the use of high-throughput pyrosequencing. In contrast with the findings of Bhatt et al. (Aug. 8 issue), we were unable to identify sequences of Bradyrhizobium enterica, but in samples of tissue obtained during active cord colitis syndrome, we noticed overgrowth of Bacteroides fragilis, which was barely detectable after successful therapy (Table 1). B. fragilis is a commensal bacterium that has been shown to induce chronic colitis in animal studies by secreting an enterotoxin. Our observation suggests that cord colitis syndrome is not caused by a single microbe but may reflect the overgrowth of a variety of organisms. The finding of increased levels of B. enterica in cord colitis syndrome may therefore represent a local phenomenon, since nearly all patients were treated at the same institution, as noted by the authors.1,3

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THE AUTHORS REPLY: Gorkiewicz et al. report on a patient who presented in Austria with the clinical and histopathologic features of cord colitis syndrome and who responded to antibacterial treatment, as previously reported. We agree that the corditis syndrome could be associated with microorganisms other than B. enterica.

The authors present data indicating that B. fragilis could be a cause of cord colitis syndrome in the patient. Although a clear antibiotic-induced reduction in the relative abundance of B. fragilis is shown, in association with clinical remission, some additional issues could be addressed to confirm a potential causal relation. In our experience, it is important to distinguish mucosa-associated organisms from those that infect host tissue. The ability to make this distinction is affected by the choices made with regard to sample handling and processing. An approach in which frozen samples are used, as described by Gorkiewicz et al., will not necessarily restrict the analysis to tissue-residing organisms. Instead, a more complex, stool-like microbial community is expected, such as the one that is described. In addition, to clearly demonstrate the infection of tissue with B. fragilis or other organisms, histopathological analysis would be essential, as would follow-up with the use of fluorescence in situ hybridization and microscopy.

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Ask, Don’t Tell — Mobile Phones to Improve HIV Care

TO THE EDITOR: Almost all health care is voluntary: patients choose when to engage in care, when to take their medicine (if they choose to take it), and whether to return for follow-up visits. In human immunodeficiency virus (HIV) infection and other chronic diseases, the benefits of medication adherence for the patient and public health are tremendous. Mobile health — the use of mobile devices such as cell phones to improve health outcomes and health care services...
— has been shown to be effective in promoting adherence to treatment for HIV infection. The World Health Organization has strongly recommended text messaging as a reminder tool to increase adherence to antiretroviral therapy.

However, the potential of mobile health is much greater than just reminders. A randomized, controlled trial in Kenya that showed the effectiveness of text messaging to improve outcomes of HIV treatment used weekly interactive check-ins to ask patients how they were doing, with follow-up phone calls to those reporting a problem. This model involved a weekly text message to patients with a single word — “Mambo?” (“How are you?”). The intention was to promote self-care rather than issue timed medication reminders. The patients reported that they felt cared for and supported. Clinic staff indicated that the intervention made their work more effective and efficient, since they could focus on patients who needed and wanted their help. Text-messaging services with frequent medication reminders increase costs and result in user fatigue. In separate trials, neither medication alarm devices nor daily text-message reminders improved adherence.

The provision of health information through mobile phones offers the opportunity to improve health literacy. But does it translate into improved adherence? Although this may be possible, effectiveness has not yet been shown in controlled studies. A randomized, controlled trial showed that longer motivational text messages with words of encouragement were no more effective at improving adherence than short messages. A separate trial of motivational messaging showed no effect on adherence. Imagine that patients are feeling sick, and a unidirectional text-messaging service keeps telling them they are important and cared for. It is better to show patients you care, rather than just tell them.

My experience and interpretation of the evidence support an “Ask, don’t tell” approach. Although patients may eventually tire of being reminded and told things they had not specifically asked about, they do not seem to tire of being asked how they are doing. Instead, they feel cared for. Patients also do not seem to tire of having access to their health care providers in times of need; this is the true power of having their health in their own hands through their mobile phones.

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