



Commentary

Compounded progesterone and the Behavioral Model of Health Services Use

M. Joy Spark, M.Pharm.^{a,*}, Jon Willis, Ph.D.^b, Teresa Iacono, Ph.D.^c

^aLa Trobe Institute of Molecular Science (LIMS), Bendigo, Victoria, Australia

^bAboriginal & Torres Strait Islander Studies Unit, University of Queensland, Brisbane, Queensland, Australia

^cLa Trobe Rural Health School, La Trobe University, Bendigo, Victoria, Australia

Summary

Compounded progesterone (P₄) is a product that, from a clinical experience-based perspective, effectively relieves a range of symptoms. In contrast, from a conventional evidence-based medicine perspective, P₄ is ineffective. As P₄ is not a product prescribed by conventional medicine, it is unlikely to be prescribed by family doctors, which increases the barriers to utilization.

Utilization of medicines is influenced by many contextual and individual characteristics. The Behavioral Model of Health Services Use provides a multidimensional framework to conceptualize utilization of health services including medicine use. The 4 main components of this model are: contextual characteristics, individual characteristics, health behaviors and outcomes.

This paper reports on the application of The Behavioral Model of Health Services Use to medicines and shows how it can be applied to the use of P₄. The model enables some of the positive reinforcement that contributes to women continuing to use P₄ to be explained. The Behavioral Model of Health Services Use was found to offer the potential to identify and then address issues with access to prescription medicines. © 2014 Elsevier Inc. All rights reserved.

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Introduction

Why do people use medicine that does not have proven efficacy? This is a question many evidence-based practitioners ask. Compounded progesterone (P₄) is such a product, with two schools of thought about its use outside of pregnancy support. The conventional evidence-based medicine perspective is that P₄ is ineffective because there is no evidence that it works.^{1,2} The

alternative clinical experience-based perspective is that P₄ effectively relieves a range of symptoms that can be associated with reduced P₄ levels.^{3,4} But what do the women who use these products perceive?

Acceptability and accessibility were two main themes to emerge from a small qualitative study of the perception of P₄ held by women who use these products.⁵ These themes were explored further

* Corresponding author. School of Pharmacy and Applied Science, La Trobe University, P.O. Box 199 Bendigo, Victoria 3552, Australia. Tel.: +61 3 5444 7551; fax: +61 3 5444 7878.

E-mail address: j.spark@latrobe.edu.au (M.J. Spark).

in a survey of Australian women who were using P₄.^{6,7} Acceptance of P₄ was influenced by symptom improvement (both expected and unexpected), perception of safety and naturalness, and personalization of therapy.⁶ Access to P₄ was found to be associated with P₄ being affordable or conventionally available, women valuing natural treatment or being concerned about other treatments, women thinking they were knowledgeable about P₄ treatment, women valuing information gained from a variety of sources, or women living in a rural or disadvantaged area.⁷

P₄ is a prescription medicine in Australia; hence, doctors are the gatekeepers. Utilization of medicines is one type of health service that may be understood using the Behavioral Model of Health Services Use (the Behavioral Model), as the utilization of hospital, physician, dental, nursing home and other health care practitioner services has been.⁸ This comprehensive multidimensional model has been used in relation to general use of prescription medicines in the USA^{9–11} and Brazil.¹² Use of P₄ is more complex than most prescription medicines because it is not part of conventional medicine; as a result, it is unlikely to be prescribed by the family doctor, nor dispensed by the local pharmacy. The Behavioral Model offers the potential to understand the apparent multidimensional nature of P₄ use.

This paper seeks to apply the Behavioral Model as a framework to explain the use of P₄ by Australian women. First the development of the Behavioral Model is outlined, followed by its application to prescription medicines. Finally, it is applied to the use of P₄.

The Behavioral Model of Health Services Use

The Behavioral Model was developed to explore the multidimensional nature of health service utilization and the factors facilitating or impeding utilization.¹³ The model considers societal context as well as individual characteristics, recognizing that the societal and environmental context in which people live can influence health service utilization directly and through the health care system.⁸ Over the last 50 years, the Behavioral Model has been revised and updated to provide a conceptual framework that aids understanding of health care utilization and to develop testable questions or hypotheses for future study.^{14,15}

The incorporation of contextual and individual determinants of health service use into the Behavioral Model recognizes the impact of the

environment in which an individual is placed on their access to, and subsequent use of, health services.¹³ Examples of contextual characteristics include the demographics of an individual's community, and the medical personnel and services available within the community. The latest version of the Behavioral Model includes the interaction between health professional and patient in recognition of its influence on the use of health services.¹⁴ Individual characteristics are the strongest influence on health service use; these are divided into predisposing, enabling and need characteristics.^{8,13} Predisposing characteristics exist prior to the onset of illness and could be expected to make health service use more likely; they are not directly related to use. Enabling characteristics are those that provide means to use a health service by allowing someone to act on a value or need for a health service. Need characteristics include both perceived need (symptoms, not feeling well) and evaluated need (physical examination or tests that show there is a need).⁸

Application of the Behavioral Model of Health Services Use to prescription medicines

There are many contextual and individual characteristics that could influence the use of prescription medicines. The outcomes of previous studies investigating either general medication use by adults and older adults (over 60 years of age) or use of specific medication using the Behavioral Model are summarized in Table 1. These studies have only examined the effect of individual characteristics (predisposing, enabling and need) on medicine use.^{9–12,16,17} Prescription medicine use was found to be better explained by the Behavioral Model than non-prescription medicine use.^{10,11}

The framework provided by the Behavioral Model to explain the use of prescription medicines appears to be sensitive to differences in both communities and medications.⁸ For example, the effect of ethnicity on medicine use has been found to vary with the medicine being investigated. For general medicines, ethnicity has been found to explain only 1.3% of the variance,¹⁰ whereas in a study of HIV medicine use, it was found HIV infected African Americans were 2.3 times less likely to be treated with highly active antiretroviral therapy (HAART) than HIV infected white people.¹⁷ The only component to influence prescription medicine use in three communities investigated in Brazil was the number of symptoms.¹² Symptom severity has also been found to influence HAART use,¹⁷ and the perception that care

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