

OP33.1

Reasons for persons not to participate in a cardiometabolic risk assessment and treatment program in general practice

Mark Nielen(1), A Drijkoningen(2), M Hollander(2), I Badenbroek(1,2), D Stol(0), N de Wit(2), F Schellevis(1)

(1) NIVEL, Utrecht, The Netherlands

(2) Julius Center, University Medical Center Utrecht, Utrecht, The Netherlands

Corresponding author: Dr Mark Nielen, NIVEL, Department of General Practice, Utrecht, The Netherlands. E-mail: m.nielen@nivel.nl

Background & Aim: The INTEGRATE study investigates the effectiveness of a cardiometabolic risk assessment and treatment program in Dutch general practice. Through a letter from their general practitioner (GP), patients were invited to fill in an online risk assessment, followed by an advise to visit their GP in case of a high risk score. A high response rate is an important factor that influences the effectiveness. Therefore, we studied factors that are related to non-response for this prevention program.

Method: In 15 out of 38 participating general practices, 3013 non-responding patients received a questionnaire on paper with questions related to non-response and background characteristics, including questions about smoking habits and BMI. Patients were eligible if they did not respond to the initial invitation of their GP nor to the reminder letter.

Results: 331 questionnaires (11% response) were used for preliminary analyses. The most frequent reasons for non-response were “I forgot it” (30%) and “Lack of time” (14%). Compared with persons without risk factors (such as smoking or overweight), persons with risk factors expected to have a high risk score more often (OR=6.4) and they felt less often healthy (OR=0.2). Although they did not participate, 75% of the respondents wanted to change their lifestyle if that was necessary for their health. About three quarter of the people would consider to participate when another strategy was used to invite people for the program with direct invitation of the GP during a consultation (57%) as the most promising strategy.

Conclusions: Participation in the cardiometabolic risk assessment and treatment program can be increased. Patients with risk factors realise that they have an elevated risk and are willing to participate. For those high risk patients not responding to a first invitation by mail, inviting patients at risk during the consultation is probably a good alternative.