PERCEIVED CAUSE AND HEALTH CARE UTILISATION AMONGST WOMEN WITH IC/BPS

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INTRODUCTION / AIM

With a growing emphasis on patient self-management, it is becoming increasingly necessary for physicians to understand disease and coping from the patients’ perspective. Indeed, as per Leventhal’s Common Sense Model, patients’ bottom-up experiences and reasoning are important determinants of help-seeking and coping behaviour. Patient perspectives may be particularly important when diagnosis is of unknown etiology, such as with Interstitial Cystitis/Bladder Pain Syndrome (IC/BPS): a chronic syndrome characterised by bladder pain and urologic symptoms. The purpose of the current study was to (1) qualitatively examine patients’ perceived cause, and (2) explore the relationship between perceived cause and healthcare utilisation (HCU).

METHODS

226 women diagnosed with IC/BPS were recruited from tertiary care urology clinics and completed self-report questionnaires, including HCU and the Brief Illness Perception Questionnaire (BIPQ). The final item of the BIPQ asks participations to list in rank-order the three most important factors that caused their illness. Qualitative results were analysed via thematic content analysis by two independent reviewers. ANOVA analysis was used to examine whether participants’ first-listed (i.e., most-salient) cause was associated with HCU.

RESULTS

74.3% of women provided at least one perceived cause, whereas 46.9% provided three. Content analysis identified seven primary themes: Infection/Antibiotic Use (e.g., untreated infections), Genetics/Congenital, Behavioural (e.g., diet), Reproductive Health (e.g., hysterectomy), Emotions/Stress, Other Medical Issues (e.g., lupus), and Miscellaneous. ANOVA analysis found no significant relationship between participants’ most-salient cause and HCU.

DISCUSSION / CONCLUSIONS

Women reported a range of perceived causes, including behavioural, biomedical, and psychological. Though perceived cause did not affect HCU, future research should consider its effect on behavioural coping strategies and psychological outcomes.

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