

# Patient compliance with colposcopy information leaflets

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## Summary

**Objective:** To investigate patient satisfaction and compliance with recommendations in information leaflets sent to women prior to colposcopy clinic attendance and to establish whether alteration to the leaflet improved compliance. **Study design:** Data was collected prospectively and analysed retrospectively on the first 50 women attending for colposcopy before and after alterations to the information leaflet. **Results:** All the patients received our patient leaflet and over 90% in each group felt that the information was understandable, clear and adequate. This is in complete contrast to overall compliance of less than 40% in both groups of the women. The first language of the patients did not make any major impact on compliance. **Conclusion:** Patients understanding of the information provided in the leaflets was not reflected in compliance. Compliance was no better in repeat attendees. The compliance with the information provided was not affected by the women’s first language. Alterations in the leaflet did not improve compliance. Other methods of information provision should be looked at to try to improve compliance.

**Key words:** Colposcopy; Information leaflets; Language; Patient satisfaction.

## Introduction

Studies have shown that patients frequently forget and misunderstand information discussed verbally [1]. Educational information sent to women prior to their attendance at colposcopy clinics improves their understanding of cervical screening and of colposcopy [2, 3]. It has also been shown to reduce women’s anxiety [4]. Additional approaches such as video information and telephone communication have been shown to improve follow up attendance [5-7].

However, the timing of provision of information to women attending many UK colposcopy clinics has been shown to be inefficient [8]. This unit mails information leaflets to women prior to their attendance and have found it to be a useful means of providing information about colposcopy. When designing the leaflet we acknowledged that patient compliance has been shown to be increased when the information provided is as simple as possible [9] and that excessive information and poor presentation reduces the overall effectiveness [10].

Developing a patient information leaflet can be a major undertaking in terms of time and resources [11]. There are NHS cost implications involved in running a colposcopy clinic that include leaflet production and distribution, provision of sanitary pads and length of appointment time.

The aim of this study was to investigate patient compliance with the recommendations in our information leaflet sent to women prior to colposcopy clinic attendance and whether alteration to the leaflet improved compliance.

The recommendations were to wear loose fitting clothing to reduce time of consultation and to bring a sanitary pad to help reduce cost. The alterations to the leaflet included highlighting in bold print the instructions to wear loose fitting skirts and to bring a sanitary towel.

The impact of the woman’s primary language on compliance was also assessed as this may be particularly important in a trust with a high ethnic population.

## Methods

The study was carried out by an analysis of prospectively collected data from the first 50 women attending the colposcopy clinic before (Group A) and after (Group B) changes to the information letter. The women were asked to fill in a questionnaire immediately prior to their consultation about the letter they had received. Compliance with the instructions was recorded by the colposcopist. The questions related to the adequacy and understanding of the material. The compliance related to whether the woman had followed the requests within that material to wear loose fitting dress and bring a panty liner for after the procedure.

Each group was comprised of women between the ages of 25 and 59 years attending for their initial or subsequent visit to the clinic. In Group A 20/50 were attending for the first time, compared to 32/50 in Group B. The remainder 30/50 (Group A) and 18/50 (Group B) were attending for a treatment or follow-up visit. In both groups, 98% (49/50) of the women felt that the information given was understandable and clear. In Group A, 98% (49/50) and 94% (47/50) out of Group B responded that the information was adequate. Despite an overwhelming endorsement of the information provided, compliance with wearing loose fitting clothing and bringing a panty liner suggested a different situation. Table 1 shows the overall poor compliance with requests in the literature sent to all women prior to their colposcopy visit irrespective of whether they had previously attended. Tables 2 and 3 show that there was no statistical difference in compliance between women attending for their first or subsequent visit within the before and after group and when an overall comparison of the groups was undertaken.

## Discussion

This study has shown that the alteration of our information leaflets did not significantly alter women’s compliance. The giving of information leaflets to patients has become an established part of the medical culture. It is expected by ethics and clinical governance committees

Table 1. — Comparison of first and subsequent visit compliance before and after leaflet changes.

	Compliance with dress	Compliance with panty liner	Compliance with both
Group A 1 <sup>st</sup> visit	12/20 (60%)	13/20 (65%)	7/20 (35%)
Subsequent	16/30 (53%)	20/30 (66%)	12/30 (40%)
Overall	28/50 (56%)	33/50 (66%)	19/50 (38%)
Group B 1 <sup>st</sup> visit	14/32 (44%)	21/32 (66%)	11/32 (34%)
Subsequent	7/18 (39%)	15/18 (66%)	5/18 (36%)
Overall	21/50 (42%)	36/50 (72%)	16/50 (32%)

Table 2. — Comparison of group A &amp; B's first and subsequent visit compliance.

	Compliance with dress	Compliance with panty liner	Compliance with both
Group A Odds ratio	1.31	0.93	0.81
1 <sup>st</sup> vs subsequent visit (95% CI)	(0.36-4.86)	(0.24-6.38)	(0.21-3.81)
Group B Odds ratio	1.22	0.38	1.36
1 <sup>st</sup> vs subsequent visit (95% CI)	(0.33-4.75)	(0.06-1.83)	(0.33-6.15)

Table 3. — Comparison of first and subsequent visit compliance.

	Compliance with dress	Compliance with panty liner	Compliance with both
1 <sup>st</sup> visit	1.93 (0.54-7.04)	0.97 (0.26-3.77)	1.03 (0.27-3.83)
Subsequent	1.80 (0.47-7.03)	0.40 (0.06-1.97)	1.73 (0.42-7.81)
Overall	1.76 (0.74-4.19)	0.75 (0.29-1.92)	1.30 (0.53-3.23)

Table 4. — Compliance depending on first language.

	Compliance with dress	Compliance with panty liner	Compliance with both
Group A English	20/36 (58%)	24/36 (67%)	14/36 (39%)
Other 1 <sup>st</sup> language	8/14 (57%)	9/14 (64%)	5/14 (36%)
Group B English	19/42 (45%)	32/42 (74%)	14/42 (33%)
Other 1 <sup>st</sup> language	2/8 (25%)	4/8 (50%)	2/8 (25%)

alike, as well as of candidates in Objective Structured Clinical Examinations (OSCEs) that leaflets and information will be provided for the patient. Though small, this study would question whether the provision of written instructions in information leaflets is of value for the majority of patients. In each group, all the patients received our patient leaflet and over 90% in each group felt that the information was understandable, clear and adequate. This is in complete contrast to overall compliance of less than 40% in both groups of the women wearing loose fitting clothing and providing their own panty liner. Surprisingly, there was no statistical difference in the compliance between women attending for their first visit and those who had previously undergone colposcopy irrespective of which information they had received. Though the numbers are small, the first language of the patient did not make any major impact on compliance.

Previous studies have looked at the benefit of information sheets for providing women with information related to colposcopy and the related disease processes. However, one could conclude from this study that the patient may answer any questionnaire in manner that they feel will fulfil the doctor's expectations.

In the current target driven culture, the aim of our information leaflet has been to be as cost effective as possible

by optimising colposcopy consultation times and placing the onus on women to bring their own sanitary pads. This kind of analysis of patient compliance has not been addressed previously but this study suggests that the impact of information leaflets in this regard is low irrespective of previous attendance experience. It is interesting to consider generally how much money is spent on letters and leaflets to the patients and whether there is any merit in it at all. As most of the women attending for colposcopy are within the working age group, perhaps including a website address on their appointment letter may have more success. Further audits into this aspect of providing information linked with compliance would be beneficial in allowing assessment of the best way of utilising resources. As patients are now contacted by telephone on receipt of their referral, the next stage in trying to address patient compliance is to include appropriate information to the patient at that time.

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