



Centers for the Study of Health Beliefs & Behavior

Dedicated to Behavioral Management of Chronic Conditions

How Does the Clinician's Recognition of Patient's Mental Models Affect Health Outcomes''

SBM: Montreal, Canada, April, 2009

Howard Leventhal, PhD

SESSION CHAIR

Introductory Remarks

Alex Federman, MD, MPH

**----- Health Literacy is Associated with Asthma Beliefs
Among Older, Inner-City Adults**

Leigh Alison Phillips, MS

----- What do patients hear & recall that resolves presenting complaints

Paul Falzer, PhD

**----- Recognizing a patient's mental model: Its effects on how
clinicians use treatment guidelines**

Edith Burns, MD

----- Expertise in Self-Management of type2 diabetes with home technology

Elaine A. Leventhal, MD, PhD

DISCUSSANT

Changing mental models in clinical practice

**Although Rigorous Trials Show that Behavioral
interventions work**

**Chronic Illness Management Outside the World of
Clinical Trials
Has been & is still beset by Non Adherence**

But In the “Real World” Outside of Trials 5 Chronic Illnesses Consume 70% of Health Care Costs

HYPERTENSION

In 1976 approximately 12.5% of hypertensive were adequately controlled

1/2 diagnosed :: 1/2 of diagnosed treated :: 1/2 of treated in control

Sackett & Haynes

Things are not much better now

USE OF ACE INHIBITORS & BETA BLOCKERS POST MI

2 Yrs Post MI 52% of Pts. Stopped taking Ace inhibitors & Beta Blocker

Akingcigil, Bowblis, Levin, Jan, et al, *AJPH*, 2005

DIABETES DETECTION & CONTROL

40% of afflicted are undiagnosed (12.9% >20 yrs)

90% under-treated!

Cowie, C.C., et al. (2009). Full accounting of diabetes and pre-diabetes in U.S. in 1988-1994 & 2005 -2006. *Diabetes Care*, 32, 287-294.

1. Burt, VL. Et al, (1995). Prevalence of hypertension in the US adult population, *Hypertension*, 25, 305 – 313.
2. Dunbar-Jacob, J., & Schlenk, E. (2001). Patient adherence to treatment regimens. In *Handbook of Health Psychology* (pp. 571-580). Mahwah, NJ: Erlbaum.
3. Phillips, L. S., Branch, W. T., Cook, C. B., et. Al.. (2001). Clinical Inertia. *Annals of Internal Medicine*, 135, 825-834.
4. WHO (2003) Adherence to long-term therapies: Evidence for action. Pgs. 7-9.

Common-Sense Perceptions & Beliefs
i.e., Representations of Disease & Treatment
Held by Patients

&

Practitioner Perceptions & Beliefs Re
Patients Representations

Affect Treatment Adherence

Commonsense Representations Have Content

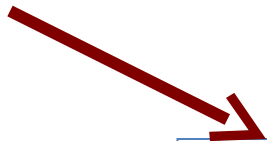
Identity: Symptoms & Label (name)

Timelines: Duration, rate of onset

Cause: Perceived antecedents (etiology & triggers)

Consequences: Now & anticipated
(Physical, mental, economic, & social losses)

Control: Is it controllable (medicine, diet, exercise, etc.)



**&
ACTION PLANS – KNOWING HOW**

Common Sense Representations Are

ABSTRACT & CONCRETE

Abstract Concepts & Concrete Experiences Create

TARGETS & SKILLS for MANAGEMENT

Each of the papers examines a piece of the puzzle as to

how Abstract & Concrete Experience

**Contribute to patient & clinician behavior
& health outcomes**

