

Impact of Shared Treatment Decision-Making Between Physicians and Patients on Treatment Satisfaction in Hypertension

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KEY POINTS OF THIS STUDY

- A process in which physicians present multiple medication options and patients choose among them may contribute to higher satisfaction with hypertension treatment compared with physician-only prescriptions.
- Active patient involvement and motivation in treatment can lead to better treatment experiences, highlighting the importance of promoting patient engagement through effective communication and education.

INTRODUCTION

- Hypertension is a common chronic disease in Japan, and managing blood pressure with medication is important for preventing adverse cardiovascular events [1].
- Treatment satisfaction is known to influence medication adherence and real-world treatment effectiveness [2].
- Recently, shared decision-making between physicians and patients has been shown to be effective in improving patient satisfaction; however, concrete evidence remains insufficient.

OBJECTIVE

- This study examined, in a real-world setting, whether the drug selection process and sociodemographic characteristics of amlodipine-treated patients are associated with treatment satisfaction.

METHODS

- Data from the 2024 Patient Mindscape® survey were used.
- Patient Mindscape® is a large-scale patient-reported outcome (PRO) survey covering over 500,000 patients annually across 80 diseases nationwide in Japan.
- Subjects were patients diagnosed with hypertension who had been prescribed amlodipine besylate within the past year.
- The association between the drug selection process and treatment satisfaction was analyzed using Fisher’s exact test, with a significance level set at $p < 0.05$.
- Crude odds ratios and 95% confidence intervals were calculated from cross-tabulations of binary patient characteristics in an exploratory analysis to identify factors associated with treatment satisfaction and examine data trends without adjustment.

RESULTS

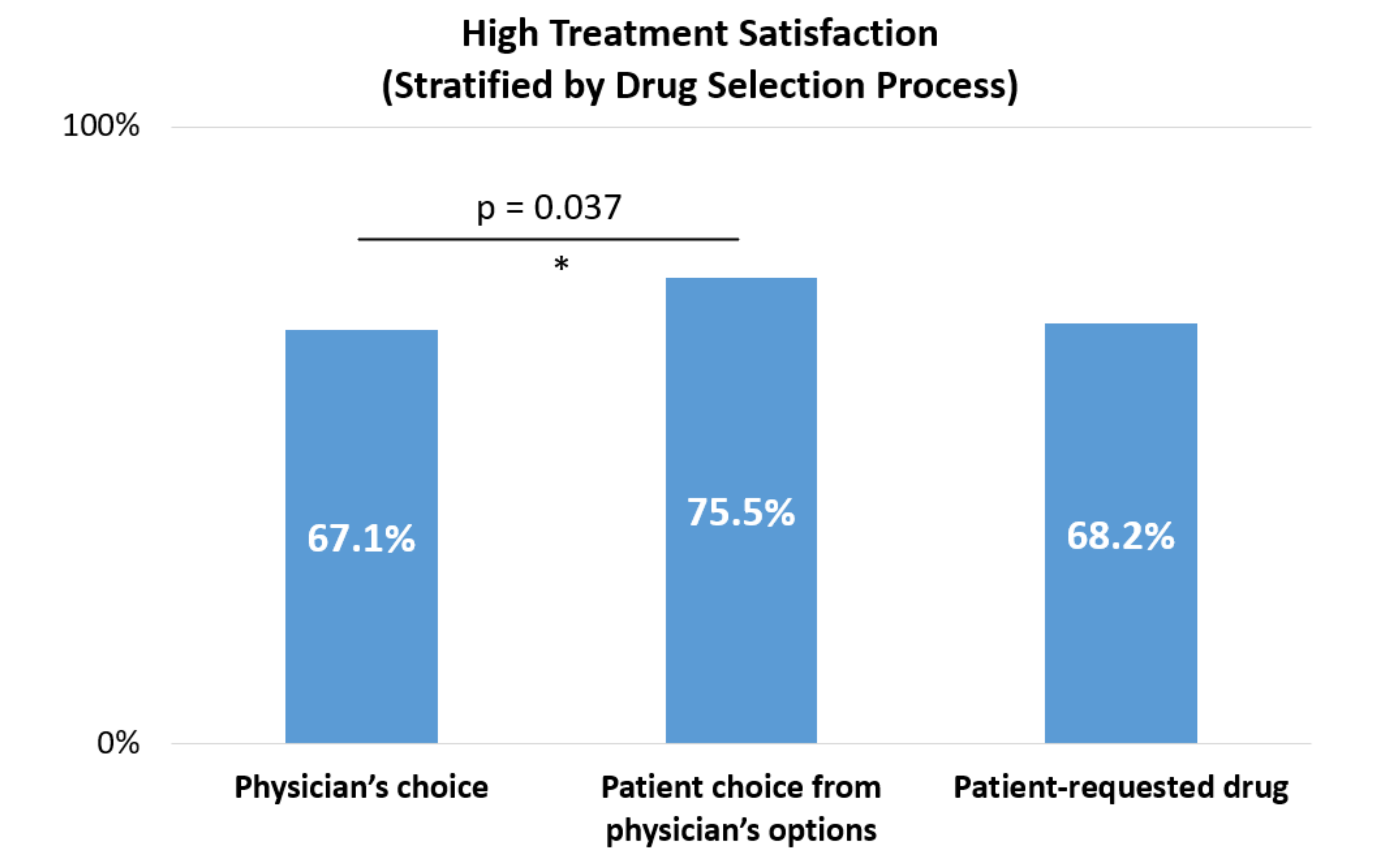
1. Participant Characteristics

- Patients diagnosed with hypertension who had been prescribed amlodipine besylate within the past year ($n = 28,637$) were included in the analysis.

	TOTAL (n= 28,637)	Drug Selection Process		
		Physician’s choice (n= 28,278)	Patient choice from physician’s options (n= 139)	Patient-requested drug (n= 220)
Mean age, years (SD)	63.0 (9.6)	63.0 (9.6)	62.0 (10.1)	63.4 (9.0)
Gender				
Male (%)	21,168 (73.9%)	20,880 (73.8%)	108 (77.7%)	180 (81.8%)
Female (%)	7,469 (26.1%)	7,398 (26.2%)	31 (22.3%)	40 (18.2%)
Occupation				
Employed (%)	17,694 (61.8%)	17,459 (61.7%)	98 (70.5%)	137 (62.3%)
Unemployed (%)	10,943 (38.2%)	10,819 (38.3%)	41 (29.5%)	83 (37.7%)
Hypertension treatment duration				
< 1 year (%)	4,404 (15.4%)	4,347 (15.4%)	28 (20.1%)	29 (13.2%)
≥ 1 year (%)	24,233 (84.6%)	23,931 (84.6%)	111 (79.9%)	191 (86.8%)
Acceptable monthly out-of-pocket medical expense				
< 10000 JPY (%)	18,997 (66.3%)	18,783 (66.4%)	81 (58.3%)	133 (60.5%)
≥ 10000 JPY (%)	5,413 (18.9%)	5,322 (18.8%)	33 (23.7%)	58 (26.4%)
I don’t know (%)	4,227 (14.8%)	4,173 (14.8%)	25 (18.0%)	29 (13.2%)

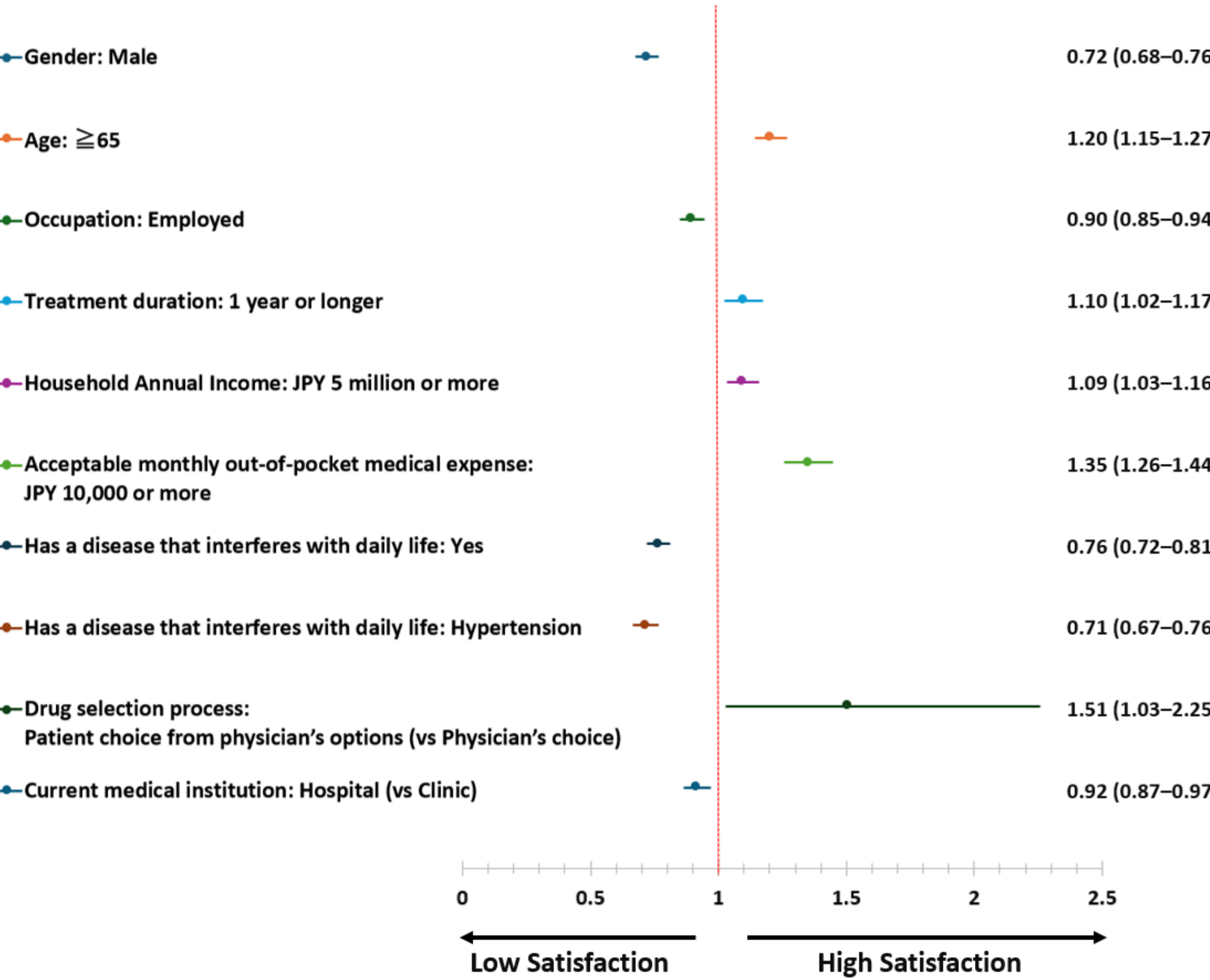
2. Association between the drug selection process and treatment satisfaction

- Patients were stratified according to the drug selection process, and the proportion reporting high treatment satisfaction (very satisfied/satisfied) was compared.
- Treatment satisfaction was significantly higher in the “Patient choice from physician’s options” group than in the “Physician’s choice” group ($p = 0.037$), while no significant difference was observed compared with the “patient-requested drug” group.



3. Factors associated with treatment satisfaction

- Patient choice from physician-presented options had the strongest positive impact on treatment satisfaction, though the effect should be interpreted cautiously as the lower CI bound was near 1. A larger sample size would be desirable for a more precise analysis.
- Acceptable monthly out-of-pocket expense also showed a notable positive association.



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