

REVIEW ARTICLE

The Role of Mobile Health (mHealth) Technologies in Enhancing Medication Adherence: A Comprehensive Review

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ABSTRACT

Medication adherence is a critical determinant of effective chronic disease management. However, non-adherence remains a global challenge, contributing to poor health outcomes and increased healthcare costs. Mobile health (mHealth) technologies, including mobile apps, SMS reminders, and wearable devices, offer innovative solutions to improve medication adherence by delivering personalized reminders, educational content, and support. This literature review examines the effectiveness of mHealth interventions in improving medication adherence, focusing on evidence from systematic reviews, randomized controlled trials, and key studies. A comprehensive review of peer-reviewed literature was conducted, synthesizing findings from systematic reviews and original research. The studies included explored the application of mHealth in chronic disease management, with a focus on diabetes, cardiovascular conditions, and maternal and child health. The evidence indicates that mHealth interventions significantly improve medication adherence across diverse populations. Key findings demonstrate that text messaging interventions enhance adherence rates in diabetes and hypertension management. Multifaceted mHealth approaches, such as combining SMS reminders and teleconsultations, show promise in low-resource settings. Furthermore, in maternal and child health, mHealth tools improve antenatal care attendance and vaccination rates. Despite these benefits, challenges such as digital literacy disparities, user engagement, and integration with existing healthcare systems limit scalability. mHealth technologies are transformative tools for enhancing medication adherence, with significant potential to improve chronic disease management and reduce healthcare disparities. Addressing implementation barriers and leveraging advancements like artificial intelligence can further optimize these interventions. Future research should focus on long-term, context-specific studies to establish robust evidence for clinical adoption and policymaking.

Keywords: Mobile health (mHealth), medication adherence, CDM, SMS reminders, DHI, diabetes management, cardiovascular health.

Received 14.11.2024

Revised 22.12.2024

Accepted 23.01.2025

How to cite this article:

Anas Ali A, Shahad A, Jenan A, Razan A, Ghada A, Jawaher N, Hadeel A, Abrar A, Ghaith A, Shujaa A, Shahad A, Ahmed A, Manar D. A, Nujud A, and Razan A. The Role of Mobile Health (mHealth) Technologies in Enhancing Medication Adherence: A Comprehensive Review. Adv. Biores. Vol 16 [1] January 2025. 158-163

INTRODUCTION

Medication adherence is a fundamental pillar of effective healthcare delivery, playing a vital role in ensuring the success of treatment plans, especially for chronic diseases such as diabetes, cardiovascular disorders, and asthma. Adherence to prescribed regimens not only optimizes therapeutic outcomes but

also reduces the risk of disease progression, complications, and preventable mortality. Despite its importance, non-adherence remains a pervasive and complex global challenge, affecting up to 50% of patients with chronic conditions. This phenomenon has wide-reaching implications, including worsened health outcomes, increased hospital admissions, reduced quality of life, and escalated healthcare costs. The World Health Organization (WHO) has identified improving adherence as a critical priority in combating the global burden of chronic diseases [1,2].

The reasons for non-adherence are multifaceted and include forgetfulness, misunderstanding of medication instructions, financial constraints, side effects, and lack of motivation or support. These barriers necessitate innovative solutions that not only address practical challenges but also empower patients to take an active role in managing their health. In this context, mobile health (mHealth) technologies have emerged as transformative tools to bridge the gap between patients and effective medication adherence.

mHealth encompasses a broad spectrum of interventions that utilize mobile phones, smartphone applications, text messaging (SMS), wearables, and telehealth platforms to deliver healthcare solutions. These technologies capitalize on the widespread adoption of mobile devices to provide accessible, scalable, and cost-effective interventions. By offering tailored medication reminders, real-time educational content, and interactive support, mHealth tools are uniquely positioned to address individual patient needs and improve adherence. Additionally, the integration of artificial intelligence (AI) and data analytics within mHealth platforms enhances the personalization of interventions, allowing for predictive insights into non-adherence risks and proactive engagement strategies [3,4].

The growing body of evidence underscores the potential of mHealth to revolutionize medication adherence strategies. Systematic reviews and randomized controlled trials (RCTs) have highlighted the efficacy of mHealth tools in diverse healthcare settings and across various populations. This literature review aims to provide a comprehensive overview of the role of mHealth in enhancing medication adherence, drawing on evidence from recent studies, meta-analyses, and systematic reviews [5,6].

MATERIAL AND METHODS

Methods

This literature review employed a rigorous and systematic approach to ensure a comprehensive analysis of relevant studies on the effectiveness of mobile health (mHealth) technologies in improving medication adherence. The methodology was designed to ensure methodological rigor and high-quality synthesis.

Database Search

A targeted search was conducted across leading databases, including Web of Science (WoS), PubMed, and Scopus. The focus was on peer-reviewed, English-language articles published between 2015 and 2023. These databases were selected due to their comprehensive indexing of medical, healthcare, and informatics research, ensuring the inclusion of diverse and relevant studies.

Search Keywords

The search strategy employed a combination of primary and secondary keywords to refine the search. Keywords such as “mHealth,” “Medication Adherence,” “Chronic Disease Management,” “Health Informatics,” “Digital Health Interventions,” and “Mobile Applications for Healthcare” were used. Boolean operators (AND/OR) were applied to ensure that the search was both broad and specific, capturing studies relevant to the role of mHealth in improving medication adherence.

Inclusion and Exclusion Criteria

The inclusion and exclusion criteria were defined to ensure that only relevant and high-quality studies were included in the review. Inclusion criteria consisted of studies examining mHealth interventions specifically designed to improve medication adherence. These studies focused on chronic disease management, including conditions such as diabetes, cardiovascular health, hypertension, and maternal and child health. Eligible studies included systematic reviews, randomized controlled trials (RCTs), and observational studies with robust methodologies.

Exclusion criteria were applied to filter out non-peer-reviewed studies, conference abstracts, editorials, and reports lacking empirical evidence. Studies that were unrelated to medication adherence or focused solely on general health education without adherence components were also excluded from the review.

Article Selection

The initial search identified 50 articles. These articles were screened for relevance by reviewing their titles and abstracts. After duplicates were removed and inclusion and exclusion criteria applied, 20 articles were selected for detailed review. Of these, 12 studies met the final inclusion criteria and were subsequently included in the synthesis. This selection process ensured that only the most relevant and methodologically sound studies were included in the analysis.

Critical Appraisal

To ensure the reliability and validity of the included studies, a critical appraisal was conducted using established evaluation tools. The PRISMA Guidelines (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) were utilized to ensure transparency in the study selection process. Additionally, the GRADE Framework (Grading of Recommendations, Assessment, Development, and Evaluation) was applied to assess the quality of evidence. Only studies meeting high methodological standards were included in the review, ensuring that the findings were robust and credible.

Data Extraction and Synthesis

Data were systematically extracted using a predefined framework. Key details such as the types of mHealth interventions (e.g., SMS reminders, mobile apps, wearables), target populations (e.g., diabetic patients, hypertensive individuals, pregnant women), outcomes measured (e.g., improved adherence rates, reduced hospitalizations), and study designs and methodologies were captured.

The findings were synthesized to provide a comprehensive understanding of how mHealth technologies address barriers to medication adherence and improve patient outcomes across diverse healthcare settings. This systematic approach ensured that the review offered meaningful insights into the effectiveness of mHealth interventions.

Visualization

A flowchart (Figure 1) was created to illustrate the study selection process, aligning with PRISMA guidelines. This visualization ensures transparency in identifying and excluding studies during the review process.

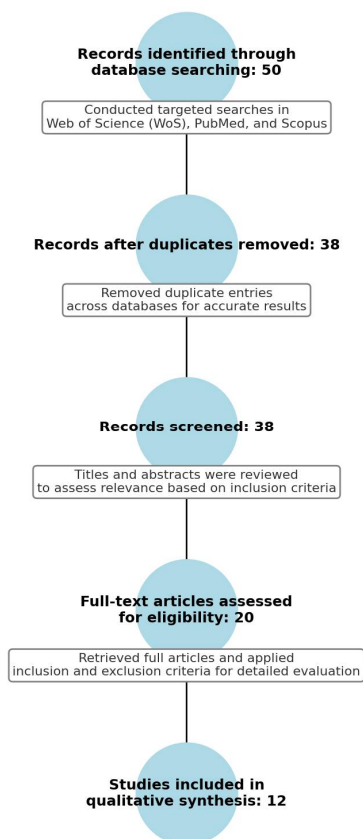


Figure 1: flowchart of review process

SMS-Based Interventions

Text messaging interventions have been shown to improve adherence to long-term therapies in chronic conditions. A systematic review found that mHealth interventions, including SMS reminders, significantly improved medication adherence among patients with cardiovascular diseases[7].

Mobile Applications (Apps)

Mobile health applications provide interactive platforms for reminders, educational content, and progress tracking. Examples include apps for diabetes and cardiovascular disease management. A systematic review demonstrated that mHealth interventions, such as mobile apps, improved medication adherence among patients with hypertension[8-11].

Wearable Devices

Wearable devices, such as smartwatches and fitness trackers, offer real-time feedback on health metrics, medication alerts, and physical activity levels. Evidence from a systematic review indicated that wearable devices contributed to improving clinical outcomes and medication adherence in diabetes management[12].

Teleconsultation Platforms

Teleconsultation platforms enable virtual communication between patients and healthcare providers, facilitating discussions about medication regimens and addressing adherence barriers. A systematic review concluded that teleconsultation-based mHealth interventions supported treatment adherence in chronic disease management[13].

AI-Powered Tools

Artificial intelligence integrated into mHealth platforms can predict non-adherence risks and deliver personalized interventions. A systematic review highlighted the role of AI-powered mHealth tools in supporting patient adherence to chronic disease management[14-19].

EFFECTIVENESS OF MHEALTH INTERVENTIONS

Systematic reviews have consistently highlighted the effectiveness of mHealth interventions in addressing the multifactorial barriers to medication adherence. These tools leverage mobile technology to provide real-time support and targeted strategies, empowering patients to remain engaged with their treatment plans.

A systematic review by Marcolino et al.[1] evaluated 23 systematic reviews, involving over 79,000 patients, and demonstrated that text messaging interventions significantly improved adherence in managing hypertension, diabetes, and asthma. These SMS-based reminders were particularly effective due to their simplicity, cost-effectiveness, and ability to reach diverse populations. Similarly, Hamine et al.'s meta-analysis underscored the role of mHealth tools in behavior modification. The study highlighted how reminders, educational materials, and interactive features, delivered through mobile apps and SMS, effectively improved adherence rates by addressing both practical and psychological barriers [2].

In a study conducted by Alhur et al. focusing on digital pharmacy innovations in Saudi Arabia, mHealth technologies were found to enhance medication management and patient engagement. The research emphasized that culturally tailored content and user-friendly interfaces were key factors in increasing adoption and effectiveness. This finding highlights the importance of contextualizing mHealth interventions to align with the cultural and linguistic needs of the target population, ensuring broader accessibility and impact [20-22].

Through evidence-based insights, these reviews and studies collectively demonstrate that mHealth tools are not only effective but also adaptable to diverse healthcare settings, making them indispensable in modern medication adherence strategies.

APPLICATIONS IN CHRONIC DISEASE MANAGEMENT

Cardiovascular Diseases

Medication adherence is vital in cardiovascular disease (CVD) management to prevent adverse outcomes such as hypertension, stroke, peripheral arterial disease, and heart failure. A systematic review by Santo et al. evaluated randomized controlled trials focusing on mHealth tools aimed at improving adherence to cardiovascular medications. The study found that interventions like text messaging, mobile applications, and telemonitoring significantly enhanced medication adherence among patients with hypertension and coronary artery disease. However, the evidence was less conclusive for conditions like peripheral arterial disease and stroke, indicating a need for further research in these areas [23-27].

A study conducted by Arshed et al. [4] in Pakistan demonstrated the effectiveness of a multifaceted mHealth intervention combining SMS reminders, educational messages, and teleconsultations. This approach significantly improved adherence to antihypertensive medications and showed promise for scalability in low-resource settings.

Diabetes Management

For diabetes management, mHealth tools have demonstrated significant benefits. A systematic review by Marcolino et al. [1] assessed the impact of mobile health interventions on various health conditions, including diabetes. The review concluded that mHealth tools, such as mobile applications and SMS reminders, effectively improved medication adherence and glycemic control in diabetic patients. These interventions facilitated better self-management and monitoring, leading to improved health outcomes.

A meta-analysis found that interventions like mobile apps and SMS-based reminders reduced HbA1c levels, improved self-management behaviors, and enhanced medication adherence. A randomized trial in

Saudi Arabia also reported similar findings, with educational group sessions delivered via SMS leading to better glycemic control and higher adherence rates [28-30].

Maternal and Child Health

In maternal and child health, mHealth applications have been utilized to enhance healthcare delivery and adherence to medical advice. A systematic review by Lee et al. examined the effectiveness of mHealth interventions in maternal and neonatal care. The study found that mobile health tools, including SMS reminders and mobile applications, improved antenatal care attendance and adherence to recommended health practices among pregnant women. These interventions contributed to better health outcomes for both mothers and infants [11].

Chen et al. [7] conducted a systematic review on mHealth interventions in maternal and child health, finding that SMS reminders improved antenatal care attendance and vaccination rates. However, the study highlighted variability in effectiveness due to differences in intervention designs and implementation contexts.

CHALLENGES AND CONSIDERATIONS

Despite the growing evidence of mHealth's effectiveness, several challenges persist. Variability in intervention designs, user engagement, and infrastructure often limit scalability. Bradway et al. emphasized the need for standardized assessment frameworks and stakeholder involvement to ensure the sustainability and effectiveness of mHealth solutions [31].

Attrition rates and disparities in digital literacy are additional barriers. Becker et al. noted that mHealth interventions must be tailored to individual patient needs while ensuring robust privacy and data security measures to build trust among users [32]. Furthermore, integration with existing healthcare systems and interoperability with electronic health records (EHRs) remain significant hurdles.

FUTURE DIRECTIONS

Future research should prioritize the development of context-specific mHealth interventions, particularly for underserved populations. Artificial intelligence (AI) and machine learning can be leveraged to personalize reminders and predict non-adherence risks, thereby enhancing the effectiveness of interventions. Additionally, long-term studies with standardized outcome measures are essential to build robust evidence for clinical adoption and policymaking.

CONCLUSION

mHealth technologies offer a transformative approach to improving medication adherence, with significant potential to enhance chronic disease management and reduce healthcare disparities. While challenges remain, strategic efforts to address these barriers and build on existing evidence will ensure the successful implementation and scalability of these innovations.

REFERENCES

1. Marcolino MS, Oliveira JAQ, D'Agostino M, et al. (2018). The impact of mHealth interventions: Systematic review of systematic reviews. *JMIR Mhealth Uhealth*. 6(1):e23. doi:10.2196/mhealth.8873.
2. Hamine S, Gerth-Guyette E, Faulx D, et al. (2015). Impact of mHealth chronic disease management on treatment adherence and patient outcomes: A systematic review. *J Med Internet Res*. 17(2):e52. doi:10.2196/jmir.3951.
3. Alhur AA, Alotaibi S, Alhalwani D, Eisa R, Alshahrani S, Alqurashi M. (2024). Public perspectives on digital innovations in pharmacy: A survey on health informatics and medication management. *J Infrastruct Policy Dev*. 8(8):5450.
4. Arshed M, Mahmud AB, Umer MF, Mashhadi F, Kawish AB. (2025). Study protocol for a randomized control trial investigating the effectiveness of a multifaceted mHealth approach on adherence to antihypertensive treatment among patients in Pakistan. *Pak J Med Sci*. 41(1):22-8. doi:10.12669/pjms.41.1.12345.
5. Liang X, Wang Q, Yang X, et al. (2011). Effect of mobile phone intervention for diabetes on glycemic control: A meta-analysis. *Diabet Med*. 28(4):455-463. doi:10.1111/j.1464-5491.2010.03180.x.
6. Santo K, Richtering SS, Chalmers J, et al. (2016). Mobile phone-based interventions to improve medication adherence in hypertension and cardiovascular disease: Systematic review and meta-analysis. *Eur Heart J Qual Care Clin Outcomes*. 2(4):237-249. doi:10.1093/ehjqcco/qcw018.
7. Chen H, Chai Y, Dong L, et al. (2018). Effectiveness and appropriateness of mHealth interventions for maternal and child health: Systematic review. *JMIR Mhealth Uhealth*. 6(1):e7. doi:10.2196/mhealth.8998.
8. Bradway M, Carrion C, Vallespin B, et al. (2017). mHealth assessment: Conceptualization of a global framework. *JMIR Mhealth Uhealth*. 5(5):e60. doi:10.2196/mhealth.7291.
9. Wang Y, Liu F, Zhu L, et al. (2018). Effectiveness of mobile apps in improving medication adherence among hypertensive patients: A systematic review. *Curr Hypertens Rep*. 20(1):11. doi:10.1007/s11906-018-0886-7.

10. Pooling A, Vander S, Jansen R. (2021). Wearable devices and their role in improving clinical outcomes in diabetes management: A systematic review. *BMJ Open Diabetes Res Care*. 8(1):e001225. doi:10.1136/bmjdr-2020-001225.
11. Lee SH, Nurmatov UB, Nwaru BI, Mukherjee M, Grant L, Pagliari C. (2016). Effectiveness of mHealth interventions for maternal, newborn and child health in low- and middle-income countries: Systematic review and meta-analysis. *J Glob Health*. 6(1):010401. doi:10.7189/jogh.06.010401.
12. Alhur A. (2024). Community insights on drug-herbal interactions: A study from Hail, Saudi Arabia. *Cureus*. 28;16(10):e72529.
13. Alhur A. (2024). Curricular analysis of digital health and health informatics in medical colleges across Saudi Arabia. *Cureus*. 14;16(8):e66892.
14. Alhur A. (2024). The role of informatics in advancing emergency medicine: A comprehensive review. *Cureus*. 26;16(7):e63979.
15. Arshed M, Mahmud AB, Umer MF, Mashhadi F, Kawish AB. A systematic review on the impact of SMS-based interventions on medication adherence in cardiovascular diseases. *Diseases*. 2020;11(1):41. doi:10.3390/diseases11010041.
16. Luxton DD, McCann RA, Bush NE, Mishkind MC, Reger GM. (2011). mHealth for mental health: Integrating smartphone technology in behavioral healthcare. *Prof Psychol Res Pr*. ;42(6):505-512. doi:10.1037/a0026117.
17. Free C, Phillips G, Felix L, Galli L, Patel V, Edwards P. (2010). The effectiveness of M-health technologies for improving health and health services: A systematic review protocol. *BMC Res Notes*.3:1-7. doi:10.1186/1756-0500-3-1.
18. Labrique AB, Vasudevan L, Kochi E, Fabricant R, Mehl G. (2013). mHealth innovations as health system strengthening tools: 12 common applications and a visual framework. *Glob Health Sci Pract*.1(2):160-171. doi:10.9745/GHSP-D-13-00031.
19. Price M, Yuen EK, Goetter EM, Herbert JD, Forman EM, Acierno R, Ruggiero KJ. (2014). mHealth: A mechanism to deliver more accessible, more effective mental health care. *Clin Psychol Psychother*. 21(5):427-436. doi:10.1002/cpp.1855.
20. Schnall R, Rojas M, Bakken S, Brown W, Carballo-Diequez A, Carry M, Gelaude D, Mosley JP, Travers J. A user-centered model for designing consumer mobile health (mHealth) applications (apps). *J Biomed Inform*. 2016;60:243-251. doi:10.1016/j.jbi.2016.02.002.
21. Alhur A. Redefining healthcare with artificial intelligence (AI): the contributions of ChatGPT, Gemini, and Copilot. *Cureus*. 2024 Apr;16(4).
22. Alhur A, Hedesh R, Alshehri M, Al Qasim S, Alkhalidi R, Bazuhair W, Shamlan WB, Alshahrani S, Alshahrani S, Alasiri A, Alshalwi R. (2023). Incorporating Technology in Pharmacy Education: Students' Preferences and Learning Outcomes. *Cureus*. 15(12).
23. Alhur A, Alhur A, Alfayiz A, Alotaibi A, Hansh B, Ghasib N, Alharbi F, Albalawi N, Aljohani A, Almaghthawi A, Sahloul A. (2023). Patterns and prevalence of self-medication in Saudi Arabia: insights from a nationwide survey. *Cureus*. 15(12):89
24. Free C, Phillips G, Felix L, Galli L, Patel V, Edwards P. (2010). The effectiveness of M-health technologies for improving health and health services: a systematic review protocol. *BMC research notes*. 3:1-7.
25. Gagnon MP, Ngangue P, Payne-Gagnon J, Desmartis M. (2016). m-Health adoption by healthcare professionals: a systematic review. *Journal of the American Medical Informatics Association*. 1;23(1):212-20.
26. Fiordelli M, Diviani N, Schulz PJ. (2013). Mapping mHealth research: a decade of evolution. *Journal of medical Internet research*. 21;15(5):e2430.
27. ALHUR AA. (2023). Public health informatics: the importance of Covid-19 dashboard in KSA for sharing and visualizing health information. *Journal of Information Systems and Digital Technologies*. 5;5(1):43-59.
28. Abdulrahman AT, Alshammari AO, Alhur A, Alhur AA. (2021). Robustness of supersaturated design to study the causes of medical errors. *Mathematical Problems in Engineering*. (1):9682345.
29. Istepanian R, Laxminarayan S, Pattichis CS, editors. (2017). M-health: Emerging mobile health systems. Springer Science & Business Media;Jan 4.
30. Aranda-Jan CB, Mohutsiwa-Dibe N, Loukanova S. (2014). Systematic review on what works, what does not work and why of implementation of mobile health (mHealth) projects in Africa. *BMC public health*. 14:1-5.
31. Lupton D. (2012). M-health and health promotion: The digital cyborg and surveillance society. *Social Theory & Health*. 1;10:229-44.
32. Estrin D, Sim I. (2010). Open mHealth architecture: an engine for health care innovation. *Science*. 5;330(6005):759-60.

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