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Osteoporosis, perception of disease and observance to therapy : presentation of a thesis work *design*

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Background

- The purpose of this thesis work is to examine the influence of intolerance to uncertainty on one hand and the impact of doctor-patient relations on other hand on a lack of therapeutic compliance in postmenopausal osteoporotic women.
- Intolerance of uncertainty is a dispositional characteristic that promotes increased sensitivity to negative thoughts, leading to a biased treatment of uncertainty and the perception of uncertainty as a threat.
- Intolerance of uncertainty exacerbates questions about worry.

Method

POPULATION

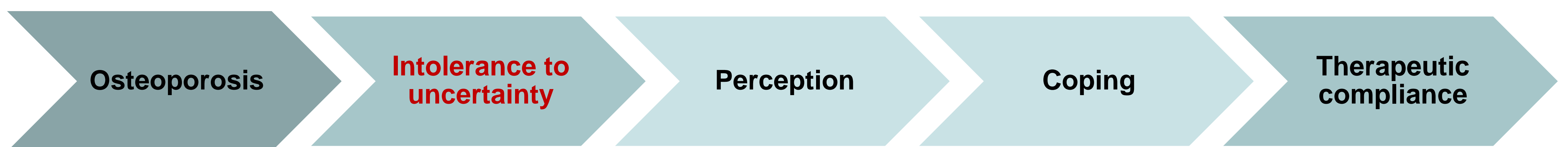
- 200 osteoporotic women
 - 50 years and older
 - on drug therapy (for at least 6 months)

QUESTIONNAIRES

- Therapeutic compliance (EGOMAC - APeMaC)
- Intolerance of Uncertainty (Freston et al., 1994)
- Brief Illness Perception Questionnaire (Broadbent et al., 2006)
- Brief-COPE (Baumstarck et al., 2017)
- Consultation And Relational Empathy (Mercer et al., 2004)

Study 1 - Personal contributions to the Leventhal model

- It will be a question of showing that the intolerance of uncertainty exacerbates questions about worry.



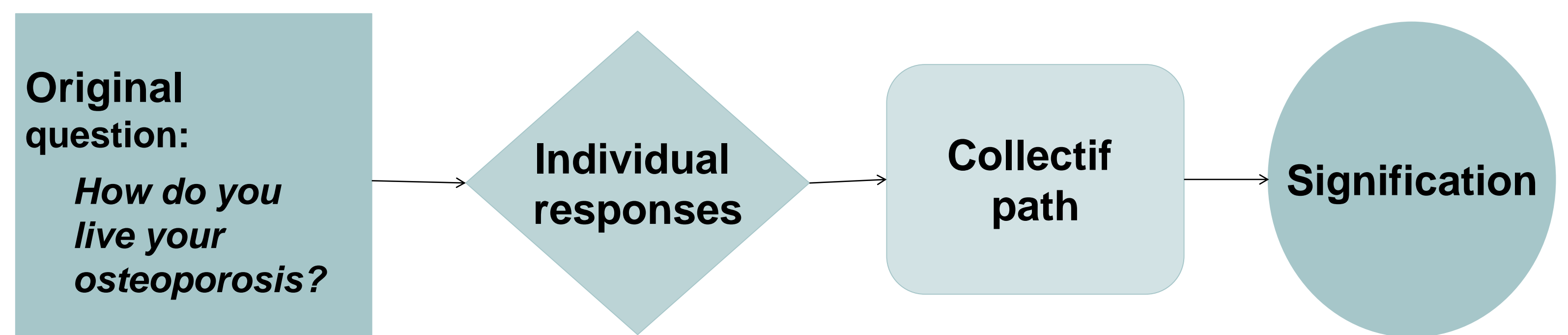
Study 2 - Physician-patient relationships

- It will be to examine moderating influences of the osteoporotic physician-patient relationships on therapeutic compliance.



Study 3 - Qualitative method

- Semi-structured interviews with osteoporotic women
- +
- Causal dynamic model



Expected results

- **Study 1** : The more intolerant uncertainty there is, the more likely there is a risk of non-compliance.
- **Study 2** : However, the negative effects of intolerance to uncertainty are expected to be offset by good doctor-patient relationships.
- **Study 3** : The qualitative approach should reinforce the important role of a good doctor-patient relationship in limiting the effects of intolerance to uncertainty on therapeutic compliance.

References

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- Weycker, D., Macarios, D., Edelsberg, J., & Oster, G. (2006). Compliance with drug therapy for postmenopausal osteoporosis. *Osteoporosis International*, 17(11), 1645-1652.

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