Adaptatie van de werkalliantievragenlijst (WAV) naar een huisartsgerichte context om de therapeutische relatie tussen patiënt en huisarts te meten en toepassing bij de opvolging van chronische aandoeningen. Focus: heeft de sterkte van de arts-patiënt relatie (gemeten adhv de WAV) een belang heeft bij de opvolging van patiënten met een chronische ziekte?

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Context: Multimorbidity, therapeutic alliance, chronic care, family medicine

Onderzoeksvraag: Patients with multimorbidity represent an increasing portion of the patient population. These patients require a shift from disease-oriented to goal-oriented care in which the personal goals of the patient are the focus rather than the disease-specific targets provided by guidelines. Consequently, understanding patient centered processes of care may be as important as building disease-specific evidence. One of the core components of patient-centered care, defined in the patient-centered clinical method, is enhancing the patient-physician relationship. One of the frameworks to study the relationship between a patient and a provider is the therapeutic alliance framework. The aim of this study is to use the Adapted Working Alliance Inventory for General Practice (WAI-GP) in family medicine contacts and assess how the therapeutic alliance scores relate with multimorbidity.

Methode: A cross sectional analysis of 170 family medicine contacts, describing morbidity and assessing the relationship between WAI-GP and multimorbidity.

Resultaten: 119 out of 170 contacts involved patients with at least one chronic condition (70%) of which 34 patients (20%) had multimorbidity (?3 chronic conditions). Hypertension and chronic musculoskeletal conditions were the most frequently reported chronic conditions. Heart failure, stroke/transient ischemic attack, kidney- and cardiovascular disease most often had another chronic condition associated. Being female, higher patient age, more home visits and a higher number of contacts with the family physician per year were correlated with more multimorbidity. Some physicians had significantly more contacts with patients with multimorbidity. Patients with multimorbidity reported higher WAI-GP scores (median score out of 5 [IQR]: 4.6 [4.35-4.85]) than patients without multimorbidity (4.4 [3.9-4.8])(p=0.013). Male physicians, older patients and more contacts per year concerning a chronic condition were also associated with a higher WAI-GP score. However, multivariate models showed that only the sex of the physician is independently correlated to higher WAI-GP scores.

Conclusie: This study confirms the high prevalence of multimorbidity in family medicine. Contacts between family physicians and patients with multimorbidity show a stronger therapeutic alliance than those without multimorbidity. However, this significance is not observed in a multivariate analysis. Mixed method studies, including video-observations, could be valuable in order to better understand how patients with multimorbidity demonstrate stronger therapeutic alliance. Goal setting is an important process of care in optimal treatment of patients with multimorbidity. Therefore, further research could specifically focus on the element of goal setting, defined within the therapeutic alliance framework.