

# INPLASY

## Perceptions and self-perceptions regarding adherence to medical plans: a protocol for a scoping review on the issues

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### ADMINISTRATIVE INFORMATION

**Support** - None exist.

**Review Stage at time of this submission** - Preliminary searches.

**Conflicts of interest** - None declared.

**INPLASY registration number:** INPLASY202440076

**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 18 April 2024 and was last updated on 24 April 2024.

### INTRODUCTION

**Review question / Objective** How perception and self-perception concerning therapeutic adherence are evaluated? Are patient's perspectives assessed, as well as their capacity for perception and self-perception, self-assessment, and self-understanding? What instruments are used? Regarding the older population, how are these issues assessed?

**Background** The increase in life expectancy leads to population aging, a global reality, which highlights public health issues aimed at an increasingly aging population, who consequently live longer with chronic diseases and their comorbidities. Chronic diseases are identified as causes of a large proportion, approximately 74% of deaths worldwide annually, according to the World Health Organization. Generally, treatments for chronic diseases include taking medications for long periods, however, adherence to these

treatments is quite poor. In the older adult population, adherence rates to medication treatments are only approximately 45%. The consequences of a low adherence rate are at the individual, social, and economic level, generating increased spending on healthcare, loss of quality of life, and, mainly, worsening of the clinical condition or even death. Variables such as forgetfulness, correct understanding of the information provided by healthcare teams, multimorbidity, multiple medications, intake times, and literacy, are issues identified in the literature addressed in the topic of therapeutic adherence. However, it is necessary to know better how assessments of therapeutic adherence are carried out and what issues are addressed, especially about the older adult population. Identifying the perceptions and self-perceptions of people who need to take medication for a long time can help identify ways to increase therapeutic adherence.

**Rationale** Coping with chronic illnesses usually involves taking medication, which in turn can be

just one or more types of medications, one or more times a day, for long periods. And there are also people with multiple chronic illnesses, who need multiple medications at different times, which makes adhering to such treatments more stressful. Therapeutic adherence is a topic that is frequently discussed in the health sector, many issues related to the topic are already known, however, the most recent studies show that adherence to drug therapies is quite low. Given this, it is important to identify which issues are addressed in therapeutic adherence assessments and thus identify possibilities for better forms of assessment and intervention proposals. Therefore, the authors propose this protocol to perform a scoping review on the ways of assessing adherence, perceptions, and self-perceptions regarding therapeutic adherence and compliance.

## METHODS

**Strategy of data synthesis** The research strategy will be carried out to find published studies on the topic of perceptions regarding therapeutic adherence, mainly in the older adult population. For the search, the Boolean phrase will be applied: ("chronic disease\*" OR "chronic illness\*") AND (aged OR old OR older OR elder\*) AND ("Self-concept\*" OR perce\* OR comprehend\*) AND (adherence OR adherent OR adhere OR nonadherence OR nonadherent OR compliance OR compliant OR comply OR noncompliance OR noncompliant) AND (medication OR treatment OR therapy). The terms used were constructed after searches in the literature and MESH. The Boolean phrase will be applied with its possible combinations and necessary adaptations in each of the databases, MedLine (by PubMed), Web of Science, Scopus, and APA PsycArticles. Grey literature will not be included.

**Eligibility criteria** The eligibility criteria were defined based on the construction of the PCC mnemonic: population, concept, and context, by the recommendations of the Joanna Briggs Institute (JBI), for the construction of scoping reviews. Population: this review will consider studies that explore questions about self-concept and perceptions, regarding therapeutic adherence, and older adults. Concept: a literature review will be carried out that addresses the issue of the perspectives of those involved in medical plans, more precisely, self-concept and perceptions regarding therapeutic adherence. Context: this review will consider studies carried out focusing on the perceptions and perspectives of those involved in the process of adhering to medical plans. Therapeutic adherence and all its nuances will be

objects of interest in this review. Sources: Qualitative, quantitative, and mixed studies will be considered in this review.

### Source of evidence screening and selection

The studies found will be exported to the EndNote software and Rayyan, duplicate studies will be excluded. Subsequently, the titles and abstracts of the studies will be read, and the studies that meet the inclusion criteria will be selected for full-text reading. The selection of studies, as well as their evaluation, will be carried out completely independently by two reviewers. If there are doubts or disagreements, a third reviewer will resolve any discrepancy.

### Data management

After the screening of the studies, information relevant to the methodologies used in the studies will be extracted, as well as identifying the study participants, instruments used, results obtained with the application of the instruments, the development of the studies, limitations, and possible generalizations of the studies. The JBI provides a model instrument for extracting details, characteristics, and results of the study, which will be used. In addition, a table will be built in Microsoft Word to categorize the content extracted from each of the selected studies.

### Reporting results / Analysis of the evidence

The entire study selection process and any exclusions that may occur after reading the studies in full will be presented in the flowchart that will be constructed in accordance with the recommendations of PRISMA-ScR.

### Presentation of the results

Following JBI's suggestions, the results will be presented in the form of tables, so that the results can be mapped more effectively and clearly. Analysis of the extracted content will be carried out, as well as comparison with the research objectives of the study, this information will be presented in the form of a narrative summary.

### Language restriction

Eligible studies will be required to be published in English, Portuguese or Spanish language.

### Country(ies) involved

Portugal.

### Keywords

Therapeutic adherence; treatment adherence; Perception; Self-perception; Patient's perspectives; Chronic diseases; Self-understanding; Medical plans.

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**Dissemination plans** Once data collection and analysis are completed, the results will be published in peer-reviewed journals and also presented at conferences and seminars.

**Contributions of each author**

Author 1 - Leovaldo Alcântara - The author conceived and developed the review protocol. The author will also select the studies, analyze the data, and write the manuscript.

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Author 2 - Lígia Passos - The author will participate in the selection of studies based on the inclusion criteria, as well as the critical review of the scoping review manuscript.

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Author 3 - Teodora Figueiredo - The author will participate in the selection of studies based on the inclusion criteria, as well as the critical review of the scoping review manuscript.

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Author 4 - Elísio Costa - The author, designed and developed the review protocol and will analyze the documents in cases where there are doubts or a tie between the two reviewers.

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