

# Final VERSION - Final VERSION – Final

USING THE SELF-REGULATORY MODEL OF ILLNESS TO IMPROVE ADHERENCE: MANIPULATION OF PATIENT-PROVIDER INTERACTION

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The aim is to investigate if the adherence of patients with hypertension will improve, when General Practitioners (GP) communicate about the patient's illness representations and action plans.

Communication is manipulated in experimental conditions guided by two stages of Leventhal's Self-Regulatory Model of Illness: (1) illness representations; (2) an action plan or coping procedure. In these stages the processing occurs both at a cognitive and an emotional level. As interaction between stages proceeds in both directions, an intervention aiming at a certain stage will influence the whole Self-Regulatory Model of Illness.

Three conditions were planned that each consists of a 15 minutes conversation between a confederate (a GP-trainee) and a patient. Condition 0 acts as a care-as-usual condition; Condition I ("mind-switch") aimed at stage 1 about illness representations; Condition II, ("action-plan"), aimed at stage 2. Hundred-and-twenty-six patients with hypertension using anti-hypertensive medication were randomly assigned to the three conditions.

Three GP-trainees performed each of the three conditions. Consultations were video-recorded. Patients filled in questionnaires immediately before and after the experimental consultation (assessing illness representations, stages of change, adherence & quality of care). Three months later they received a questionnaire at home (assessing illness representations, stages of change, adherence & quality of care). In addition, medication refill compliance and blood-pressure measurements were obtained. The findings of the experiment will be presented during the conference.

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