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## Third of Elderly Patients Take Companion to See Doctor

### Study found it improved satisfaction with visit by 15% to 19%

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TUESDAY, July 15 (HealthDay News) -- More than one-third of elderly patients on Medicare take a companion with them for routine medical visits.

And patients who are accompanied on such visits tend to be more satisfied with the visit, according to a study published in the July 14 issue of the *Archives of Internal Medicine*.

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"I think it's a fabulous idea [to have companions on medical visits]," said senior study author Debra L. Roter, a professor of health behavior and society at Johns Hopkins Bloomberg School of Public Health in Baltimore. "And we have a very good notion of interventions now, ideas that can help companions and patients prepare for their visit in a more proactive and effective way. The consequences seem to be especially valuable for those elderly people that we generally think of as most vulnerable, those who are the sickest, the oldest and the least well-educated. Those are the people who seem to benefit the most by having somebody with them."

A previous study led by Roter had also indicated that it was common for older adults to take someone with them on medical visits, usually a spouse or adult child.

"We found that companions actually do lots of very helpful things for the patient, but our study was only one, and it was relatively small," Roter said.

She and a colleague decided to do analyze a larger population of 12,000 community-dwelling Medicare beneficiaries aged 65 and older who had participated in a 2004 survey. Roter had actually written several of the questions for that earlier survey.

Many of the findings dovetailed with the earlier, smaller study.

Here, 38.6 percent of participants said they were usually accompanied on routine medical visits. Those accompanied were usually older, less educated, and in poorer health.

Companions could be spouses (53.3 percent), adult children (31.9 percent), other relatives (6.8 percent), roommates, friends or neighbors (5.2 percent), non-relatives (2.8 percent) or nurses, nurses aids, legal or financial officers (under 1 percent).

More than 60 percent of companions helped with doctor-patient communications by writing down instructions (44.1 percent), giving information on the patients' medical conditions or needs (41.6 percent), asking questions (41.1 percent) or explaining doctors' instructions (29.7 percent).

Patients who were accompanied on visits were 15 percent more satisfied with their doctor's technical skills, 19 percent more satisfied with the doctors' information-giving, and 18 percent more satisfied with their personal skills compared with unaccompanied patients.

"This tells us that this is a national phenomenon," Roter said. "These patient companions are commonly very active, so they don't just stay in the waiting room. They come into the exam room with the patients, and they're active in the communication process in a helpful way."

Study author Jennifer L. Wolff, an assistant professor of health policy and management at Bloomberg, hopes the findings will lead to more research on better ways to use companion visits to advantage.

"This study is important in terms of thinking about the role of the visit companion, both within the encounter and also outside the encounter," she said. "We don't have a very good understanding of roles that family caregivers play in medical processes. It would be very exciting to relate this to safety issues, for example, adverse drug reactions or issues around adherence to medications. Theoretically, it makes sense that when an older adult has a family caregiver who is

actively engaged in the health-care process, there could be some beneficial outcomes."

Another expert agreed but offered a note of caution.

"This has pushed the science to the next level by quantifying the findings, and by doing this for more people," said Marcia G. Ory, a professor of social and behavioral health with the Texas A&M Health Science Center School of Rural Public Health in College Station. "It's also looking at the functions of the companions."

"There are implications for clinicians, for companion visitors as well as for the older patient him or herself," Ory added. "Physicians need to know how to appropriately interact with the [companion visitor]. The companion visitor needs to understand what their role is. It's also important for the message to go to the patient that the patient is ultimately responsible for their own health care, but they don't do it in a vacuum. They live in families."

"In the past, we've ignored the third party, but we don't want the pendulum to swing and ignore older patients," Ory said. "It's that delicate balance that will get us the best quality of care."

### **More information**

Visit the [National Family Caregivers Association](#) for more on this topic.

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