OXFORD JOURNALS CONTACT US MY BASKET MY ACCOUNT

Journal of PEDIATRIC PSYCHOLOGY

ABOUT THIS JOURNAL

CONTACT THIS JOURNAL

SUBSCRIPTIONS

CURRENT ISSUE

ARCHIVE SEARCH

Oxford Journals > Medicine > Journal of Pediatric Psychology > Volume 31, Number 8 > Pp. 846-858

◄ Previous Article | Next Article ►

Journal of Pediatric Psychology Advance Access originally published online on January 9, 2006

Journal of Pediatric Psychology 2006 31(8):846-858; doi:10.1093/jpepsy/jsj096

© The Author 2006. Published by Oxford University Press on behalf of the Society of Pediatric Psychology. All rights reserved. For permissions, please e-mail: journals.permissions@oxfordjournals.org

Barriers to Treatment Adherence for Children with Cystic Fibrosis and Asthma: What Gets in the Way?

Avani C. Modi, PhD¹ and Alexandra L. Quittner, PhD²

¹ Cincinnati Children's Hospital Medical Center, and ² University of Miami

All correspondence concerning this article should be addressed to Avani C. Modi, PhD, Division of Behavioral Medicine and Clinical Psychology, Cincinnati Children's Hospital Medical Center, 3333 Burnet Ave. MLC 3015, Cincinnati, Ohio 45229. E-mail: avani.modi{at} cchmc.org.

Received February 23, 2005; revision received August 3, 2005, September 30, 2005 and November 28, 2005; accepted December 7, 2005

Objectives The purpose of this study was to systematically identify barriers to treatment adherence for children with cystic fibrosis (CF) and asthma, as well as to examine the relationship between the number of barriers and adherence. **Methods** Participants included 73 children with CF or asthma and their parents. The mean age of the sample was 9.9 years, and 58% were males. **Results** Results indicated that barriers were quite similar by illness and informant (e.g., parent and child) for the same treatments, but unique barriers were identified for disease-specific treatments. Frequently mentioned barriers across diseases included forgetting, oppositional behaviors, and difficulties with time management. Trends were identified between adherence and barriers, suggesting that a greater

number of barriers were related to poorer adherence. Conclusion Overall, this study provided evidence that patients and their parents experience specific barriers within the context of their own illness and highlights the need for disease-specific measures and interventions.

Key words: barriers; knowledge; patient–provider communication; pulmonary; treatment.

This Article

- ► Full Text FREE
- FREE Full Text (PDF) FREE
- All Versions of this Article: 31/8/846 most recent isi096v1
- Alert me when this article is cited
- Alert me if a correction is posted

Services

- Email this article to a friend
- Similar articles in this journal
- Similar articles in ISI Web of Science
- Similar articles in PubMed
- Alert me to new issues of the journal
- Add to My Personal Archive
- Download to citation manager
- Search for citing articles in: ISI Web of Science (5)
- ▶ Request Permissions
- Disclaimer

- Articles by Modi, A. C.
- Articles by Quittner, A. L.
- Search for Related Content

PubMed

- PubMed Citation
- Articles by Modi, A. C.
- Articles by Quittner, A. L.

Social Bookmarking

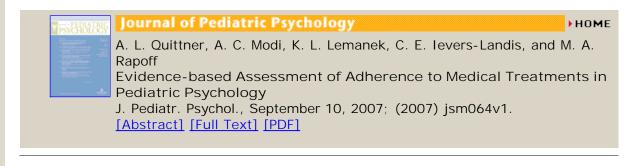








This article has been cited by other articles:



Disclaimer:

Please note that abstracts for content published before 1996 were created through digital scanning and may therefore not exactly replicate the text of the original print issues. All efforts have been made to ensure accuracy, but the Publisher will not be held responsible for any remaining inaccuracies. If you require any further clarification, please contact our <u>Customer Services Department</u>.

Online ISSN 1465-735X - Print ISSN 0146-8693

Copyright © 2008 Society of Pediatric Psychology

