

Short Communication

The relationship between partner information-seeking, information-sharing, and patient medication adherence

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ABSTRACT

Objectives: We describe the medication information-seeking behaviors of arthritis patients' partners and explore whether partner medication information-seeking and information-sharing are associated with patient medication adherence.

Methods: Arthritis patients and their partners ($n = 87$ dyads) completed an on-line questionnaire. Partners indicated how often they obtained medication information from 14 sources, how much they trusted these sources, and whether they shared medication information with the patient. Patients reported their medication adherence. Bivariate associations were calculated to explore the relationships between partner information-seeking, information-sharing, and patient medication adherence.

Results: Partners sought little information about the patient's medications. Partners sought more information if the patient's medication regimen was more complex ($r = 0.33$, $p = 0.002$). Most partners (~98%) shared medication information with the patient; older partners shared more information with the patient ($r = 0.25$, $p = 0.03$). Neither partner information-seeking ($r = 0.21$, $p = 0.06$) nor partner information-sharing ($r = 0.12$, $p = 0.31$) were significantly associated with patient medication adherence.

Conclusions: Although partners of arthritis patients do not seek large amounts of medication information, the vast majority share this information with the patient.

Practice implications: Involving partners in medical consultations can help them better understand the patient's medications, have questions answered by providers, and engage in more informed discussions with patients about their medications.

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1. Introduction

Emotional and instrumental support from partners can increase patient medication adherence [1,2], but the effects of partner-provided medication-related informational support remain unexplored. The Information–Motivation–Behavioral Skills Model (IMB) posits that better informed, more motivated patients are more adherent [3,4]. Studies of the IMB model show that medication information and perceptions of adherence-related

support positively affect adherence behavioral skills [5–10] and medication adherence [5,9,10]. Thus, when partners provide patients with medication information, the information itself, as well as patient perceptions of partner support, could improve patient medication adherence.

Because arthritis is painful and can impact patients' ability to engage in daily activities, partners may seek information about the patient's medications as an adaptive coping mechanism or to supplement information from professional sources [11,12]. Using cross-sectional data from 87 arthritis patient–partner dyads, we: (1) describe which medication information sources partners use and trust; (2) explore whether patient and partner demographic/clinical characteristics, including patient arthritis type, are associated with partners' medication information-seeking and information-sharing; and (3) examine whether partner information-seeking

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and information-sharing are associated with patient medication adherence.

2. Methods

2.1. Participants and methods

Online questionnaire data were collected as part of a larger study [13,14]. Eligible patients had a self-reported diagnosis of osteoarthritis (OA) or rheumatoid arthritis (RA), were ≥ 18 years old, could read English, had Internet access, and were currently taking ≥ 1 medication to treat their arthritis on a routine basis. Individuals taking medications “as needed” were ineligible. The 30–45 min patient and partner surveys included 84 and 52 questions, respectively. This study was approved by the University of North Carolina (UNC) at Chapel Hill Institutional Review Board.

We mailed recruitment letters to patients with an OA or RA (ICD-9 diagnosis code of 714 or 715) diagnosis listed in their UNC hospital electronic health record (Fig. 1). We also advertised the study on arthritis websites and in local media publications, distributed brochures at local clinics and support groups, and mailed recruitment letters to patients who participated in other UNC arthritis studies.

Patients' partners were recruited by a snowball technique in which patients were asked to share the study website with their partners. Participants received a \$10 incentive.

2.2. Measures

2.2.1. Information source use and trust

We asked partners, “when your spouse/partner begins taking a new arthritis medicine, how much information do you get from the people and places listed below?” Responses ranged from 1 = “none” to 4 = “a lot.” A mean partner source use score was created by averaging use across 14 sources.

Partners also reported, “with regard to your partner's arthritis medicines, how trustworthy do you consider the following sources to be?” Responses ranged from 1 = “not at all trustworthy” to 4 = “very trustworthy.”

2.2.2. Partner information-sharing

Partners reported how often they shared arthritis medicine information with the patient. Responses ranged from 1 = “never” to 4 = “often.” Partners also reported how often they discussed seven topics, including drug effectiveness and side effects, with the patient; responses ranged from 1 = “we never discuss it” to 4 = “we discuss it a lot.”

2.2.3. Patient medication adherence

Patients self-reported medication adherence using a validated Visual Analog Scale [15–17]. Patients were asked, “All things considered, how much of the time do you take ALL of your medications EXACTLY as directed?” Responses ranged from 0 to 100; higher scores indicated better adherence.

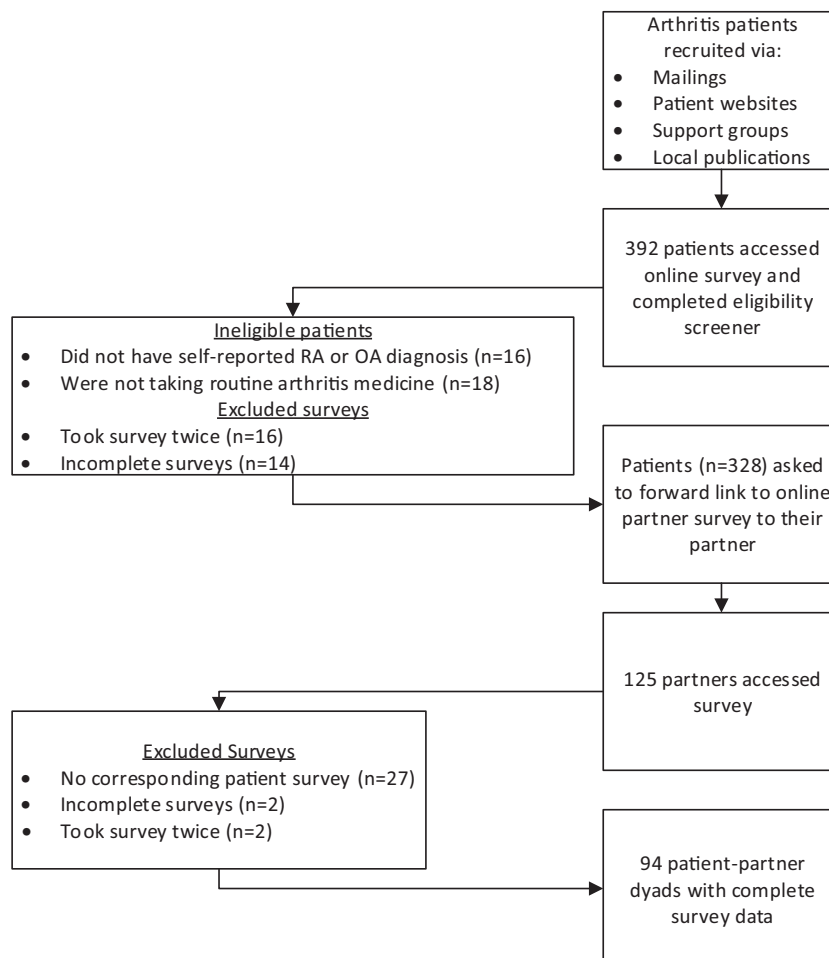


Fig. 1. Recruitment flow chart for arthritis patients and their partners.

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