Patients' acceptance of SNAP assessment: An exploration

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We previously described in Australian Family Physician a survey experiment that demonstrated patients' acceptance of alcohol enquiry from their general practitioners (GPs) varied markedly depending on the reason for the initial presentation.1 A further qualitative study identified that the acceptability of these discussions was influenced by their perceived relevance. For many patients, this 'was determined by whether the presenting complaint was seen to be an issue affected by alcohol drinking'.2

Is this finding isolated to assessment of drinking, or does it apply to other SNAP (smoking, nutrition, alcohol, physical activity) risk factors?3

Methods

We re-analysed data from the 66 questionnaire respondents from the intervention arm of the original survey experiment.1 In brief, the participants were adult patients who attended a general practice in Sydney, Australia in 2014. Two-thirds of the participants were female and the mean age was 53.6 years. Full demographics are available in the original paper.1 These participants rated the acceptability of GP enquiry ('unacceptable', 'ambivalent' or 'acceptable') of each of the four SNAP factors to 20 clinical vignettes. The vignettes were simple, written to a fifth grade student reading level,1 and based on the most frequent reasons for encounter and problems managed in Australian general practice.4

We ranked the vignette acceptability data and reported them descriptively. We used

Friedman's two-way analysis of variance (ANOVA) by ranks to analyse the differences in SNAP factor acceptability within the vignettes, and Wilcoxon signed rank test between specific factors (IBM SPSS Statistics 23).

This study was approved by the University of New South Wales's (UNSW's) Human Research Ethics Committee (reference number HC14074).

Results

The variation in the acceptance of GP enquiry to all four SNAP factors was substantial, ranging from half of participants (least acceptable vignettes) to all (most acceptable; Table 1). There were variations in SNAP factor acceptability within the vignettes. The vignettes where these differences were statistically significant (P ≤ 0.05) were: cough, sore throat, back pain, skin rash, depression, diabetes, arthritis, high lipids, gastro-oesophageal reflux disease (GORD), bronchitis, asthma and urinary tract infection.

For example, while all participants reported smoking enquiry was acceptable in the asthma vignette, 85%, 81% and 92% did so for nutrition, alcohol and physical activity enquiry respectively (P < 0.0001).

Discussion

Patients' acceptance of GP enquiry for all four SNAP factors seems to vary depending on the reason for presentation. Ensuring that patients understand why we are interested in these issues may be a useful strategy; for instance, explicitly linking SNAP assessment to the presenting complaint.1,2

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| lable | 1. GP | enquiry of SNAP | risk factor | s – ranked by patie | ent accepta | bility | | Disserie | _ |
|--|-------|-----------------|-------------|---------------------|-------------|--------------|------|-------------------|------|
| | | Smoking | (%)* | Nutrition | (%)* | Alcohol | (%)* | Physical activity | (%)* |
| Least acceptable vignettes ◀ Most acceptable vignettes | 1 | Asthma | 100 | GORD | 100 | GORD | 99 | Arthritis | 99 |
| | 2 | Check-up | 99 | Diabetes | 99 | Diabetes | 97 | Hypertension | 99 |
| | 3 | Hypertension | 97 | High lipids | 99 | Hypertension | 97 | Check-up | 97 |
| | 4 | Bronchitis | 96 | Hypertension | 97 | Check-up | 96 | Diabetes | 97 |
| | 5 | Cough | 96 | Check-up | 96 | Depression | 96 | High lipids | 97 |
| | 6 | Diabetes | 92 | Depression | 94 | High lipids | 96 | Depression | 92 |
| | 7 | Sore throat | 92 | Arthritis | 88 | Anxiety | 86 | Asthma | 92 |
| | 8 | High lipids | 91 | Skin rash | 88 | Arthritis | 83 | Back pain | 89 |
| | 9 | GORD | 88 | Anxiety | 85 | Blood test | 82 | GORD | 89 |
| | 10 | Anxiety | 83 | Asthma | 85 | Skin rash | 82 | Anxiety | 88 |
| | 11 | Arthritis | 82 | Blood test | 82 | Asthma | 81 | Cough | 83 |
| | 12 | Depression | 82 | Sore throat | 82 | UTI | 79 | Blood test | 82 |
| | 13 | Blood test | 82 | Bronchitis | 80 | Bronchitis | 77 | Bronchitis | 79 |
| | 14 | Prescription | 73 | UTI | 79 | Cough | 74 | Prescription | 73 |
| | 15 | Skin rash | 73 | Cough | 76 | Sore throat | 74 | Sore throat | 71 |
| | 16 | Test results | 71 | Prescription | 73 | Prescription | 73 | Test results | 70 |
| | 17 | UTI | 62 | Test results | 71 | Test results | 71 | Skin rash | 68 |
| | 18 | Immunisation | 59 | Back pain | 62 | Back pain | 61 | UTI | 62 |
| | 19 | Back pain | 58 | Immunisation | 59 | Immunisation | 59 | Gov't forms | 59 |
| | 20 | Gov't forms | 56 | Gov't forms | 55 | Gov't forms | 58 | Immunisation | 58 |

^{*}Proportion of participants who responded that enquiry of the specified lifestyle risk factor in the vignette was acceptable GORD, gastro-oesophageal reflux disorder; UTI, urinary tract infection

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