Patient-Physician Communication & Medication-Taking Behaviors of Rheumatoid Arthritis Patients lan Levitan, Biology '20 **Bass Connections in** UNIVERSITY BASS CONNECTIONS *Faculty Advisors:* Hayden Bosworth^{1,2,3}, Cheryl Lin^{4,5,6}, Pikuei Tu^{4,5,6}, Leah Zullig^{1,2} **Brain & Society and**

Introduction

Why study RA?

Rheumatoid Arthritis 1.3 million Americans suffer from Rheumatoid Arthritis, abbreviated (RA).

1.3 Million

Patient-Physician Communication: Communication during office visits influences

patient medication-taking behavior

Objectives:

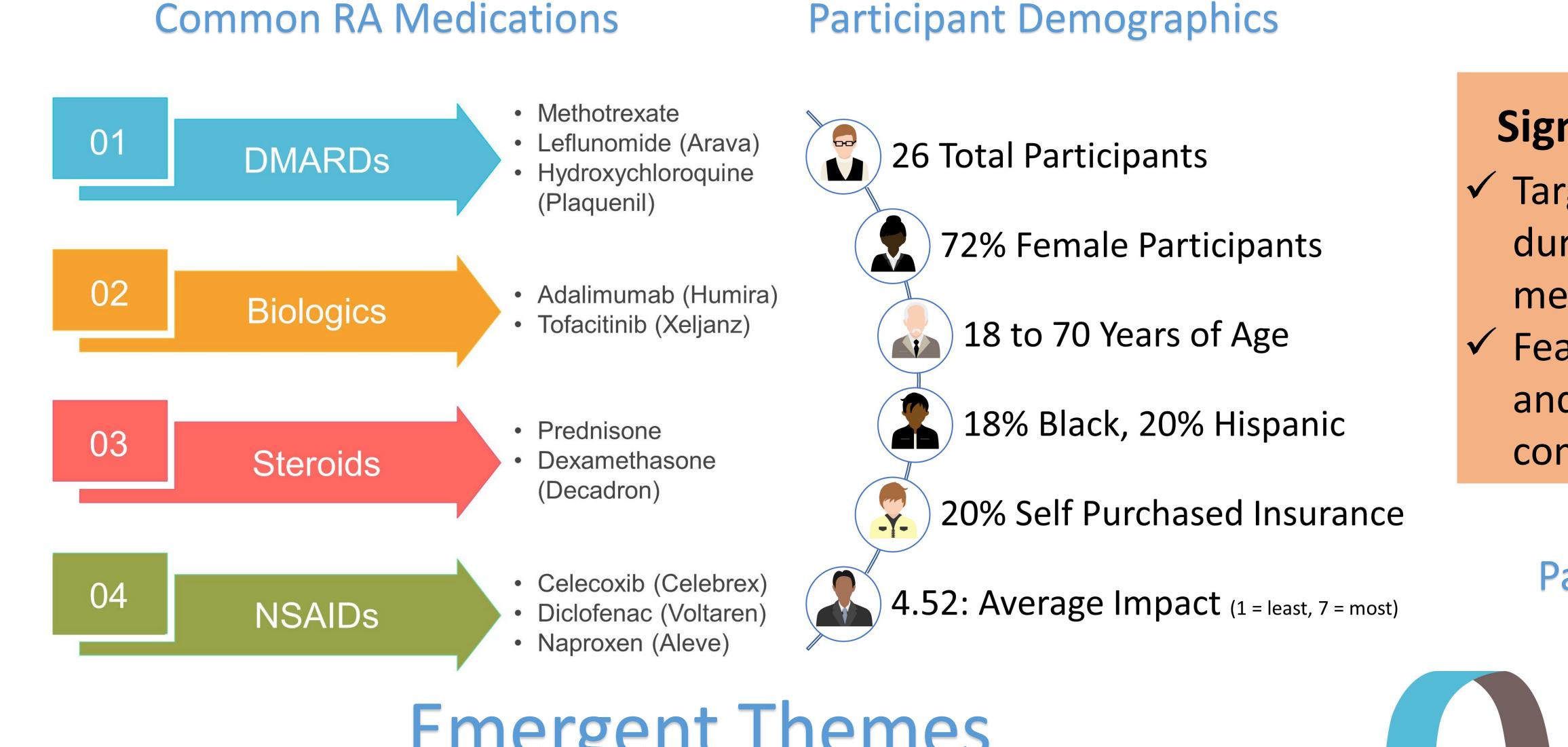
 Characterize patient responses to asneeded medication instruction ✓ Identify gaps in communication between patient and provider that influence medication-taking behavior

Methods

Rheumatoid arthritis chosen $\mathbf{01}$ as a case study. Discussion guide developed based on 02 literature review. Focus groups (n=19) and individual 03 interviews (n=6) conducted. Data transcribed and a codebook 04 created based on emerging themes. Data coded with NVivo analysis 05 software.

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Results



Emergent Themes

Theme	Patient Response	Q (F = Sinc
Taking Medication As Needed	Adjustment: Patients either self-adjusted NSAIDs and steroids per physician recommendation or chose to stay with the regular regimen out of fear of side effects	"Sl thi bo de "I i do sca
Suspending Regimens	Suspension: Patients temporarily suspended regimens of anti-rheumatic drugs and steroids at times to avoid a compromised immune system	"N gy ge
Gaps in Communication	<u>Confusion</u> : Patients confused by physician instruction were nonadherent	"N un an
	<u>Dissatisfaction</u> : Some patients dissatisfied with their quality of life were nonadherent	"N ma so



uotations

Female, M = Male, W = White, H = Hispanic, Years = Time ce Diagnosis)

he's [rheumatologist] like, you've had this ing [RA] long enough. She trusts I know my ody well enough where I can change dosage epending on how I feel." (F, W, 13 years) never vary prednisone. Even though my octor says I can, the possible side effects really are me." (F, W, 20 years)

/ly doctor says that when you're going to the m in the winter, you're going to end up tting sick. So he tells me to stop the ednisone." (F, H, 8 years)

/ly doctor didn't explain it in a way l nderstand, so I get stressed about the meds nd just skip." (M, W, 12 years)

Iy doctor never told me. The methotrexate ade my hair fall out. I'd rather suffer the pain I stopped taking it." (F, W, 6 years)

Communicate as-needed medications

Inform doctor when unsure of as-needed medications

> Top Line: Improving Physician Communication Bottom Line: Improving Patient Communication

may arise

Patient medication-taking behavior is dynamic As-needed medications can reduce symptom severity, but need to be appropriately communicated by provider • Future work may investigate other areas that impact medication-taking behaviors

Bass Connections Open

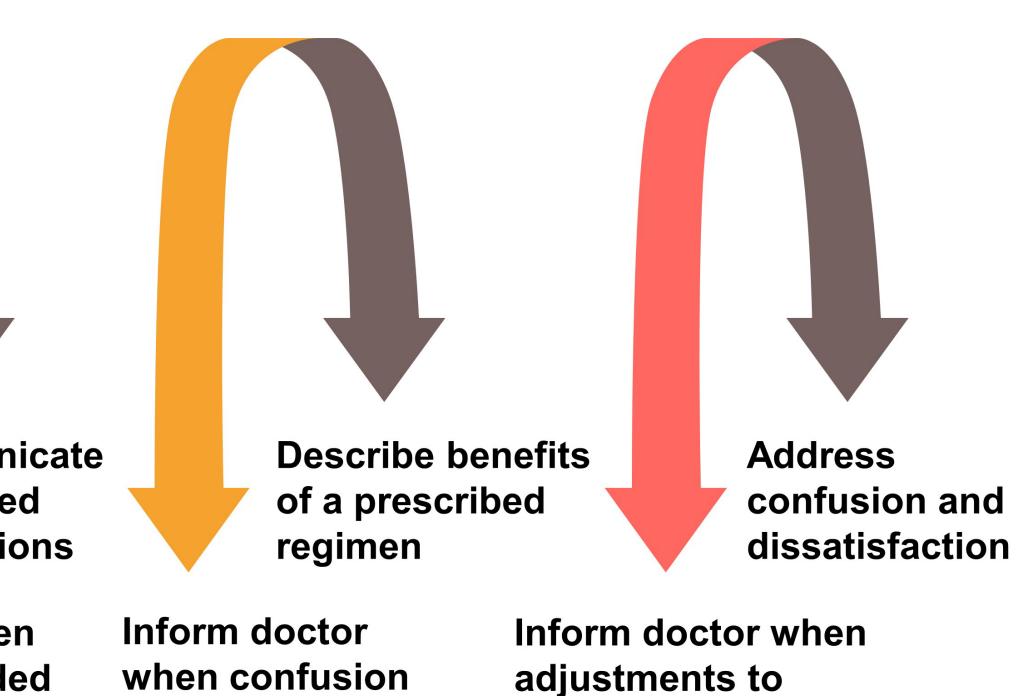
Discussion

Findings

Significance:

Targeting improved communication during office visits can promote better medication-taking behaviors ✓ Fear of side effects as well as confusion and dissatisfaction with physician communication were reported

Patient-Physician Communication



protocol are made

Conclusion