Application of the self-regulatory model of illness to adherence in patients with hypertension

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Adherence interventions

- Adherence is very change resistant
- Intervention studies (Haynes RB, 2000) :
  - 'mono' interventions not effective
  - effective studies complex, labour-intensive and arbitrarily
- Back to theory: unravelling intervention components
  - effects on a patient level

Leventhal's Self-Regulatory Model of Illness

Illness representation ↔ Action plan ↔ Appraisal

The model versus medical practice

1

Patient education aiming at mutual assumptions and mutual understanding

Illness representations

2

Patient education behaviour-oriented instructions based on daily routines

Action plan

General design

Condition 0: Care-as-usual

Condition I: Illness repr.

Condition II: Action plans

Condition III

Illness representation ↔ Action plan ↔ Appraisal

Hypertension

Patient Characteristics

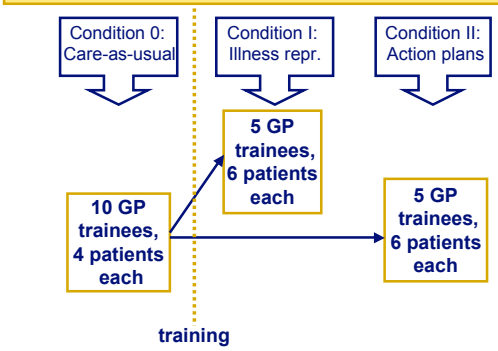
Leventhal's Self-Regulatory Model of Illness

Illness representations
- identity
- causes
- consequences
- time line
- control/cure
- medication representations

↔ Action plans
1. Action intentions
2. Actions (e.g. adherence)

↔ Appraisal

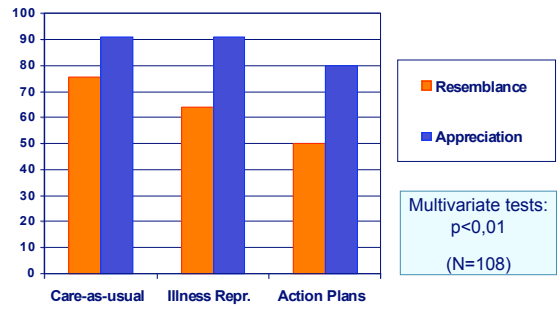
Design



GP training content

- **Both conditions**
  - use video taped role play for training
  - use a semi-structured conversation format
  - need a training of two sessions
  - require a mind switch of the GP-trainees

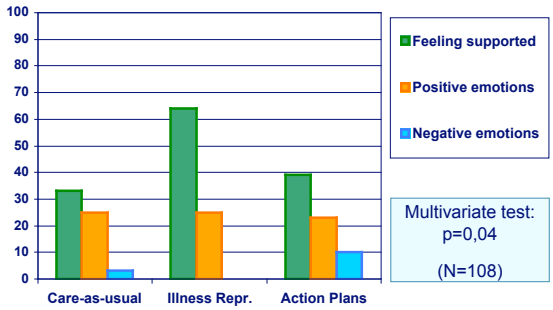
Resemblance with regular consultations and appreciation of interaction



Multivariate tests: p<0,01

(N=108)

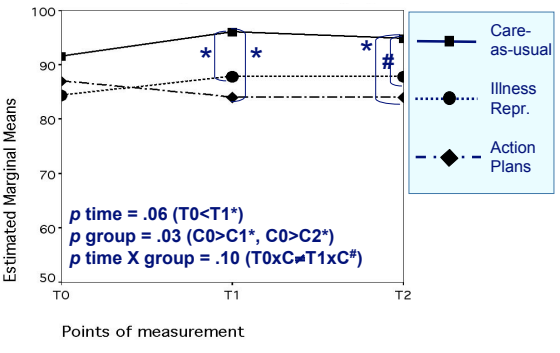
patients' emotions afterwards



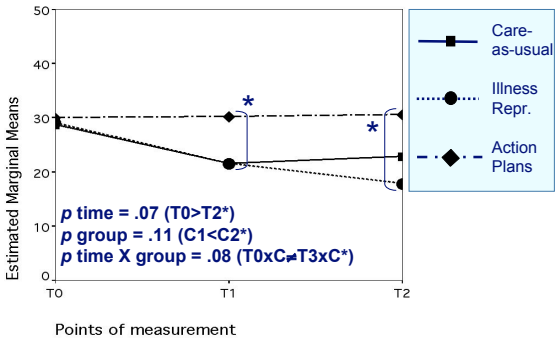
Multivariate test: p=0,04

(N=108)

Self-efficacy relation with physician



Specific medication concerns



Conclusions

- The training worked as intended
- Both experimental conditions were feasible
- Hypothesised feedback loop of the model somewhat supported
- Nevertheless: conditions had different effect on patients Illness representations and Action plans
- Combination of techniques suggested
- Future research: GP instead of GP-trainees

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