

Original Article

Lifestyle, prevention, change & support: the views & attitudes of patients in Maltese family practice

Mario Sammut

Abstract

Introduction: General practitioners (GPs) are advised to consider their patients' views and attitudes in order to facilitate the success of preventive and health promotion interventions. This study explored patients' views and beliefs about the importance of lifestyle and preventive interventions, and assessed their readiness to make lifestyle changes and to receive support from GPs.

Methodology: Ten Maltese GP practices participated in a cross-sectional survey conducted by the European Network for Prevention and Health Promotion in Family Medicine/General Practice across 22 European countries during 2008-9. From each practice, 40 consecutive patients stratified by gender and age (10 males and 10 females aged 30-49 years, and 10 males and 10 females aged 50-70 years) were asked to complete a purposely-designed and piloted questionnaire.

Results: Seventy-seven per cent of smokers, ~60% of unhealthy eaters, inadequate exercisers and those with abnormal weight, but only 11% of excessive drinkers thought they needed to improve their unhealthy lifestyles. Thirteen per cent of smokers, 30% of excessive drinkers, and ~50% of patients with problems of diet, exercise and weight were confident they would succeed. Sixty per cent of patients with diet, exercise and weight problems, 50% of smokers and just 8% of excessive drinkers would have liked GPs' support.

Conclusion: GPs and healthcare professionals need to discuss risky lifestyles with patients to help them personalise such risks, and should offer their support to those wishing to change so as to improve their confidence and chances of success. Such discussion and support are especially important for excessive drinkers.

Mario R Sammut MScH(Melit.) MScPC&GP(Ulster)
Senior General Practitioner,
Department of Primary Health Care,
Malta
Visiting Senior Lecturer in Family Medicine,
University of Malta
Medical School
mrsammut@rocketmail.com

Key Words

Family practice; health promotion; health knowledge, attitudes, practice; health behavior; Malta

Introduction

An important core competence of the family doctor / general practitioner (GP) is the promotion of health and well-being by applying appropriate strategies, which include patient empowerment and self-management.¹ GPs have been advised to consider their patients' views in order to facilitate the success of health promotion interventions.² In fact, the Ottawa Charter for Health Promotion defines health promotion as "the process of enabling people to increase control over, and to improve, their health".³

This study attempted to substantiate the importance of patient involvement in GPs' health promotion initiatives by exploring patients' views and beliefs about the importance of lifestyle and disease prevention, and their readiness to make lifestyle changes and to receive support from GPs.

Rationale & Purpose of Study

EUROPREV - the European Network for Prevention and Health Promotion in General Practice / Family Medicine (<http://www.euoprev.woncaeurope.org/>) is a network organisation within WONCA (World Organisation of Family Doctors) Region Europe – The European Society of General Practice / Family Medicine. The network was set up in 1996 with the aim of promoting evidence-based prevention and health promotion in general practice, and the encouragement of multicentre research and educational programmes as one of its objectives.⁴

Following a EUROPREV survey on the views of European GPs regarding prevention and health promotion in clinical practice⁵ carried out in 2000, the EUROPREVIEW patient study was undertaken during 2008-9 with the objectives of exploring the views and beliefs of patients about the importance of lifestyle and preventive interventions, to assess their readiness to make changes to their lifestyle (diet, physical activity, weight loss, quitting smoking and safe alcohol consumption) and to assess their willingness to receive support from GPs.⁶

Method

The EUROPREVIEW Study consisted of a cross-sectional survey of 7947 patients in 22 European countries, namely Austria, Belgium, Croatia, Cyprus, Finland, France, Georgia, Germany, Greece, Hungary, Ireland, Italy, Lithuania, Malta, the Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and Turkey. A purposely-designed questionnaire was developed in English and piloted in each participating country, being translated to the local language where necessary (Maltese in the case of Malta).

The questionnaire was made up of four sections as follows:

1. Demographic and clinical data (10 questions);
2. Information on patients' lifestyle (13 questions);
3. Information on patients' views regarding health promotion and disease prevention (5 questions);
4. Information about the care provided by the GP/team (2 questions).

Research assistants asked forty consecutive patients from each of ten practices in every country to complete the questionnaire. The ten GP practices from Malta were divided equally into five private practices (in Żebbuġ, Luqa, Tarxien - all solo - and Żabbar - one solo and one group practice) and five government health centres (Rabat, Mosta, Qormi, Ġzira and Floriana). The patients consisted of ten males and ten females within the 30-49 year age-group and another ten males and ten females from the 50-70 year age-group. Patients were selected on different days of the week, and from more than one week in a month if necessary, in order to reach the proposed sample size.

Data from the completed questionnaires were entered into a secure webpage for analysis at the EUROPREV centre in Barcelona, Spain. The Maltese data underwent further Chi-Square statistical analysis using the software SPSS (Statistical Product and Service Solutions).

Ethical considerations

Eligible patients were asked to read a patient information sheet providing details about the study and assuring them that the data was being gathered anonymously for analysis under the supervision of EUROPREV. Before filling in the questionnaire, patients agreeing to take part were asked to sign an informed consent form. Research ethics permission was provided in

Malta by the University of Malta Research Ethics Committee.

Results

To attain the target of 400 patients in Maltese GP practices, 494 participants were asked to participate, giving an 81% response rate. Of the 94 participants who declined to participate, 51 (54%) were female.

Demography

Out of the 205 patients (51.3%) in the 30-49 year age-group, 106 (51.7%) were women, while from the 195 patients (48.8%) within the 50-70 year age-group, 101 (51.8%) were females. Three hundred and twenty-two (80.5%) of the participants were married, 257 (64.3%) had a secondary level of education, while 183 (45.8%) were employed and 119 (29.8%) were housewives.

Patients' clinical data and lifestyle

Ninety-eight (24.5%) and 159 (39.8%) of participants declared that they visited their GP 3 to 4 times and 5 or more times respectively during the previous year. Figure 1 depicts the ailments by gender as reported by the patients taking part, while participants' reported lifestyles are shown in Table 1.

Patients' views regarding health promotion and disease prevention

Questions on the views of participants regarding prevention and health promotion were based on the stages of change in the trans-theoretical health behaviour model devised by Prochaska & DiClemente⁷ as follows:

- Pre-contemplation: How important for your health is ...?
- Contemplation: Do you think you need to ...?
- Preparation: Do you plan to change your ...?
- Action: How confident are you that you can ...?
- Maintenance: Would you like to receive support/advice from your GP to ...?

Details of the replies to these questions may be seen in Tables 2 to 6.

Care provided by the GP/team

Participants were asked if their GP/team ever initiated a discussion about their health behaviours: their answers are revealed in Table 7. Table 8 shows what kind of support participants would like to receive from their GP/team if such support was desired.

Figure 1: Participants' reported ailments by gender (percent)

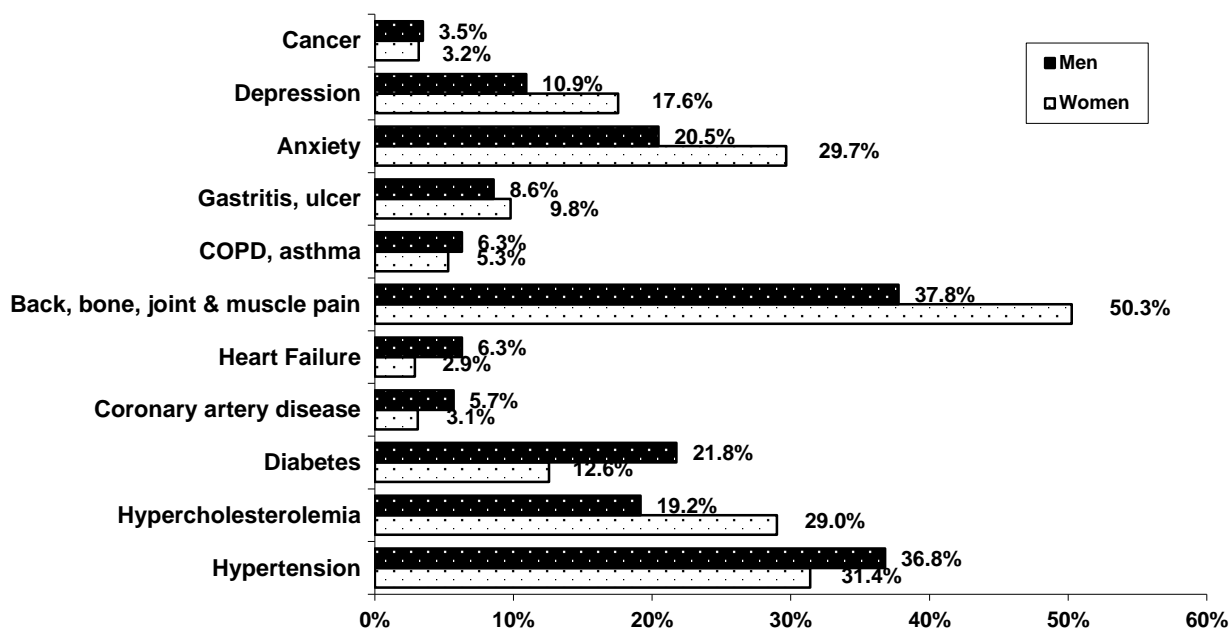


Table 1: Participants' reported lifestyle (percent)

Smoking					
Never		Past		Present	
60%		18%		22%	
Alcohol					
Nil	<1 x / month	2-4 x / month	2-3 x / week	4+ x / week	Missing answer
52%	10%	10%	17%	10%	1%
Eating					
Very healthy	Healthy	Relatively healthy	Rather unhealthy	Very unhealthy	
9%	40%	28%	21%	2%	
Exercise					
2-3+ x / week		<2 x / week		Never	
64%		8%		28%	

Table 2: Participants' replies to the question 'How important for your health is ...?' (percent)

	<i>Important / very important</i>	<i>Slight importance</i>	<i>Not important</i>	<i>Missing answer</i>
Not smoking	88%	4%	5%	3%
Safe / no alcohol use	88%	3%	5%	4%
Healthy eating habits	94%	4%	1%	1%
Regular physical activity	87%	7%	5%	1%
Normal body weight	92%	5%	1%	2%

Table 3: Participants' replies to the question 'Do you think you need to ...?' (percent)

	<i>Yes</i>	<i>Don't know</i>	<i>No</i>	<i>Missing answer</i>
Stop smoking (if smokers)	77%	10%	11%	2%
Reduce alcohol use (if excessive)	11%	3%	82%	4%
Improve eating habits	50%	3%	45%	2%
Do more physical activity (if <90 min / week)	69%	1%	28%	2%
Improve body weight (if not normal)	56%	2%	40%	2%

Table 4: Participants' replies to the question 'Do you plan to change your ...?' (percent)

	<i>Currently changing</i>	<i>Next 6 months</i>	<i>Don't know</i>	<i>No intention</i>	<i>Missing answer</i>
Smoking habit (if smoker)	9%	19%	29%	36%	7%
Alcohol use (if excessive)	14%	16%	12%	32%	26%
Eating habits (if not controlled)	26%	28%	11%	30%	5%
Physical activity (if <90 min / week)	15%	45%	12%	21%	7%
Body weight (if not normal)	34%	33%	11%	16%	6%

Table 5: Participants' replies to the question 'How confident are you that you can ...?' (percent)

	<i>Confident / very confident</i>	<i>Doubtful</i>	<i>Not at all</i>	<i>Missing answer</i>
Quit smoking (if smoker)	13%	44%	40%	3%
Reduce alcohol intake (if excessive)	30%	27%	27%	16%
Improve eating habits (if not controlled)	56%	29%	11%	4%
Increase physical activity (if <90 min / week)	49%	32%	14%	5%
Improve body weight (if not normal)	47%	36%	10%	7%

Table 6: Participants' replies to the question 'Would you like to receive support/advice from your GP to ...?' (percent)

	<i>Yes</i>	<i>Don't know</i>	<i>No</i>	<i>Missing answer</i>
Give up smoking (if smoker)	50%	19%	28%	3%
Reduce alcohol use (if excessive)	8%	5%	83%	4%
Improve eating habits (if not controlled)	65%	8%	22%	5%
Increase physical activity (if <90 min / week)	61%	9%	26%	4%
Reach a normal weight (if not normal)	62%	10%	22%	6%

Table 7: Participants' replies to the question 'Has your GP/team ever initiated a discussion about your ...?' (percent)

	<i>Yes</i>	<i>Don't know</i>	<i>No</i>	<i>Missing answer</i>
Smoking habits	18%	1%	66%	15%
Alcohol use	10%	1%	75%	14%
Eating habits	47%	1%	49%	3%
Physical activity	47%	3%	47%	3%
Body weight	42%	2%	52%	4%

Table 8: Participants' replies to the question 'If you want support, what kind would you like to receive from your GP/team?' (percent; replies possible to multiple categories)

	<i>Information leaflets</i>	<i>Individual counselling</i>	<i>Group counselling</i>	<i>Referral to special care</i>	<i>No answer</i>
Give up smoking	40%	27%	17%	18%	18%
Reduce alcohol	23%	5%	5%	8%	61%
Improve eating	46%	23%	8%	13%	21%
Increase activity	41%	26%	9%	13%	21%
Normalise weight	43%	26%	7%	13%	23%

Statistically-significant associations

A number of significant relationships were found between patients' contemplation for lifestyle change and provision of support. Patients who took part in the survey were more likely to think they needed to improve their eating habits if the GP/team initiated a discussion about their body weight ($p=0.025$) or their blood pressure ($p=0.028$). Smokers were more likely to think that they needed to quit if the GP discussed their smoking habits ($p=0.000$), while drinkers were more likely to think that they needed to reduce their alcohol use if this was discussed ($p=0.000$).

Other significant relationships were noted between contemplation for change and the type of support preferred. Patients who thought they needed to improve eating habits preferred individual counselling ($p=0.002$), group counselling ($p=0.025$) and information leaflets ($p=0.029$). Smokers who thought they needed to quit preferred individual counselling ($p<0.001$), group counselling ($p=0.001$), information leaflets ($p=0.003$) and referral to special care ($p=0.018$).

Discussion

Nine out of 10 patients believed that not smoking, safe/no alcohol use, healthy eating habits, regular physical activity and normal body weight are important for their health. However fewer patients thought they needed to tackle their harmful lifestyles (77% of smokers; 69%, 56% and 50% of inadequate exercisers, those with abnormal weight and unhealthy eaters respectively; and 11% of excessive drinkers). The most striking difference was for alcohol, with a 77 percentage-point disparity between the importance given by patients to safe or no alcohol use (Table 2) and users of excessive alcohol thinking they need to cut down (Table 3). This discrepancy was also evident, although less striking at 53 percentage points, with reference to alcohol in the EUROPREVIEW Europe-wide survey.⁶ Similarly, in a study of primary care patients in the U.S.A., while over 90% drank more than they should, only 24% contemplated changing their alcohol use.⁸

Twenty-eight per cent of smokers, 30% of excessive drinkers and 54%, 60% & 67% of patients with problems of diet, physical activity and weight respectively were changing, or planning to change within 6 months. But in the majority of health behaviours – three out of five – they were less confident they would succeed (13% of smokers, 30% of excessive drinkers, and 56%, 49% & 57% of patients with problems of diet, physical activity and weight respectively). The biggest discrepancy between planning to change (Table 4) and confidence in succeeding (Table 5) was for smoking at 15 percentage points, which was nearly double the 8 percentage-point difference found in the EUROPREVIEW study.⁶ This lack of confidence echoes the findings of a Maltese study of

applicants to smoking-cessation clinics during 1991-96, where 87% reported a feeling of heavy dependence on tobacco and 84% declared one or more prior attempts to stop smoking.⁹

While just over 60% of patients with diet, physical activity and weight problems and 50% of smokers would appreciate their GPs' support, only 8% of excessive drinkers request their help (Table 6). Similarly, while about 45% of GPs initiated discussions with patients about eating, physical activity and weight, just 18% of GPs discussed smoking, and only 10% brought up alcohol use (Table 7). The European data from the EUROPREVIEW survey showed less evident but still appreciable discrepancies between alcohol use and the other behaviours regarding users' desire for support and their GPs actually providing it.⁶ Prior studies from both sides of the Atlantic had also revealed that doctors in the primary care setting talked to patients about alcohol use less often compared to other health behaviours.^{10,11,12} One possible reason for this could be doctors' own drinking habits (only 37% of Maltese GPs have declared that they do not drink alcohol¹³) in view of the finding that GPs have found it hard to help patients with behaviours that they themselves struggle with.¹⁴ Other causes postulated by GPs for their reluctance to discuss alcohol use with patients include shortage of time and fear of negatively affecting the doctor-patient relationship.¹⁵

In 2000, Maltese GPs reported that they advised patients to perform physical exercise, lose weight, quit smoking and drink less alcohol in 59-62%, 60-61%, 61-66% and 60-62% of cases respectively.¹³ On the other hand, Maltese patients questioned in this 2008-9 survey stated that GPs discussed these topics less often (Table 7): in 47% of cases regarding physical activity, 42% re body weight, 18% for smoking and only 10% regarding alcohol use. Therefore it seems that patients have a more negative perspective on how often doctors give advice regarding health behaviours, with the biggest divergence of opinion being for advice given regarding alcohol use.⁶ This apparent lack of support provided by GPs to patients with unhealthy behaviours is quite unfortunate given the statistically-significant link revealed by this study between doctors' discussion of body weight and alcohol use and patients' contemplation for improving eating habits and reducing alcohol use respectively.

Limitations of study method

One limitation of this study is that replies to the questionnaire are based on patients' recall rather than on documentation, with another limitation being that participants could have under-reported their unhealthy lifestyles in order to avoid giving a negative impression. Furthermore, certain behaviours such as alcohol intake may have been more difficult to quantify than others such as cigarette smoking.

Despite the high 81% response rate and the

distribution of questionnaires to patients in both government health centres and private practices, the results may not be representative of all practices in Malta as those that accepted to participate might have had a greater interest in prevention / health promotion activities than others that did not.

Concluding Recommendations

While patients do recognise the importance of unhealthy lifestyles, GPs and healthcare professionals (HCPs) need to discuss risky lifestyles with patients to help them personalise such risks. Motivational interviewing using the trans-theoretical method, based on a good relationship between the patient and doctor/HCP, are crucial in helping patients to recognise the need for a change in their health behaviours and to implement advice that is provided.^{13,14}

Furthermore, GPs and HCPs should also offer their support to patients planning to change their unhealthy lifestyles in order to improve their confidence and chances of success. Healthcare professionals may play an important role here through providing such assistance given the heavy workload of general practitioners.¹³

The provision of discussion and support by GPs/HCPs is especially important for excessive drinkers in helping them realise their problem and in tackling it (as long as they are willing to do so), particularly as brief screening and advice during clinic visits have long been proven to be successful in reducing alcohol use.^{16,17}

While the apparent reluctance of GPs to engage problem drinkers may be overcome by the provision of appropriate training^{12,15}, additional research into alcohol abusers' poor insight into their predicament and their lack of desire for support could shed some light on these problems and help in the formulation of appropriate solutions.

Acknowledgements

Acknowledgements are due to:

- EUROPREV for devising and coordinating the survey;
- The family doctors who agreed to have the survey carried out in their practice/health centre: Ivan Cacciottolo, Noel Camilleri, Doreen Cassar, Josianne Cutajar, Bryan Flores-Martin, Mario Grixti, Pierre Mallia, Daniel Sammut, Philip Sciortino and Ramon Tonna;
- The local research assistants who facilitated the completion of the questionnaires by patients: Daniel Azzopardi, Claire-Marie Agius, Anne Marie Bonello, Sarah Busuttill, Annalise Buttigieg, Alex Carachi, Claire Cassar, Sarah Grixti, Christopher Sammut and James Vassallo;
- All patients who participated in the survey;

- Carlos Brotons and Irene Moral, Spain, for the initial data analysis;
- Neville Calleja for further statistical analysis of the Maltese data.

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