Results
- Low adherers reported more life chaos (Fig 1) and weaker habits (Fig 3) than medium and high adherers. Habits were stronger in high adherers than medium adherers (Fig 3).
- High adherers had stronger intentions to adhere than low adherers, were more confident that they could adhere (Fig 4), and had marginally stronger necessity beliefs (Fig 5)
- Low adherers reported optimistic subjective adherence compared to high adherers who were more pessimistic (Fig 6).

Background & Objectives
- Adherence to treatment in people with CF is poor (Eakin et al., 2011), ranging from:
  - 31-53% for inhaled antibiotics
  - 53-79% for mucolytics
  - 41-72% for hypertonic saline
- We need to understand the key factors involved in adherence to enable us to develop effective interventions.
  - This study compared high (≥80%), medium (50-79%) and low adherers (<50%), on a range of psychosocial measures.

Method
- 64 participants recruited to the CFHealthHub pilot trial completed baseline measures:
  - Necessity and concern beliefs (BMQ-Specific)
  - Intention & Confidence
  - Treatment burden (CFQ-R)
  - Life Chaos (CHAOS)
  - Habit (SRBAI)
  - Subjective adherence
- Participants were provided with a chipped nebuliser which collected objective data about the number of treatments taken in following 14 days.
  - This was used to calculate the percentage of treatments taken relative to the number prescribed.
  - The measures were compared between high, medium and low adherers.

Conclusion
- Interventions to increase nebuliser adherence should focus on:
  - the development of realistic assessment of adherence (feedback)
  - beliefs about the necessity of treatment
  - the development of motivation (intention) and confidence
  - the development of habits and routine
  - The CFHealthHub intervention includes all of these elements

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