

Do doctors understand the individualisation of treatments?

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The individualisation of drug treatments to support patients to self-manage their conditions is a concept that sits at the heart of policy, but a recent study in *BMJ Open* shows that there is no concrete definition of the term and consequently no cohesive understanding of what it means in practice among prescribing doctors.

The authors of the study, from the University of Exeter Medical School supported by the National Institute for Health [Research Collaboration](#) for Leadership in Applied [Health Research](#) and Care in the South West Peninsula (NIHR PenCLAHRC), believe that the term individualisation needs to be defined so that doctors understand what it means and so help patients to manage their treatments after consultation.

Evidence suggests that some patients, as many as half in [chronic conditions](#), are modifying their intake of [prescribed drugs](#) to fit their lifestyles. This may be due to a number of reasons: the cost of [prescription drugs](#); side-effects; a [misunderstanding](#) of how to take their medicine.

The authors of the study believe that doctors need a defined interpretation of individualisation so they can support patients to achieve any modification safely and with the minimum of adverse effect. The ideal is for the patient and their doctor to work together to come up with an agreed course of treatment. As a consequence doctors could increase the extent to which their patients are taking medicines as prescribed, contribute to a reduction in the amount of drugs prescribed and improve on drug wastage figures. The potential benefits to patient health, treatment outcomes and costs to the [NHS](#) are immense.

The study team interviewed a cohort of GPs, geriatricians and clinical academics in the South West of England. They found that the understanding of individualisation varied between doctors and that their initial descriptions of individualisation were not always consistent with the examples given.

The surveyed doctors also frequently discussed individualisation in terms of drug treatment decisions, that is, to meet medical needs by reducing the effect of side-effects and other issues. Few of the doctors spoke of making such decisions in relation to a patient's personal preference, or in

terms of supporting those patients to individualise their own treatments after the consultation.

The study was led by Sarah Denford from the University of Exeter Medical School. She said: "Our study showed the need for there to be a refining of the concept of individualisation. This is required before policy recommendations concerning individualisation and self-management can be achieved: policy makers and researchers need to be clear about what they are advocating, and [doctors](#) need a concrete definition on which to base their patient care strategies."

She added: "This would be the first step towards developing and piloting methods of individualisation in different situations so that recommendations can be made for practice. Given that some patients are already individualising treatments of their own, supporting them to do so safely would result in improved self-management practices, better outcomes for patients and potential savings from a reduction in drug prescription and waste."

Provided by University of Exeter

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