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Determinants for preferences for lifestyle changes or medication and beliefs in ability to retain lifestyle changes. A population-based survey

Dorte Ejg Jarbøl(1), PV Larsen(2), D Gyrd-Hansen(3), J Søndergaard(1), C Brandt(1), A Leppin(4), BL Barfoed(1), JB Nielsen(1)

(1) Research Unit of General Practice, Department of Public Health, SDU, Denmark

(2) Center for Clinical Epidemiology, Odense University Hospital, Odense, Denmark

(3) COHERE, Department of Public Health & Department of Business and Economics, SDU

(4) Unit for Health Promotion Research, Department of Public Health, SDU, Denmark

Corresponding author: Associate Prof Dorte Jarbøl, Department of Public Health, University of Southern Denmark, Research Unit of General Practice, Odense C, Denmark. E-mail: djarbol@health.sdu.dk

Background & Aim: Perception of risk and preferences for treatment or lifestyle changes are of major importance in the management of chronic diseases. This study reveals knowledge about determinants for preference for lifestyle changes versus medication for prevention of cardiovascular disease, and knowledge about determinants for respondents' beliefs in their ability to retain lifestyle changes.

Methods: A representative sample of 40-60-year old Danish inhabitants was asked to imagine that they were at an increased risk of heart disease, and were subsequently presented with an offer of a preventive medical intervention.

Results: Among 1004 respondents, 962 (96%) preferred lifestyle changes to medicine. For the group of respondents who reported at least one of the following; smoking, low physical activity or BMI 25+, 704 (95%) preferred lifestyle changes. Significant determinants for lifestyle changes in this last group were female gender (OR = 2.1, 95% CI 1.0-4.3) and high BMI (ORBMI ORBMI 30+ = 3.2, 95% CI 1.2-8.3). Significant determinants for not opting for lifestyle changes were being self-employed (OR 0.3, 95% CI 0.2-1.1), poor self-rated health (OR = 0.4, 95% CI 0.2-0.8) and smoking (OR = 0.4, 95% CI 0.2-0.7). Non-smoking ($p < 0.001$), high level of physical activity ($p < 0.001$) and good self-rated health ($p < 0.001$) were all associated with a high belief in ability to maintain lifestyle changes to prevent heart disease.

Conclusions: We found a high preference for lifestyle changes over medical treatment. Lifestyle factors and self-rated health were associated with preference for lifestyle changes, as well as belief in ability to retain lifestyle changes in the group of respondents who reported smoking, low physical activity or high BMI. For the general practitioner the risk communication should not only focus on patient preferences for lifestyle changes but also on beliefs in ability to maintain lifestyle changes and possible barriers against maintaining the changes.