

Table 1: Text Categories and Sample Stems for iTAB-CV Intervention

Text Category	Sample Stems
Hypertension Knowledge	There are usually no symptoms for high blood pressure
Bipolar Disorder Knowledge	It is important to take *BD* meds even if my mood is stable
Benefits of Blood Pressure Medication	Taking my *HTN* meds every day once my blood pressure is lower will keep it stable
Risks of <u>Not Taking</u> Blood Pressure Medication	If I don't take my *HTN* meds, I could have a heart attack
Benefits of BD Medication	*BD* meds make it less likely that I will become depressed
Risks of <u>Not Taking</u> BD Medication	If I don't take my *BD* meds, I may become manic/hypomanic or very irritable
Making Peace with Medication	The good aspects of meds outweigh the side effects
Social Support	People care about me and want me to take my meds
Self-Efficacy	If I take my meds every day, my mood and health will be more stable
Medication Routines	Keep meds somewhere I will see them
Spiritual	Trust in the Lord. I can take care of myself by taking my meds
Celebrate Health	Taking meds regularly is important for my physical and mental health
Self Esteem	It's a great accomplishment to take care of my health by taking my meds!

Table 2: Demographic and clinical characteristics of the sample collected at screen (N=38)

Variable	Mean or N	SD or %
Age	51.53	9.06
Female	20	52.6%
Marital Status		
Single/Never married	20	52.6%
Married	3	7.9%
Separated/Divorced/Widowed	15	39.5%
Race		
African-American	28	73.7%
Caucasian	9	23.7%
Other	1	2.6%
Hispanic	2	5.3%
Years of education	13.18	2.69
Employment		
Full time/homemaker	1	2.6%
Part time	3	7.9%
Unemployed, but expected to work by self or others	6	15.8%
Disabled	28	73.7%
Insurance type		
Medicaid	28	73.7%
Medicare	11	28.9%
Private	0	0.0%
No insurance	0	0.0%
Other	6	15.8%
Bipolar disorder type		
BD I	28	73.7%
BD II	10	26.3%
Age of Hypertension (HTN) Diagnosis	36.95	15.66
Age of Bipolar Disorder Diagnosis	31.95	13.46
Lifetime HTN-related hospitalizations		
Yes	19	50.0%
If yes, how many? Median, range	3.16	range 1-15
Lifetime psychiatric hospitalizations		
Yes	26	73.7%
If yes, how many? Median, range	3.00	range 1-30
Family mental illness	30	78.9%
Smokes cigarettes		
Yes	23	60.5%
If yes, how many cigs per day? Median, range	6.00	range 1-20
Body Mass Index (BMI)	22.15	9.40

Table 3: One-way repeated measures ANOVAs (N=38)

	Screen (SCR) Mean	SD or %	Baseline (BL) Mean	SD or %	V1 Mean	SD or %	V2 Mean	SD or %	Statistic
Systolic blood pressure*	144.81	15.46	133.04	17.89	134.83	19.60	136.02	17.77	$\chi^2(3) = 17.61, p < 0.001^d, W = 0.15$
SRHI									
HTN	3.60	1.01	4.43	1.18	4.91	1.28	5.17	1.13	$F(2.4, 88.1) = 33.12, p < 0.001^c, \eta_p^2 = 0.47$
BD	4.08	1.24	4.50	1.36	4.93	1.45	4.98	1.41	$F(2.1, 78.6) = 7.64, p < 0.001^d, \eta_p^2 = 0.25$
BPRS	33.21	6.19	29.95	6.11	29.26	5.82	29.00	6.39	$F(3, 111) = 7.35, p < 0.001^a, \eta_p^2 = 0.17$
MADRS	20.13	7.89	17.29	9.12	15.32	8.14	14.95	9.28	$F(3, 111) = 4.66, p = 0.004^b, \eta_p^2 = 0.11$
YMRS	9.11	5.31	8.30	4.56	7.57	5.39	6.78	4.18	$F(3, 108) = 2.02, p = 0.12$
Past week TRQ*									
HTN	42.86	23.15	21.30	19.57	22.24	21.66	21.24	17.95	$\chi^2(3) = 34.55, p < 0.001^a, W = 0.30$
BD (N= 37)	43.95	27.27	21.62	26.22	21.94	26.68	25.86	23.01	$\chi^2(3) = 18.97, p < 0.001^a, W = 0.17$
Past month TRQ^{e*}									
HTN	33.45	21.13	17.31	15.63	14.39	13.15	11.27	12.03	$\chi^2(3) = 35.39, p < 0.001^a, W = 0.31$
BD (N= 36)	34.37	25.27	15.00	17.13	15.98	20.46	15.36	22.85	$\chi^2(3) = 26.17, p < 0.001^a, W = 0.23$
eCAP^{e*} (HTN) % (SD)									
Past week (N=32)	----	----	37.70	28.19	29.83	27.33	34.75	28.88	$\chi^2(2) = 0.23, p = 0.89$
Past month (N=32)	----	----	35.56	22.20	32.25	22.83	35.59	27.29	$\chi^2(2) = 0.07, p = 0.97$

^asig. difference between SCR & BL, SCR & V1, SCR & V2.

^bsig. difference between SCR & V2.

^csig. difference between SCR & BL, SCR & V1, SCR & V2, BL & V1, BL & V2

^dsig difference between SCR & V1, SCR & V2

^eHigher TRQ and eCAP percentage translates to higher non-adherence worse adherence)

*Friedman test

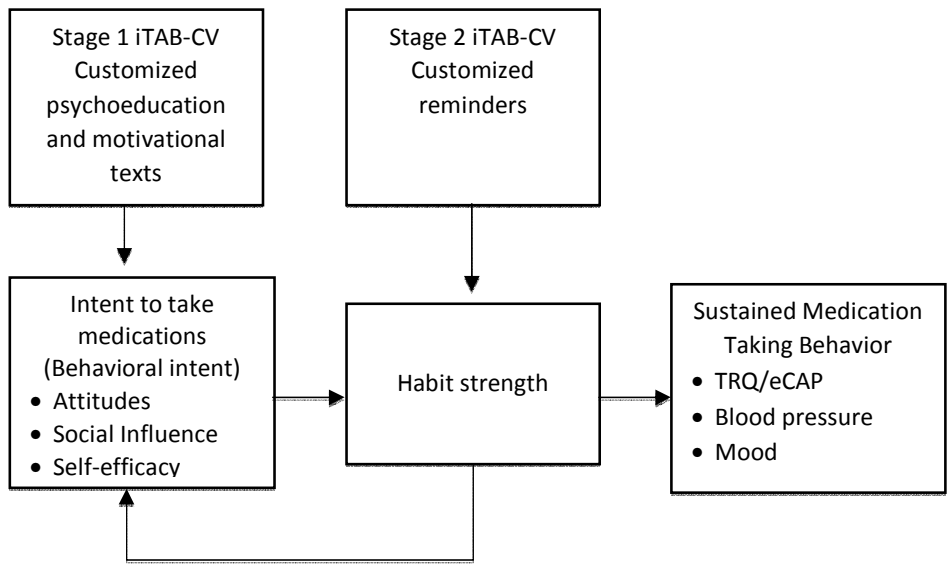


Figure 1: Expanded Attitude-Social Influence-Efficacy Model

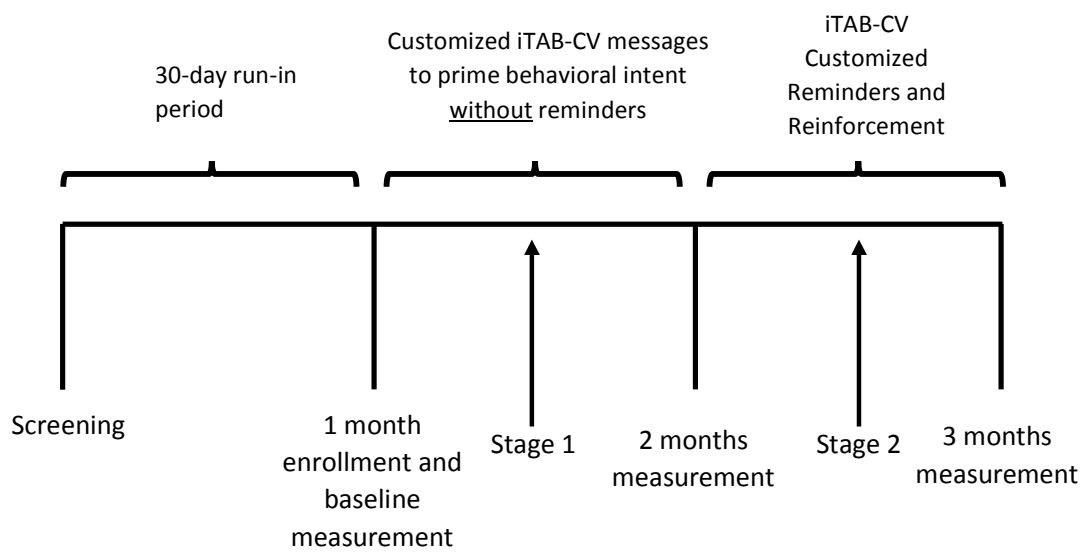
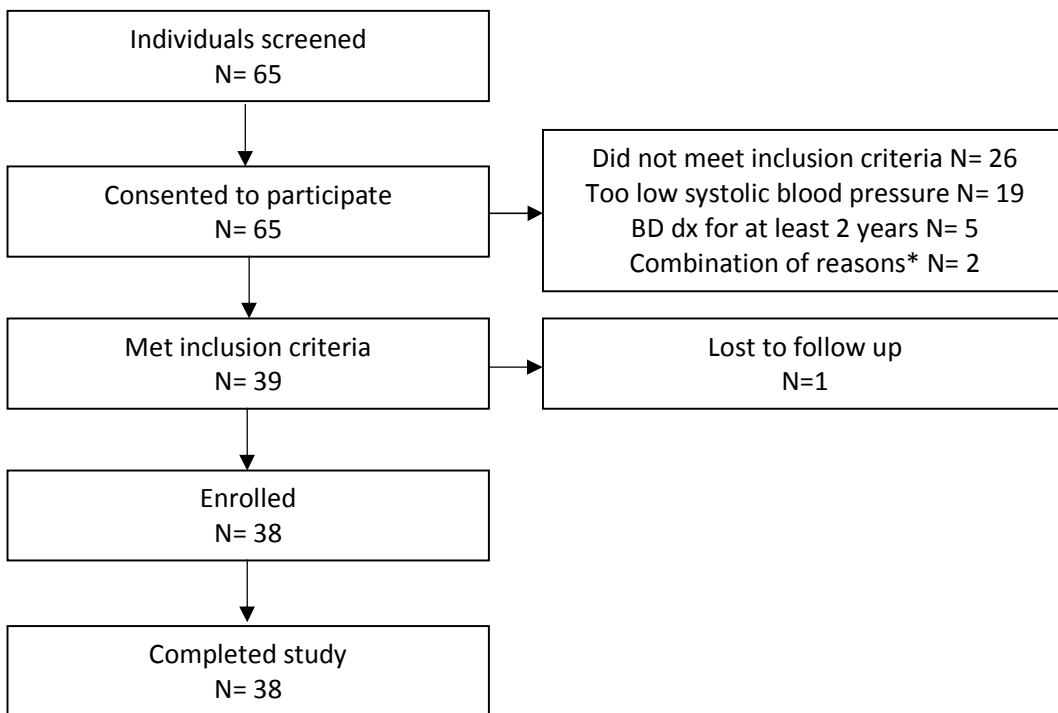


Figure 2: Prospective Cohort Design



*One patient failed as they were a high immediate risk of suicide, unwilling to participate in interviews, and possibly schizoaffective instead of having BD.

The other patient failed due to too low systolic blood pressure and not being at least 20% non-adherent to hypertension medications.

Figure 3: Consort Diagram

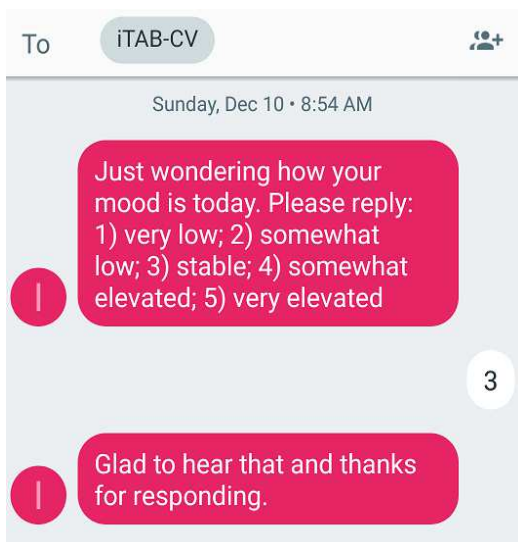
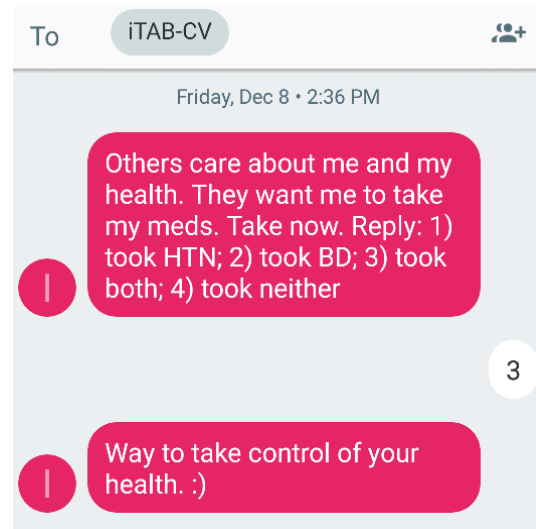
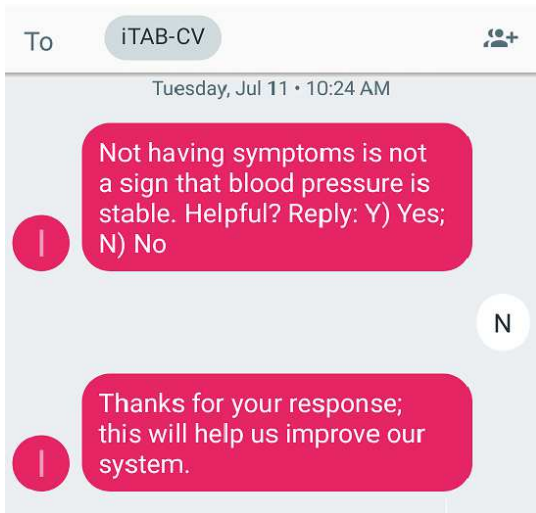


Figure 4: A sample text sequences