To the Editor,

We read the article by Thakkar et al. (1) and by Nieuwlaat et al. in the latest Issue of *JAMA Internal Medicine* with great enthusiasm. Focusing on the “second largest unsolved gap in health care” (2) and showing promisingly positive effects of SMS-based interventions in improving the odds of medication adherence are important aspects of this research.

In the accompanying Invited Commentary, Nieuwlaat et al. (2) comprehensibly underlined the methodological aspects/shortcomings of the growing literature on medication adherence (MA). However, we would like to highlight another vital facet of doing research on MA which might have gone unnoticed in previous studies as well as in the meta-analysis by Thakkar et al. That facet is adverse events (AEs) experienced by the patients which might have important implications on their overall MA. Neither Thakkar et al. nor Nieuwlaat et al. have drawn attention to the possible effects of AEs on MA in chronic diseases and how it might have been associated with the (non-)adherence of the studies’ participants and mitigated the effects of SMS-based interventions.

Leporini et al. (3) have previously discussed the possible bi-directional link between AEs and (non-)adherence and its possible adverse impacts on the effectiveness of pharmacological care (PC). They suggest any planning for novel interventions to improve the PC processes should address the possibility of (non-)adherence because of AEs. Therefore, it seems logical to expect discussions by Thakkar et al. on whether or not the SMS interventions had provided coverage for the broader spectrum of PC by dedicating specific sections to AEs, in addition to MA.
Thankfully, the literature is emerging on the possible positive effects of using SMS for monitoring AEs following immunization. Leeb et al. have shown the capacity of SMS in becoming a complement to existing passive AE reporting systems (4). At the Queensland University of Technology, we are hopeful to leverage the potentials of SMS and bring it to the PC of chronic disease, with a specific focus on diabetes to improve the reporting of AEs for antidiabetics. The collective work on designing interventions that address the important link between AEs and MA might encourage the extension of the PC spectrum to address more interrelated outcomes and provide the base for additional, more comprehensive meta-analyses in the future.

References