

# A-B-PEE: HOW MANY CAN READ OF THOSE WE WANT TO TREAT?

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ABSTRACT  
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**Low literacy skills and Health Illiteracy (HI) that comes along with it, result in several health issues:** so less knowledge on health in general, as well as on alarm symptoms. HI patients are less able to come to an optimal treatment choice, as their ability to profit from (digital) decision support tools is low.

**In functional urology, we depend heavily on information provided by patients themselves through voiding diaries and self-administered questionnaires.** Treatment choices have to be made after patients are well informed as most medications have adverse effects as well, improvements might only be limited, and expectations of operation results may differ from reality.

**With this in mind, we investigated the incidence of health illiteracy using three different sampling methods.**

## Three sampling methods were studied:

- **Patient-filled-out:** During one week, all patients over the age of 16 visiting our outpatient clinic (N=327, 82.2% male) were asked to fill out the validated and anonymized Set of Brief Screening Questions (SBSQ) while waiting for their appointment (see below).
- **Telephone interview:** To exclude the possible bias of non-response by health illiterate patients, all non-responders were randomized and 11% were contacted by phone to fill out the SBSQ by telephone interview (N=37, 83.8% male)
- **Medical office:** To test a possible bias of sampling method, two doctors interviewed all their patients in the medical office during consultation and filled out the SBSQ (N=163, 65.4% male)
- Analysis:
  - Incidence of health illiteracy
  - Comparison of the sampling methods patient-filled-out versus doctor-filled-out (telephone interviews and medical office)

**Set of Brief Screening Questions (SBSQ)** is a validated instrument to analyse functional health literacy and includes three questions:

1. "How often do you have someone help you read materials?" (response options: never, occasionally, sometimes, often, always)
2. "How confident are you filling out medical forms by yourself?" (response options: extremely, quite a bit, somewhat, a little bit, not at all)
3. "How often do you have problems learning about your medical condition because of difficulty understanding written information?" (response options: never, occasionally, sometimes, often, always)

Responses were scored on a Likert scale from 0-4; definition of HI was a score of  $\leq 2$

Sampling method	Response rate (%)	Median age (IQR)	Incidence HI (%)
Patient-filled-out	43	62.6 (23)	8.6
Telephone interview	100	67.0 (23)	10.8
Medical office	100	64.0 (26)	13.5

Overall incidence HI 11.5%

Patient-filled-out vs telephone interview  $p = 0.13$

Patient-filled-out vs doctor-filled-out (telephone interviews and medical office)  $p = 0.16$

- For the first time, incidence of health illiteracy in the urologic population is studied.
- **11.5 Percent of the studied population (representative Dutch urological clinic) proved to be health illiterate**, resulting in problems with informed, shared decision making and additional high costs.
- **Although there is a trend of lower HI incidence in patient-filled-out questionnaires versus doctor-filled-out, three different sampling methods didn't show significant differences in incidence.**
- Awareness of the problem as well as special attention for HI patients by adapting information materials and intensifying efforts to reach informed consent is of the utmost importance.

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