.’s comment on the “dramatic and unexpected drop in the adherence rate in the control group”, Charles et al observed a similar drop in adherence rate in their two treatment groups during the first study period.1 The drop in adherence rate early in a study may be due to the fact that adherence is usually artificially increased because of high motivation when subjects are enrolled in a clinical trial, following a more realistic real life adherence plateau after some time.

Furthermore, in addition to the observed significant difference in adherence rate between the two groups we observed a significant change in adherence status (sufficient adherent status: subjects’ actual intake of medicine ≥80% of prescribed medicine) between the two groups during the 12 weeks follow up. In the SMS group three subjects (30%) improved their adherence status from non-adherent to adherent compared to 0 in the control group. In addition four subjects (36%) in the control moved from a sufficient adherence status to non-adherent compared to 0 in the SMS group (p = 0.03). Charles et al also described a significant difference in the proportion of subjects taking more than 80% of their medicine; 39 subjects (88.6%) in the intervention group compared to 18 subjects (39.1%) in the control group (p < 0.05). The stable adherence rate in the SMS group and the positive change in adherence status suggest a potential beneficial effect of a daily SMS on adherence to asthma treatment.

However, despite our positive findings we support the comments by Razykov et al., that further studies are required on this matter. As noted in our paper, the clinical outcomes (eNO, PD20 and FEV1) were not significantly different between the groups after 12 weeks follow-up, and therefore we suggest a longer follow-up time in later studies.

SMS reminders are inexpensive and easily implemented in clinical settings as an additional intervention for increasing adherence. Our observations indicate that SMS reminders may help many patients become sufficiently adherent to their controller medication in addition to standard interventions for asthma control, i.e. frequent follow-ups, patient education and simple medicine administration.2

Conflict of interest

None declared.

References


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