Lay beliefs on illness and compliance to health care regimens

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Introduction. Compliance is difficult to attain. Traditional explanations of non-compliance rely heavily on a rationalist approach of patients' health behavior and focus almost exclusively on enhancing patient's acceptance of doctors' views by improved patient education. However, as yet these approaches have failed in enhancing compliance. An alternative explanation of non-compliance is found in the discrepancy of doctors' accounts and patients' explanatory models of illness - i.e. in the fact that doctors' accounts do not match the beliefs patients hold about their illness. These lay beliefs, mostly addressed in terms of *illness representations* refer to the way individuals conceptualize and make sense of an illness. It has been hypothesized that incongruence between practitioner's and client's explanatory models would be negatively associated with patient's compliance as well as patient satisfaction and subsequent use of health care facilities. This hypothesis is partly confirmed by empirical evidence: lay beliefs of illness have been demonstrated to differ from practitioners' views of disease. However, research is lacking when it comes to account for this discrepancy as a factor in non-compliance. In this paper, a theoretical overview of this topic will be provided - illustrated with findings from a pilot study.

Methods. Findings of a pilot experiment for a study on the medical acknowledgement of lay beliefs as a critical factor in enhancing compliance will be presented. In the experiment, students will be asked to describe their experiences with a common cold. Then a confederate will provide a prescription how to manage the complaint. The prescription will be delivered in three different conditions varying in the degree of acknowledgement of lay beliefs and in a control condition. Measures of illness beliefs, expectations of consultation, coping style in a medical situation, general tendency to adhere as well intention to comply will be taken.

Results/Conclusions. Results are available by the end of 1997.

Improvement of symptom perception in insulin dependent diabetic patients with reduced hypoglycemic awareness: The Hypoglycemia Prevention Training

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Introduction. Reduced hypoglycemic awareness (HA) in patients with insulin dependent diabetes mellitus is the failure to perceive autonomic warning symptoms and can be considered as a major risk factor for severe recurrent hypoglycemia (i.e. a blood glucose (BG) level lower than

3.8 mmol/l). In turn, hypoglycemic episodes can initiate reduced HA, due to reduced autonomic symptoms, thus creating a vicious cycle. Severe recurrent hypoglycemia has negative physiological and psychosocial consequences, such as unpleasant symptoms, deterioration in cognitive and motor functions, embarrassment, accidents, unconsciousness, and, consequently, the inability to self-treat. Both physiological and psychological determinants of the detection, recognition and interpretation of symptoms (symptom-perception) contribute to reduced HA. Patient education to advance adequate self-regulation of BG plays an important role in diabetes care. In this study, an individual and a group training to improve HA and to prevent recurrent hypoglycemia are evaluated.

Methods. The 'Hypoglycemia Prevention Training' (HPT), a translation and adaptation of 'Blood Glucose Awareness Training-III' is evaluated in a repeated baseline design with 80 patients with reduced HA. The original training is a group training. As one of the purposes of the study is to implement the training in the daily clinical routine (individual education by the diabetes nurse), an individualized training (n = 40), is compared with a group training (4 groups of 10 patients). The training consists of 6 sessions, considering internal and external cues of low BG levels. Baseline data and data gathered after the training consist of daily measures of BG estimates and actual BG, internal cues (symptoms, stress, emotions), external cues (food, exercise, insulin intake, daily busyness and distraction).

Results. Results of the first 40 patients will be presented. As the study is still in progress, results are not available yet.

Patient satisfaction as a variable of quality of health care

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Introduction. Studies of consumer satisfaction as an important element of quality of health care research have recently been more and more frequent in Yugoslavia. The aim of our investigation was to assess patient satisfaction with general practitioner.

Methods. Patient satisfaction was studied through a questionnaire filled in by 195 consumers obtained by random choice method. The investigation was carried on the area of the Health Center in Novi Sad and Health Center at Vrbas of the Vojvodina Province.

Results. Of the consumers encompassed by the investigation 65% were women; 43% being in the age 30-44, 28.7% older than 60. As far as their education was concerned, it was approximately close to the general structure of the population. About 75% of respondents had their general practitioner, whom they usually visited once a month (27%), or several times a year (25%). The most frequent reason of visiting GP was to have the necessary medicaments prescribed. At the visit, the GP