

ASSOCIATION BETWEEN PATIENT-PHYSICIAN COMMUNICATION AND PERCEIVED MENTAL HEALTH STATUS AMONG UNITED STATES ADULTS WITH CANCER

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Background

- Patient-physician communication can facilitate clinical decision making and improved health outcomes.^{1,2}
- Cancer patients have specific needs including mental health assessment.³
- Little is known about the relationship patient-physician communication and self-perceived mental health status.

Objectives

- To understand the association between patient-physician communication and perceived mental health among United States (US) adults with cancer.

Methods

- Medical Expenditure Panel Survey (MEPS) 2019 data accounting for complex survey design.
- Eligibility criteria: alive for full calendar year; diagnosed with cancer; aged 18-84, responded questions asking about mental health status and patient-physician communication.
- Four adjusted logistic regression models for good mental health status: (1) physician respected you (respect); (2) physician listened to you (listen); (3) physician spent enough time with you (time); (4) physician explained to you (explain).
- Response options to items included: ‘always’, ‘usually’, ‘sometimes’, ‘never’.
- Models were adjusted for sex, age, race, ethnicity, education, marital status, employment, income level, physical limitation, number of chronic health conditions, work limitation from pain.³

Table 1. Association of Select Characteristics on Good Mental Health Among US Adults with Cancer

Odds Ratios (95% Confidence Interval)				
Variables	Respect	Listen	Time	Explain
Always	2.2 (0.6-8.5)	1.3 (0.2-9.4)	3.0 (1.1-8.4)	3.2 (0.8-13.7)
Usually	1.8 (0.5-6.7)	1.0 (0.1-7.1)	2.3 (0.8-6.3)	2.3 (0.6-10.1)
Sometimes	2.7 (0.6-11.0)	0.9 (0.1-6.6)	2.2 (0.7-6.6)	1.1 (0.2-5.5)
Never	Reference			
Age:				
18-44	0.1 (0.1-0.3)	0.1 (0.1-0.4)	0.1 (0.1-0.4)	0.1 (0.1-0.4)
45-64	0.6 (0.4-0.9)	0.6 (0.4-0.9)	0.6 (0.4-0.9)	0.5 (0.4-0.8)
65-84	Reference			
Income:				
low	0.4 (0.2-0.6)	0.4 (0.2-0.6)	0.4 (0.2-0.6)	0.4 (0.2-0.6)
Middle	0.7 (0.4-1.3)	0.7 (0.4-1.3)	0.7 (0.4-1.2)	0.7 (0.4-1.2)
High	Reference			
Physical limit:				
No	3.4 (2.3-5.2)	3.4 (2.2-5.2)	3.4 (2.3-5.2)	3.4 (2.3-5.1)
Yes	Reference			
Pain:				
No	1.8 (1.1-3.0)	1.8 (1.1-2.9)	1.8 (1.1-2.9)	1.7 (1.1-2.8)
Yes	Reference			

Only statistically significant covariates are presented in this table

Results

- Among 25,374,384 individuals with cancer, 89.9% (95% confidence interval [CI]=87.6-90.9%) reported good perceived mental health while 9.1% (95% CI=9.1-12.4%) reported poor perceived mental health.
- Adjusted models did not have an association with mental health status, except those whose physicians always spent enough time with them had 3 times higher odds of having good mental health than those who never spent enough time with the patient.
- Covariates associated with mental health in all four models included: age, income level, having physical limitation, and having limitation from pain.
- Other covariates did not show a statistically significant association between patient-physician communication and mental health status.

Conclusion

- There was no association between patient-physician communication and perceived mental health among US adults with cancer except for one level in the ‘time’ model.
- Other covariates including age, income, physical limitation, having work limitation from pain were significantly associated with mental health status.
- Future research is warranted to improve our understanding of patient-physician communication and mental health status in US cancer adults.

References

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3. Niedzwiedz CL et al. Depression and anxiety among people living with and beyond cancer: a growing clinical and research priority. BMC Cancer. 2019;19(1):943.