

Maxwell CJ, Stock K, Seitz D, et al. Persistence and adherence with dementia pharmacotherapy: relevance of patient, provider, and system factors. *Can J Psychiatry*. 2014;59(12):624–631.

**eTable 1. Summary of Predictors of Persistence and Adherence with Dementia Pharmacotherapy.**

Characteristic	Studies on Persistence					Studies on Adherence				
	Total # Studies	Higher Persistence	Lower Persistence	Non-Significant Association	Comments	Total # Studies	Higher Adherence	Lower Adherence	Non-Significant Association	Comments
<b>Patient</b> Older age	20	1 [44]	7 [34,38,39,45,46,50,53]	12 [35,36,37,42,43,47,49,51,52,55,56,59]	Most studies: older age = 75+ or 80+	1	1 [62]	0	0	Older age = 86+
Female sex	19	0	3 [34,43,44]	16 [35,36,37,38,39,45,46,47,49,50,51,52,53,55,56,59]		1	0	1 [62]	0	
Race (non-Caucasian)	3	0	2 [51,59]	1 [37]	Assessed ethnicity (European v. Other) [37]	1	0	1 [63]	0	
Socioeconomic status / financial barrier	5	0	2 [37,44]	3 [36,39,47]	Paying for greater proportion of prescription costs [44]; Lower educational attainment [36,37,39,47]; & household income [36,47]	2	0	2 [62,64]	0	Higher cost medication (Higher formulary tier) [62]; High cost sharing v. low cost sharing for specific ChEI - unclear if within drug difference significant [64]
Caregiver in the home	4	0	0	4 [36,39,47,49]		0				

Greater Cognitive Impairment (disease severity)	7	0	2 [44,49]	5 [36,37,39,42,47]	Decline in MMSE may better predict discontinuation [36,47]	0				
<b>Table 1 continued.</b>										
Characteristic	Total # Studies	Higher Persistence	Lower Persistence	Non-Significant Association	Comments	Total # Studies	Higher Adherence	Lower Adherence	Non-Significant Association	Comments
Number of comorbid conditions	10	2 [44,50]	1 [43]	7 [34,36,37,39,52,55,56]	Chronic Disease Score [CDS] measure of comorbidity based on drug # & type from prescription claims [43,44,50]	1	0	1 [62]	0	
Pill burden	3	0	0	3 [38,39,45]	Number of Medications [38,39,45]	2	2 [62,64]	0	1 [64Σ]	Number of medications [62,64]; High pill burden v. low for donepezil [64]; High v. low for rivastigmine patch [64Σ] – unclear if within drug difference significant [64]
Concurrent drug use	7	2 [43,45]  Cardiac, Parkinson's, propulsives,* SSRIs,* BZDs (<6 months), antipsychotic drugs*(>6	3 [47,55,59]  CNS drugs [55]; Drugs that impair cognition (BZDs, anticholinergics, antipsychotics, opioids) [59];	5 [36,38,43,45,47]  Anticholinergics [43]; Antipsychotics [36,38,45,47]; Antidepressant [38];		0				

		months) [43]; Anti-depressants [45]	Anticholinergics [47]	Anticoagulant, antiplatelet, anti- diabetic, hypolipemic, antiasthmatic drugs, NSAIDs [45]						
<b>Table 1 continued.</b>										
Characteristic	Total # Studies	Higher Persistence	Lower Persistence	Non-Significant Association	Comments	Total # Studies	Higher Adherence	Lower Adherence	Non- Significant Association	Comments
<b>Drug</b> Donepezil v. Rivastigmine	<b>14</b>	<b>6</b> [34,35,38, 48,51,52]	<b>0</b>	<b>8</b> [39,46,50,53,55, 56,57,58]	Note: for all 3 comparisons, unclear if difference significant in adjusted analyses [35]	<b>1</b>	<b>0</b>	<b>1</b> [61]	<b>0</b>	Note: adherence high (94%) for all 3 ChEIs[61]
Donepezil v. Galantamine	<b>11</b>	<b>2</b> [34,51]	<b>5</b> [35,38,46,48 50]	<b>4</b> [39,52,53,58]		<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b> [61]	
Galantamine v. Rivastigmine	<b>12</b>	<b>4</b> [35,38,43, 48]	<b>0</b>	<b>8</b> [34,39,46,50,51, 52,53,58]		<b>1</b>	<b>0</b>	<b>1</b> [61]	<b>0</b>	Difference may not be statistically significant - not specified [61]
Ineffective dose	<b>3</b>	<b>0</b>	<b>2</b> [36,43]	<b>1</b> [47]	<5mg/day donepezil; <6mg/day (or <9mg/day [43]) rivastigmine; <16mg/day galantamine	<b>0</b>				
Ease of Use	<b>2</b>	<b>2</b> [38,48]	<b>0</b>	<b>0</b>	Galantamine ER (1/day) v. Galantamine IR (2/day) [48]; Once daily donepezil v. twice daily rivastigmine [38]	<b>1</b>	<b>1</b> [64]	<b>0</b>	<b>0</b>	Rivastigmine transdermal patch v. oral medication

Memantine	2	2 [35,38]	0	0	Memantine + ChEI v. ChEI alone [38]; Memantine v. ChEI [35]	0				
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**Table 1 continued.**

Characteristic	Total # Studies	Higher Persistence	Lower Persistence	Non-Significant Association	Comments	Total # Studies	Higher Adherence	Lower Adherence	Non- Significant Association	Comments
<b>Health System / Setting</b>										
Frequent physician visits	3	2 [44,55]	0	1 [50]		0				
Hospitalization	5	2 [50,55] -LOS [50]	3 [36,42,47]	1 [50] -#hospitalizations & ER visits	AD-related hospitalization [36]; Any hospitalization [55,47]; Hospice admission [42]; Hospitalization in year prior to index ChEI prescription [50] Hospitalization prior to ChEI discontinuation [36,42,47,55]	0				
LTC v. community	5	3 [46,54,59]	0	2 [44,51]		0				
Rural Setting	1	0	0	1 [44]		0				
<b>Provider / Prescriber</b>										
Specialty: GP v. specialist	2	0	1 [50]	1 [45]		0				
Specialty: Psychiatrist v. Geriatrician	2	0	1 [36]	1 [45]		0				

Specialty: Neurologist v. Geriatrician	<b>2</b>	<b>1</b> [36]	<b>0</b>	<b>1</b> [45]		<b>0</b>				
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