

APPENDIX A. TECHNICAL EXPERT PANEL

Jennifer Bean, Pharm.D (VA)

Clinical Pharmacy Specialist (Psychiatry and Pharmacotherapy), VA Tennessee Valley Healthcare System

Joyce Cramer (former VA)

Medical Research Consultant

Associate Research Scientist in Psychiatry, Yale University Department of Psychiatry, retired
West Haven VA Medical Center, retired

Colin Depp, PhD (VA)

Associate Professor of Psychiatry, University of California, San Diego
Staff Psychologist, VA San Diego Health Care System

Walid Gellad, MD, MPH (VA)

Core Investigator, Center for Health Equity Research and Promotion
Staff Physician, VA Pittsburgh Healthcare System

Assistant Professor of Medicine, University of Pittsburgh School of Medicine

Assistant Professor of Health Policy and Management, University of Pittsburgh Graduate School of Public Health

Jennifer Houser, Pharm.D (VA)

Clinical Pharmacy Specialist (Mental Health), William Jennings Bryan Dorn VA Medical Center

Teresa Hudson, Pharm.D, PhD (VA)

Associate Director, Division of Health Services Research, Psychiatric Research Institute, University of Arkansas for
Medical Sciences School of Medicine

Associate Director, VA Health Services Research & Development Center for Mental Healthcare and Outcomes
Research, Central Arkansas Veterans Healthcare System

Judith Hyatt, Pharm.D (VA)

Clinical Pharmacist (Psychiatry and Pharmacotherapy) VA Western New York Healthcare System

Martha Sajatovic, MD

Professor of Psychiatry and of Neurology, University Hospitals Case Medical Center

Willard Brown Chair in Neurological Outcomes Research

Director, Neurological and Behavioral Outcomes Center

Todd Semla, Pharm.D, MS (VA)

National Pharmacy Benefits Management (PBM) Clinical Pharmacy Program Manager - Mental Health & Geriatrics
Clinical Pharmacy Specialist (Psychiatry and Geriatrics)

Marcia Valenstein, MD, MS (VA)

Staff Psychiatrist, VA Ann Arbor Healthcare System

Senior Research Scientist, VA Health Services Research and Development Service and the Serious Mental Illness
Treatment Research and Evaluation Center (SMITREC), VA Ann Arbor Healthcare System

Professor of Psychiatry, University of Michigan

Dawn Velligan, PhD

Director, Division of Community Recovery, Research and Training

Professor of Psychiatry, Henry B. Dielmann Chair, University of Texas Health Science Center, San Antonio

Corrine Voils, PhD (VA)

Research Health Science Specialist, Durham Center for Health Services Research in Primary Care, VA Health
Sciences Research and Development Service

Social Psychologist, Durham VA Medical Center

Professor of Medicine, Division of General Internal Medicine, Duke University Medical Center

Daina Wells, Pharm.D. (VA)

Program Manager, Academic Detailing Program at the Department of Veterans Affairs
VACO Pharmacy Benefits Management
Clinical Pharmacist (Psychiatry and Pharmacotherapy)

John Zeber, PhD, MHA (VA)

Co-director, Health Outcomes Core, Center for Applied Health Research, Internal Medicine
Investigator, Central Texas Veterans Healthcare System
Associate Professor, Texas A&M Health Science Center College of Medicine
Member, International Society for Pharmacoepidemiology Outcomes Research (ISPOR) and ISPOR National Working Group on Medication Compliance

APPENDIX B: SEARCH STRATEGIES

DATABASE STRATEGY

- Medline - Ovid
- PubMed [publisher] segment – National Library of Medicine
- EMBASE – Elsevier.com
- PsycINFO – Ovid
- Cochrane Library (Ovid EBM Reviews): Cochrane Central Register of Controlled Trials; Cochrane Database of Systematic Reviews; Database of Abstracts of Reviews of Effects; Health Technology Assessment; NHS Economic Evaluation Database
- CINAHL - EBSCOHost
- Conference Papers Index - ProQuest
- Dissertations & Theses - ProQuest

GREY LITERATURE STRATEGY

- ClinicalTrials.gov - <http://www.clinicaltrials.gov>
- WHO ICTRP - <http://apps.who.int/trialsearch/>
- ISRCTN Registry - <http://www.isrctn.com/>

INDIVIDUAL DATABASE SEARCH STRATEGIES

Ovid MEDLINE(R) and Ovid OLDMEDLINE(R) 1946 to January Week 3 2015,
Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations January 27, 2015
 Date Searched: January 29, 2015

1	Medication Adherence/	8162
2	Patient Compliance/	47223
3	Medication Reconciliation/	379
4	Medication Therapy Management/	740
5	Treatment Refusal/	10659
6	((((medication* or pharmaceutical* or drug* or pharmacotherap* or regimen* or therap* or treat* or prophylaxis or psychotropic or psychopharmac* or pharmacolog* or antipsychot* or anti-psychot* or neuroleptic* or mood stabilizer* or antiepileptic* or anti-epileptic* or anticonvulsant* or anti-convulsant* or poor* or patient* or client* or refus*) adj3 (adheren* or non-adheren* or nonadheren* or complian* or non-complian* or noncomplian* or persist* or non-persist* or nonpersist* or reconciliat*)) or medication therapy management).ti,ab.	83952
7	or/1-6	128965
8	Psychotic Disorders/	32480
9	Schizophrenia/	82350
10	Schizophrenia, catatonic/	529
11	Schizophrenia, disorganized/	505
12	Schizophrenia, paranoid/	3674
13	Shared Paranoid Disorder/	283
14	Schizoid Personality Disorder/	565

15	Schizotypal Personality Disorder/	2198
16	Affective disorders, psychotic/	2105
17	Bipolar Disorder/	31621
18	Cyclothymic Disorder/	517
19	Stress disorders, traumatic/	471
20	Combat Disorders/	2589
21	Stress disorders, post-traumatic/	21646
22	Stress disorders, traumatic, acute/	316
23	(psychotic or schizotyp* or schizophren* or schizoid* or schizoaffective or bipolar or mania* or hypomania* or hypo-mania* or manic or cyclothymic or PTSD or post-traumatic stress or posttraumatic stress or ((severe* or serious* or chronic* or persistent*) adj mental* ill*)).ti,ab.	177009
24	or/8-23	225382
25	Policy Making/	12464
26	Public Policy/	28025
27	"State Health Planning and Development Agencies"/	186
28	Insurance Claim Review/	4595
29	"Medicare Part D"/	603
30	Medicaid/	19453
31	Health Services Accessibility/	52115
32	Health Policy/	51267
33	"Formularies as Topic"/	1787
34	Community Pharmacy Services/	2925
35	Cost-sharing/	1993
36	"Health Benefit Plans, Employee"/	9199
37	"Insurance, Pharmaceutical Services"/	3574
38	Managed Care Programs/	23432
39	"Health Maintenance Organizations"/og	3495
40	"Primary Health Care"/ec, og	13631
41	Prescription Drugs/	3113
42	Polypharmacy/	2516
43	Drug Costs/	12338
44	Drug Packaging/	4272
45	Health Services Research/	31057
46	Medical Indigency/	3480
47	Program Development/	23021
48	Disease Management/	12378
49	"Pharmacy Service, Hospital"/	9942
50	"Drug Administration Schedule"/	85246
51	(intervention or interventions or program* or reduce or reduction or patient-level* or system-level* or policy-level* or provider* or strateg* or enhanc* or improv* or increas* or device* or pill* or	12030466

	packag* or policy or policies or benefit* or insurance or insured or contain* or co-pay* or copay* or cost* or pharmacy* or pharmacies* or pharmacist* or pharmacologist* or remind* or refill* or re-fill* or inject* or depot* or LAI or dosing or tele* or email* or text* or virtual* or computer* or electronic* or internet or ehealth or online or interactive* or interdisciplinary or inter-disciplinary or technolog* or monitor* or record* or data* or manag* or self-manag* or counsel* or therap* or alliance or coordinat* or co-ordinat* or communicat* or cognitive or interview* or psychosocial or psycho-social or multicomponent or multi-component or support* or tailor* or coach* or diary or diaries or behavioral or behavioural or family* or families* or peer* or communit* or decision* or educat* or psychoeducation* or psychoeducation* or train* or incentiv* or facilitat* or supervised treatment in out-patients for schizophren* or STOPS or ((reduc* or remov*) adj2 barrier*) or "30-day Adherence Question" or "5-item Questionnaire" or "Adherence Attitude Inventory" or "Adherence Question" or "Adherence Questionnaire" or "Adherence Self-Report Questionnaire" or ASRQ or "Adherence Starts with Knowledge-12" or ASK-12 or "Adherence Starts with Knowledge-20" or ASK-20 or "Adherence to Refills and Medications Scale" or "Adherence Visual Analogue Scale" or "Beliefs about Medicines Questionnaire" or "Beliefs and Behaviour Questionnaire" or - "Beliefs and Behavior Questionnaire" or "Brief Adherence Rating Scale" or "Brief Evaluation of Medication Influences and Beliefs" or BEMIB or "Brief Medication Questionnaire" or "Brooks Medication Adherence Scale" or BMAS or "Centre for Adherence Support Evaluation" or "CASE Adherence Index" or "CASE Index" or "Compliance Questionnaire Rheumatology" or "Drug Attitude Inventory" or "Hill-Bone Compliance Scale" or "Immunosuppressant Therapy Adherence Scale" or ITAS or "Maastricht Utrecht Adherence in Hypertension Questionnaire" or MUAH or "Medication Adherence Assessment Tool" or MAAT or "Medication Adherence Questionnaire" or MAQ or "Medication Adherence Reasons Scale" or "Medication Adherence Report Scale*" or "Medication Adherence Self-Efficacy Scale" or MASES or "Medication Adherence Self-Efficacy Scale Revised" or MASES-R or "Morisky Medication Adherence Scale" or MMAS or "Modified Morisky Scale" or MMS or Morisky-8 or MMS-8 or Morisky-4 or MMS-4 or "Osteoporosis-Specific Morisky Medication Adherence Scale" or OS-MMAS or "Reported Adherence to Medicine Scale" or "Self-Reported Adherence Questionnaire" or SERAD or "Simplified Medication Adherence Questionnaire" or SMAQ or "Stages of Change for Adherence" or SOCA or "The Patterns of Asthma Medication Use Questionnaire" or "The Self-Efficacy for Appropriate Medication Use Scale").ti,ab.	
52	or/25-51	12133327
53	and/7,24,52	4722
54	remove duplicates from 53	4705
55	animals/ not humans/	3879816
56	54 not 55	4675
57	limit 56 to "all child (0 to 18 years)"	753
58	limit 57 to "all adult (19 plus years)"	654
59	57 not 58	99
60	56 not 59	4576
61	limit 60 to (comment or editorial or letter)	93
62	60 not 61	4483
63	limit 62 to english language	4057

PubMed - [Publisher subset search]<http://www.ncbi.nlm.nih.gov/pubmed/>

Date Searched: January 29, 2015

#6	<p>Search (((((((medication*[Title/Abstract] OR pharmaceutical*[Title/Abstract] OR drug*[Title/Abstract] OR pharmacotherap*[Title/Abstract] OR regimen*[Title/Abstract] OR therap*[Title/Abstract] OR treat*[Title/Abstract] OR prophylaxis[Title/Abstract] OR psychotropic[Title/Abstract] OR psychopharmac*[Title/Abstract] OR pharmacolog*[Title/Abstract] OR antipsychot*[Title/Abstract] OR anti-psychot*[Title/Abstract] OR neuroleptic*[Title/Abstract] OR mood stabilizer*[Title/Abstract] OR antiepileptic*[Title/Abstract] OR anti-epileptic*[Title/Abstract] OR anticonvulsant*[Title/Abstract] OR anti-convulsant*[Title/Abstract] OR poor*[Title/Abstract] OR patient*[Title/Abstract] OR client*[Title/Abstract] OR refus*[Title/Abstract])) AND (adheren*[Title/Abstract] OR non-adheren*[Title/Abstract] OR nonadheren*[Title/Abstract] OR complian*[Title/Abstract] OR non-complian*[Title/Abstract] OR noncomplian*[Title/Abstract] OR persist*[Title/Abstract] OR non-persist*[Title/Abstract] OR nonpersist*[Title/Abstract] OR reconciliat*[Title/Abstract])) AND publisher [sb])) OR ((medication therapy management[Title/Abstract]) AND publisher [sb])) AND (((psychotic[Title/Abstract] OR schizotyp*[Title/Abstract] OR schizophren*[Title/Abstract] OR schizoid*[Title/Abstract] OR schizoaffective[Title/Abstract] OR bipolar[Title/Abstract] OR mania*[Title/Abstract] OR hypomania*[Title/Abstract] OR hypo-mania*[Title/Abstract] OR manic[Title/Abstract] OR cyclothymic[Title/Abstract] OR PTSD[Title/Abstract] OR post-traumatic stress[Title/Abstract] OR posttraumatic stress[Title/Abstract] OR severe* mental* ill*[Title/Abstract] OR serious* mental* ill*[Title/Abstract] OR chronic* mental* ill*[Title/Abstract] OR persistent* mental* ill*[Title/Abstract])) AND publisher [sb])) AND (((intervention[Title/Abstract] OR interventions[Title/Abstract] OR program*[Title/Abstract] OR reduce[Title/Abstract] OR reduction[Title/Abstract] OR patient-level*[Title/Abstract] OR system-level*[Title/Abstract] OR policy-level*[Title/Abstract] OR provider*[Title/Abstract] OR strateg*[Title/Abstract] OR enhanc*[Title/Abstract] OR improv*[Title/Abstract] OR increas*[Title/Abstract] OR device*[Title/Abstract] OR pill*[Title/Abstract] OR packag*[Title/Abstract] OR policy[Title/Abstract] OR policies[Title/Abstract] OR benefit*[Title/Abstract] OR insurance[Title/Abstract] OR insured[Title/Abstract] OR contain*[Title/Abstract] OR co-pay*[Title/Abstract] OR copay*[Title/Abstract] OR cost*[Title/Abstract] OR pharmacy*[Title/Abstract] OR pharmacies*[Title/Abstract] OR pharmacist*[Title/Abstract] OR pharmacologist*[Title/Abstract] OR remind*[Title/Abstract] OR refill*[Title/Abstract] OR re-fill*[Title/Abstract] OR inject*[Title/Abstract] OR depot*[Title/Abstract] OR LAI[Title/Abstract] OR dosing[Title/Abstract] OR tele*[Title/Abstract] OR email*[Title/Abstract] OR text*[Title/Abstract] OR virtual*[Title/Abstract] OR computer*[Title/Abstract] OR electronic*[Title/Abstract] OR internet[Title/Abstract] OR ehealth[Title/Abstract] OR online[Title/Abstract] OR interactive*[Title/Abstract] OR interdisciplinary[Title/Abstract] OR inter-disciplinary[Title/Abstract] OR technolog*[Title/Abstract] OR monitor*[Title/Abstract] OR record*[Title/Abstract] OR data*[Title/Abstract] OR manag*[Title/Abstract] OR self-manag*[Title/Abstract] OR counsel*[Title/Abstract] OR therap*[Title/Abstract] OR alliance[Title/Abstract] OR coordinat*[Title/Abstract] OR co-ordinat*[Title/Abstract] OR communicat*[Title/Abstract] OR cognitive[Title/Abstract] OR interview*[Title/Abstract] OR psychosocial[Title/Abstract] OR psycho-social[Title/Abstract] OR multicomponent[Title/Abstract] OR multi-component[Title/Abstract] OR support*[Title/Abstract] OR tailor*[Title/Abstract] OR coach*[Title/Abstract] OR diary[Title/Abstract] OR diaries[Title/Abstract] OR behavioral[Title/Abstract] OR behavioural[Title/Abstract] OR family*[Title/Abstract] OR families*[Title/Abstract] OR peer*[Title/Abstract] OR communit*[Title/Abstract] OR decision*[Title/Abstract] OR educat*[Title/Abstract] OR psychoeducation*[Title/Abstract] OR psychoeducation*[Title/Abstract] OR train*[Title/Abstract] OR incentiv*[Title/Abstract] OR "facilitat*[Title/Abstract] OR supervised treatment in out-patients for schizophren*" [Title/Abstract] OR STOPS[Title/Abstract] OR reduc* barrier*[Title/Abstract] OR remov* barrier*[Title/Abstract] OR "30-day Adherence Question"[Title/Abstract] OR "5-item Questionnaire"[Title/Abstract] OR "Adherence Attitude Inventory"[Title/Abstract] OR "Adherence Question"[Title/Abstract] OR "Adherence Questionnaire"[Title/Abstract] OR "Adherence Self-Report Questionnaire"[Title/Abstract] OR ASRQ[Title/Abstract] OR "Adherence Starts with Knowledge-12"[Title/Abstract] OR ASK-12[Title/Abstract] OR "Adherence Starts with Knowledge-20"[Title/Abstract] OR ASK-</p>	4
----	---	---

	<p>20[Title/Abstract] OR "Adherence to Refills[Title/Abstract] AND Medications Scale"[Title/Abstract] OR "Adherence Visual Analogue Scale"[Title/Abstract] OR "Beliefs about Medicines Questionnaire"[Title/Abstract] OR "Beliefs[Title/Abstract] AND Behaviour Questionnaire"[Title/Abstract] OR "Beliefs[Title/Abstract] AND Behavior Questionnaire"[Title/Abstract] OR "Brief Adherence Rating Scale"[Title/Abstract] OR "Brief Evaluation of Medication Influences[Title/Abstract] AND Beliefs"[Title/Abstract] OR BEMIB[Title/Abstract] OR "Brief Medication Questionnaire"[Title/Abstract] OR "Brooks Medication Adherence Scale"[Title/Abstract] OR BMAS[Title/Abstract] OR "Centre for Adherence Support Evaluation"[Title/Abstract] OR "CASE Adherence Index"[Title/Abstract] OR "CASE Index"[Title/Abstract] OR "Compliance Questionnaire Rheumatology"[Title/Abstract] OR "Drug Attitude Inventory"[Title/Abstract] OR "Hill-Bone Compliance Scale"[Title/Abstract] OR "Immunosuppressant Therapy Adherence Scale"[Title/Abstract] OR ITAS[Title/Abstract] OR "Maastricht Utrecht Adherence in Hypertension Questionnaire"[Title/Abstract] OR MUAH[Title/Abstract] OR "Medication Adherence Assessment Tool"[Title/Abstract] OR MAAT[Title/Abstract] OR "Medication Adherence Questionnaire"[Title/Abstract] OR MAQ[Title/Abstract] OR "Medication Adherence Reasons Scale"[Title/Abstract] OR "Medication Adherence Report Scale"[Title/Abstract] OR "Medication Adherence Self-Efficacy Scale"[Title/Abstract] OR MASES[Title/Abstract] OR "Medication Adherence Self-Efficacy Scale Revised"[Title/Abstract] OR MASES-R[Title/Abstract] OR "Morisky Medication Adherence Scale"[Title/Abstract] OR MMAS[Title/Abstract] OR "Modified Morisky Scale"[Title/Abstract] OR MMS[Title/Abstract] OR Morisky-8[Title/Abstract] OR MMS-8[Title/Abstract] OR Morisky-4[Title/Abstract] OR MMS-4[Title/Abstract] OR "Osteoporosis-Specific Morisky Medication Adherence Scale"[Title/Abstract] OR OS-MMAS[Title/Abstract] OR "Reported Adherence to Medicine Scale"[Title/Abstract] OR "Self-Reported Adherence Questionnaire"[Title/Abstract] OR SERAD[Title/Abstract] OR "Simplified Medication Adherence Questionnaire"[Title/Abstract] OR SMAQ[Title/Abstract] OR "Stages of Change for Adherence"[Title/Abstract] OR SOCA[Title/Abstract] OR "The Patterns of Asthma Medication Use Questionnaire"[Title/Abstract] OR "The Self-Efficacy for Appropriate Medication Use Scale"[Title/Abstract])) AND publisher [sb]</p>	
#5	<p>Search ((intervention[Title/Abstract] OR interventions[Title/Abstract] OR program*[Title/Abstract] OR reduce[Title/Abstract] OR reduction[Title/Abstract] OR patient-level*[Title/Abstract] OR system-level*[Title/Abstract] OR policy-level*[Title/Abstract] OR provider*[Title/Abstract] OR strateg*[Title/Abstract] OR enhanc*[Title/Abstract] OR improv*[Title/Abstract] OR increas*[Title/Abstract] OR device*[Title/Abstract] OR pill*[Title/Abstract] OR packag*[Title/Abstract] OR policy[Title/Abstract] OR policies[Title/Abstract] OR benefit*[Title/Abstract] OR insurance[Title/Abstract] OR insured[Title/Abstract] OR contain*[Title/Abstract] OR co-pay*[Title/Abstract] OR copay*[Title/Abstract] OR cost*[Title/Abstract] OR pharmacy*[Title/Abstract] OR pharmacies*[Title/Abstract] OR pharmacist*[Title/Abstract] OR pharmacologist*[Title/Abstract] OR remind*[Title/Abstract] OR refill*[Title/Abstract] OR re-fill*[Title/Abstract] OR inject*[Title/Abstract] OR depot*[Title/Abstract] OR LAI[Title/Abstract] OR dosing[Title/Abstract] OR tele*[Title/Abstract] OR email*[Title/Abstract] OR text*[Title/Abstract] OR virtual*[Title/Abstract] OR computer*[Title/Abstract] OR electronic*[Title/Abstract] OR internet[Title/Abstract] OR ehealth[Title/Abstract] OR online[Title/Abstract] OR interactive*[Title/Abstract] OR interdisciplinary[Title/Abstract] OR inter-disciplinary[Title/Abstract] OR technolog*[Title/Abstract] OR monitor*[Title/Abstract] OR record*[Title/Abstract] OR data*[Title/Abstract] OR manag*[Title/Abstract] OR self-manag*[Title/Abstract] OR counsel*[Title/Abstract] OR therap*[Title/Abstract] OR alliance[Title/Abstract] OR coordinat*[Title/Abstract] OR co-ordinat*[Title/Abstract] OR communicat*[Title/Abstract] OR cognitive[Title/Abstract] OR interview*[Title/Abstract] OR psychosocial[Title/Abstract] OR psycho-social[Title/Abstract] OR multicomponent[Title/Abstract] OR multi-component[Title/Abstract] OR support*[Title/Abstract] OR tailor*[Title/Abstract] OR coach*[Title/Abstract] OR diary[Title/Abstract] OR diaries[Title/Abstract] OR behavioral[Title/Abstract] OR behavioural[Title/Abstract] OR family*[Title/Abstract] OR families*[Title/Abstract] OR peer*[Title/Abstract] OR communit*[Title/Abstract] OR decision*[Title/Abstract] OR educat*[Title/Abstract] OR psychoeducation*[Title/Abstract] OR psychoeducation*[Title/Abstract] OR train*[Title/Abstract] OR incentiv*[Title/Abstract] OR "facilitat*[Title/Abstract] OR supervised treatment in out-patients for schizophren*[Title/Abstract] OR</p>	4569

	STOPS[Title/Abstract] OR reduc* barrier*[Title/Abstract] OR remov* barrier*[Title/Abstract] OR "30-day Adherence Question"[Title/Abstract] OR "5-item Questionnaire"[Title/Abstract] OR "Adherence Attitude Inventory"[Title/Abstract] OR "Adherence Question"[Title/Abstract] OR "Adherence Questionnaire"[Title/Abstract] OR "Adherence Self-Report Questionnaire"[Title/Abstract] OR ASRQ[Title/Abstract] OR "Adherence Starts with Knowledge-12"[Title/Abstract] OR ASK-12[Title/Abstract] OR "Adherence Starts with Knowledge-20"[Title/Abstract] OR ASK-20[Title/Abstract] OR "Adherence to Refills[Title/Abstract] AND Medications Scale"[Title/Abstract] OR "Adherence Visual Analogue Scale"[Title/Abstract] OR "Beliefs about Medicines Questionnaire"[Title/Abstract] OR "Beliefs[Title/Abstract] AND Behaviour Questionnaire"[Title/Abstract] OR "Beliefs[Title/Abstract] AND Behavior Questionnaire"[Title/Abstract] OR "Brief Adherence Rating Scale"[Title/Abstract] OR "Brief Evaluation of Medication Influences[Title/Abstract] AND Beliefs"[Title/Abstract] OR BEMIB[Title/Abstract] OR "Brief Medication Questionnaire"[Title/Abstract] OR "Brooks Medication Adherence Scale"[Title/Abstract] OR BMAS[Title/Abstract] OR "Centre for Adherence Support Evaluation"[Title/Abstract] OR "CASE Adherence Index"[Title/Abstract] OR "CASE Index"[Title/Abstract] OR "Compliance Questionnaire Rheumatology"[Title/Abstract] OR "Drug Attitude Inventory"[Title/Abstract] OR "Hill-Bone Compliance Scale"[Title/Abstract] OR "Immunosuppressant Therapy Adherence Scale"[Title/Abstract] OR ITAS[Title/Abstract] OR "Maastricht Utrecht Adherence in Hypertension Questionnaire"[Title/Abstract] OR MUAH[Title/Abstract] OR "Medication Adherence Assessment Tool"[Title/Abstract] OR MAAT[Title/Abstract] OR "Medication Adherence Questionnaire"[Title/Abstract] OR MAQ[Title/Abstract] OR "Medication Adherence Reasons Scale"[Title/Abstract] OR "Medication Adherence Report Scale"[Title/Abstract] OR "Medication Adherence Self-Efficacy Scale"[Title/Abstract] OR MASES[Title/Abstract] OR "Medication Adherence Self-Efficacy Scale Revised"[Title/Abstract] OR MASES-R[Title/Abstract] OR "Morisky Medication Adherence Scale"[Title/Abstract] OR MMAS[Title/Abstract] OR "Modified Morisky Scale"[Title/Abstract] OR MMS[Title/Abstract] OR Morisky-8[Title/Abstract] OR MMS-8[Title/Abstract] OR Morisky-4[Title/Abstract] OR MMS-4[Title/Abstract] OR "Osteoporosis-Specific Morisky Medication Adherence Scale"[Title/Abstract] OR OS-MMAS[Title/Abstract] OR "Reported Adherence to Medicine Scale"[Title/Abstract] OR "Self-Reported Adherence Questionnaire"[Title/Abstract] OR SERAD[Title/Abstract] OR "Simplified Medication Adherence Questionnaire"[Title/Abstract] OR SMAQ[Title/Abstract] OR "Stages of Change for Adherence"[Title/Abstract] OR SOCA[Title/Abstract] OR "The Patterns of Asthma Medication Use Questionnaire"[Title/Abstract] OR "The Self-Efficacy for Appropriate Medication Use Scale"[Title/Abstract])) AND publisher [sb]	
#4	Search ((psychotic[Title/Abstract] OR schizotyp*[Title/Abstract] OR schizophren*[Title/Abstract] OR schizoid*[Title/Abstract] OR schizoaffective[Title/Abstract] OR bipolar[Title/Abstract] OR mania*[Title/Abstract] OR hypomania*[Title/Abstract] OR hypo-mania*[Title/Abstract] OR manic[Title/Abstract] OR cyclothymic[Title/Abstract] OR PTSD[Title/Abstract] OR post-traumatic stress[Title/Abstract] OR posttraumatic stress[Title/Abstract] OR severe* mental* ill*[Title/Abstract] OR serious* mental* ill*[Title/Abstract] OR chronic* mental* ill*[Title/Abstract] OR persistent* mental* ill*[Title/Abstract])) AND publisher [sb]	608
#3	Search (((((medication*[Title/Abstract] OR pharmaceutical*[Title/Abstract] OR drug*[Title/Abstract] OR pharmacotherap*[Title/Abstract] OR regimen*[Title/Abstract] OR therap*[Title/Abstract] OR treat*[Title/Abstract] OR prophylaxis[Title/Abstract] OR psychotropic[Title/Abstract] OR psychopharmac*[Title/Abstract] OR pharmacolog*[Title/Abstract] OR antipsychot*[Title/Abstract] OR anti-psychot*[Title/Abstract] OR neuroleptic*[Title/Abstract] OR mood stabilizer*[Title/Abstract] OR antiepileptic*[Title/Abstract] OR anti-epileptic*[Title/Abstract] OR anticonvulsant*[Title/Abstract] OR anti-convulsant*[Title/Abstract] OR poor*[Title/Abstract] OR patient*[Title/Abstract] OR client*[Title/Abstract] OR refus*[Title/Abstract])) AND (adheren*[Title/Abstract] OR non-adheren*[Title/Abstract] OR nonadheren*[Title/Abstract] OR complian*[Title/Abstract] OR non-complian*[Title/Abstract] OR noncomplian*[Title/Abstract] OR persist*[Title/Abstract] OR non-persist*[Title/Abstract] OR nonpersist*[Title/Abstract] OR reconciliat*[Title/Abstract])) AND publisher [sb])) OR ((medication therapy management[Title/Abstract]) AND publisher [sb])	6556
#2	Search (medication therapy management[Title/Abstract]) AND publisher [sb]	20

#1	Search (((medication*[Title/Abstract] OR pharmaceutical*[Title/Abstract] OR drug*[Title/Abstract] OR pharmacotherap*[Title/Abstract] OR regimen*[Title/Abstract] OR therap*[Title/Abstract] OR treat*[Title/Abstract] OR prophylaxis[Title/Abstract] OR psychotropic[Title/Abstract] OR psychopharmac*[Title/Abstract] OR pharmacolog*[Title/Abstract] OR antipsychot*[Title/Abstract] OR anti-psychot*[Title/Abstract] OR neuroleptic*[Title/Abstract] OR mood stabilizer*[Title/Abstract] OR antiepileptic*[Title/Abstract] OR anti-epileptic*[Title/Abstract] OR anticonvulsant*[Title/Abstract] OR anti-convulsant*[Title/Abstract] OR poor*[Title/Abstract] OR patient*[Title/Abstract] OR client*[Title/Abstract] OR refus*[Title/Abstract])) AND (adheren*[Title/Abstract] OR non-adheren*[Title/Abstract] OR nonadheren*[Title/Abstract] OR complian*[Title/Abstract] OR non-complian*[Title/Abstract] OR noncomplian*[Title/Abstract] OR persist*[Title/Abstract] OR non-persist*[Title/Abstract] OR nonpersist*[Title/Abstract] OR reconciliat*[Title/Abstract])) AND publisher [sb]	6539
----	--	----------------------

Ovid PsycINFO 1806 to January Week 4 2015

Date searched: January 29, 2015

1	((((medication* or pharmaceutical* or drug* or pharmacotherap* or regimen* or therap* or treat* or prophylaxis or psychotropic or psychopharmac* or pharmacolog* or antipsychot* or anti-psychot* or neuroleptic* or mood stabilizer* or antiepileptic* or anti-epileptic* or anticonvulsant* or anti-convulsant* or poor* or patient* or client* or refus*) adj3 (adheren* or non-adheren* or nonadheren* or complian* or non-complian* or noncomplian* or persist* or non-persist* or nonpersist* or reconciliat*)) or medication therapy management or treatment refusal).ti,ab.	18146
2	psychosis/ or acute psychosis/ or affective psychosis/ or alcoholic psychosis/ or capgras syndrome/ or childhood psychosis/ or chronic psychosis/ or experimental psychosis/ or hallucinosis/ or "paranoia (psychosis)"/ or postpartum psychosis/ or reactive psychosis/ or senile psychosis/ or toxic psychoses/	24899
3	schizophrenia/ or acute schizophrenia/ or catatonic schizophrenia/ or paranoid schizophrenia/ or process schizophrenia/ or "schizophrenia (disorganized type)"/ or schizophreniform disorder/ or undifferentiated schizophrenia/ or Folie A Deux/	73717
4	exp Schizoid Personality Disorder/	608
5	schizotypal personality disorder/ or schizotypy/	1533
6	bipolar disorder/ or cyclothymic personality/	20400
7	mania/ or hypomania/	5245
8	posttraumatic stress disorder/	22851
9	acute stress disorder/	463
10	(psychotic or schizotyp* or schizophren* or schizoid* or schizoaffective or bipolar or mania* or hypomania* or hypo-mania* or manic or cyclothymic or PTSD or post-traumatic stress or posttraumatic stress or ((severe* or serious* or chronic* or persistent*) adj mental* ill*).ti,ab.	184993
11	or/2-10	196933
12	exp Policy Making/ or exp Government Policy Making/ or exp Health Care Services/ or exp Public Health Services/ or exp Mental Health Services/ or exp Health Education/ or exp Mental Health Programs/ or exp Public Health/ or exp Health Care Policy/ or exp Government Agencies/	167408
13	health insurance/ or employee health insurance/ or fee for service/ or health maintenance organizations/ or medicaid/ or medicare/ or "underinsured (health insurance)"/ or "uninsured (health insurance)"/ or managed care/	9796
14	exp Primary Health Care/	13140
15	exp Prescription Drugs/	2777
16	exp Polypharmacy/	816
17	health care costs/	7325

18	exp Program Development/	7372
19	exp Disease Management/	4344
20	pharmacists/ or medical personnel/	6007
21	(intervention or interventions or program* or reduce or reduction or patient-level* or system-level* or policy-level* or provider* or strateg* or enhanc* or improv* or increas* or device* or pill* or packag* or policy or policies or benefit* or insurance or insured or contain* or co-pay* or copay* or cost* or pharmacy* or pharmacies* or pharmacist* or pharmacologist* or remind* or refill* or re-fill* or inject* or depot* or LAI or dosing or tele* or email* or text* or virtual* or computer* or electronic* or internet or ehealth or online or interactive* or interdisciplinary or inter-disciplinary or technolog* or monitor* or record* or data* or manag* or self-manag* or counsel* or therap* or alliance or coordinat* or co-ordinat* or communicat* or cognitive or interview* or psychosocial or psycho-social or multicomponent or multi-component or support* or tailor* or coach* or diary or diaries or behavioral or behavioural or family* or families* or peer* or communit* or decision* or educat* or psychoeducation* or psychoeducation* or train* or incentiv* or facilitat* or "supervised treatment in out-patients for schizophren*" or STOPS or ((reduc* or remov*) adj2 barrier*) or "30-day Adherence Question" or "5-item Questionnaire" or "Adherence Attitude Inventory" or "Adherence Question" or "Adherence Questionnaire" or "Adherence Self-Report Questionnaire" or ASRQ or "Adherence Starts with Knowledge-12" or ASK-12 or "Adherence Starts with Knowledge-20" or ASK-20 or "Adherence to Refills and Medications Scale" or "Adherence Visual Analogue Scale" or "Beliefs about Medicines Questionnaire" or "Beliefs and Behaviour Questionnaire" or "Beliefs and Behavior Questionnaire" or "Brief Adherence Rating Scale" or "Brief Evaluation of Medication Influences and Beliefs" or BEMIB or "Brief Medication Questionnaire" or "Brooks Medication Adherence Scale" or BMAS or "Centre for Adherence Support Evaluation" or "CASE Adherence Index" or "CASE Index" or "Compliance Questionnaire Rheumatology" or "Drug Attitude Inventory" or "Hill-Bone Compliance Scale" or "Immunosuppressant Therapy Adherence Scale" or ITAS or "Maastricht Utrecht Adherence in Hypertension Questionnaire" or MUAH or "Medication Adherence Assessment Tool" or MAAT or "Medication Adherence Questionnaire" or MAQ or "Medication Adherence Reasons Scale" or "Medication Adherence Report Scale*" or "Medication Adherence Self-Efficacy Scale" or MASES or "Medication Adherence Self-Efficacy Scale Revised" or MASES-R or "Morisky Medication Adherence Scale" or MMAS or "Modified Morisky Scale" or MMS or Morisky-8 or MMS-8 or Morisky-4 or MMS-4 or "Osteoporosis-Specific Morisky Medication Adherence Scale" or OS-MMAS or "Reported Adherence to Medicine Scale" or "Self-Reported Adherence Questionnaire" or SERAD or "Simplified Medication Adherence Questionnaire" or SMAQ or "Stages of Change for Adherence" or SOCA or "The Patterns of Asthma Medication Use Questionnaire" or "The Self-Efficacy for Appropriate Medication Use Scale").ti,ab.	3621995
22	or/12-21	3623396
23	and/1,11,22	3802
24	limit 23 to animal	38
25	limit 24 to human	14
26	24 not 25	24
27	23 not 26	3778
28	limit 27 to (childhood <birth to 12 years> or adolescence <13 to 17 years>)	246
29	limit 28 to adulthood <18+ years>	176
30	28 not 29	70
31	27 not 30	3708
32	limit 31 to (("0200 clinical case study" or 1400 nonclinical case study) and (chapter or "column/opinion" or "comment/reply" or editorial or encyclopedia entry or letter or obituary or poetry or publication information or reprint or review-book or review-media or review-software & other))	84
33	31 not 32	3624

34	limit 33 to english language	3270
----	------------------------------	------

EMBASE (Elsevier)<http://embase.com>

Searched Date: January 29, 2015

Set	Search Strategy	Results
#50	#49 AND [english]/lim	3,004
#49	#48 NOT 'case report'/de	3,508
#48	#47 NOT ([editorial]/lim OR [letter]/lim)	3,773
#47	#44 NOT #46	3,884
#46	#44 AND ([newborn]/lim OR [infant]/lim OR [child]/lim OR [preschool]/lim OR [school]/lim OR [adolescent]/lim) NOT ([young adult]/lim OR [adult]/lim OR [middle aged]/lim OR [aged]/lim OR [very elderly]/lim)	113
#44	#42 NOT #43	3,997
#43	#42 AND [animals]/lim NOT [humans]/lim	13
#42	#41 NOT [medline]/lim	4,010
#41	#6 AND #16 AND #40	9,802
#40	#17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39	15,867,816
#39	intervention:ab,ti OR interventions:ab,ti OR program*:ab,ti OR reduce:ab,ti OR reduction:ab,ti OR 'patient-level':ab,ti OR 'patient-levels':ab,ti OR 'system-level':ab,ti OR 'system-levels':ab,ti OR 'policy-level':ab,ti OR 'policy-levels':ab,ti OR provider*:ab,ti OR strateg*:ab,ti OR enhanc*:ab,ti OR improv*:ab,ti OR increas*:ab,ti OR device*:ab,ti OR pill*:ab,ti OR packag*:ab,ti OR policy:ab,ti OR policies:ab,ti OR benefit*:ab,ti OR insurance:ab,ti OR insured:ab,ti OR contain*:ab,ti OR 'co-pay':ab,ti OR 'co-pays':ab,ti OR copay*:ab,ti OR cost*:ab,ti OR pharmacy*:ab,ti OR pharmacies*:ab,ti OR pharmacist*:ab,ti OR pharmacologist*:ab,ti OR remind*:ab,ti OR refill*:ab,ti OR 're-fill':ab,ti OR 're-fills':ab,ti OR inject*:ab,ti OR depot*:ab,ti OR lai:ab,ti OR dosing:ab,ti OR tele*:ab,ti OR email*:ab,ti OR text*:ab,ti OR virtual*:ab,ti OR computer*:ab,ti OR electronic*:ab,ti OR internet:ab,ti OR ehealth:ab,ti OR online:ab,ti OR interactive*:ab,ti OR interdisciplinary:ab,ti OR 'inter-disciplinary':ab,ti OR technolog*:ab,ti OR monitor*:ab,ti OR record*:ab,ti OR data*:ab,ti OR manag*:ab,ti OR 'self-management':ab,ti OR 'self-managing':ab,ti OR counsel*:ab,ti OR therap*:ab,ti OR alliance:ab,ti OR coordinat*:ab,ti OR 'co-ordinated':ab,ti OR 'co-ordination':ab,ti OR communicat*:ab,ti OR cognitive:ab,ti OR interview*:ab,ti OR psychosocial:ab,ti OR 'psycho-social':ab,ti OR multicomponent:ab,ti OR 'multi-component':ab,ti OR support*:ab,ti OR tailor*:ab,ti OR coach*:ab,ti OR diary:ab,ti OR diaries:ab,ti OR behavioral:ab,ti OR behavioural:ab,ti OR family*:ab,ti OR families*:ab,ti OR peer*:ab,ti OR communit*:ab,ti OR decision*:ab,ti OR educat*:ab,ti OR psychoeducation*:ab,ti OR 'psychoeducation':ab,ti OR 'psychoeducational':ab,ti OR train*:ab,ti OR incentiv*:ab,ti OR facilitat*:ab,ti OR 'supervised treatment in outpatients for schizophrenia':ab,ti OR stops:ab,ti OR barrier*:ab,ti OR '30-day adherence question':ab,ti OR '5-item questionnaire':ab,ti OR 'adherence attitude inventory':ab,ti OR 'adherence question':ab,ti OR 'adherence questionnaire':ab,ti OR 'adherence self-report questionnaire':ab,ti OR asrq:ab,ti OR 'adherence starts with knowledge-12':ab,ti OR 'ask 12':ab,ti OR 'adherence starts with knowledge-20':ab,ti OR 'ask 20':ab,ti OR 'adherence to refills and medications scale':ab,ti OR 'adherence visual analogue scale':ab,ti OR 'beliefs about medicines questionnaire':ab,ti OR 'beliefs and behaviour questionnaire':ab,ti OR 'beliefs and behavior questionnaire':ab,ti OR 'brief adherence rating scale':ab,ti OR 'brief evaluation of medication influences and beliefs':ab,ti OR bemib:ab,ti OR 'brief medication	14,570,620

	questionnaire':ab,ti OR 'brooks medication adherence scale':ab,ti OR bmas:ab,ti OR 'centre for adherence support evaluation':ab,ti OR 'case adherence index':ab,ti OR 'case index':ab,ti OR 'compliance questionnaire rheumatology':ab,ti OR 'drug attitude inventory':ab,ti OR 'hill-bone compliance scale':ab,ti OR 'immunosuppressant therapy adherence scale':ab,ti OR itas:ab,ti OR 'maastricht utrecht adherence in hypertension questionnaire':ab,ti OR muah:ab,ti OR 'medication adherence assessment tool':ab,ti OR maat:ab,ti OR 'medication adherence questionnaire':ab,ti OR maq:ab,ti OR 'medication adherence reasons scale':ab,ti OR 'medication adherence report scale':ab,ti OR 'medication adherence self-efficacy scale':ab,ti OR mases:ab,ti OR 'medication adherence self-efficacy scale revised':ab,ti OR 'mases r':ab,ti OR 'morisky medication adherence scale':ab,ti OR mmas:ab,ti OR 'modified morisky scale':ab,ti OR mms:ab,ti OR 'morisky 8':ab,ti OR 'mms 8':ab,ti OR 'morisky 4':ab,ti OR 'mms 4':ab,ti OR 'osteoporosis-specific morisky medication adherence scale':ab,ti OR 'os mmas':ab,ti OR 'reported adherence to medicine scale':ab,ti OR 'self-reported adherence questionnaire':ab,ti OR serad:ab,ti OR 'simplified medication adherence questionnaire':ab,ti OR sma:ab,ti OR 'stages of change for adherence':ab,ti OR soca:ab,ti OR 'the patterns of asthma medication use questionnaire':ab,ti OR 'the self-efficacy for appropriate medication use scale':ab,ti	
#38	'hospital pharmacy'/de	12,567
#37	'disease management'/exp	1,803,597
#36	'program development'/de	17,753
#35	'socioeconomics'/exp	181,927
#34	'health services research'/de	27,052
#33	'drug packaging'/de	7,798
#32	'drug cost'/de	59,763
#31	'polypharmacy'/de	7,731
#30	'prescription drug'/de	4,089
#29	'primary health care'/exp	111,492
#28	'health maintenance organization'/de	17,030
#27	'health insurance'/exp	190,051
#25	'pharmacy'/de	56,409
#24	'health care policy'/de	146,123
#23	'health care delivery'/exp	2,034,947
#22	'medicaid'/exp	29,190
#21	'medicare'/exp	53,706
#20	'insurance'/exp	235,070
#19	'health care planning'/de	79,255
#18	'policy'/de	76,327
#17	'management'/exp	731,630
#16	#7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15	346,198
#15	psychotic:ab,ti OR schizotyp*:ab,ti OR schizophren*:ab,ti OR schizoid*:ab,ti OR schizoaffective:ab,ti OR bipolar:ab,ti OR mania*:ab,ti OR hypomania*:ab,ti OR 'hypo-manias':ab,ti OR manic:ab,ti OR cyclothymic*:ab,ti OR ptsd*:ab,ti OR 'post-traumatic stress':ab,ti OR 'posttraumatic stress':ab,ti OR 'severe mental illness':ab,ti OR 'severely mentally ill':ab,ti OR 'serious mental illness':ab,ti OR 'seriously mentally ill':ab,ti OR 'chronic mental illness':ab,ti OR 'chronically mentally ill':ab,ti OR 'persistent mental illness':ab,ti OR 'persistently mentally ill':ab,ti	232,690
#14	'acute stress disorder'/de	980
#13	'posttraumatic stress disorder'/de	36,791
#12	'bipolar disorder'/exp	50,154
#11	'schizotypal personality disorder'/de	1,908
#10	'schizoidism'/de	2,514
#9	'shared psychotic disorder'/exp	219
#8	'schizophrenia'/exp	145,829
#7	'psychosis'/exp	224,632
#6	#1 OR #2 OR #3 OR #4 OR #5	187,065
#5	((medication* OR pharmaceutical* OR drug* OR pharmacotherap* OR regimen* OR	108,783

	therap* OR treat* OR prophylaxis OR psychotropic OR psychopharmac* OR pharmacolog* OR antipsychot* OR 'anti psychotic' OR 'anti psychotics' OR neuroleptic* OR 'mood stabilizer' OR 'mood stabilizers' OR antiepileptic* OR 'anti epileptic' OR 'anti epileptics' OR anticonvulsant* OR 'anti convulsant' OR 'anti convulsants' OR poor* OR patient* OR client* OR refus*) NEAR/3 (adheren* OR 'non adherent' OR 'non adherence' OR nonadheren* OR complian* OR 'non compliant' OR 'non compliance' OR noncomplian* OR persistent OR persistence OR 'non persistent' OR 'non persistence' OR nonpersistence OR nonpersistent OR reconciliat*)):ab,ti	
#4	'medication compliance'/de	12,550
#3	'medication compliance'/de	3,630
#2	'patient compliacne'/de	99,293
#1	'medication compliance'/de	6,242

Cochrane Library (Ovid EBM Reviews)

- **Cochrane Central Register of Controlled Trials** December 2014
- **Cochrane Database of Systematic Reviews** 2005 to December 2014
- **Database of Abstracts of Reviews of Effects** 4th Quarter 2014
- **Health Technology Assessment** 4th Quarter 2014
- **NHS Economic Evaluation Database** 4th Quarter 2014

Date Searched: January 29, 2015

1	((((medication* or pharmaceutical* or drug* or pharmacotherap* or regimen* or therap* or treat* or prophylaxis or psychotropic or psychopharmac* or pharmacolog* or antipsychot* or anti-psychot* or neuroleptic* or mood stabilizer* or antiepileptic* or anti-epileptic* or anticonvulsant* or anti-convulsant* or poor* or patient* or client* or refus*) adj3 (adheren* or non-adheren* or nonadheren* or complian* or non-complian* or noncomplian* or persist* or non-persist* or nonpersist* or reconciliat*)) or medication therapy management).ti,ab.	14975
2	(psychotic or schizotyp* or schizophren* or schizoid* or schizoaffective or bipolar or mania* or hypomania* or hypo-mania* or manic or cyclothymic or PTSD or post-traumatic stress or posttraumatic stress or ((severe* or serious* or chronic* or persistent*) adj mental* ill*)),ti,ab.	15934
3	(intervention or interventions or program* or reduce or reduction or patient-level* or system-level* or policy-level* or provider* or strateg* or enhanc* or improv* or increas* or device* or pill* or packag* or policy or policies or benefit* or insurance or insured or contain* or co-pay* or copay* or cost* or pharmacy* or pharmacies* or pharmacist* or pharmacologist* or remind* or refill* or re-fill* or inject* or depot* or LAI or dosing or tele* or email* or text* or virtual* or computer* or electronic* or internet or ehealth or online or interactive* or interdisciplinary or inter-disciplinary or technolog* or monitor* or record* or data* or manag* or self-manag* or counsel* or therap* or alliance or coordinat* or co-ordinat* or communicat* or cognitive or interview* or psychosocial or psycho-social or multicomponent or multi-component or support* or tailor* or coach* or diary or diaries or behavioral or behavioural or family* or families* or peer* or communit* or decision* or educat* or psychoeducation* or psychoeducation* or train* or incentiv* or facilitat* or supervised treatment in out-patients for schizophren* or STOPS or (((reduc* or remov*) adj2 barrier*) or "30-day Adherence Question" or "5-item Questionnaire" or "Adherence Attitude Inventory" or "Adherence Question" or "Adherence Questionnaire" or "Adherence Self-Report Questionnaire" or ASRQ or "Adherence Starts with Knowledge-12" or ASK-12 or "Adherence Starts with Knowledge-20" or ASK-20 or "Adherence to Refills and Medications Scale" or "Adherence Visual Analogue Scale" or "Beliefs about Medicines Questionnaire" or "Beliefs and Behaviour Questionnaire" or "Beliefs and Behavior Questionnaire" or "Brief Adherence Rating Scale" or "Brief Evaluation of Medication Influences and Beliefs" or BEMIB or "Brief Medication Questionnaire" or "Brooks Medication Adherence Scale" or BMAS or "Centre for Adherence Support Evaluation" or "CASE Adherence Index" or "CASE Index" or "Compliance Questionnaire Rheumatology" or "Drug Attitude Inventory" or "Hill-Bone Compliance Scale" or "Immunosuppressant Therapy Adherence Scale" or ITAS or "Maastricht Utrecht Adherence in Hypertension Questionnaire" or MUAH or "Medication Adherence	591600

	Assessment Tool" or MAAT or "Medication Adherence Questionnaire" or MAQ or "Medication Adherence Reasons Scale" or "Medication Adherence Report Scale*" or "Medication Adherence Self-Efficacy Scale" or MASES or "Medication Adherence Self-Efficacy Scale Revised" or MASES-R or "Morisky Medication Adherence Scale" or MMAS or "Modified Morisky Scale" or MMS or Morisky-8 or MMS-8 or Morisky-4 or MMS-4 or "Osteoporosis-Specific Morisky Medication Adherence Scale" or OS-MMAS or "Reported Adherence to Medicine Scale" or "Self-Reported Adherence Questionnaire" or SERAD or "Simplified Medication Adherence Questionnaire" or SMAQ or "Stages of Change for Adherence" or SOCA or "The Patterns of Asthma Medication Use Questionnaire" or "The Self-Efficacy for Appropriate Medication Use Scale"))).ti,ab.	
4	and/1-3	700
5	limit 4 to medline records [Limit not valid in CDSR,DARE,CLHTA,CLEED; records were retained]	419
6	4 not 5	281
7	limit 6 to english language [Limit not valid in CDSR,DARE; records were retained]	155

EBSCOHost CINAHL Plus with Full Text

Date Searched: January 29, 2015

Search ID#	Search Terms	Search Options	Actions
S40	S7 AND S16 AND S39	Limiters - English Language; Age Groups: Adult: 19-44 years, Middle Aged: 45-64 years, Aged: 65+ years, Aged, 80 and over; Exclude MEDLINE records	152
S39	S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38		2,861,309
S38	(AB intervention or interventions or program* or reduce or reduction or patient-level* or system-level* or policy-level* or provider* or strateg* or enhanc* or improv* or increas* or device* or pill* or packag* or policy or policies or benefit* or insurance or insured or contain* or co-pay* or copay* or cost* or pharmacy* or pharmacies* or pharmacist* or pharmacologist* or remind* or refill* or re-fill* or inject* or depot* or LAI or dosing or tele* or email* or text* or virtual* or computer* or electronic* or internet or ehealth or online or interactive* or interdisciplinary or inter-disciplinary or technolog* or monitor* or record* or data* or manag* or self-manag* or counsel* or therap* or alliance or coordinat* or co-ordinat* or communicat* or cognitive or interview* or psychosocial or psycho-social or multicomponent or multi-component or support* or tailor* or coach* or diary or diaries or behavioral or behavioural or family* or families* or peer* or communit* or decision* or educat* or psychoeducation* or psychoeducation* or train* or incentiv* or facilitat* or "supervised treatment in out-patients for schizophren*" or STOPS or ((reduc* or remov*) adj2 barrier*) or "30-day		2,838,440

	<p>Adherence Question" or "5-item Questionnaire" or "Adherence Attitude Inventory" or "Adherence Question" or "Adherence Questionnaire" or "Adherence Self-Report Questionnaire" or ASRQ or "Adherence Starts with Knowledge-12" or ASK-12 or "Adherence Starts with Knowledge-20" or ASK-20 or "Adherence to Refills and Medications Scale" or "Adherence Visual Analogue Scale" or "Beliefs about Medicines Questionnaire" or "Beliefs and Behaviour Questionnaire" or "Beliefs and Behavior Questionnaire" or "Brief Adherence Rating Scale" or "Brief Evaluation of Medication Influences and Beliefs" or BEMIB or "Brief Medication Questionnaire" or "Brooks Medication Adherence Scale" or BMAS or "Centre for Adherence Support Evaluation" or "CASE Adherence Index" or "CASE Index" or "Compliance Questionnaire Rheumatology" or "Drug Attitude Inventory" or "Hill-Bone Compliance Scale" or "Immunosuppressant Therapy Adherence Scale" or ITAS or "Maastricht Utrecht Adherence in Hypertension Questionnaire" or MUAH or "Medication Adherence Assessment Tool" or MAAT or "Medication Adherence Questionnaire" or MAQ or "Medication Adherence Reasons Scale" or "Medication Adherence Report Scale*" or "Medication Adherence Self-Efficacy Scale" or MASES or "Medication Adherence Self-Efficacy Scale Revised" or MASES-R or "Morisky Medication Adherence Scale" or MMAS or "Modified Morisky Scale" or MMS or Morisky-8 or MMS-8 or Morisky-4 or MMS-4 or "Osteoporosis-Specific Morisky Medication Adherence Scale" or OS-MMAS or "Reported Adherence to Medicine Scale" or "Self-Reported Adherence Questionnaire" or SERAD or "Simplified Medication Adherence Questionnaire" or SMAQ or "Stages of Change for Adherence" or SOCA or "The Patterns of Asthma Medication Use Questionnaire" or "The Self-Efficacy for Appropriate Medication Use Scale"</p>		
S37	<p>(TI intervention or interventions or program* or reduce or reduction or patient-level* or system-level* or policy-level* or provider* or strateg* or enhanc* or improv* or increas* or device* or pill* or packag* or policy or policies or benefit* or insurance or insured or contain* or co-pay* or copay* or cost* or pharmacy* or pharmacies* or pharmacist* or pharmacologist* or remind* or refill* or re-fill* or inject* or depot* or LAI or dosing or tele* or email* or text* or virtual* or computer* or electronic* or internet or ehealth or online or interactive* or interdisciplinary or inter-disciplinary or technolog* or monitor* or record* or data* or manag* or self-manag* or counsel* or therap* or alliance or coordinat* or co-ordinat* or communicat* or cognitive or interview* or psychosocial or psycho-social or multicomponent or multi-component or support* or tailor* or coach* or diary or diaries or behavioral or behavioural or family* or families* or peer* or communit* or decision* or educat* or psychoeducation* or psychoeducation* or train* or incentiv* or facilitat* or "supervised treatment in out-patients for schizophren*" or STOPS or ((reduc* or remov*) adj2 barrier*) or "30-day Adherence Question" or "5-item Questionnaire" or "Adherence Attitude Inventory" or "Adherence Question" or</p>		2,839,476

	"Adherence Questionnaire" or "Adherence Self-Report Questionnaire" or ASRQ or "Adherence Starts with Knowledge-12" or ASK-12 or "Adherence Starts with Knowledge-20" or ASK-20 or "Adherence to Refills and Medications Scale" or "Adherence Visual Analogue Scale" or "Beliefs about Medicines Questionnaire" or "Beliefs and Behaviour Questionnaire" or "Beliefs and Behavior Questionnaire" or "Brief Adherence Rating Scale" or "Brief Evaluation of Medication Influences and Beliefs" or BEMIB or "Brief Medication Questionnaire" or "Brooks Medication Adherence Scale" or BMAS or "Centre for Adherence Support Evaluation" or "CASE Adherence Index" or "CASE Index" or "Compliance Questionnaire Rheumatology" or "Drug Attitude Inventory" or "Hill-Bone Compliance Scale" or "Immunosuppressant Therapy Adherence Scale" or ITAS or "Maastricht Utrecht Adherence in Hypertension Questionnaire" or MUAH or "Medication Adherence Assessment Tool" or MAAT or "Medication Adherence Questionnaire" or MAQ or "Medication Adherence Reasons Scale" or "Medication Adherence Report Scale*" or "Medication Adherence Self-Efficacy Scale" or MASES or "Medication Adherence Self-Efficacy Scale Revised" or MASES-R or "Morisky Medication Adherence Scale" or MMAS or "Modified Morisky Scale" or MMS or Morisky-8 or MMS-8 or Morisky-4 or MMS-4 or "Osteoporosis-Specific Morisky Medication Adherence Scale" or OS-MMAS or "Reported Adherence to Medicine Scale" or "Self-Reported Adherence Questionnaire" or SERAD or "Simplified Medication Adherence Questionnaire" or SMAQ or "Stages of Change for Adherence" or SOCA or "The Patterns of Asthma Medication Use Questionnaire" or "The Self-Efficacy for Appropriate Medication Use Scale")		
S36	(MH "Drug Administration Schedule")		9,991
S35	(MH "Pharmacy Service")		4,334
S34	(MH "Disease Management")		9,150
S33	(MH "Program Development")		16,877
S32	(MH "Health Services Research")		9,793
S31	(MH "Drug Packaging")		869
S30	(MH "Polypharmacy")		2,179
S29	(MH "Drugs, Prescription")		13,214
S28	(MH "Primary Health Care/AM/EC")		3,452
S27	(MH "Health Maintenance Organizations/AM")		413
S26	(MH "Managed Care Programs")		10,452
S25	(MH "Insurance, Pharmaceutical Services")		1,396
S24	(MH "Pharmacy Service")		4,334
S23	(MH "Formularies")		1,426

S22	(MH "Health Policy")		33,206
S21	(MH "Health Services Accessibility")		51,804
S20	(MH "Medicaid")		12,256
S19	(MH "Medicare")		27,432
S18	(MH "Public Policy")		14,087
S17	(MH "Policy Making")		6,812
S16	S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15		50,411
S15	(AB psychotic or schizotyp* or schizophren* or schizoid* or schizoaffective or bipolar or mania* or hypomania* or hypomania* or manic or cyclothymic or PTSD or post-traumatic stress or posttraumatic stress or ((severe* or serious* or chronic* or persistent*) N1 mental* ill*))		39,775
S14	(TI psychotic or schizotyp* or schizophren* or schizoid* or schizoaffective or bipolar or mania* or hypomania* or hypomania* or manic or cyclothymic or PTSD or post-traumatic stress or posttraumatic stress or ((severe* or serious* or chronic* or persistent*) N1 mental* ill*))		39,263
S13	(MH "Stress Disorders, Post-Traumatic")		12,867
S12	(MH "Bipolar Disorder") OR (MH "Cyclothymic Disorder")		7,216
S11	(MH "Schizotypal Personality Disorder")		154
S10	(MH "Catatonia")		259
S9	(MH "Schizophrenia")		15,895
S8	(MH "Psychotic Disorders") OR (MH "Affective Disorders, Psychotic") OR (MH "Organic Mental Disorders, Psychotic") OR (MH "Postpartum Psychosis") OR (MH "Paranoid Disorders")		7,494
S7	S1 OR S2 OR S3 OR S4 OR S5 OR S6		45,088
S6	((AB medication* or pharmaceutical* or drug* or pharmacotherap* or regimen* or therap* or treat* or prophylaxis or psychotropic or psychopharmac* or pharmacolog* or antipsychot* or anti-psychot* or neuroleptic* or mood stabilizer* or antiepileptic* or anti-epileptic* or anticonvulsant* or anti-convulsant* or poor* or patient* or client* or refus*) N3 (AB adheren* or non-adheren* or nonadheren* or complian* or non-complian* or noncomplian* or persist* or non-persist* or nonpersist* or reconciliat*)) or (AB medication therapy management)		32,326
S5	((TI medication* or pharmaceutical* or drug* or pharmacotherap* or regimen* or therap* or treat* or prophylaxis or psychotropic or psychopharmac* or pharmacolog* or antipsychot* or anti-psychot* or neuroleptic* or mood stabilizer* or antiepileptic* or anti-epileptic* or anticonvulsant* or anti-convulsant* or poor* or patient* or client* or refus*) N3 (TI adheren* or non-adheren* or nonadheren* or complian* or non-complian* or		33,726

	noncompliant* or persist* or non-persist* or nonpersist* or reconciliat*) or (TI medication therapy management)		
S4	(MH "Treatment Refusal")		3,723
S3	(MH "Medication Reconciliation")		763
S2	(MH "Patient Compliance")		20,473
S1	(MH "Medication Compliance")		10,944

ClinicalTrials.gov

Searched Date: January 29, 2013

Search Strategy-Advanced Search Interface	Result
SEARCH TERMS: adherence OR adherent OR non-adherence OR non-adherent OR nonadherence OR nonadherent OR compliance OR compliant OR non-compliant OR noncompliant OR non-compliance OR noncompliance OR persistence OR non-persistence OR nonpersistence OR reconciliation RECRUITMENT: Closed Studies STUDY RESULTS: All Studies STUDY TYPE: Interventional Studies CONDITIONS: psychosis OR psychotic OR schizotypal OR schizophrenia OR schizophreniform OR schizoid OR schizoaffective OR bipolar OR mania OR manias OR hypomania OR hypo-mania OR cyclothymic OR PTSD OR post-traumatic stress OR posttraumatic stress	439

WHO ICTRP (World Health Organization, International Clinical Trials Registry Platform)<http://apps.who.int/trialsearch/AdvSearch.aspx>

Searched Date: January 29, 2015

Search Strategy	Result
TITLE SEARCH: adherence OR adherent OR non-adherence OR non-adherent OR nonadherence OR nonadherent OR compliance OR compliant OR non-compliant OR noncompliant OR non-compliance OR noncompliance OR persistence OR non-persistence OR nonpersistence OR reconciliation AND CONDITION SEARCH: psychosis OR psychotic OR schizotypal OR schizophrenia OR schizophreniform OR schizoid OR schizoaffective OR bipolar OR mania OR manias OR hypomania OR hypo-mania OR cyclothymic OR PTSD OR post-traumatic stress OR posttraumatic stress	81 records for 79 trials found

ISRCTN Registry<http://www.isrctn.com/editAdvancedSearch>

Searched Date: January 30, 2015

Search Strategy	Result
<p>TEXT SEARCH: Adherence OR adherent OR non-adherence OR non-adherent OR nonadherence OR nonadherent OR compliance OR compliant OR non-compliance OR non-compliant OR noncompliance OR noncompliant OR persistence OR non-persistence OR nonpersistence or reconciliation or "medication therapy management"</p> <p>AND</p> <p>CONDITION SEARCH: psychotic OR psychosis OR schizotypal OR schizophrenia OR schizophrenic OR schizophreniform OR schizoid OR schizoaffective OR bipolar OR mania OR manias OR hypomania OR hypomanias OR hypo-mania OR hypo-manias OR manic OR cyclothymic OR PTSD OR post-traumatic stress OR posttraumatic stress OR severely mentally ill OR severe mental illness OR seriously mentally ill OR serious mental illness OR chronically mentally ill OR chronic mental illness OR persistently mentally ill OR persistent mental illness</p>	0

ProQuest Conference Papers Index

Searched Date: January 29, 2015

Search Strategy (Command Line Search)	Results
<p>TI,AB(medication* or pharmaceutical* or drug* or pharmacotherap* or regimen* or therap* or treat* or prophylaxis or psychotropic or psychopharmac* or pharmacolog* or antipsychot* or anti-psychot* or neuroleptic* or mood stabilizer* or antiepileptic* or anti-epileptic* or anticonvulsant* or anti-convulsant* or poor* or patient* or client* or refus*)</p> <p>AND TI,AB(adheren* or non-adheren* or nonadheren* or complian* or non-complian* or noncomplian* or persist* or non-persist* or nonpersist* or reconciliat*)</p> <p>AND TI,AB(psychotic or schizotyp* or schizophren* or schizoid* or schizoaffective or bipolar or mania* or hypomania* or hypo-mania* or manic or cyclothymic or PTSD or post-traumatic stress or posttraumatic stress or severe* mental* ill* or serious* mental* ill* or chronic* mental* ill* or persistent* mental* ill*)</p> <p>AND TI,AB(intervention or interventions or program* or reduce or reduction or patient-level* or system-level* or policy-level* or provider* or strateg* or enhanc* or improv* or increas* or device* or pill* or packag* or policy or policies or benefit* or insurance or insured or contain* or co-pay* or copay* or cost* or pharmacy* or pharmacies* or pharmacist* or pharmacologist* or remind* or refill* or re-fill* or inject* or depot* or LAI or dosing or tele* or email* or text* or virtual* or computer* or electronic* or internet or ehealth or online or interactive* or interdisciplinary or inter-disciplinary or technolog* or monitor* or record* or data* or manag* or self-manag* or counsel* or therap* or alliance or coordinat* or co-ordinat* or communicat* or cognitive or interview* or psychosocial or psycho-social or multicomponent or multi-component or support* or tailor* or coach* or diary or diaries or behavioral or behavioural or family* or families* or peer* or communit* or decision* or educat* or psychoeducation* or psychoeducation* or train* or incentiv* or facilitat* or supervised treatment in out-patients for schizophren* or STOPS or reduc* N/2 barrier* or remov* n/2 barrier* or "30-day Adherence Question" or "5-item Questionnaire" or "Adherence Attitude Inventory" or "Adherence Question" or "Adherence Questionnaire" or "Adherence Self-Report Questionnaire" or ASRQ or "Adherence Starts with Knowledge-12" or ASK-12 or "Adherence Starts with Knowledge-20" or ASK-20 or "Adherence to Refills and Medications Scale" or "Adherence Visual Analogue Scale" or "Beliefs about Medicines Questionnaire" or "Beliefs and Behaviour Questionnaire" or "Beliefs and Behavior Questionnaire" or "Brief Adherence Rating Scale" or "Brief Evaluation of Medication Influences and Beliefs" or BEMIB or "Brief Medication Questionnaire" or "Brooks Medication Adherence Scale" or BMAS or "Centre for Adherence Support Evaluation" or</p>	36

<p>"CASE Adherence Index" or "CASE Index" or "Compliance Questionnaire Rheumatology" or "Drug Attitude Inventory" or "Hill-Bone Compliance Scale" or "Immunosuppressant Therapy Adherence Scale" or ITAS or "Maastricht Utrecht Adherence in Hypertension Questionnaire" or MUAH or "Medication Adherence Assessment Tool" or MAAT or "Medication Adherence Questionnaire" or MAQ or "Medication Adherence Reasons Scale" or "Medication Adherence Report Scale*" or "Medication Adherence Self-Efficacy Scale" or MASES or "Medication Adherence Self-Efficacy Scale Revised" or MASES-R or "Morisky Medication Adherence Scale" or MMAS or "Modified Morisky Scale" or MMS or Morisky-8 or MMS-8 or Morisky-4 or MMS-4 or "Osteoporosis-Specific Morisky Medication Adherence Scale" or OS-MMAS or "Reported Adherence to Medicine Scale" or "Self-Reported Adherence Questionnaire" or SERAD or "Simplified Medication Adherence Questionnaire" or SMAQ or "Stages of Change for Adherence" or SOCA or "The Patterns of Asthma Medication Use Questionnaire" or "The Self-Efficacy for Appropriate Medication Use Scale")</p>	
--	--

ProQuest Dissertations & Theses Global

Searched Date: January 29, 2015

TI,AB(medication* or pharmaceutical* or drug* or pharmacotherap* or regimen* or therap* or treat* or prophylaxis or psychotropic or psychopharmac* or pharmacolog* or antipsychot* or anti-psychot* or neuroleptic* or mood stabilizer* or antiepileptic* or anti-epileptic* or anticonvulsant* or anti-convulsant* or poor* or patient* or client* or refus*) AND TI,AB(adheren* or non-adheren* or nonadheren* or complian* or non-complian* or noncomplian* or persist* or non-persist* or nonpersist* or reconciliat*) AND TI,AB(psychotic or schizotyp* or schizophren* or schizoid* or schizoaffective or bipolar or mania* or hypomania* or hypo-mania* or manic or cyclothymic or PTSD or post-traumatic stress or posttraumatic stress or severe* mental* ill* or serious* mental* ill* or chronic* mental* ill* or persistent* mental* ill*) AND TI,AB(intervention or interventions or program* or reduce or reduction or patient-level* or system-level* or policy-level* or provider* or strateg* or enhanc* or improv* or increas* or device* or pill* or packag* or policy or policies or benefit* or insurance or insured or contain* or co-pay* or copay* or cost* or pharmacy* or pharmacies* or pharmacist* or pharmacologist* or remind* or refill* or re-fill* or inject* or depot* or LAI or dosing or tele* or email* or text* or virtual* or computer* or electronic* or internet or ehealth or online or interactive* or interdisciplinary or inter-disciplinary or technolog* or monitor* or record* or data* or manag* or self-manag* or counsel* or therap* or alliance or coordinat* or co-ordinat* or communicat* or cognitive or interview* or psychosocial or psycho-social or multicomponent or multi-component or support* or tailor* or coach* or diary or diaries or behavioral or behavioural or family* or families* or peer* or communit* or decision* or educat* or psychoeducation* or psychoeducation* or train* or incentiv* or facilitat* or supervised treatment in out-patients for schizophren* or STOPS or reduc* N/2 barrier* or remov* n/2 barrier* or "30-day Adherence Question" or "5-item Questionnaire" or "Adherence Attitude Inventory" or "Adherence Question" or "Adherence Questionnaire" or "Adherence Self-Report Questionnaire" or ASRQ or "Adherence Starts with Knowledge-12" or ASK-12 or "Adherence Starts with Knowledge-20" or ASK-20 or "Adherence to Refills and Medications Scale" or "Adherence Visual Analogue Scale" or "Beliefs about Medicines Questionnaire" or "Beliefs and Behaviour Questionnaire" or "Beliefs and Behavior Questionnaire" or "Brief Adherence Rating Scale" or "Brief Evaluation of Medication Influences and Beliefs" or BEMIB or "Brief Medication Questionnaire" or "Brooks Medication Adherence Scale" or BMAS or "Centre for Adherence Support Evaluation" or "CASE Adherence Index" or "CASE Index" or "Compliance Questionnaire Rheumatology" or "Drug Attitude Inventory" or "Hill-Bone Compliance Scale" or "Immunosuppressant Therapy Adherence Scale" or ITAS or "Maastricht Utrecht Adherence in Hypertension Questionnaire" or MUAH or "Medication Adherence Assessment Tool" or MAAT or "Medication Adherence Questionnaire" or MAQ or "Medication Adherence Reasons Scale" or "Medication Adherence Report Scale*" or "Medication Adherence Self-Efficacy Scale" or MASES or "Medication Adherence Self-Efficacy Scale Revised" or MASES-R or "Morisky Medication Adherence Scale" or MMAS or "Modified Morisky Scale" or MMS or Morisky-8 or MMS-8 or Morisky-4 or MMS-4 or "Osteoporosis-Specific Morisky Medication Adherence Scale" or OS-MMAS or "Reported Adherence to Medicine Scale" or "Self-Reported Adherence Questionnaire" or SERAD or "Simplified Medication Adherence Questionnaire" or SMAQ or "Stages of Change for Adherence" or SOCA or "The Patterns of Asthma Medication Use Questionnaire" or "The Self-Efficacy for Appropriate Medication Use Scale")

APPENDIX C. STUDY SELECTION: INCLUSION/EXCLUSION CRITERIA FOR TITLE/ABSTRACT REVIEW

Instructions:

- In Abstrackr, a √ designates a study as included, a ? as unknown, and an X will exclude the study. See table below for inclusion/exclusion criteria.
- When you are looking at an abstract, you will see a box to the left that is titled tags & notes. Please click “tag study” and tag the following:
 - If you are excluding a study or are unsure, but think it is appropriate background information, please tag the study as **B**
 - If the study meets all inclusion criteria except for study design, and the study is a cross-sectional study, please exclude the study but add the tag **CS**.
 - If the study meets all inclusion criteria except for study design, and the study is a systematic review, please exclude the study but add the tag **SR**.
- On the bottom of the screen, you will see a series of thumbs ups and thumbs downs next to a box with the word “term” next to it. Adding a term highlights it in both the abstract you are viewing, as well as all subsequent abstracts viewed by yourself and others. This allows for faster screening. A thumbs up indicates that it is a relevant term (two thumbs up = highly relevant), and a thumbs down indicates that the term is not relevant. Using these terms is optional; however, if you do see terms in abstracts that would suggest that the study is relevant or not (*eg*, specific med adherence outcomes, “adult,” schizophrenia, bipolar, PTSD, common clinical outcomes, *etc*) that might make the screening process faster for everyone, feel free to use them!
- Please note – if you are unsure about whether the study meets criteria (*eg*, population specifies mental health disorders, but not which ones, or doesn’t state what they used to measure med adherence, please code ?, and we’ll look at the full text).

While likely unnecessary, if you feel you need more guidance on the use of Abstrackr, see an instructional video: <https://www.youtube.com/watch?v=34Yb-ac9ULM>

Include (Code √) if the study is/does (all criteria below must be met):	Exclude (Code X) if the study is/does/has (any of the below):
Language: English	Language: Non-English Language
Population: Human Participants	Population: Non-human “participants”
Age: Adults 18+	Age: < 18 years of age
Condition: Includes individuals diagnosed with Psychotic Spectrum Disorder –OR- Bipolar Disorder –OR- PTSD	Condition: <u>No diagnosis</u> of Psychotic Spectrum Disorder –OR- Bipolar Disorder –OR- PTSD
Intervention: Includes interventions <u>designed specifically</u> or are being specifically used to increase <u>medication adherence</u>	Intervention: No med adherence intervention, or the interventions are <u>not specifically designed</u> or used in a way to <u>specifically addresses</u> medication adherence (<i>eg</i> , broader more general group therapy or other types of therapies)
Comparator: Includes a comparison group (<i>eg</i> , another intervention, no intervention, usual care).	Comparator: <u>No comparison</u> group
Med Adherence Outcome(s): Must be the <u>primary</u> outcome –AND- must be an <u>objective</u> outcome (<i>eg</i> , medication container with electronic monitoring, pill counts, biological marker, observed intake, medication possession ratio [MPR], medication plasma level, electronic ingestible event marker) –OR- a <u>validated subjective outcome</u> (<i>eg</i> , self-report measure or scale such as the Morisky-9 [MMAS-8], Morisky-4 [MMAS-4 or MAQ])	Med Adherence Outcome(s): Not the primary outcome –OR- Patient self-report, caregiver report, case manager report, clinician’s view based on therapeutic response, and other <u>non-validated subjective outcomes</u> .
Patient Outcome: Includes a <u>patient outcome</u> that is related to the medication adherence intervention AND medication adherence outcome reported.	Patient Outcome: <u>No patient outcome</u> that is related to the medication adherence intervention AND medication adherence outcome reported.

Study Design: Trials, case-controlled, and cohort studies	Study Design: Reviews (systematic or non-systematic), case series, case study, case report, qualitative, commentary, letter to the editor, and any other study design not meeting inclusion criteria.
<i>Note.</i> If at any time you are unsure of whether the study should be included, code ?	

APPENDIX D. STUDY SELECTION: INCLUSION/EXCLUSION CRITERIA FOR FULL-TEXT REVIEW

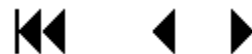
1. Language: Is the full text of the article in English?
 Yes.....Proceed to #2
 NoCode **X**. STOP
2. Population: Is the population human participants?
 YesProceed to #3
 NoCode **X**. Add code **B** if retaining for background/discussion. STOP
3. Population: Are the participants adults (18 or over) in general mental health settings (inpatient or outpatient – forensic patients/prisoners are excluded)?
 YesProceed to #4
 NoCode **X**. Add code **B** if retaining for background/discussion. STOP
4. Medication Adherence Intervention: Does the article include information relevant to interventions specifically designed to increase medication adherence?
 YesProceed to #5
 NoCode **X**. Add code **B** if retaining for background/discussion. STOP
5. Disease Condition: Does the intervention focus on patients with psychotic spectrum disorders, bipolar disorder, or posttraumatic stress disorder (PTSD)?
 YesProceed to #6
 NoCode **X**. Add code **B** if retaining for background/discussion. STOP
6. Comparator: Is there a comparison group (*eg*, another intervention, no intervention, usual care), or are there more than two time points if no comparison group exists?
 YesProceed to #7
 NoCode **X**. Add code **B** if retaining for background/discussion. STOP
7. Medication Adherence Outcomes: Are the outcomes objective (*eg*, medication container with electronic monitoring [*eg*, MEMS], pill counts, biological markers, observed intake, medication possession ratio, medication plasma level, electronic ingestible event marker) or measured subjectively by a validated patient self-report scale or measure (*eg*, not patient self-report or report by caregiver, case manager, not clinician’s view on adherence based on therapeutic response).
 Yes.....Proceed to #9
 NoCode **X**. Add code **B** if retaining for background/discussion. STOP
8. Clinical Outcome: Is a clinical outcome related to the medication adherence intervention and the medication adherence outcome reported?
 Yes.....Proceed to #10
 No.....Code **X**. Add code **B** if retaining for background/discussion. STOP
9. Study Design: Is the study design a cross-sectional study or a simple pre-post, or qualitative study, or a non-systematic literature review, case study, case series, case report, commentary, or letter to the editor??
 Yes.....Code **X**. Add code **B** if retaining for background/discussion. STOP
 No.....Code R. Stop
 UnknownCode U. Stop

APPENDIX E. MEDICATION ADHERENCE OUTCOME MEASURES

Abbreviation	Name	Description	Source
AMQ	Attitude towards Medication Questionnaire	Semi-structured interview. Higher scores indicate a better attitude towards medication.	Clinician rated
CDR	Concentration to Dose Ratio	Serum concentration for primary antipsychotic with higher CDRs indicating better adherence.	Blood serum
CSRI	Client Service Receipt Inventory	Measures the frequency and duration of service contacts.	Self-report information, supplemented by case notes and hospital records
	Kemp scale ⁴³	Compliance scale rated on a seven-point rating scale with higher scores indicating greater compliance	Multiple sources, including nurse assessed
DAI	Drug Attitude Inventory	Shown to be associated with degree of adherence to psychotropic medication, and is a true/false questionnaire that assesses patients' attitudes, experience, locus of control, attitudes towards medication. Scores range from 0-10 with higher scores indicating better attitudes towards medication.	Self-report
MAQ	Medication Adherence Questionnaire	4-item measure that includes yes/no questions about forgetting to take medicine, carelessness with medicine, and discontinuation. A higher score indicates poorer treatment adherence.	Self-report
MARS	Medication Adherence Rating Scale	10-item yes or no assessment of medication adherence, and was translated to Farsi and validated. (0-9 [one neutral question], higher scores indicate better adherence).	Self-report
MEMS	Medication Event Monitoring System	Medication vial cap that electronically records the date/time of bottle opening.	Electronic monitoring
	Morisky Scale	Assesses medication adherence, feelings about medication, with higher scores indicating poorer adherence	Self-report
SAI-C	Schedule for the Assessment of Insight - C	Therapist rating of adherence ranging from 1 (complete refusal) to 7 (active participation in treatment) based on a semi-structured interview.	Clinician rated
TRQ	Tablet Routine Questionnaire	Shows a high correlation with lithium levels and identifies partial and full adherence in the previous 7 and 30 days.	Self-report

APPENDIX F. PATIENT OUTCOME MEASURES

Abbreviation	Name	Description	Source
	Bech Rafaelsen Mania Scale	Assesses 11 items (elevated mood, pressure of speech, increased social contact, increased motor activity, sleep disturbances, social activities and distractibility, hostility and irritability, increased sexual activity, increased self-esteem, flight of thoughts, and noise level of speech and other vocal activity).	Self-report Administered by Psychologist
BPRS	Brief Psychiatric Rating Scale	Consists of items measuring positive symptoms, negative symptoms, depression and anxiety and manic excitement or disorganization with higher scores indicating greater severity.	Clinician assessed
BPRS-E	Brief Psychiatric Rating Scale – Expanded	Consists of 24 items measuring positive symptoms, negative symptoms, depression and anxiety and manic excitement or disorganization with higher scores indicating greater severity.	Clinician assessed
CGI	Clinical Global Impression scale	Rating scale designed to assess severity and the degree of change from the immediately preceding phase and from the worst phase of illness. Higher scores indicate greater severity.	Clinician assessed
CGI –SGH	Clinical Global Impression – Schizophrenia scale	Rating scale designed to assess severity and the degree of change from the immediately preceding phase and from the worst phase of illness. Higher scores indicate greater severity.	Clinician assessed
EQ-5D	EuroQoL	Assesses quality of life differences in patients with schizophrenia of differing degrees of severity. Higher values indicate higher quality of life ratings.	Self-report
GAF	Global Assessment of Functioning	Assesses function impairment caused by illness, with scores ranging from 0-100 and higher scores indicating higher levels of functioning.	Clinician rated
GAS	Global Assessment Scale	Assesses function impairment caused by illness, with scores ranging from 0-100 and higher scores indicating higher levels of functioning.	Clinician assessed
HAM-D	Hamilton Depression Rating Scale	24 item scale assessing depression with scores ranging from 0-74, with higher scores indicating more severe depression.	Self-report
LEE	Level of Expressed Emotion	30 item measure assessing critical comments, emotional over-involvement, and hostility.	Family rated
PANSS	Positive and Negative Syndrome Scale	Used to rate positive symptoms (range 7-49), negative symptoms (range 7-49), and general symptoms (range 15-112) of schizophrenia on a 7 point scale. Higher scores indicate higher severity.	Clinician assessed
QLF	Quality of Life Scale	21-item scale based on semi-structured interview addressing intrapsychic foundations, interpersonal relations, instrumental role, and common objects and activities.	Clinician assessed
SAI	Schedule for Assessment of Insight	Scores expressed as a percentage of maximum insight. Higher values indicate greater insight	NR
SAI-E	Schedule for Assessment of Insight- Expanded	Scores expressed as a percentage of maximum insight. Higher values indicate greater insight	NR



Abbreviation	Name	Description	Source
SF-36	Short Form Health Survey	Self-report multidimensional survey measure of health-related quality of life (QOL) and well-being. The mental component summary score (MCS) was used as the main QOL outcome measure, as it has been shown to have good sensitivity to change, which is uncommon among QOL measures.	Self-report
SOFAS	Social and Occupational Functioning Scale	Assesses social, work and school functioning. Higher scores indicate higher adaptive functioning	Self-report
SWN	Subjective Well-being on Neuroleptic Treatment Scale	20-item scale measuring mental functioning, social integration, emotional regulation, physical functioning, and self-control.	Self-report
UKU	UKU Side Effects Rating Scale	Semi-structured interview to assess the side effects of psychopharmacological interventions in the past 3 days.	Clinician assessed
WHOQOL-BREF	World Health Organization Quality of Life instrument – Abbreviated version	Quality of life questionnaire consisting of 26 items assessing physical, psychological, and social health and the environment. Scores for each domain are transformed to a 0-100 scale, with higher indicating better quality of life.	Self-report Administered by Psychologist
YMRS	Young Mania Rating Scale	Assesses mania, with scores ranging from 0-44 with higher scores indicating more severe mania.	Self-report

APPENDIX G. RISK OF BIAS: TRIALS**RISK OF BIAS: TRIALS, PART 1**

Author, Year	Method of randomization adequate?	Allocation of treatment adequately concealed?	Were providers blinded to intervention or exposure status of participants?	Participants blinded to intervention or exposure status?	Outcome assessors blinded to intervention or exposure status of participants?
Bahredar et al, 2014 ⁶⁹	NR	NR	NR	NR	NR
Barkhof et al, 2013 ⁵⁸	Yes	Yes	No	Yes	Yes
Bechdolf et al, 2005 ⁴⁴	Yes	Yes	Yes	Unclear	Yes
Beebe et al, 2014 ⁵⁴	Yes	Unclear	No	No	Yes
Frangou et al, 2005 ⁵⁵	Yes	No	No	No	No
Gray et al, 2006 ⁴⁶	Yes	Yes	Yes	No	Yes
Hamann et al, 2007 ⁵⁹	Unclear	Unclear	No	No	No
Healey et al, 1998 ⁴²	Yes	NR	NR	Unclear	NR
Javadpour et al, 2013 ⁶⁸	Yes	Yes	Unclear	Unclear	Yes
Kemp et al, 1998 ⁴³	Yes	NR	Unclear	Yes	Yes
Kopelowicz et al, 2012 ⁵⁰	Yes	Unclear	Unclear	No	Yes
Montes et al, 2012 ⁵⁶	Yes	Yes	No	No	No
O'Donnell et al, 2003 ⁴⁷	Yes	NR	Yes	NR	Yes
Pitschel-Walz et al, 2006 ⁵¹	Yes	Yes	Yes	No	Yes
Sajatovic et al, 2009 ⁶⁷	NR	NR	No	No	No
Schulz et al, 2013 ⁴⁸	Yes	Yes	Yes	No	Yes
Valencia et al, 2010 ⁵²	No	No	Yes	No	Yes
Velligan et al, 2008 ⁶⁰	Unclear	Unclear	Unclear	No	Yes
Velligan et al, 2013 ⁵⁷	Yes	Yes	Unclear	Unclear	Yes

RISK OF BIAS: TRIALS, PART 2

Author, Year	Did strategy for recruiting participants into study differ across study groups?	Baseline characteristics similar between groups? If not, did analysis control for differences?	Impact from any concurrent intervention or unintended exposure that might bias results ruled out?	Did variation from study protocol compromise study conclusions?	High rate of differential or overall attrition?
Bahredar et al, 2014 ⁶⁹	NR	Unclear	NR	NR	No
Barkhof et al, 2013 ⁵⁸	No	Yes	Unclear	Unclear	No
Bechdolf et al, 2005 ⁴⁴	No	Yes	No	NR	Yes
Beebe et al, 2014 ⁵⁴	No	Yes	NR	NR	No
Frangou et al, 2005 ⁵⁵	No	Yes	Unclear	Unclear	No
Gray et al, 2006 ⁴⁶	No	Yes	Unclear	No	No
Hamann et al, 2007 ⁵⁹	Yes	Yes	NR	NR	No
Healey et al, 1998 ⁴²	Yes	Yes	Unclear	NR	Yes
Javadpour et al, 2013 ⁶⁸	Yes	Yes	Unclear	Yes	No
Kemp et al, 1998 ⁴³	No	Yes	No	NR	Yes
Kopelowicz et al, 2012 ⁵⁰	No	Yes	No	No	Yes
Montes et al, 2012 ⁵⁶	No	Yes	Unclear	No	No
O'Donnell et al, 2003 ⁴⁷	No	Yes	Yes	NR	No
Pitschel-Walz et al, 2006 ⁵¹	No	Yes	Unclear	Unclear	No
Sajatovic et al, 2009 ⁶⁷	No	Yes	No	NR	Yes
Schulz et al, 2013 ⁴⁸	No	No	Yes	Unclear	Yes
Valencia et al, 2010 ⁵²	No	Yes	No	Unclear	Yes
Velligan et al, 2008 ⁶⁰	Yes	Yes	Unclear	Unclear	No
Velligan et al, 2013 ⁵⁷	No	Yes	Unclear	No	Yes

RISK OF BIAS: TRIALS, PART 3

Author, Year	Did attrition result in difference in group characteristics between baseline (or randomization) and follow-up?	Analysis conducted on an intention-to-treat (ITT) basis?	Inclusion/exclusion criteria measured using valid and reliable measures, implemented consistently across all study participants?	Medication adherence outcomes assessed using valid and reliable measures, implemented consistently across all study participants? When adherence requires skills (eg, pill bottle, SMS), does the intervention measure or account for varied skill levels?	Do authors justify medication adherence thresholds?
Bahredar et al, 2014 ⁶⁹	NR	Yes	Yes	Unclear	NA
Barkhof et al, 2013 ⁵⁸	No	No	Yes	Yes	NA
Bechdolf et al, 2005 ⁴⁴	No	Yes	Yes	Unclear	No
Beebe et al, 2014 ⁵⁴	NR	Unclear	Yes	Yes	Yes
Frangou et al, 2005 ⁵⁵	No	Yes	Yes	Yes	Yes
Gray et al, 2006 ⁴⁶	No	Yes	Yes	Yes	Yes
Hamann et al, 2007 ⁵⁹	No	Yes	Yes	Yes	Yes
Healey et al, 1998 ⁴²	Unclear	NR	Yes	NA	NA
Javadpour et al, 2013 ⁶⁸	No	Unclear	Yes	Yes	NR
Kemp et al, 1998 ⁴³	Unclear	Unclear	Yes	Yes	Yes
Kopelowicz et al, 2012 ⁵⁰	Unclear	Yes	Yes	Yes	Yes
Montes et al, 2012 ⁵⁶	No	Yes	Yes	Yes	Yes
O'Donnell et al, 2003 ⁴⁷	No	Yes	Yes	Yes	Yes
Pitschel-Walz et al, 2006 ⁵¹	No	No	Yes	Yes	Yes
Sajatovic et al, 2009 ⁶⁷	Unclear	NR	Yes	Unclear	NA
Schulz et al, 2013 ⁴⁸	No	Yes	Yes	Yes	Yes
Valencia et al, 2010 ⁵²	No	Unclear	Yes	Unclear	Unclear
Velligan et al, 2008 ⁶⁰	No	No	Yes	Yes	No
Velligan et al, 2013 ⁵⁷	No	Unclear	Yes	Yes	Yes

RISK OF BIAS: TRIALS, PART 4

Author, Year	Are health outcomes assessed using valid and reliable measures, implemented consistently across all study participants?	Harms assessed using valid and reliable measures, implemented consistently across all study participants?	Potential outcomes pre-specified by researchers? Are all pre-specified outcomes reported?	Were incomplete outcome data adequately addressed?	Important confounding and modifying variables taken into account in the design and/or analysis? (eg, through matching, stratification, multivariable analysis, or other approaches?)	Additional Bias: Was the study apparently free of other problems that could put it at a high risk of bias? If no, please describe	Risk of Bias
Bahredar et al, 2014 ⁶⁹	Yes	NR	Yes	NR	Yes	Yes	Moderate
Barkhof et al, 2013 ⁵⁸	Yes	NR	Yes	Unclear	No	Yes	Low
Bechdolf et al, 2005 ⁴⁴	Yes	NR	Yes	Yes	Yes	Yes	Moderate
Beebe et al, 2014 ⁵⁴	Yes	NR	Yes	Unclear	Yes	Yes	Moderate
Frangou et al, 2005 ⁵⁵	Yes	NR	Yes	Unclear	Yes	Unclear	High
Gray et al, 2006 ⁴⁶	Yes	NR	Yes	Yes	Yes	Yes	Low
Hamann et al, 2007 ⁵⁹	Yes	NR	Yes	Yes	Unclear	Yes	High
Healey et al, 1998 ⁴²	Yes	NR	Unclear	Unclear	Yes	Yes	High
Javadpour et al, 2013 ⁶⁸	Yes	NR	Unclear	NR	Unclear	Yes	Moderate
Kemp et al, 1998 ⁴³	Yes	NR	Yes	No	NR	Yes	High
Kopelowicz et al, 2012 ⁵⁰	Yes	NR	Unclear	Unclear	No	Unclear	Moderate
Montes et al, 2012 ⁵⁶	Yes	NR	Yes	NR	NR	Yes	Moderate
O'Donnell et al, 2003 ⁴⁷	Yes	NR	Yes	NR	Unclear	Yes	Moderate
Pitschel-Walz et al, 2006 ⁵¹	Yes	NR	Yes	Unclear	Yes	No	Moderate
Sajatovic et al, 2009 ⁶⁷	Yes	NR	Yes	NR	Yes	Yes	Moderate
Schulz et al, 2013 ⁴⁸	Yes	NR	Yes	Yes	Yes	Yes	Low
Valencia et al, 2010 ⁵²	Yes	NR	Yes	NR	Yes	Yes	Moderate
Velligan et al, 2008 ⁶⁰	Yes	NR	Yes	NR	Yes	Unclear	Moderate
Velligan et al, 2013 ⁵⁷	Yes	NR	Yes	NR	Yes	Yes	Low

APPENDIX H. RISK OF BIAS: OBSERVATIONAL STUDIES

RISK OF BIAS: OBSERVATIONAL STUDIES, PART 1

Author, Year	Were providers blinded to intervention or exposure status of participants?	Participants blinded to intervention or exposure status?	Outcome assessors blinded to intervention or exposure status of participants?	Did strategy for recruiting participants into study differ across study groups?	Baseline characteristics similar between groups? If not, did analysis control for differences?
Byerly et al, 2005 ⁴⁵	Unclear	Unclear	Yes	No	Yes
Kavanagh et al, 2003 ⁵³	Unclear	Yes	Unclear	No	Unclear
Lee et al, 2010 ⁶¹	Unclear	No	Yes	No	Yes
Sajatovic et al, 2012 ⁴¹	NA	NA	NR	No	NA
Sajatovic et al, 2013 ⁶²	NA	NA	NA	No	NA
Skarsholm et al, 2014 ⁴⁹	No	No	No	No	Yes

RISK OF BIAS: OBSERVATIONAL STUDIES, PART 2

Author, Year	Impact from any concurrent intervention or unintended exposure that might bias results ruled out?	Did variation from study protocol compromise study conclusions?	High rate of differential or overall attrition?	Did attrition result in difference in group characteristics between baseline (or randomization) and follow-up?	Analysis conducted on an intention-to-treat (ITT) basis?
Byerly et al, 2005 ⁴⁵	Unclear	Unclear	NA	NA	Unclear
Kavanagh et al, 2003 ⁵³	NR	Unclear	No	NA	Unclear
Lee et al, 2010 ⁶¹	Yes	NR	Yes	No	Yes
Sajatovic et al, 2012 ⁴¹	No	NR	Yes	NA	NR
Sajatovic et al, 2013 ⁶²	Unclear	Unclear	Yes	No	Unclear
Skarsholm et al, 2014 ⁴⁹	Unclear	No	No	No	Yes

RISK OF BIAS: OBSERVATIONAL STUDIES, PART 3

Author, Year	Inclusion/exclusion criteria measured using valid and reliable measures, implemented consistently across all study participants?	Medication adherence outcomes assessed using valid and reliable measures, implemented consistently across all study participants? When adherence requires skills (eg, pill bottle, SMS), does the intervention measure or account for varied skill levels?	Do authors justify medication adherence thresholds?	Are health outcomes assessed using valid and reliable measures, implemented consistently across all study participants?	Harms assessed using valid and reliable measures, implemented consistently across all study participants?
Byerly et al, 2005 ⁴⁵	Yes	Yes	Yes	Yes	NR
Kavanagh et al, 2003 ⁵³	Yes	Yes	Yes	Yes	NR
Lee et al, 2010 ⁶¹	Yes	Yes	Yes	Yes	NR
Sajatovic et al, 2012 ⁴¹	Yes	Yes	No	Yes	NR
Sajatovic et al, 2013 ⁶²	Yes	Yes	Unclear	Yes	Yes
Skarsholm et al, 2014 ⁴⁹	Yes	Yes	Yes	Yes	Yes

RISK OF BIAS: OBSERVATIONAL STUDIES, PART 4

Author, Year	Potential outcomes pre-specified by researchers? Are all pre-specified outcomes reported?	Were incomplete outcome data adequately addressed?	Important confounding and modifying variables taken into account in the design and/or analysis? (eg, through matching, stratification, multivariable analysis, or other approaches?)	Additional Bias: Was the study apparently free of other problems that could put it at a high risk of bias? If no, please describe	Risk of Bias
Byerly et al, 2005 ⁴⁵	Yes	Unclear	Yes	Yes	High
Kavanagh et al, 2003 ⁵³	Yes	NR	Unclear	Unclear	High
Lee et al, 2010 ⁶¹	Yes	NR	No	Yes	Moderate
Sajatovic et al, 2012 ⁴¹	Yes	No	Unclear	Yes	Moderate
Sajatovic et al, 2013 ⁶²	Yes	Unclear	Yes	Yes	Moderate
Skarsholm et al, 2014 ⁴⁹	Yes	Yes	Yes	Yes	Moderate

APPENDIX I. PEER REVIEW COMMENTS/AUTHOR RESPONSES

Question Text	Reviewer Number	Comment	Response
Are the objectives, scope, and methods for this review clearly described?	1	Yes	Noted.
	3	Yes	Noted.
	4	Yes	Noted.
	5	Yes	Noted.
	6	Yes	Noted.
Is there any indication of bias in our synthesis of the evidence?	1	No	Noted.
	3	No	Noted.
	4	No	Noted.
	5	No	Noted.
	6	No	Noted.
Are there any <u>published</u> or <u>unpublished</u> studies that we may have overlooked?	1	No	Noted.
	3	No	Noted.
	4	No	Noted.
	5	No	Noted.
	6	No	Noted.
Additional suggestions or comments can be provided below. If applicable, please indicate the page and line numbers from the draft report.	1	On pg. 11, the last sentence (lines 12-18) is very long and somewhat difficult to read. Consider rewording.	Thank you, this section has been revised for clarity.
		On pg. 11 (lines 36-41) as it reads currently, it is assuming that the intervention group received more frequent interactions. Unless this can be quantified that the intervention group did indeed receive more frequent care interactions compared to usual care, consider removing or restating, especially the last sentence of the paragraph.	Thank you, this section has been revised for clarity.
		On pg. 89 there are two typos. Line 33 "will" should be "with". Line 39 "is" should be inserted before "warranted".	Thank you, these errors have been corrected.
	3	This evidence based synthesis addresses medication adherence in adults with psychotic spectrum disorders, bipolar disorder, and PTSD. The questions are clinically important. The method for addressing the question is standard. It is unfortunate that the authors did all of this work, only to find that the literature is so poor that few conclusions can be drawn about interventions for these populations. Nonetheless, knowing that more well-designed and –conducted studies are needed is an important finding for researchers and policymakers. Several suggestions for improving the readability of this report are detailed by	Noted.

Question Text	Reviewer Number	Comment	Response
		section below.	
		Executive summary Study selection: • please address design of studies that were included. Consider using PICOTS terminology; interventions and comparators are not described but should be.	Thank you, this section has been revised.
		Results: • It is difficult to understand the take-home message from each comparison due to the lack of clarity of writing. Each section describes the evidence in a confident manner, which is later undermined by “but the strength of evidence is poor.” It would be helpful to describe the strength of evidence first so that the reader can keep this in mind as reading the conclusions about the findings.	Thank you. Our summaries at the beginning of each section include a statement about the strength of evidence, and strength of evidence is detailed in subsequent tables (e.g., Table 14).
		Results: • Wording of “Of the 518 clinical trials identified...” it is unclear how these are different from the 152 identified. This reviewer assumes that the 518 were identified from clinicaltrials.gov but is unsure. Please specify the source of each.	Thank you, we have revised this sentence for clarity.
		Results: • Unclear is the use of “controls.” Comparator might be a better term. There is heterogeneity in comparators, but the use of the word “controls” seems to imply that they are similar across studies.	Thank you. We have changed the term controls to comparators.
		Results: • Use of “Compliance Therapy” as a proper noun is confusing. Is this a standard behavioral approach? If so, what is it?	Thank you, we have revised this sentence for clarity.
		Results: • Unclear is the criterion for determining whether a study was considered significant. Is it effect size or type 2 error rate?	Thank you. Significance was determined according to the individual studies, and given the heterogeneity amongst studies and the qualitative nature of the review, we did not compute summary statistics. Tables in the main report (e.g., Table 4) provide data for clarity.
		Results: • Please do not use the phrase “trend” when something was nonsignificant. Many published studies are underpowered, so trend could be misleading.	Thank you. We have removed the term trend from the report text.
		Results: • System-level intervention definition is described as including e-monitoring, yet in the results, e-monitoring is listed under technology interventions. Here and in the larger report, the authors need to be clear by what e-health interventions are and whether they are patient or system-level. This reviewer tends to think of them as patient-level.	Thank you. We have revised this sentence for clarity.
		Results: • “Two RCTs examined e-monitoring...” Compared to what?	Thank you. E-monitoring was compared to a variety of comparators in both studies. We have added this language for clarity.
		Results: • Under technology interventions, the authors seem to be confusing	Thank you. We have revised this sentence for clarity.

Question Text	Reviewer Number	Comment	Response
		outcome with intervention “One study reported both a significant...”	
		Results: • P.7 section d: what was the finding related to the four studies?	Thank you. We have revised this section for clarity.
		Results: • P.8 section e: What is the effectiveness? It seems that an incremental cost effectiveness ratio is needed because the cost information alone is not helpful if comparing very different interventions.	Thank you, noted. As we conducted only a qualitative synthesis, we did not compute summary statistics not included in the original papers.
		• Table 1: system-level intervention: this needs to be defined, perhaps as a footnote. As mentioned earlier, it is unclear whether this includes e-monitoring, which is something that happens at the patient level.	Thank you. We have removed e-monitoring as an example of a system-level intervention.
		• Table 1: In this table, it would be helpful to have a column for comparator.	Thank you. Due to space considerations, we have added comparators to the findings column for clarity.
		• Table 1: SMS needs to be defined in the footnote.	Thank you, the definition for this abbreviation has been added.
		Discussion: • A more extensive discussion of the types of comparator groups and the impact on conclusions is needed.	Thank you. We have revised this section for clarity.
		Discussion: • Note that “medication” is often misspelled as “mediation” in this report.	Thank you, this has been corrected.
		Full report Introduction: • The series of paragraphs are not joined by transitions, so it reads as a series of paragraphs instead of a coherent introduction.	Thank you. We have added subheadings to address.
		Introduction: • There are so much data on adherence and factors associated with adherence that the authors do not build a strong case for the need for this review. If so much is already known, why is this review needed?	Thank you. This paragraph discusses the factors related to non-adherence, as well as what is known about adherence among people with psychotic spectrum disorders generally and in the VHA. The purpose of the review is to examine interventions potentially aimed at addressing these factors and increasing adherence.
		Study selection: • Which criteria are used to determine whether a self-report measure is “validated?” There is mixed opinion, for example, as to whether the Morisky measure meets criteria for validity and reliability, and this is true of other measures.	Thank you. We used Nguyen, La Caz, and Cotrell (2014) as a basis of self-report measure/validity. We have added this reference to Table 3.
		Study selection: • What is the difference between no treatment and usual care? Are these really different? This can be difficult to discern given that many authors do not define usual care. Usual care differs by site. Consider using the typology of control groups by Ken Freedland. http://www.ncbi.nlm.nih.gov/pubmed/21536837	Thank you. And thank you for providing the article. For populations such as these, usual care (most often including treatment such as psychotherapy, contact with a psychiatrist to adjust medications, etc.) often differs from no treatment. Tables in the full report provide a description of the comparator.
		Key Question 1: As in the executive summary, the meaning of “Adherence Therapy” and “Compliance Therapy” is not clear. Definitions are needed. Did	Thank you. This section has been revised for clarity.

Question Text	Reviewer Number	Comment	Response
		the studies using these types of interventions always come from the same groups of authors? If not, then did different research groups use the terms in the same way? It is important to recognize that what authors say they are measuring or doing is not always what they are actually doing. It is up to the systematic reviewer to make sense of it and then convey that to the audience.	
		Summary and discussion: As with the executive summary, there is tension between what the authors found and the risk of bias and strength of evidence. It is important to use precise wording to indicate why the evidence is poor or insufficient. It would be helpful to indicate primary reasons why, for example, the body of literature on (type of intervention in X population) is insufficient. Is it because the existing studies have high risk of bias, because there are too few studies, or other reasons?	Thank you. The reasons for strength of evidence ratings are outlined in the details sections associated with each type of intervention, and outlined in subsequent tables (e.g., Table 14).
		Limitations: The authors indicate that they used methodologically rigorous studies, but they included studies with high risk of bias, which seems to go against the statement that they only included rigorous studies. A more accurate statement would be that they included all studies (exclusion on the grounds of quality is an important limitation of some reviews) and then assessed risk of bias and used it to qualify their conclusions.	Thank you. We have revised this section for clarity.
		Discussion: The conclusions about the status of PTSD literature are confusing. On the one hand, the authors assert that there is limited evidence that adherence is poor in this population. That would seem to indicate that perhaps there is no need to evaluate interventions. But the authors go on to say that future research is needed to evaluate interventions in this population.	Thank you. We have revised this section for clarity.
		This reviewer is left thinking that the studies are so poor that we simply cannot draw any conclusions about any medication adherence intervention in any of these populations. Is that the take-home message the authors want to convey?	Thank you. Yes, given the limited number of studies examining specific types of interventions/intervention components, and that the strength of evidence for all but family and technology interventions (both low) was insufficient, our conclusion is that the current state of the literature precludes strong conclusions and recommendations other than related to the need for future research.
	4	Very thorough. Clear how articles were identified and selected. ROB ratings and how they are made are clear. Some suggestions for improvement:	Thank you, noted.
		Seems incomplete without a frank discussion of methodological issues including sample bias (most patients entering RTC's for adherence are more adherent than most patients);	Thank you. This section has been revised to include this discussion.
		Plasma levels are not appropriate for assessing degree of adherence (most patients take some medication which will show up);	Thank you, noted. We found that the few included studies assessing plasma levels differentiated adherence

Question Text	Reviewer Number	Comment	Response
			by the amount of medication found; for example, the levels of medication found in the blood compared to levels that would be expected in a fully adherent patient.
		Many studies do not use objective measures (pill counts, electronic monitors) and should likely be weighted differently from those using objective measures of adherence.	Thank you. These factors were taken into consideration, along with others, in rating the strength of evidence.
		While I understand investigating whether LAI improves adherence, the focus of LAI therapy is not really on improving adherence it is on identifying when non-adherence occurs. Moreover, more than even studies of other methodologies, studies of LAI have incredibly high levels of sample bias that set them up to fail.	Thank you. We have added a statement to the discussion regarding this point.
		It would have been good at the beginning to outline an example of a body of literature which indicates sufficient evidence. Citing AHRQ guidelines I don't think is enough for the reader, especially since everything came out insufficient. What would a body of evidence need to do to be sufficient? Are two positive studies enough where one is at least low ROI and neither are high ROB? Are 3 positive studies needed with all low ROB? Is standard treatment an adequate control? Do studies need the same active comparator to provide solid evidence or can an intervention use different active comparators in different studies and be considered a replication of the main finding? It is not clear how the authors took the data and made this final determination.	Thank you. There are numerous variables associated with strength of evidence, and the process is too complicated to outline in the body of this report. In this review, many of the interventions were evaluated by only one study, or there were inconsistent findings. For transparency, we provide details related to our rating in the comments sections of our tables (e.g., Table 1).
	5	The report is well written and I believe it accurately reflects the literature on the key questions. The lack of literature limits interpretation which further limits reviewer comment.	Thank you, noted.
		Page 11, lines 38-41 and Page 88, lines 38-41: It may not be necessary to control for increased attention if is inherent from the intervention, i.e., cannot be separated.	Thank you, noted. We have revised this section slightly, and included this discussion to raise the possibility of a positive effect due to increased attention.
	6	I believe the review is comprehensive and well done.	Thank you, noted.