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Patients communicating with their primary care physician about chronic disease treatment in regional Australia: is health literacy important?

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Patients communicating with their primary care physician about chronic disease treatment in regional Australia: Is health literacy important?


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Introduction

In Australia, about 7 million people have at least one chronic condition, which is approximately 1/3 of the population. Diabetes and hypertension are included amongst chronic diseases responsible for more than half of all potentially preventable Australian hospitalisations.

People with poor health literacy skills have difficulty knowing when to seek appropriate health care, and as a consequence experience a high incidence of poor health outcomes, adverse events and hospitalisations.

Aims

• To investigate whether the level of health literacy is important in how patients and doctors communicate about chronic disease treatment.
• The focus of the study was diabetes and hypertension and the population studied were adults living in regional New South Wales, Australia.
• This study is part of an international collaboration with University of Montreal Medical School.

Methods

Patients with a history of chronic diabetes or hypertension, who attended one of two different Australian regional (non-urban) family medical practices were invited to participate.

Data were analysed to explore the associations between health literacy, as assessed by the NVS test, and patients’ perceptions of chronic disease treatment discussions with their family physician, as assessed by responses to one section of the Patients’ Experience of Care survey.

Results

A total of 30 participants (18 males and 12 females) took part in the study.

The majority of the participants (n=23) were diagnosed with hypertension only, 4 were diagnosed with diabetes only and 3 were diagnosed with both hypertension and diabetes.

The age range of the participants was 41-84 years with an average age of 69.7 years.

Our study population had a predominance of limited health literacy. Table 1 shows that 19 (63.3%) of the participants had a high likelihood of limited literacy, with a further 6 (20%) possibly having limited literacy. The majority of the participants with limited literacy skills were aged between 60-79 years.

<table>
<thead>
<tr>
<th>Age Ranges of Participants</th>
<th>Number of Participants with high likelihood of limited literacy (NVS scores 0-1)</th>
<th>Number of Participants with the possibility of limited literacy (NVS scores 2-3)</th>
<th>Number of Participants with adequate literacy (NVS scores 4-6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>40-49 years</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>50-59 years</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>60-69 years</td>
<td>5</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>70-79 years</td>
<td>10</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>80-89 years</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>6</td>
<td>30</td>
</tr>
</tbody>
</table>

The participants with lower literacy skills were
• more likely to leave it up to their doctor to choose their treatment,
• less likely to ask their doctor questions about their problems, tests or treatment
• less likely to express their preferences

Limitations:
Small numbers and only two regional practices

Discussion

Poor health literacy can lead to poor health outcomes and increased hospitalisation rates. Our results revealed a high rate of poor health literacy in our population, particularly older patients. Investigating the extent of this issue can help us develop appropriate communication strategies for doctors caring for these ‘high risk’ patients.

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