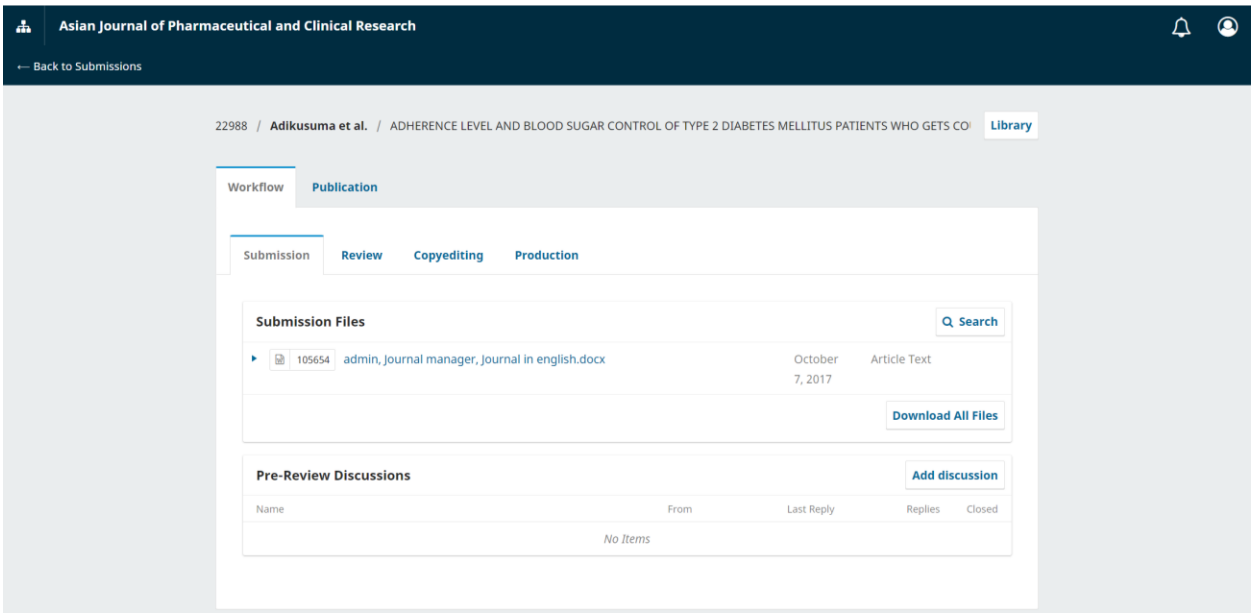
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← Back to Submissions
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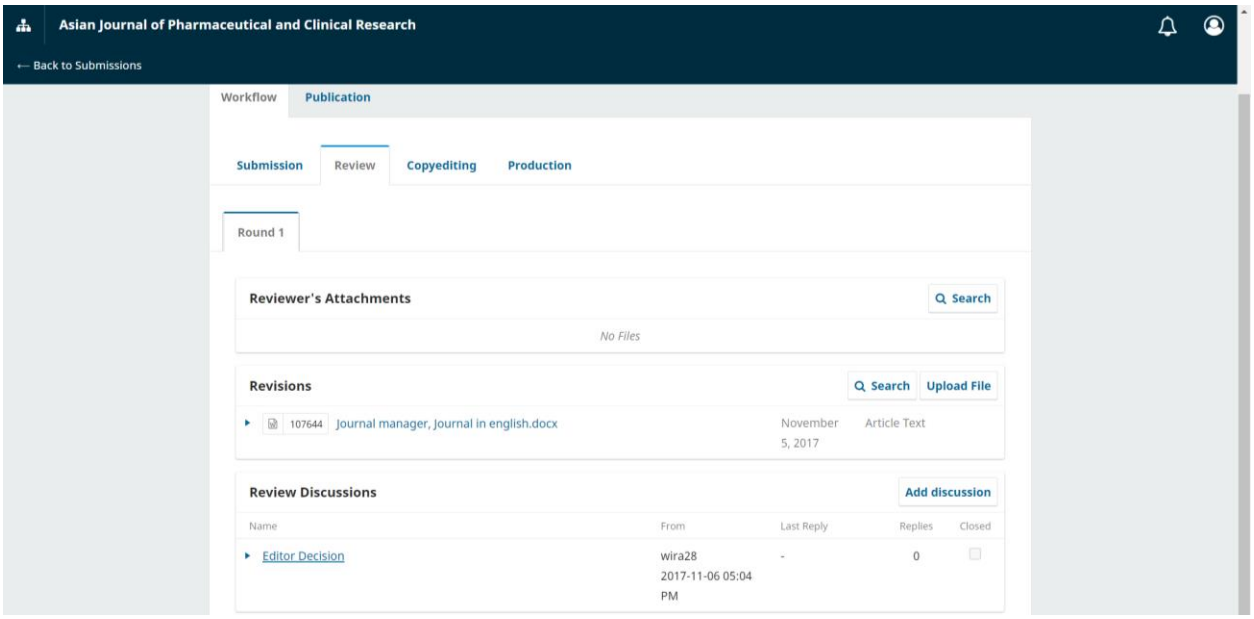
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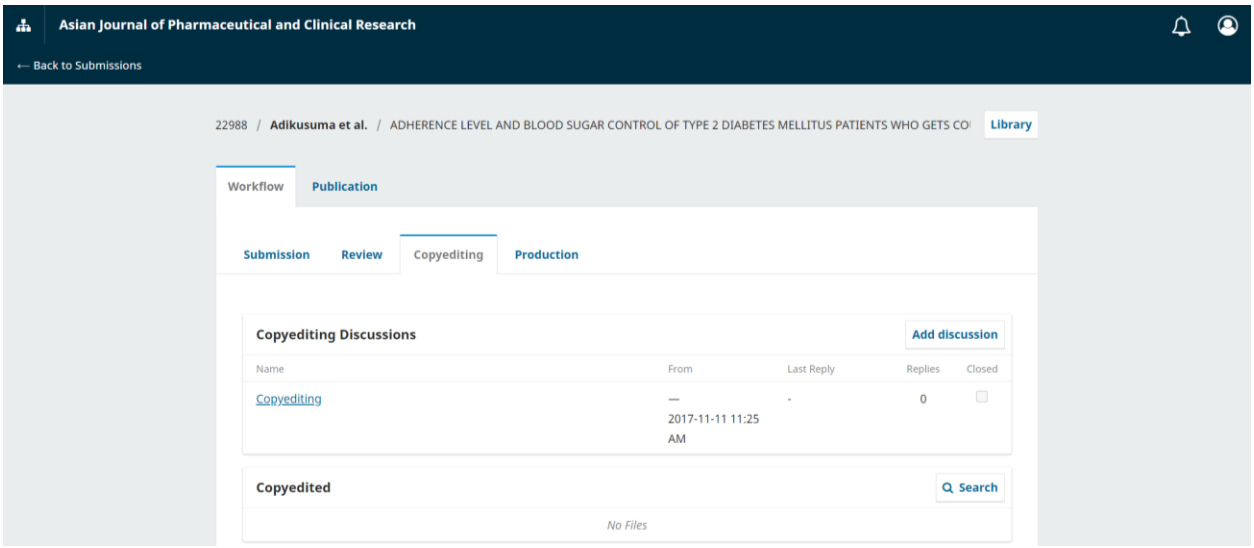
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← Back to Submissions
22988 / Adikusuma et al. / ADHERENCE LEVEL AND BLOOD SUGAR CONTROL OF TYPE 2 DIABETES MELLITUS PATIENTS WHO GETS CO
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Workflow
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Reviewer 1:

1. Content of the SMS messages (e.g., a table of common topics)

   Some examples of the SMS are provided in the table 1:

Table 1. Content of SMS

No	Short Message Service
1.	Good morning, regular physical exercise or walking habit will help to bring your blood glucose to normal level. Get will soon, thank you.
2.	Good morning, keep your diet and keep exercise. Get will soon, thank you.
3.	Good morning, Taking medication timely will help to keep your blood sugar in control and avoid complications. Get will soon, thank you.
4.	Good morning, a healthy diet will keep you healthy and happy. Get will soon, thank you.
5.	Good morning, if you are stressed, stop your work. Go for walk and relax. Get will soon. Thank you
6.	Good morning, avoid alcoholic beverages alcoholic beverages can affect your blood sugar levels. Get will soon, thank you.
7.	Good morning, Avoid or limit your consumption of simple or refined sugary foods, as they can quickly transform into glucose as they enter your body. Get will soon, thank you.
8.	Good morning, Starchy foods such as corn, peas, potatoes, white rice and white pasta are high in carbohydrates, which can convert quickly into sugar and negatively affect your glucose levels. Get will soon, thank you.
9.	Good morning, consumption protein from vegetable sources, low fat milk products, fish and lean meat is preferable. Get will soon, thank you.
10.	Good morning, whole fruits are recomended in moderation (1 -2 servings) however, very sweet fruits should be avoidel. Get will soon, thank you.

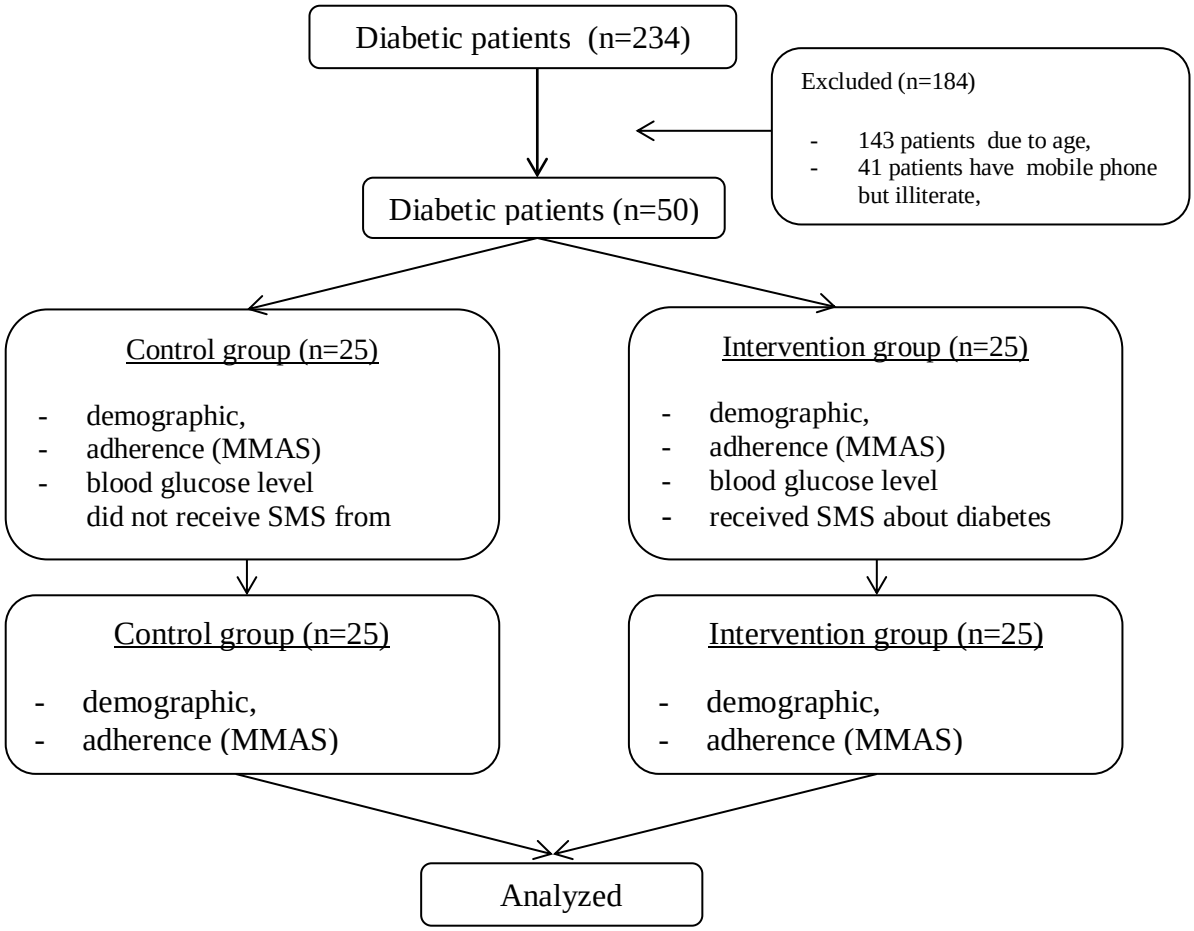
2. who delivered the SMS messages ? the SMS messages is delivered by pharmacists.

3. how the interventionist selected what messages to deliver (did they have a list of standard information that they could select from? Were the same messages given to every participant? Was there an algorithm for matching messages to patients' needs?)
   All participants in the intervention group will receive the SMS randomly once a day until second visit (post study). All patients possibility will get the same SMS content

4. method of assigning participants to groups (nonrandomized, but how specifically was this done? Every other patient? Naturally existing groups of some kind?)
   The selection of subjects for each group done randomly by the research assistant, where subjects who meet the inclusion and exclusion criteria were divided into two groups by subjecting the odd sequence to the control group, while the even sequences were included in the treatment group.

5. A. any attrition or missing data? If so, who, how much, any demographic differences by group?

B. more information about the patients who refused to participate in teh study (how many, any demographic differences from participants, any information on why they refused?)



6. why were nonparametric statistics used to analyze the MMAS scores? (e.g., was there a concern about normality?)
   the results of normality test (kolmogrov-smirnov) show that score MMAS in the control and treatment group data were not normally distributes, therefore the statistical test used non parametric test, wilcoxon and mann whitney test

INTRODUCTION

Paragraph 1

Original sentence: Low patient adherence in the treatment of the patient as well as the lack of understanding of the instructions for use of anti-diabetic oral medication is one of the main problems in the treatment of T2DM.

Suggested sentence revision: Barriers to optimal health outcomes in T2DM can be attributed to low patient adherence to anti-diabetic medication as well as lack of understanding of the recommended medication regimen.

Original sentence: In this case, it required the intervention of pharmacists to improve understanding of the instructions for use of drugs and patient adherence to the success of therapy.

Suggested sentence revision: In one study, pharmacists were used to improve patient understanding of anti-diabetic medications which improved patients' medication adherence.

Paragraph 2

Original sentence: Medication adherence can be increased using SMS or "text" reminders, voice reminders and special applications ("apps") to remind patient to take medications.

Suggested sentence revision: Medication adherence can be ~~increased~~ improved using SMS or "text" reminders, voice reminders, and special applications ("apps") to remind patients to take medications.

Original sentence: Out of these, SMS or text reminders are probably the least intrusive to the patient privacy and can be delivered through simpler mobile phones, enabling potential access to a larger number of clients.

Suggested sentence revision: Specifically, SMS or text reminders are ~~the least~~ minimally intrusive to ~~the~~ patients' privacy and can be delivered through simpler mobile phones, enabling potential access to a larger number of clients.

Paragraph 3

Original text: The use of SMS as one of the intervention has been proven to reduce the risk of disease with a behavior modification program of patients to smoking cessation. SMS at low cost can communicate to convey health messages to the owner's mobile phone so that it can improve patient adherence to taking medication. Other studies have also explained that the use of Real Time Medication Monitoring (RTMM) with SMS can improve patient adherence with T2DM by following a treatment regimen has been established. This study aimed to determine the effect of SMS to adherence and glycemic levels of people with T2DM.

Suggested revisions: SMS, in conjunction with a behavior modification component, has been shown to reduce T2DM risk factors in patients involved in smoking cessation. Additionally, SMS is a low-cost intervention that can be a vital to communicating the importance of medication adherence to patients.

Furthermore, a study using Real Time Medication Monitoring (RTMM) with SMS can improve patient adherence with T2DM once a treatment regimen has been established.

METHODS

How were the patients recruited?
Who recruited the patients (e.g., clinicians, research assistants, research coordinators, etc.)?
What setting were patients recruited (e.g., outpatient clinic, inpatient clinic, inpatient and outpatient clinicWere the participants consented?

Paragraph 1

This study was conducted by quasi-experimental design with prospective data collection. The subjects of this study were 50 patients with T2DM at a hospital in Mataram Indonesia who had received oral antidiabetic drug therapy at least six months prior to adherence measurement. The research subjects who meet the inclusion criteria were 50 patients with T2DM. Inclusion criteria were type 2 DM patients, at least 6 months have gotten oral antidiabetic medication, aged between 45 – 65 year old, have access to a mobile phone and patients who know to read SMS on mobile phone. Exclucion criteria were type 2 DM patients who deaf, pregnant and who did not volunteer to enroll in this research. Patients were categorized into two groups: an intervention group and the control group. The intervention group received SMS about diabetes education every day until the second visit (post study), while control group did not receive these. The data collection was conducted by doing interview and Morisky Medication Adherence Scale (MMAS) questionnaires.

Results
From the research that has been done, there were 50 patients with T2DM who meet the inclusion criteria. Table 1 shows the characteristics of the study subjects. Most of the study subjects were female (56%), the education level up to senior high school (84%), did not have a job (80%), average treatment duration of less than 5 years (80%), age ≥ 55 years (72 %) and drugs that received a combination therapy (60%). The average of two hours postprandial glucose in the control group (258,1±108,9) and the intervention group (234,4±84,5) and whereas the average fasting glucose in the control group (195,68±92,76) and the intervention group (162,6±63,5).