

## **Improving adherence by improving 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 lay illness representations and daily routines.

Communication is manipulated in experimental conditions guided by two stages of Leventhal's Self-Regulatory Model of Illness: (1) the cognitive representation of the health threat by which the patient identifies the meaning of the health threat, also known as illness representations; (2) the development and implementation of an action plan or coping procedure to deal with the threat.

Three conditions were planned that each consists of a 15 minutes conversation between 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-forty patients with hypertension using anti-hypertensive medication were randomly assigned to the three conditions. Fourteen GP-trainees each performed a Condition 0 conversation with about 4 patients. Afterwards the GP-trainees were randomly divided in two groups. They received a training –using role-play– in either Condition I or II. Next, each GP-trainee performed the



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trained condition with about 6 patients.

Conversations were video-recorded. Patients filled in questionnaires immediately before and after the conversation (assessing illness representations, stages of change, adherence & quality of interaction). One month later they received a similar questionnaire at home. In addition, medication refill compliance and blood-pressure measurements were obtained. The findings of the experiment will be presented during the conference.