

Supporting Health by Technology



1 June 2018

work engagement, patient engagement, engagement to online health interventions), but all with some commonalities. More results will be available at the time of the conference.

Discussion: Engagement is a concept that may be very important in understanding and increasing the use and effectiveness of eHealth interventions. This study sheds light on the meaning of the concept from both a theoretical and user side. Future research should focus on how to measure engagement early on in eHealth interventions to use this as a way to select the right intervention for each individual.

3-3. Exploring adherence and predictors of adherence to a blended face-to-face and web-based smoking cessation treatment

Lutz Siemer, Marjolein Brusse-Keizer, Marloes Postel, Somaya Ben Allouch, Angelos Patrinoopoulos Bougioukas, Robbert Sanderma, and Marcel Pieterse

Background: Little is known about adherence to blended face-to-face and web-based treatment. Literature suggests that adherence is related to treatment acceptability and effectiveness. This study explores adherence and predictors of adherence to a blended smoking cessation treatment (BSCT) by investigating two questions: (1) What is the adherence to BSCT over the course of the treatment and how many patients are adherent to the treatment as a whole; and (2) which person, - smoking and health-related characteristics predict adherence to BSCT?

Methods: From 75 patients that received BSCT, data were analysed to trace adherence. Patients could be adherent to 18 patient activities. The degree of adherence per activity and over the course of the treatment was analysed. Furthermore, the number of patients that were adherent to BSCT, using a 60% threshold for face to face and web-based activities, was analysed. Predictors for adherence from person, - smoking and health-related characteristics was examined using multivariate logistic regression analyses.

Findings: Adherence declined over the course of the treatment ranging between 82% of patients being adherent at treatment start and 11% in the second part of the treatment; 18% of the patients were classified as adherent to BSCT based on the 60% threshold; (4) Patients having a partner had 11-times higher odds of being adherent compared to living alone and an increase in social modelling – graded from 0 (=partner and friends are not smoking) to 8 (=both partner and nearly all friends are smoking) –gave a 28% lower odds of being adherent.

Discussion: The current study is the first exploring adherence to a blended face-to-face and web-based treatment based on a substantial group of patients (n=75). The study revealed (1) a decline in adherence over time, a rather low overall adherence to BSCT, and (2) marital status and social modelling as independent predictors for adherence.