

## TREATMENT SATISFACTION AND ITS FACTORS AMONG PATIENTS WITH AFFECTIVE AND DEPRESSIVE DISORDERS (LITERATURE REVIEW AND ANALYSIS OF METHODOLOGY OF STUDYING)

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According to scientific literature treatment satisfaction results better compliance, increases the frequency of repeated visits, expressing positive customer feedbacks and decreases expenses of both clinics and patients. Basket of factors of satisfaction depends on level of medical service facility (outpatient/inpatient/emergency), specifics of medical subspecialty and facility. Our studies have revealed that both structure and weight of factors of patient satisfaction vary on 1) moment of conducting the study (when comparing factors of satisfaction of recurrent patients with previous treatment at hospitalization versus current treatment at discharge) and 2) patients' treatment experience (when comparing factors of satisfaction of patients at first hospitalization versus recurrent patients at discharge). Therefore, the important question is "When should we study factors of treatment satisfaction?" There are 3 main variants of study of revealing factors of treatment satisfaction depending on period of time after discharge (at discharge, 2 months after discharge, at readmission) - each of them is characterized with advantages, disadvantages and options (such as preferable methodology of fieldworks, response rate, answer accuracy and rate, and predict different types of patients' consumption behavior. According so scientific literature and the results of our studies other important methodological aspects of conducting studies in field of factors of patients' satisfaction include: methodology of finding out the key factors of satisfaction (direct questions, correlation, SEVQUAL methodology), preferable method of statistical analysis (Student test, Spearman rank correlation, Multiple linear regression, Factorial analysis, SEVQUAL methodology); studying of extent to which patients are satisfied with specific characteristics of medical facility (Mean and Standard deviation or Top-2); benchmarking (which is the only way to estimate if factors' importance is enough, over evaluated or under evaluated); adjustability of factors of satisfaction (should the number of factors be limited with adjustable factors only or we should include on adjustable factors unto questionnaire); usage of standard questionnaire (which would allow is to compare our studies to studies of other authors) Vs ad-hoc questionnaires (which includes wide range of factors fitting best the goals of current study); inclusion of open-ended questions into questionnaire (which allows to get the information not included into standard factors - such as something patients were surprised with disgusted with - that is something patients share each other with enthusiasm); conducting of fieldworks (by medical facility staff or independent emergency staff; methodology of data collecting - Paper and Pen, Internet survey, Telephone interviews); regularity of conducting of studies which allows evaluate both efficiency of interventions and shift in importance of factors of satisfaction (which is an quintessence of Deming Cycle: Plan - Do - Check - Act).

**Key words:** patient satisfaction - research design - methodology

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## SELF-MEDICATION DURING PRE-ADMISSION PERIOD AND ITS FACTORS AMONG INPATIENTS WITH DEPRESSIVE AND NEUROTIC DISORDERS

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**Objectives:** Self-mediation is widespread among patients with depressive and anxiety disorders. Most of studies describe drug and alcohol abuse among patients. Only few researches describe self-medication and its factors.

**Aim:** To study self-medication and its factors among patients with depressive and neurotic disorders during preadmission period Material The sample included 131 first-time admission inpatients and 85 rehospitalized inpatients with depressive or neurotic disorders, who mentioned that they were taking medication to cope their symptoms during preadmission period. Men age was 43.8±12.7 year), Half of patients were suffering from mixed anxiety and depressive disorder, 15% were hypochondriac, 12% experienced panic disorder. The combined share of depressive and recurrent depressive disorder was 26%.

**Methods:** Lazarus coping strategies test, Shmishek personality test, test on disease attitude and patient activation were used. Social and demographic characteristics, disease effects at patients' life, medical literacy and behavioral coping strategies were studied as factors of self-medication. In total effect of 167 factors at probability of self-medication were analyzed.