

Patient-Physician Communication & Medication-Taking Behaviors of Rheumatoid Arthritis Patients

Introduction

Why study RA?

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

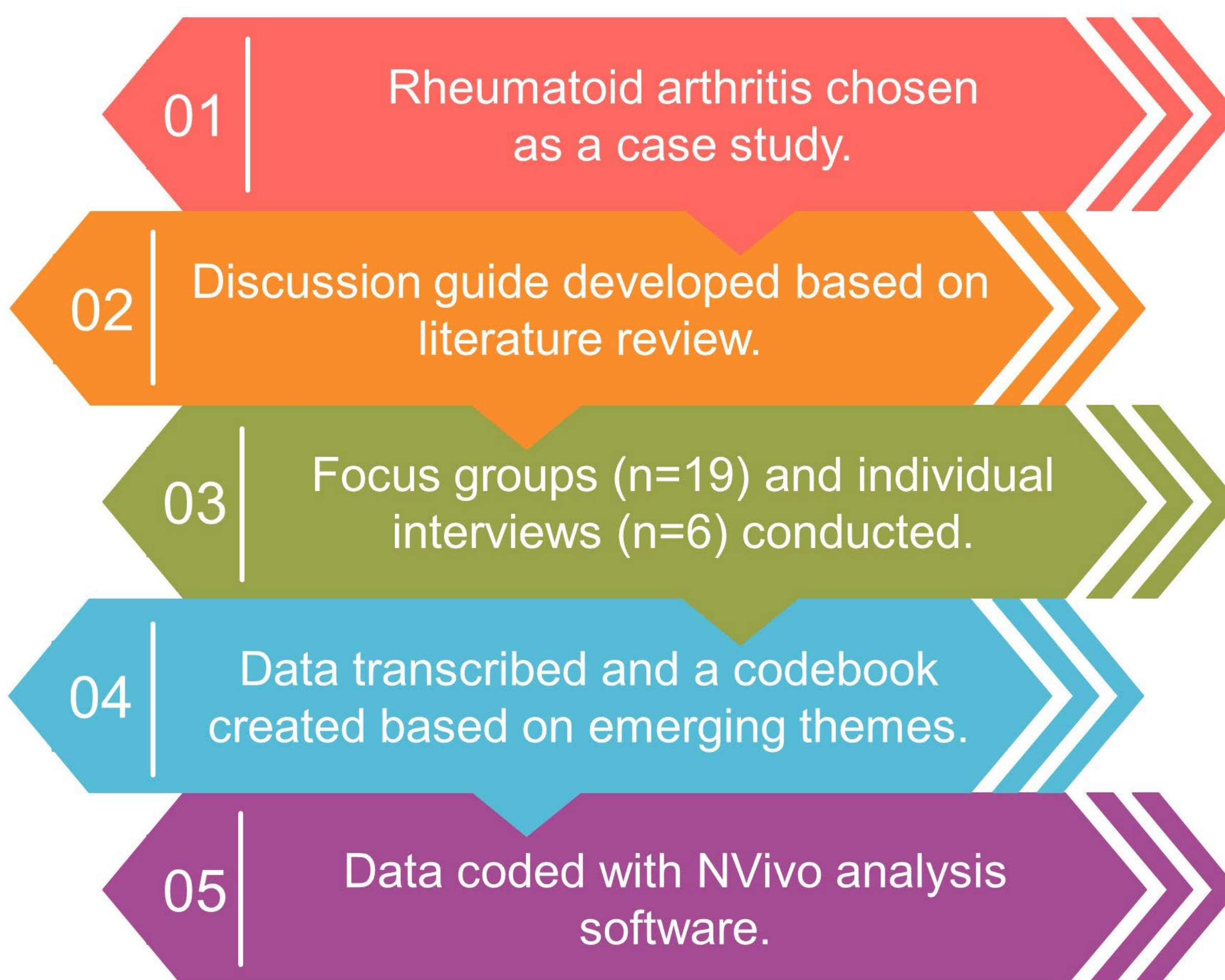
1.3 Million

Patient-Physician Communication: Communication during office visits influences patient medication-taking behavior

Objectives:

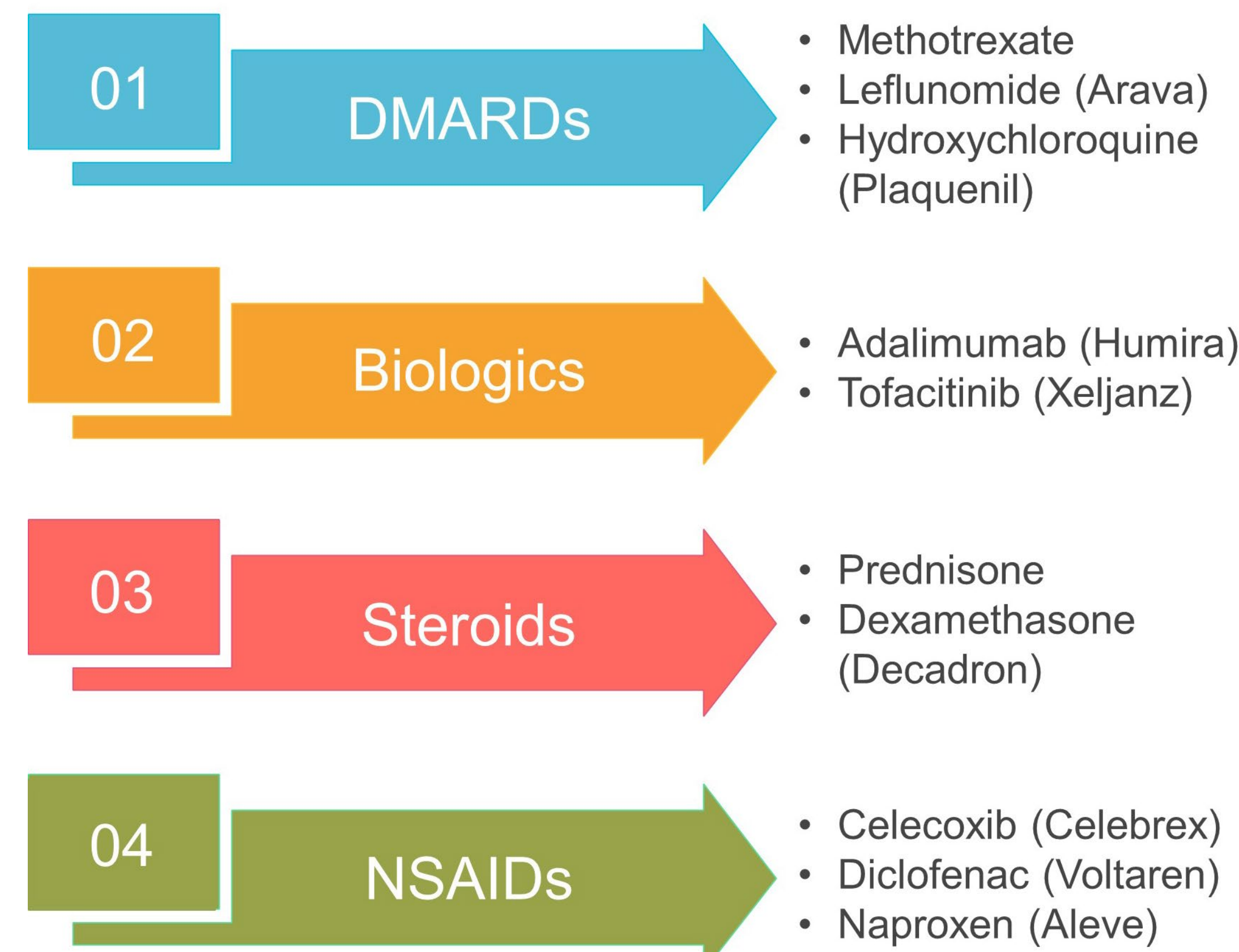
- ✓ Characterize patient responses to as-needed medication instruction
- ✓ Identify gaps in communication between patient and provider that influence medication-taking behavior

Methods

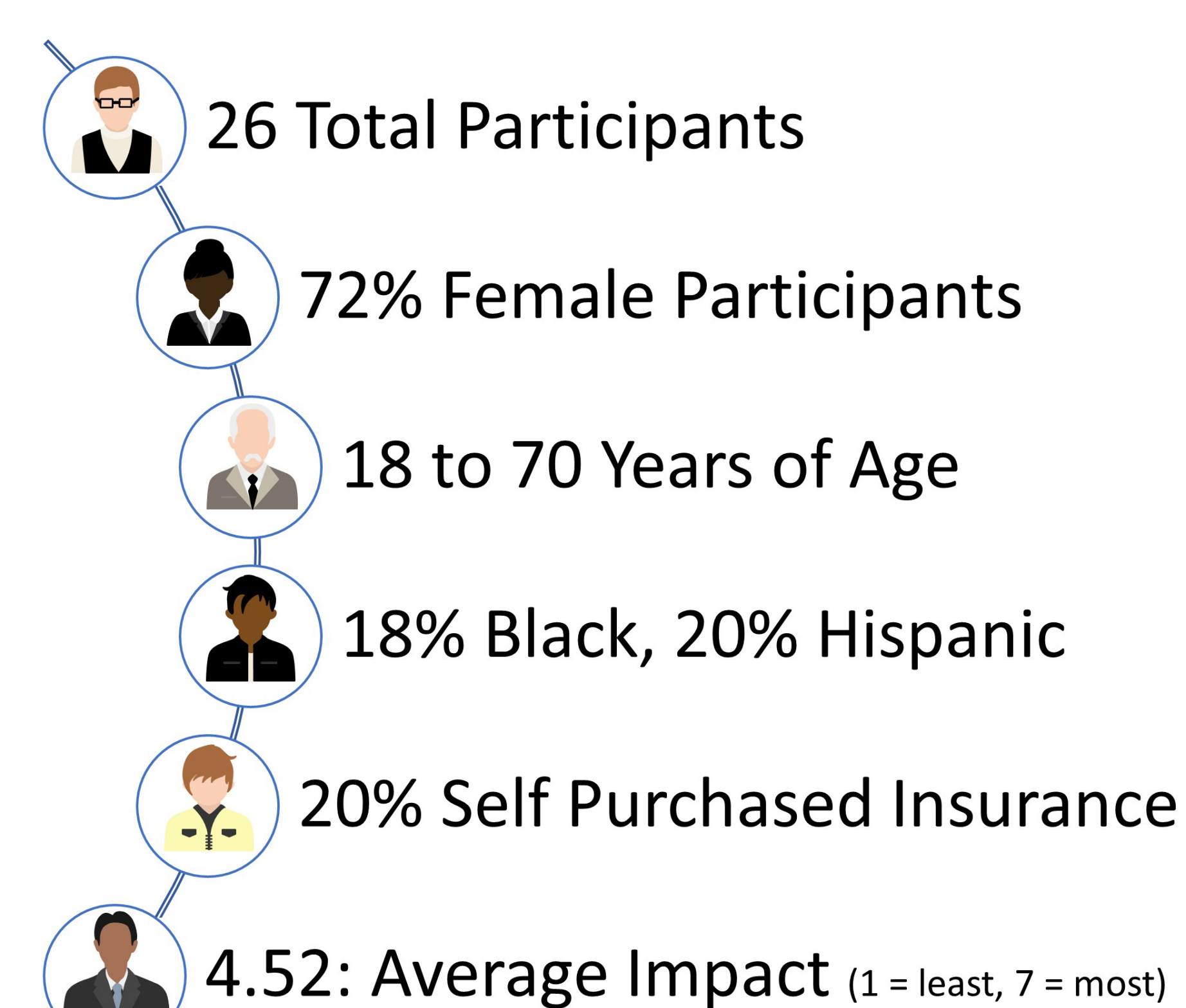


Results

Common RA Medications



Participant Demographics



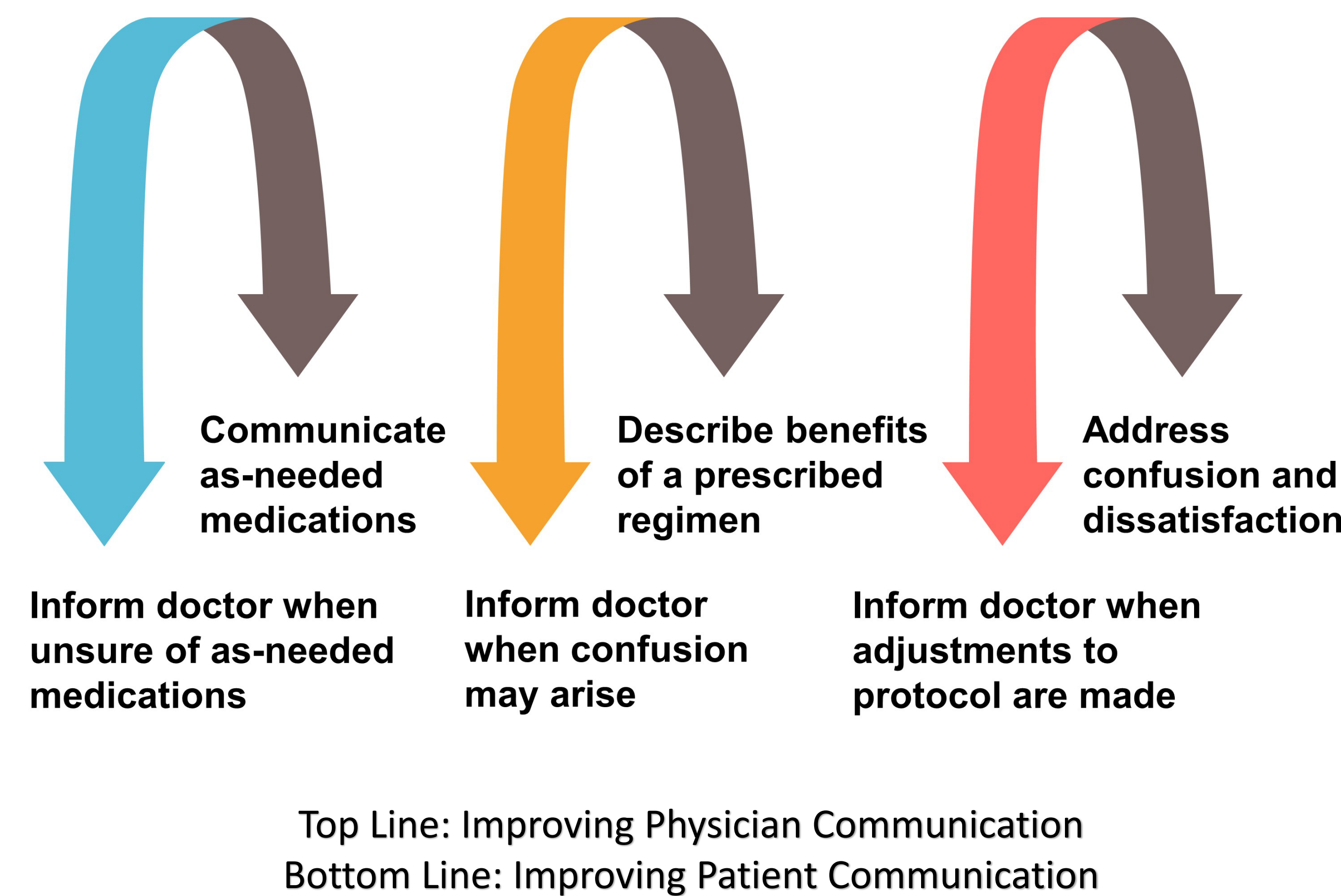
Discussion

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



Emergent Themes

Theme	Patient Response	Quotations <small>(F = Female, M = Male, W = White, H = Hispanic, Years = Time Since Diagnosis)</small>
Taking Medication As Needed	<u>Adjustment:</u> Patients either self-adjusted NSAIDs and steroids per physician recommendation or chose to stay with the regular regimen out of fear of side effects	“She’s [rheumatologist] like, you’ve had this thing [RA] long enough. She trusts I know my body well enough where I can change dosage depending on how I feel.” (F, W, 13 years) “I never vary prednisone. Even though my doctor says I can, the possible side effects really scare me.” (F, W, 20 years)
Suspending Regimens	<u>Suspension:</u> Patients temporarily suspended regimens of anti-rheumatic drugs and steroids at times to avoid a compromised immune system	“My doctor says that when you’re going to the gym in the winter, you’re going to end up getting sick. So he tells me to stop the prednisone.” (F, H, 8 years)
Gaps in Communication	<u>Confusion:</u> Patients confused by physician instruction were nonadherent	“My doctor didn’t explain it in a way I understand, so I get stressed about the meds and just skip.” (M, W, 12 years)
	<u>Dissatisfaction:</u> Some patients dissatisfied with their quality of life were nonadherent	“My doctor never told me. The methotrexate made my hair fall out. I’d rather suffer the pain so I stopped taking it.” (F, W, 6 years)

Conclusion

- ❑ 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