SUPPLEMENTARY INFORMATION

ATIQ -	further	information
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- 3 The Asthma Treatment Intrusiveness Questionnaire (ATIQ) scale was adapted from a scale originally
- 4 developed by Professor Horne to assess patients' perceptions of the intrusiveness of antiretroviral
- 5 therapies (HAART; the HAART intrusiveness scale).¹ This scale assesses convenience and the degree
- 6 to which the regimen is perceived by the patient to interfere with daily living, social life, etc. The
- 7 HAART intrusiveness scale has been applied to study differential effects of once- vs. twice-daily
- 8 antiretroviral regimens² and might be usefully applied to identify patients who are most likely to
- 9 benefit from once-daily treatments.

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References:

- 1. Newell, A., Mendes da Costa, S. & Horne, R. Assessing the psychological and therapy-related
- 13 barriers to optimal adherence: an observational study. Presented at the Sixth International
- congress on Drug Therapy in HIV Infection, Glasgow, UK (2002).
- 2. Cooper, V., Horne, R., Gellaitry, G., Vrijens, B., Lange, A. C., Fisher, M. et al. The impact of once-
- nightly versus twice-daily dosing and baseline beliefs about HAART on adherence to efavirenz-
- based HAART over 48 weeks: the NOCTE study. *J Acquir Immune Defic Syndr* **53**, 369–377
- 18 (2010).

Supplementary Table S1. Asthma medications, reported by participants at the time of survey

Asthma medication	n <i>(%)</i>
Salbutamol	406 (40.2)
Beclometasone	212 (21.0)
Salmeterol plus fluticasone	209 (20.7)
Salbutamol plus ipratropium	169 (16.7)
Formoterol plus budesonide	166 (16.4)
Fluticasone	135 (13.4)
Budesonide	131 (13.0)
Montelukast	123 (12.2)
Terbutaline	107 (10.6)
Formoterol plus beclometasone	96 (9.5)
Ipratroprium bromide	83 (8.2)
Salmeterol	64 (6.3)
Sodium cromoglycate	58 (5.7)
Ciclesonide	52 (5.0)
Zafirlukast	44 (4.4)
Omalizumab	43 (4.3)
Formoterol	41 (4.1)
Beclometasone plus salbutamol	37 (3.7)
Theophylline	36 (3.6)
Nedocromil sodium	32 (3.2)
Fenoterol plus ipratropium bromide	27 (2.7)
Ketotifen	19 (1.9)
Fenspiride	19 (1.9)
Doxofylline	19 (1.9)
Mepiphylline	18 (1.8)
Flunisolide	14 (1.4)
Cromoglicic acid	10 (1.0)
Bombuterol	4 (0.4)
Bamifylline	3 (0.3)

Asthma medication	n <i>(%)</i>
Other	35 (3.5)

23 **Supplementary Table S2.** Goodness-of-fit statistics for structural equation model predicting

adherence, healthcare seeking and asthma control

Goodness of fit statistic	Model value	Target value if fit perfect	Adequate fit
GFI	0.622	1.0	>0.90
AGFI	0.597	1.0	>0.90
PGFI	0.583	1.0	>0.90
NFI	0.467	1.0	>0.95
RFI	0.467	1.0	>0.95
RMSEA	0.108	0.08	0.10
Hoelter's index	85	-	>200

Abbreviations: AGFI, adjusted goodness of fit index; GFI, goodness of fit index; NFI, normed fit index;

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PGFI, parsimony goodness of fit index; RFI, relative fit index; RMSEA, root mean square error of

approximation.

Supplementary Table S3. Goodness-of-fit statistics for structural equation model predicting
preference for once- vs. twice-daily asthma medication

Goodness of fit statistic	Model value	Target value if fit perfect	Adequate fit
GFI	0.769	1.0	>0.90
AGFI	0.745	1.0	>0.90
PGFI	0.695	1.0	>0.90
NFI	0.388	1.0	>0.95
RFI	0.366	1.0	>0.95
RMSEA	0.115	0.08	0.10
Hoelter's index	79	-	>200

Abbreviations: AGFI, adjusted goodness of fit index; GFI, goodness of fit index; NFI, normed fit index;

PGFI, parsimony goodness of fit index; RFI, relative fit index; RMSEA, root mean square error of approximation.

Supplementary Table S4. BMQ questionnaire subscales used to gather participants' beliefs about

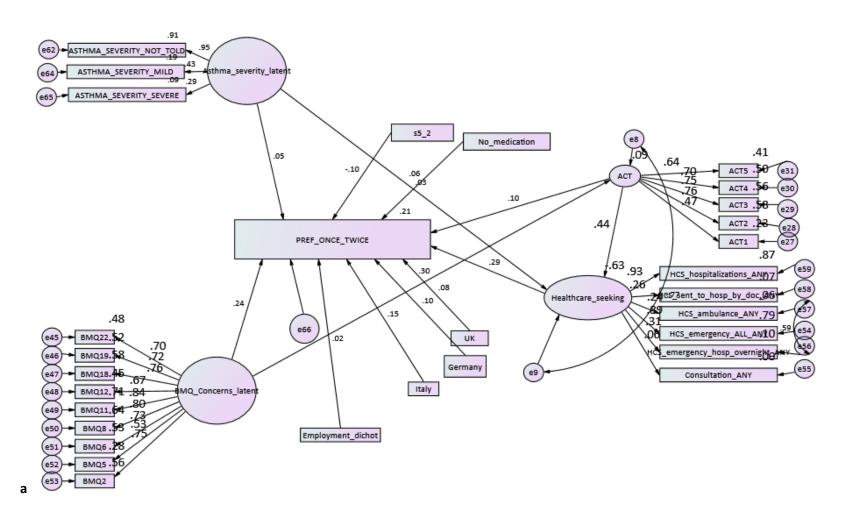
medicines

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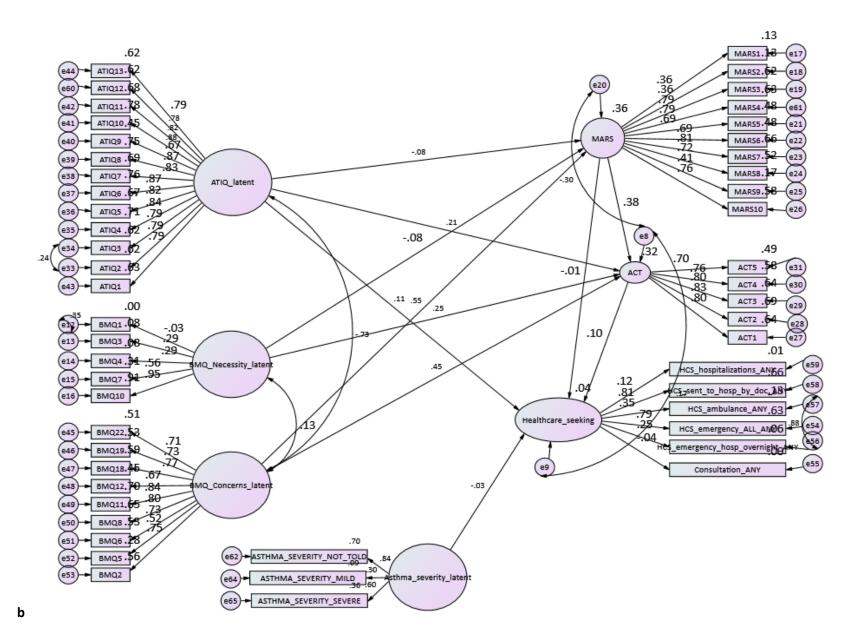
	MARS subscale	BMQ Necessity subscale	Modified BMQ Concerns subscale
	'I decide to miss out a dose'	'My health, at present, depends on this	'I sometimes worry about the long-
		inhaler'	term effects of this inhaler'
	'I forget to take it'	'My life would be impossible without	'This inhaler gives me unpleasant
		this inhaler'	side-effects'
Core scale	'I alter the dose'	'Without this inhaler I would be very ill'	'Having to use this inhaler worries
			me'
	'I stop taking it for a while'	'My health in the future will depend on	'This inhaler does more harm than
		this inhaler'	good'
	'I take it less than instructed'	'This inhaler protects me from becoming	'This inhaler is a mystery to me'
		worse'	
	'I only use it as a reserve, if my		'People who are on preventer
	other treatment doesn't work'		treatments should stop their
Additional item	'I only use it when I feel		treatment every now and again'
	breathless'		
	'I only use it when I need it'		'This inhaler disrupts my life'
	'I try to avoid using it'		'I can use as much of this inhaler as I
	'I use it before doing		need, without having to worry about
	something which might make		becoming too dependent on it
	me breathless'		(Reverse)'

- Responses were rated on 5-point Likert scales from 'strongly agree' to 'strongly disagree'.
- 38 ^aAdditional asthma-medication specific items.
- 39 Abbreviations: BMQ, Beliefs about Medicines Questionnaire; MARS, Medication Adherence Report
- 40 Scale (high score = good adherence).

Supplementary Fig. S1 Full structural equation models identifying (a) predictors of adherence, healthcare seeking and asthma control, and (b) predictors of preference for once- vs. twice-daily treatment



Full structural equation model of associations between adherence barriers, adherence, healthcare seeking, asthma control and asthma severity. All paths represent standardised regression weights of latent variables, corrected by bootstrapping, and are significant at P = 0.01.



Full structural equation model of predictors of preference for once- vs. twice-daily treatment. All paths represent standardised regression weights corrected by bootstrapping and are significant at P = 0.01. Positive paths are equivalent to an increased preference for twice-daily medication. Negative paths mean an increased preference for once-daily medication. S5_2 = presence of high cholesterol.

ACT, Asthma Control Test™; ATIQ, Asthma Treatment Intrusiveness Questionnaire; BMQ, Beliefs about Medicines Questionnaire; HCS, healthcare seeking; MARS, Medication Adherence Report Scale