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Which Predictors Improve Compliance in Different Patient Subgroups?

Topic: Research

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BACKGROUND

Rehabilitation medicine is caught between providing effective rehabilitation services according to recommended guidelines and the economic pressures of cost-effectiveness due to budgetary constraints in health care systems. Compliance and low dropout rates require an individualized therapeutical approach. Following a previous study in which only a limited number of predictors of compliance were identified using conventional statistical methods, we used a non-parametric statistical approach (Relation Analysis; RELAN) to identify relevant factors for compliance in specific subgroups.

METHODS

In a previous prospective study, we identified some predictors of satisfaction and compliance in a cohort of 957 orthopaedic and trauma patients. In the present retrospective study, we reduced the number of cases to 209 due to the high frequency of missing values in the previous data sample. We now accepted only 5% of the missing values for each variable, which were then imputed by the median of the variable. The patient questionnaire included aspects of Paremo 20, variables from FREM-8 and BRQ, as well as socio-demographic data and pain level. Using our patient questionnaire we tested several hypotheses based on a literature review for compliance by correcting the significance level for multiple testing with Bonferroni ($p < 0.025$).

RESULTS

As this study did not show statistical significance with conventional statistical analysis. Neither correlation nor factor analysis showed a relevant association with compliance. Only logistic regression showed one facet of social support as a unique predictor. With RELAN we identified six clusters of compliance: Social support, expectation of therapy outcomes, mental health issues, sufficient information about the rehabilitation process, pain level and ADL restrictions, and locus of control for special subgroups. In contrast to conventional statistical methods, RELAN was able to identify specific predictor groups of compliance for three subgroups with high statistical power (PO).

CONCLUSION

Our results can be used in further studies for personalized therapy concepts regarding compliance. They can also be used to develop new therapeutic approaches in daily practice.

Statement of Disclosures

None

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