

COMPARISON OF PATIENT ACTIVATION LEVELS ACROSS VARIOUS CONDITIONS IN THE US AND 5EU

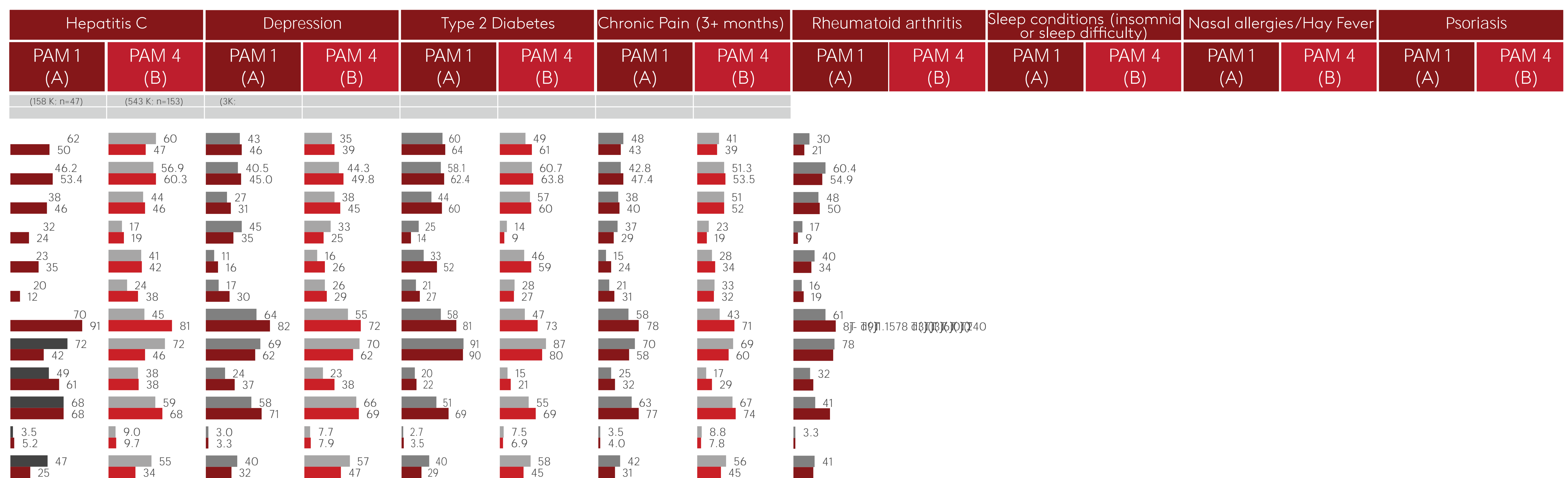
Annunziata K ¹; Sternbach N ¹; Carpinella CM ¹; Chapnick J ¹; Patel PA ^{1*}; McDonald M ²; McElwee N ³

¹ Kantar Health, New York, USA; ² Pfizer, New York, USA; ³ Boehringer-Ingelheim Ridgefield, USA
* was an employee of Kantar Health at the time the research was conducted

Data Source

- Results were derived from Kantar Health's PaCeR (Patient-Centered Research) platform
 - Online survey of adults age 18 and over conducted in 2r
- Stratified random sampling approach to ensure representativeness to the adult population
 - US results were weighted based on 2016 Current Population Survey (Annual Demographics File) of the U.S. Census Bureau (weight variables: gender, age, race/ethnicity, and education)
 - EU results were weighted based the International Data Base of the U.S. Census Bureau and Organization for Economic Cooperation and Development (weight variables: gender and age)
- Sample
 - Patients profiled included those who self-reported a physician diagnosis of: type 2 diabetes (T2D), depression, chronic pain, rheumatoid arthritis (RA), sleep conditions, hepatitis C, nasal allergies/hay fever, or psoriasis
 - Total sample sizes
 - US = 75,004
 - EU5 = 62,000
 - France = 15,000
 - Germany = 15,000
 - UK = 15,000
 - Italy = 10,000
 - Spain = 7,000

Figure 1: Summary Profile: Demographics and Lifestyle



Measures

- Patient Activation.** Activation was assessed using PAM. Higher PAM scores represent higher levels of activation.
 - Level 1: Disengaged and overwhelmed
 - Level 2: Becoming aware, but still struggling
 - Level 3: Taking action
 - Level 4: Maintaining behaviours and pushing further
- Patient Demographic Characteristics.** Gender, age, marital status, employment status, education level, and household income.

Analyses

- Descriptive and bivariate analyses were conducted. The aim of the bivariate analyses was to compare within therapeutic condition and across geographic region.

LIMITATIONS

- Data are cross-sectional in nature and do not allow for causal explanations to be made.
- As with any survey, data are self-reported and cannot be verified by patients' medical charts or other objective, clinical data.
- Missing PAM values were possible, as outliers were removed.
- Bivariate analyses were conducted without the inclusion of any covariates and future research should explore regional differences while controlling for patient demographic characteristics.