

ERRATA

No artigo “Checklist para Relato Teórico em Estudos Epidemiológicos (CRT-EE): explicação e elaboração”, com número de DOI: <http://dx.doi.org/10.1590/S0103-73312021310124> publicado no periódico *Physis: Revista de Saúde Coletiva*, v. 31, n. 1, e310124, a partir da página 28, faltou incluir o Arquivo de Suplemento.

ARQUIVO DE SUPLEMENTO

(Quadro de Referências e Exemplos de Trechos de Artigos Utilizados)

Quadro 1. Principais estudos norteadores para fundamentação teórica do instrumento.

Artigos de Fundamentação Teórica	Autores	Ano
Uso de Teorías y Modelos en Artículos de una Revista Latinoamericana de Salud Pública, 2000-2004.	Cabrera Arana GA	2007
Base Teórica en una Muestra de Investigaciones de la Facultad Nacional de Salud Pública-Universidad de Antioquia, Colombia 1965-2004.	Cabrera Arana G, Molina Marín G, Rodríguez Tejada C.	2005
A Systematic Review of the Use of Theory in the Design of Guideline Dissemination and Implementation Strategies and Interpretation of the Results of Rigorous Evaluations.	Davies P, Walker AE, Grimshaw JM.	2010
Use of Theoretical Frameworks as a Pragmatic Guide for Mixed Methods Studies: A Methodological Necessity?	Evans BC, Coon DW, Ume E.	2011
Understanding, Selecting, and Integrating a Theoretical Framework in Dissertation Research: Creating the Blueprint for Your "House"	Grant C, Osanloo A.	2014
Integration of a Theoretical Framework into your Research Study.	Heale R, Noble H.	2019
Is There a Conceptual Difference between Theoretical and Conceptual Frameworks?	Imenda S.	2014
The PRISMA Statement for Reporting Systematic Reviews and Meta-Analyses of Studies That Evaluate Health Care Interventions: Explanation and Elaboration.	Liberati A, Altman DG, Tetzlaff J, et al.	2009
CONSORT 2010 Explanation and Elaboration: Updated Guidelines for Reporting Parallel Group Randomised Trials.	Moher D, Hopewell S, Schulz KF, et al.	2010
Uma Proposta Teórico-Metodológica para Elaboração de Modelos Teóricos.	Souza Filho, BAB; Struchiner, CJ.	2021
Strengthening the Reporting of Observational Studies in Epidemiology (STROBE): Explanation and Elaboration.	Vandenbroucke JP, Poole C, Schlesselman JJ, Egger M.	2007
What Is the Value of Graphical Displays in Learning?	Vekiri I.	2002
Dual Coding Theory: Retrospect and Current Status.	Paivo A.	1991
Theoretical and Conceptual Framework: Mandatory Ingredients of a Quality Research.	Adom D, Hussein EK, Agyem JA.	2018

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Artigos de Fundamentação Teórica	Autores	Ano
A History of the Evolution of Guidelines for Reporting Medical Research: The Long Road to the EQUATOR Network.	Altman DG, Simera I.	2016
Literature Reviews, Conceptual Frameworks, and Theoretical Frameworks: Terms, Functions, and Distinctions.	Rocco TS, Plakhotnik MS.	2009
Teoria e Realidade.	Bunge M.	1974
Las Teorías y Modelos en la Explicación Científica: Implicancias para la Enseñanza de las Ciencias.	Concari SB.	2001
Use of Theoretical and Conceptual Frameworks in Qualitative Research.	Green HE.	2014
The Theory Underlying Concept Maps and How to Construct Them.	Novak JD, Cañas AJ.	2006
The Origins of the Concept Mapping Tool and the Continuing Evolution of the Tool.	Novak JD, Cañas AJ.	2006
Learning, Creating, and Using Knowledge: Concept Maps as Facilitative Tools in Schools and Corporations.	Novak JD.	1998
The Promise of New Ideas and New Technology for Improving Teaching and Learning.	Novak JD.	2003
Aquisição e Retenção de Conhecimentos: Uma Perspectiva Cognitiva.	Ausubel DP.	2000
A Subsumption Theory of Meaningful Verbal Learning and Retention.	Ausubel DP.	1962
What's the Use of Theory?	van M, Catherine HA.	1992
The Book of Why: The New Science of Cause and Effect.	Pearl J, Mackenzie D.	2018

Fonte: Elaborado pelos autores (2020).

Exemplos de Trechos de Artigos Publicados para cada Item

Item 1: Título

Citou no título a Teoria/Modelo Teórico e as variáveis principais relacionadas que fundamentam à pesquisa?

Exemplo 1:

“Lack of access to information on oral health problems among adults: an approach based on the theoretical model for literacy in health”¹.

Exemplo 2:

“Effect of the Intervention Based on New Communication Technologies and the Social-Cognitive Theory on the Weight Control of the Employees with Overweight and Obesity”².

Exemplo 3:

“The effect of counseling based on Bandura's self-efficacy theory on sexual self-efficacy and quality of sexual life”³.

Item 2: Resumo Fundamentado

Apresentou no resumo a Teoria/Modelo Teórico e suas principais variáveis relacionadas que fundamentam a pesquisa, bem como, explicitou como as variáveis foram avaliadas e quais os principais achados, potenciais limitações e conclusões relacionadas à Teoria/Modelo Teórico a pesquisa apresenta?

Exemplo:

Background: Childhood obesity has become a global epidemic and physical inactivity and considered as one of the most important contributing factors. We aimed to evaluate a school-based physical activity intervention using social cognitive theory (SCT) to increase physical activity behavior in order to prevent obesity among overweight and obese adolescent girls.

Study Design: Randomized controlled trial study.

Methods: A seven-month randomized controlled trial based on SCT was implemented with 172 overweight and obese girl students (87 in intervention and 85 in control group), with the presence of their parents and teachers. Activities of the trial included: Sports workshops, physical-activity consulting private sessions, free practical and competitive sports sessions, family exercise sessions, text messages, and newsletters. Body Mass Index (BMI) and Waist Circumference (WC) were measured and questionnaires about duration of physical activity, duration of screen time (watching television and playing computer games) and psychological variables regarding the SCT constructs were obtained.

Results: Duration of physical activity (in minutes) and most of psychological variables (self-efficacy, social support, and intention) significantly increased at post-intervention, while hours of watching television and playing computer were significantly decreased ($P < 0.001$). The subjects' mean BMI and WC reduced in the intervention group from

29.47 (4.05) kg/m² to 28.5 (4.35) kg/m² and 89.65 (8.15) cm to 86.54 (9.76) cm, although they were not statistically significant compared with the control group ($P=0.127$ and $P=0.504$, respectively).

Conclusions: School-based intervention using SCT led to an increase in the duration of physical activity and reduction in the duration of screen time in overweight and obese adolescent girls.”⁴.

Item 3: Citar e Mencionar

Citou e referenciou explicitamente uma ou mais Teoria/Modelo Teórico no qual o estudo é fundamentado? (casos em que o estudo seja baseado em um Modelo Teórico original, elaborado especificamente para a pesquisa, os autores devem, da mesma forma, explicitar e quando possível, disponibilizar sua referência).

Exemplo 1:

“...Thus, based on the Transtheoretical Model TTM and a needs assessment of children and their parents, an intervention incorporating tailored exercise counseling combined with music skipping rope exercise was developed and administered to overweight/obese school-age children. The current study was designed to evaluate the long-term effects of the intervention using multiple dimensions of indicators to measure program outcomes...”⁵.

Exemplo 2:

“...The aim of our study was to examine the effects of eight sessions of TTM-based tailored exercise counseling offered with music skipping rope exercise classes in modifying stages of change, decisional balance, self-efficacy, and BMI, whether it would improve the glucose tolerance and lipid profile of overweight and obese school-age children.”⁵.

Item 4: Descrever as Variáveis

Descreveu as variáveis da Teoria/Modelo Teórico e suas interrelações com a pesquisa de maneira coesa e coerente?

Exemplo:

“...Self-Determination Theory (SDT) is a comprehensive theory of behavioral motivation, which has proven to be particularly useful in the context of Physical Activity (PA) research,

both for accounting for patterns of PA behavior and for informing the development of interventions for promoting PA. Central to this theory is the difference between autonomous and controlled motivation. Both autonomous and controlled motivation influence behavior, but they each lead to a different outcome, with autonomous motivation leading to greater commitment and long-standing maintenance of behavior. SDT posits that individuals are more likely to exhibit autonomous motivation when three basic psychological needs are supported: autonomy (i.e. the need to feel that one can choose one's behaviors), competence (the need to feel competent and confident) and relatedness (the need to feel connected to and understood by others). Motivational interviewing (MI) is defined as "a collaborative conversation style for strengthening a person's own motivation and commitment to change". Several researchers have argued that the specific client-centered communication skills used in Motivational Interviewing (MI) can be used to support client's basic psychological needs.

In recent years, numerous PA counseling interventions that combine the theoretical framework of SDT with the practical strategies from MI have been developed and evaluated in randomized controlled trials. In general, these interventions are effective in promoting a sustained increase in PA. As discussed above, however, face-to-face PA counseling interventions are often too expensive to be implemented on a large scale. Web-based computer tailored PA interventions grounded in SDT and using the communication style and principles from MI, may be promising for promoting sustained PA behavior on the population level at relatively low costs. To our knowledge, however, no studies have yet evaluated the long term effects of SDT and MI in web-based PA promotion..."⁶.

Item 5: Revisar a Literatura

Informou a existência/inexistência de outras Teorias/Modelos Teóricos relacionados ao fenômeno estudado e justificou sua escolha com coerência científica?

Exemplo:

"...To date, web-based computer tailored Physical Activity (PA) interventions have typically been based on traditional health behavior theories such as Social Cognitive Theory (SCT), Self-Regulation Theory (SRT), the Trans-Theoretical Model (TTM) and the Theory of Planned Behavior (TPB). Interventions of this type, hereafter referred to as 'traditional interventions', make use of theoretical constructs such as stages of change,

modeling, attitude and self-efficacy. Recent research on determinants of sustained PA behavior, however, shows another theoretical construct to be essential: autonomous motivation. Substantial evidence suggests that having higher autonomous motivation makes an individual more likely to persist with a PA routine. Although the concept of autonomous motivation does not feature explicitly in SCT, SRT, TTM or TPB, it is central to Self-Determination Theory (SDT) and Motivational Interviewing (MI). Applying the principles of SDT and MI in web-based computer-tailored PA interventions could be a promising improvement for these interventions, and could possibly be more effective in promoting sustained PA behavior than traditional web-based computer tailored PA interventions...”⁶

Item 6: Inovação/Lacuna Teórica

Informou o que a Teoria/Modelo Teórico escolhido incorpora de novo ao fenômeno estudado?

Exemplo:

“...Based on these studies, it can be inferred that BIS is related to negative emotions and BAS to positive emotions. Similarly, the anger response in an anger-inducing situation might be positively related with BAS and novelty seeking, but negatively related with BIS and harm avoidance. However, there are few studies on the relationship between anger response, BAS factors, and the four dimensions of temperament in the Psychobiological Model of Temperament and Character. Furthermore, despite the high likelihood of a similarity between the temperaments suggested by the Reinforcement Sensitivity Theory and Psychobiological Model of Temperament and Character, there is little research comparing the associations between each dimension or system and the anger response...”⁷.

“...Thus, this study aimed to 1) examine the strength of associations between temperament factors and anger response among prisoners, 2) investigate the similarities and differences of each temperament measure from Gray's Reinforcement Sensitivity Theory and Cloninger's Psychobiological Model of Temperament and Character, and 3) explore the relationship between the temperament factors in each model to understand the nature of temperaments...”⁷.

Item 7: Tópico Explicativo

Dedicou um tópico (preferencialmente no início da seção de Métodos) para descrever com profundidade como a Teoria/Modelo Teórico norteou os caminhos metodológicos desenvolvidos na pesquisa?

Exemplo 1:

“...Theoretical framework

...The Theory of Planned Behavior (TPB) model included two indicators of prescribing practice: percentage of prescriptions containing antibiotics and percentage of prescriptions containing two or more antibiotics. The two indicators were proposed by the World Health Organization (WHO) for measuring the rational use of medicines. Attitudes, subjective norms and perceived behavioral control in relation to antibiotic use were linked with intentions to prescribe antibiotics. They were deemed to be key factors shaping prescribing practice.

The TPB model assumed that antibiotic prescribing practice is influenced by behavioral intentions and the perceived behavioral control of the prescribers, with the former serving as a motivational factor while the latter reflecting the ability of the prescribers to fulfill their intentions. Attitudes, subjective norms and perceived behavioral controls are linked to each other and they can influence the behavioral intentions of the prescribers...”⁸.

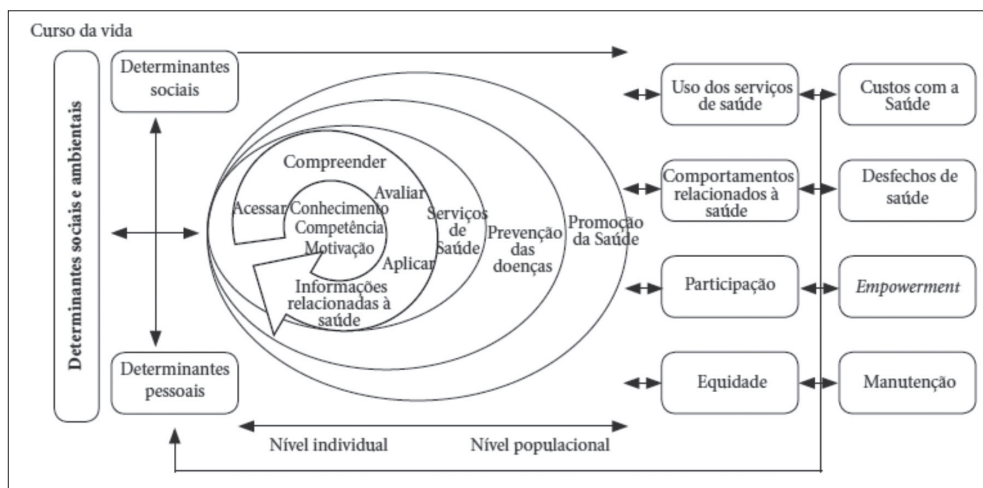
Item 8: Explicação Gráfica

Explicitou a Teoria/Modelo Teórico em forma de gráfico? (Ex. figura em formato de mapas conceituais, diagramas causais, entre outras formas). Quando não disponível no artigo, informe onde e como pode ser acessado (Ex. endereço eletrônico, apêndice, arquivo de suplemento).

Exemplo 1:

“...Para se investigar os fatores associados à falta de acesso à informação em saúde bucal, utilizou-se como referencial teórico o Modelo de Alfabetização em saúde proposto por Sørensen et al., em 2012 (Figura).

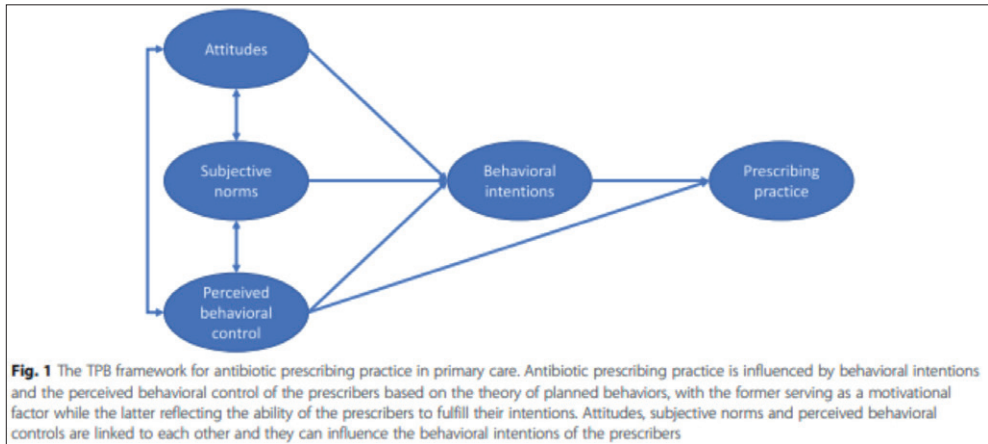
Modelo teórico da *Alfabetização em saúde* apresentado por Sørensen et al. em 2012.



O modelo exhibe fatores proximais e distais determinantes e/ou determinados pela Alfabetização em saúde de forma dinâmica. Entre os distais, têm-se os fatores sociais e ambientais. Entre os determinantes proximais, têm-se os determinantes sociais situacionais e os pessoais. Outros fatores relacionados à Alfabetização em saúde (determinantes e/ou determinados) também apresentados no Modelo são: uso dos serviços de saúde, custos com a saúde, comportamentos relacionados à saúde, desfechos de saúde, participação das pessoas, empowerment, equidade e manutenção. Assim, o modelo adotado prevê o acesso a informações como condição indispensável para aumentar os níveis de Alfabetização em saúde das pessoas...”¹.

Exemplo 2:

“...The theoretical framework was adapted from the Theory of Planned Behavior (TPB) model (Fig).



The TPB model assumed that antibiotic prescribing practice is influenced by behavioral intentions and the perceived behavioral control of the prescribers, with the former serving as a motivational factor while the latter reflecting the ability of the prescribers to fulfill their intentions. Attitudes, subjective norms and perceived behavioral controls are linked to each other and they can influence the behavioral intentions of the prescribers...”⁸.

Item 9: Conceitualizar e Categorizar

Conceituou, categorizou e informou como serão registradas e/ou classificadas todas as variáveis da pesquisa inter-relacionadas na Teoria/Modelo Teórico?

Exemplos:

“...As variáveis independentes foram reunidas em quatro subgrupos selecionados a partir do Modelo Teórico de Sørensen et al., sendo:

Determinantes pessoais: sexo, idade, estado civil, cor da pele autodeclarada, escolaridade, renda per capita e situação de trabalho atual. As variáveis idade e escolaridade, embora coletadas de forma quantitativa discreta, foram analisadas de forma categórica. A renda per capita foi estimada a partir da renda familiar, dividida pelo número de residentes no domicílio e posteriormente dicotomizada (menor ou igual à R\$ 400,00 / acima de R\$ 400,00). O salário mínimo vigente à época da coleta de dados era de R\$ 465,00 ou US\$ 245.0...”¹.

É importante considerar que o estudo citado como exemplo dos itens 8 e 9, apesar de apresentar a representação gráfica do modelo teórico e a descrição da conceituação e categorização das variáveis contidas no modelo, conforme apresentado nos excertos dos exemplos anteriores (REF), os autores não incorporaram, nas análises realizadas em seu artigo a complexidade do modelo teórico conforme sugerido neste checklist.

Item 10: Análise Teórica

O plano de análise dos dados atende a todas as variáveis da Teoria/Modelo Teórico relacionado a pesquisa? Caso alguma variável tenha sido excluída ou incluída na análise, justificar.

Exemplo 1:

“...We assessed the psychometric properties of all Theory of Planned Behavior (TPB) variables. First, we checked whether these variables contained only 1 dimension using exploratory factorial analyses. We used the Kaiser eigenvalue-greater-than-one rule and Cattell scree plot to determine the number of dimensions for each variable. Each dimension was considered as a variable in the next steps of our analyses. Second, we assessed the internal consistency of each dimension with Cronbach alpha coefficient. We retained only dimensions for which the Cronbach alpha coefficient was equal to or greater than 0.60...”⁹.

Exemplo 2:

*“...Two sets of analyses were conducted. The analysis on the non-twin sample ($n = 1255-296 = 959$) tested the overall model, and the analysis on the twin sample ($n = 148$ pairs) estimated the influence of genes, shared environment, and individual-specific environment. Using the non-twin sample, Pearson correlation among all related variables was conducted to test our first hypothesis. Next, a Structural Equation Model (SEM) was established to test the second hypothesis on mediation and the third hypothesis on moderation. Then, using the twin sample, the ACE model was fitted to each variable. This method allows decomposition of the variance of each variable into additive genetic (A), shared environmental (C), and nonshared environmental (E) sources. A larger proportion of additive genetic and shared environmental variance indicates a need for co-twin control. Using stress as an example to illustrate the co-twin design, the average stress level of a twin pair *Stresstwin* was calculated, and then subtracted from the*

individual stress level to obtain the individual-specific stress level Stressself that cannot be explained by genetic or common familial factors. Then, the twin shared stress and the individual-specific stress were both used as predictors. Finally, a SEM was established to evaluate the overall fit of the moderated mediation model after controlling for the twin shared variance. The model with fit indices CFI>0.9 and RMSEA<0.08 is considered a good fit (Hu & Bentler, 1999).

The SEM and ACE model were conducted using Onyx, a graphical interface for Structural Equation Modeling (von Oertzen, Brandmaier, & Tsang, 2015). All other analyses including data screening, descriptive statistics, correlation, and co-twin design were implemented using R (R Core Team, 2017)...”¹⁰.

Item 11: Resultado das Variáveis

Apresentou os resultados referente a todas as variáveis da Teoria/Modelo Teórico analisadas? Caso alguma variável tenha sido ocultada, justificar.

Exemplo 1:

“...Patient characteristics included in the hypothesized theoretical model were refined by combining bivariate and multiple regression analyses (inclusion criterion set at $p < .20$) with an evaluation of each characteristic's merit based on past research and theory. These criteria were chosen to retain as many patient characteristics as possible since they could be significant in the final analyses of theory testing. As a result, 2 (i.e., race and health insurance policy holder) of the 13 patient characteristics to the prediction of cancer-related fatigue (CRF) severity were eliminated. Similarly, two other patient characteristics (i.e., employment data and treatment information) to the prediction of CRF severity had some but not all variables eliminated (i.e., was on a temporary leave; radiation therapy; surgery prior groups don't know if I had surgery and response choice was not selected; surgery during group this response choice was not selected). Next, the exogenous-endogenous model was tested to examine the overall fit. While the solution converged, the fit of the model was not acceptable ($X^2 = 160.18$; $p < .01$; $df = 50$; $RMSEA = .089$; lower bound 90% CI = 0.074; upper bound 90% CI = 0.10; CFI = 0.92; GFI = 0.95; AIC = 482). The model was improved by removing nonsignificant paths one at a time and by including paths that had not been taken into account in the first solution. Both removing and including paths were based on evaluation of parameter estimates, modification indexes, goodness-of-fit tests, and theoretical considerations...”¹¹.

Exemplo 2:

“...A SEM model was established to test the hypothesized structure among variables. Demographics were also controlled in this model. All observed variables were standardized in order to obtain standard path coefficients. The moderating effect of emotional and cognitive control was tested between perceived stress and general distress (H3a) and between general distress and sleep quality (H3b). However, the second moderating effect was not significant. Although the χ^2 of this model was still significant, χ^2 ($df = 24$) = 85.44, $p < .05$, fit indices all indicated that the model fit the data well, CFI = 0.965, RMSEA = 0.054. Therefore, a moderated mediation model was supported, where the effect of perceived stress on sleep quality was mediated by general distress, and emotional/cognitive control moderated the effect of stress on general distress. A higher level of perceived stress was associated with a higher level of general distress, which in turn was associated with poor sleep quality. A higher level of cognitive and emotional control weakened the association between perceived stress and general distress. In other words, for people with better control capabilities, perceived stress is less likely to link to distress and therefore may not lead to poor sleep quality...”¹⁰.

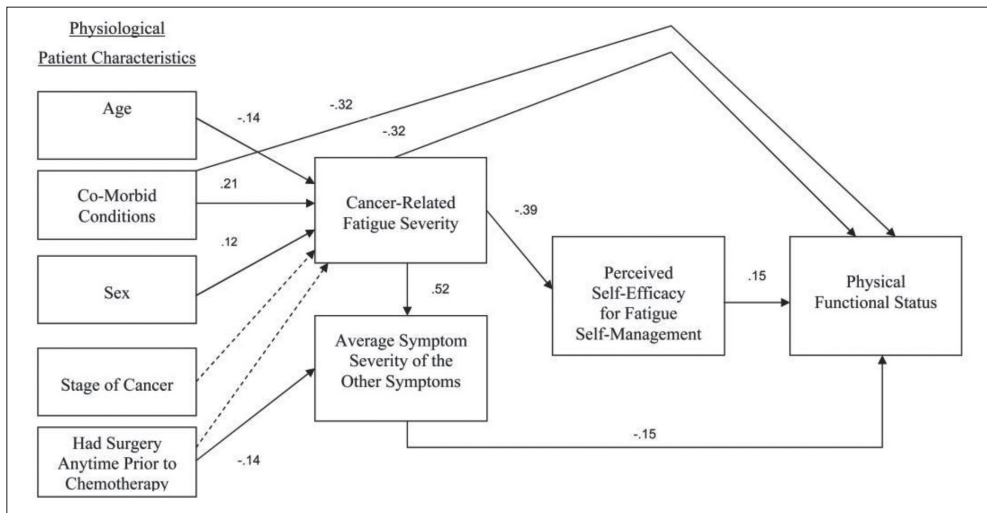
Item 12: Impacto Teórico

Informou como os achados do estudo impactaram a Teoria/Modelo Teórico, explicitando a Teoria/Modelo Teórico final? Da mesma forma como no item 8: (Ex. figura em formato de mapas conceituais, diagramas causais, entre outras formas). Quando necessário (Ex. endereço eletrônico, apêndice, arquivo de suplemento).

Exemplo:

“...The direct and indirect paths in the final parsimonious theoretical model are shown in Figure, with the fitting measures indicating a good fit, improved over the original model ($X^2 = 17.76$; $p = .22$; $df = 14$; RMSEA = .03; lower bound 90% CI = 0.00; upper bound 90% CI = .068; CFI = .99; GFI = 0.99; AIC = 79). The direct paths demonstrate the following for persons with cancer: younger age ($t = -2.18$), greater number of comorbid conditions ($t = 3.36$), and being female ($t = 2.11$) predicts greater CRF severity. Having surgery anytime prior to chemotherapy ($t = -2.85$) predicts greater average severity of the other symptoms. Contrary to expectations, the relationship between CRF severity and average symptom severity was not reciprocal. Instead, greater CRF severity predicts greater average symptom severity ($t = 9.69$). The effect of CRF

severity on the average symptom severity was found to be significant ($t = 2.07$), but the reverse effect was not significant ($t = 1.16$). Correspondingly, the model fitting measures indicated that when eliminating the effect of the average symptom severity on CRF severity while retaining the effect of CRF severity on the average symptom severity, the model fit was improved...”¹¹.



Item 13: Discussão e Reflexão

Discutiu com coesão e coerência os achados do estudo de acordo com as interrelações esperadas e as encontradas referente a Teoria/Modelo Teórico adotado e outros existentes?

Exemplo 1:

“...Three relevant findings can be drawn from the present study. First, a high proportion of people included in our analyses had good past and good future Noninsulin Antidiabetic Drug (NIAD) adherence. Second, past NIAD adherence was both a strong predictor and a modifying factor for the prediction of future NIAD adherence. Third, the Theory of Planned Behavior (TPB) was good at predicting intention to adhere to the NIAD in adults with type 2 diabetes, but not at predicting future NIAD adherence even after stratifying participants according to past adherence level. Moreover, the TPB better predicted both intention to adhere to the NIAD and future NIAD adherence in the past

nonadherers group than the past adherers group. Thus, the TPB could be more effective in predicting the NIAD adherence of past nonadherers than that of past adherers...”⁹.

Exemplo 2:

“...The results of our study indicate that combined approach of TTM-based exercise counseling and exercise classes was more beneficial to overweight/obese children than exercise classes alone. In addition, development of the theory-based intervention incorporating information obtained from the needs assessment of children and parents increased the intervention effectiveness. The TTM has been criticized in that it does not appear to have long-term effects, and is difficult to apply to complex health behaviors such as physical activity [21]. However, demonstration of significant differences between the experimental and control groups in BMI and self-efficacy at posttest (6 months after the intervention) indicates that our study partially supports the effectiveness of the TTM-based exercise intervention...”⁵.

Item 14: Limitações

Descreveu as limitações referente a Teoria/Modelo Teórico? (Ex. Teoria/Modelo Teórico simplificado ou incompleto e possíveis exclusões de variáveis na análise).

Exemplo:

“...There was little change in the physical activity (PA) mediators as a result of the intervention, which raises several issues. The mediators were assessed in relation to “regular PA”, however the The Exercise and Nutrition Routine Improving Cancer Health (ENRICH) intervention specifically targeted walking and resistance training. The lack of specificity may have also been an issue in how the Social Cognitive Theory (SCT) constructs were defined. Self-efficacy was examined as one category, rather than breaking it down into the more specific constructs of task or barrier self-efficacy. There may have been cross-over or contamination between the individual construct measures, and it may be difficult to separate the individual effects of self-efficacy and outcome expectations. The measure used to assess goal setting in this analysis is a measure of likelihood of performing regular PA, which may be a measure of motivation or intention, and makes it difficult to tease out separate effects of these constructs...”¹².

Item 15: Conclusões

Apresentou uma interpretação geral sobre a Teoria/Modelo Teórico utilizado no estudo a luz de outras Teorias/Modelos Teóricos com relação as suas potencialidades, lacunas e implicações para futuras pesquisas a cerca desta Teoria/Modelo Teórico?

Exemplo 1:

“...The present study suggests that the Theory of Planned Behavior (TPB) is a good tool to predict intention to adhere and future Noninsulin Antidiabetic Drug (NIAD) adherence, particularly in past NIAD nonadherers. Our results could have implications for clinical practices and research. This study helps health professionals (physicians, pharmacists, nurses, and health educators) and researchers understand the adoption of NIAD adherence in adults with type 2 diabetes using the TPB. Health professionals and researchers should keep in mind that the past NIAD adherence level could influence the TPB's ability to predict NIAD adherence among adults with type 2 diabetes. Therefore, the content of future NIAD adherence-enhancing interventions based on TPB should be adapted according to investigators' aim to either improve or maintain the NIAD adherence of adults with type 2 diabetes. It is relevant to discriminate past adherers from past nonadherers when one wishes to implement NIAD adherence-enhancing interventions...”⁹.

Exemplo 2:

“...The present study is the first to evaluate the Self-Determination Theory (SDT) and Motivational Interviewing (MI) in a web-based computer tailored physical activity (PA) intervention. In this study, I Move was effective in increasing weekly minutes of MVPA at 12 months from baseline, while the effect of Active Plus on this outcome disappeared. This finding provides support for the use of SDT and MI in web-based computer tailored PA interventions. However, Active Plus was found to be effective in increasing weekly days with ≥ 30 min PA at 12 months, while I Move was not. Together these results suggest that web-based computer tailored PA interventions might best include elements based on both SDT/MI and traditional health behavioral theories. To be more precise, it is arguable that the focus of the theoretical foundations, used in new web-based PA interventions should depend on the intended program outcome. If the intended program outcome is to get individuals to comply with PA guidelines, an emphasis on traditional health behavioral theories might be most suitable. If the intended program outcome is

to increase overall PA behavior (without taking into account PA guidelines), making strong use of MI and SDT might be more appropriate. However, in order to draw firm conclusions, more research should be done on the effects of SDT and MI in web-based PA promotion. Future research should also assess the working mechanism underpinning the long-term effects of this type of intervention, and whether or not these effects are mediated by an increase in autonomous motivation...”⁶.

Referências

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