

# Doctor-Patient Communication in US Glaucoma Patients: The Glaucoma Research Foundation Patient Survey

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## BACKGROUND

In its 25-year history, the Glaucoma Research Foundation (GRF) has contributed more than \$30 million to sponsor research and educational activities. Part of the GRF's mandate is to elicit and disseminate glaucoma-related information from the patient's perspective. The GRF is an important source of information for the glaucoma patient community. It receives approximately 300 calls a month and 1100 Web site hits per day from patients who are seeking answers about their disease.

Research has shown that doctor-patient communication is a key determinant of patient satisfaction. Complaints about doctors are usually due to communication problems and not due to the doctor's lack of technical skill (Stewart et al, 1999). In a recent survey, twice as many healthcare consumers said that communication with their physician was more important than quality of care as a determinant of their overall satisfaction (VHA, Inc., 1999).

Research into patterns of physician-patient interactions identified 3 types of communication: (1) Beneficence or paternalism, a physician-centered approach in which the physician makes treatment decisions unilaterally (Loewy, 1994); (2) Autonomy, a patient-centered approach in which the patient is a participant in the treatment decision-making process (Loewy, 1994); and (3) Negotiation, a balanced form of communication that establishes a more equitable relationship between physician and patient in terms of decision making (Thomasma, 1983; Ballard-Reisch, 1990).

The beneficent model of communication works well for resource-limited, managed care environments and may be appropriate for those patients who automatically accept their physicians' treatment decisions without question. On the other hand, patient-centered communication correlates with better emotional health and fewer tests and referrals (Stewart, 2000). The trend toward patient-centered communication in healthcare was sparked initially by consumer activism in the 1960s and was later propelled by access to health information (of varying quality) on the Internet. Involving patients in medical decisions is difficult in the current managed care era. Communicating in a patient-centered manner is more time consuming than making decisions unilaterally. Although many patients may accept a physician's treatment recommendations without question, other patients want to be involved in the decision-making process when multiple clinical choices are available (Deber et al, 1996).

Many factors can complicate doctor-patient communications. For instance, glaucoma patients often are asymptomatic until late in the disease process when vision loss becomes noticeable; therefore, they may not internalize the importance of being compliant with treatment. In addition, glaucoma patients now rely on the Internet as a source of information about their disease. In fact, 72% of seniors use the Internet to find health information (SeniorNet, 2002). Unfortunately, a Google search for "glaucoma" yields more than 2 million Web sites, making it difficult for patients to identify high-quality information. In addition, seniors process new information more slowly than younger patients, and they prefer face-to-face interactions or supplemental information in multiple formats (Park, 1999).

The GRF wanted to gauge patient satisfaction by asking glaucoma patients how well their ophthalmologists communicate information to them, how patients prioritize treatment decisions, and how they tolerate side effects (such as hyperemia or iris color change) that may occur with glaucoma medications.

## PURPOSE

The purpose of the GRF Patient Survey was to identify patterns of doctor-patient communication in a population of US glaucoma patients and to assess the impact that such communication may have on patient behavior.

## METHODS

- A sample (n = 22,000) of the subscribers to the GRF newsletter was invited by mail to complete a self-administered questionnaire.
- Survey items included patient knowledge about glaucoma, relationship with current physician, and attitude toward medication side effects.
- Surveys were analyzed using Z-tests for proportions.

## RESULTS

### Respondent Characteristics

Demographics		
	Number	Percent
<b>Age (Years)</b>		
<40	114	2.6
40-55	507	11.8
56-72	1478	34.3
>72	2211	51.3
<b>Gender</b>		
Female	2969	68.9
Male	1341	31.1

- Responses were received from 4310 glaucoma patients.
- The majority of respondents were female (69%) and older than 72 years (51%).

Baseline Characteristics		
	Number	Percent
<b>Type of Glaucoma (n = 4310)</b>		
Primary open-angle	2014	46.7
Normal tension	313	7.3
Acute-angle closure	268	6.2
Ocular hypertension	153	3.5
Other	257	6.0
Not sure	1305	30.3
<b>Time Since Diagnosed With Glaucoma (n = 4310)</b>		
>5 years	3380	78.4
2-5 years	846	19.6
<2 years	84	1.5
<b>Current Glaucoma Medication (n = 3896)</b>		
Latanoprost	2112	49.0
Timolol	1078	25.0
Timolol/dorzolamide	1054	24.4
Brimonidine-Purite®	1005	23.3
Bimatoprost	780	18.1
Travoprost	340	7.9
<b>Geographic Distribution (n = 4292)</b>		
California	1035	24.1
New York	395	9.2
Florida	268	6.2
Pennsylvania	215	5.0
Ohio	173	4.0
Other	2206	51.6

- Most respondents (78%) were diagnosed with glaucoma at least 5 years before participating in the survey.
- Forty-eight percent of the respondents were being treated with 2 or more medications (data not shown).
  - Only 14% of bimatoprost patients were on adjunctive therapy compared with 36% of latanoprost patients.

### Tolerance for Side Effects

- Most patients considered efficacy of medication to be more important than possible side effects: 87% (3751/4310) of patients indicated that they would continue to comply with their prescribed medication even if they experienced hyperemia or iris pigmentation.
- Ninety-two percent of respondents wanted the glaucoma medication that lowers IOP most efficaciously, even if it caused temporary ocular side effects such as hyperemia.
- The majority of respondents (85%-89%) were rarely or never disturbed by red eyes or iris color change.

### Most Glaucoma Patients Communicate Well With Their Physicians

- Overall, respondents appeared to be satisfied with the quality of care they received from ophthalmologists.
- Seventy-two percent of respondents never changed ophthalmologists.
  - This finding should reassure physicians who are concerned about patients switching doctors.

- Of those respondents who switched physicians, however, poor communication was the foremost reason (59.6%) given for switching.

- The majority of physicians (54%) apparently communicate in a patient-centered manner and provide adequate explanations of glaucoma, the importance of controlling intraocular pressure (IOP), and the potential long-term risks to vision.

- The majority of physicians are explaining the rationale for treatment well:

- Fifty-seven percent of the respondents were told that glaucoma could cause blindness, but the physician would do everything possible to prevent it.
- Other physicians (42%) communicate with their patients in a beneficent manner.
  - Thirty-one percent of respondents were told by their physicians that they would be fine if they consistently used their eye drops.
  - These patients were not told the potential risk of vision loss and its impact on quality of life.
  - There was no mention of the importance of compliance with medication and visit schedules.
  - Eleven percent of respondents' physicians did not relay much information about glaucoma at all.

- Respondents may see physicians who communicate in a balanced manner.

- It cannot be determined from these data whether communication more closely corresponds to the autonomous model than it does to the negotiation model.

### Scope of Glaucoma Knowledge Among Patients

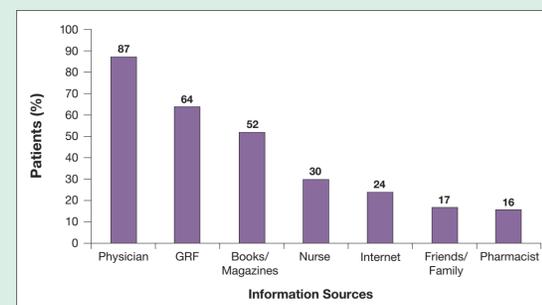
- Respondents are fairly knowledgeable about glaucoma.

- A majority (64%) know what type of glaucoma they have:

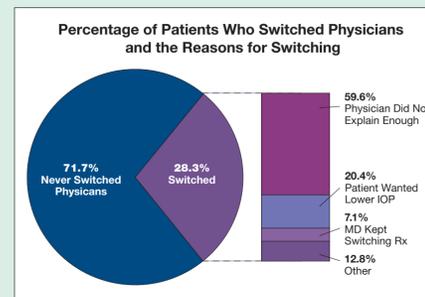
- Forty-seven percent primary open-angle glaucoma; 4% ocular hypertension; 7% normal tension glaucoma; 6% acute-angle closure; and 36% not sure.

- Almost 60% understand that they should use a medication that will maintain low IOP.

### Where Patients Seek Glaucoma-Related Information



- Patients use physicians as their primary source of glaucoma information: 87% of respondents sought glaucoma information from their physicians at least some of the time.



## DISCUSSION

- To our knowledge, this is the largest glaucoma patient satisfaction survey ever conducted.

- In 2002, the Gallup Eye Survey polled only 500 patients nationwide.

- Earlier ophthalmology patient satisfaction surveys involved even fewer patients (Barber et al, 1997 [N = 70]; Barton, 1997 [N = 50]; Kaminski et al, 1997 [N = 165]; Stafford, 1981 [N = 240]).

- The fact that most respondents (87%) consider their physicians to be their primary source of glaucoma information confirms the findings from a smaller survey in which 95% of respondents shared the same perception (Gallup, 2002).

- Only 24% of respondents used the Internet as a source of glaucoma information.

- The respondents appeared to be less Internet-savvy than seniors as a whole—72% of whom have sought health information from the Internet (SeniorNet, 2002).

- One limitation of the GRF patient satisfaction survey was that the sampling frame of newsletter subscribers may not have been representative of US glaucoma patients as a whole.

- The response rate (19.6%), nevertheless, falls within the range of response rates (18.0%-22.2%) cited in 2 similar ophthalmology-related mailed surveys (Ho et al, 1997; Kaminski et al, 1997).

## CONCLUSIONS

- Most glaucoma physicians communicate in a patient-centered manner and explain well the concept of IOP, the potential long-term risks to vision, and the rationale for medical treatment.

- Although most patients did not change ophthalmologists, the majority of those patients who did switch did so because of poor communication.

- When educated about their disease and its potential consequences, glaucoma patients seek the most efficacious treatment available. Most are willing to tolerate temporary nuisance side effects to lower their IOPs and thereby minimize the risk of vision loss.

To maximize doctor-patient communication, without requiring a large investment of time, ophthalmologists should consider referring patients to the GRF publication, *Understanding and Living With Glaucoma*. The publication may be ordered through the GRF Web site—[www.glaucoma.org](http://www.glaucoma.org)—or by calling to speak with an information specialist at 800-826-6693.

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## ACKNOWLEDGMENTS

CR: J.N. Rollins, Allergan, Inc. E.

Presented at: Annual Meeting of the Association for Research in Vision and Ophthalmology (ARVO); April 25-29, 2004; Fort Lauderdale, FL.

The 2003 GRF Patient Survey was supported with an unrestricted educational grant from Allergan, Inc.