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Biopsychosocial predictors of adherence to follow-up colposcopy in first-time patients

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Cervical cancer is a major health issue worldwide, with 500 000 new cases each year (Parkin et al., 2001). Women who die of cervical cancer lose on average 26 years of life, which is considerably greater than the average years of life lost to breast cancer (18.9 years; Horner et al., 2009). Cervical cancer is one of the few cancers that are preventable through screening, and population-based screening for cervical cancer can reduce incidence and mortality rates of cervical cancer by 80% (Antilla et al., 2004). Cytological screening by smear test followed by diagnostic colposcopy allows for early detection of pre-cancerous lesions and treatment, which may stop the progression from cervical intraepithelial neoplasia (CIN) to invasive cervical cancer.

Introduction

The success of cervical cancer screening is largely dependent on patient adherence to treatment recommendations. Adherence at colposcopy clinics is essential, as progression of CIN is most likely to occur in those women who do not attend each stage of the screening cycle (Engelstad et al., 2001; Khanna & Phillips, 2001). The aim of this study was to identify predictors of adherence by examining biopsychosocial variables measured at colposcopy. Identification of such factors can help in the promotion of adherence to care.

Method

Participants and Design

Baseline data from 164 first-time colposcopy patients were correlated with data on adherence to follow-up treatment taken from medical files approximately two years following first colposcopy. Of these 23 (14%) were discharged following colposcopy and returned to the cytological screening cycle as their examinations revealed no abnormalities, leaving a sample of 141 women for analysis (M age = 29.63 years, SD = 8.39).

Measures

- Adherence rates: Collected from medical files two years from their first clinic appointment
- Demographic and medical information: age, marital status, education, parity, smoking status, cytology and histology results
- State-Trait Anxiety Inventory: trait anxiety and post-colposcopy state anxiety
- Experienced pain: Two 100mm-visual analogue scales, plus peak pain scale from McGill Pain Questionnaire

Results

Preliminary chi-square analyses revealed no significant association between adherence status and the following variables: age, marital status, parity, education, smoking status, smear grade on referral, whether patient had biopsy at first colposcopy, or whether patient had treatment at first colposcopy. However, differences in adherence were found in histology diagnosis of dysplasia severity, such that women with severe dysplasia were more likely to adhere to follow-up colposcopy than women with other histology grades.

TABLE 1. Logistic regression of experience of colposcopy on adherence to follow-up colposcopy

	β (SE)	95% CI for exp b		
		Lower	Exp b	Upper
Included variables				
Constant	3.13 (.91)**		22.96	
State anxiety	-.04 (.02)	.93	.97	1.01
Pain unpleasantness	-.01 (.01)	.97	.99	1.01
Histology grade				
Normal	-1.27 (.57)*	.09	.28	.86
Mild	-.64 (.54)	.18	.53	1.52
Moderate	-1.47 (.54)*	.08	.23	.66

Note: R^2 = .09 (Hosmer & Lemeshow), .11 (Cox & Snell), .15 (Nagelkerke). Model χ^2 (5) = 16.69, p = .005. * p < .05 ** p < .001

Discussion and Conclusion

In this sample 35% failed to adhere to advise to attend follow-up colposcopy within a period of four months following the original (repeat) appointment. Demographic variables were not associated with adherence. Non-attenders reported significantly greater state anxiety and pain following colposcopy than attenders. Multivariate logistic regression revealed that psychological experiences did not predict adherence status. However, the odds of adhering to colposcopy for patients with severe dysplasia were 3.57 times higher than for patients with normal histology, and 4.35 times higher than for patients with moderate dysplasia (p = .005). Women with dysplasia grades other than 'severe' should be targeted for follow-up recommendations and advice.

For additional information about this study, please contact Susanna Kola, Department of Behavioural and Social Sciences, University of Huddersfield. Email: s.kola@hud.ac.uk

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