

Patient-physician compatibility increases odds of following doctor's orders

April 21 2010

Doctors and patients have varying opinions on how much control a person has over their own health outcomes. A new study by University of Iowa researchers suggests that when doctor and patient attitudes on the issue match up, patients do a better job of taking their medications.

Published online and in the May issue of the [Journal of General Internal Medicine](#), the study is part of a growing body of evidence indicating that patient-physician compatibility affects adherence to doctor's orders and even a patient's health status.

The study was led by Alan Christensen, Ph.D., professor of psychology in the UI College of Liberal Arts and Sciences and of internal medicine in the UI Carver College of Medicine. It involved 18 primary-care physicians and 246 male patients from the Iowa City VA Medical Center, where Christensen is a senior scientist. The patients had both diabetes and [high blood pressure](#), conditions that require a high level of self-management and frequent checkups.

Researchers used surveys to assess the extent to which doctors and patients believed patients have personal control over their health. They also looked at prescription refill records over a 13-month period to see whether patients had enough blood pressure medication on hand.

If doctor and patient attitudes were in sync, patients only let their refills lapse about 12 percent of the days, on average. But if patients held higher control beliefs than their physicians, they went without their pills

18 percent of the time.

The study also found evidence that patient [blood pressure](#) may be less well maintained when doctor and patient control beliefs do not match.

"Patients who held high personal control beliefs about their health were 50 percent less likely to adhere to their medication regimen if they were being treated by physicians who didn't share this belief in strong patient control," Christensen said. "Frustration is one likely reason for this. If they're not getting the control they expect or prefer, they become less satisfied with the healthcare they receive and react to that loss of control by being less likely to follow the doctor's recommendations, including filling refills."

Christensen said the study and other research he and his colleagues have conducted highlights a need to pair up doctors and patients with similar views - or, when that's not possible, for doctors to tailor their approach to suit the patient's expectations.

"There's currently a movement toward patient-centered care, which gives patients the opportunity to be more involved. This is often a good thing, but it's also important to remember that one patient's empowerment is another's burden," he said. "Some patients like to receive a lot of information about their condition and prefer to be a leader or equal partner in making decisions about their health. Others would rather just have the doctor sift through the information and tell them what to do."

Because pairing doctors and patients could be difficult in some cases -- for example, when only one specialist is available in a rural area -- Christensen believes helping health care providers tailor their approach is a better way to boost patient satisfaction and adherence. The next step in his research is to develop a short questionnaire to assess patient preferences -- perhaps one that could be filled out in the waiting room

along with routine health history forms -- and translate that information in a way that's easy for providers to apply right there on the spot.

"Physicians, with few exceptions, say that they already attempt to tailor their approach. I don't doubt that they do try, within the time constraints they have and their ability to discern what the patient wants. But the evidence we have suggests that they're often not doing so effectively," Christensen said. "Our goal is to develop some tools to help."

In the meantime, he suggests that health professionals ask questions to find out how much information patients want, and how involved they want to be in decision-making.

"It takes extra time up front, but the patients will be more satisfied and likely to follow treatment recommendations in the long run," he said. "If a doctor can see that someone prefers an active role, even providing patients a seemingly trivial choice like whether to take a pill twice a day or the long-acting form once a day can make a big difference in how well the relationship works."

Provided by University of Iowa

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