

## Patient-centered communication and psychological well-being among patients with chronic medical conditions

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### INTRODUCTION & AIM

#### Background:

- Chronic medical conditions (CCs) are prevalent and often co-occur with anxiety and depression, increasing patient burden and healthcare utilization.
- About 60% of Americans are living with at least one CC, while about 40% have  $\geq 2$  CCs.

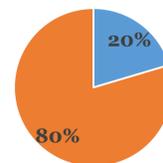


- Patient centered communication (PCC) may improve psychological well being by enabling emotional expression, reassurance, shared decision making, and clear explanations.
- Evidence of impacts of PCC—specific to patients with CCs—remains limited.

#### Research aim:

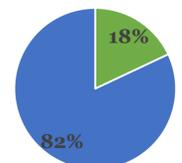
- To examine associations between PCC and psychological distress (anxiety, depression) among U.S. adults with  $\geq 1$  chronic medical condition.

Prevalence of anxiety among adults with chronic medical conditions (N=9,199,  $\geq 18$  years, 2017–2020, the U.S.)



■ Yes (n=1,411) ■ No (n=7,618)

Prevalence of depression among adults with chronic medical conditions (N=9,199,  $\geq 18$  years, 2017–2020, the U.S.)

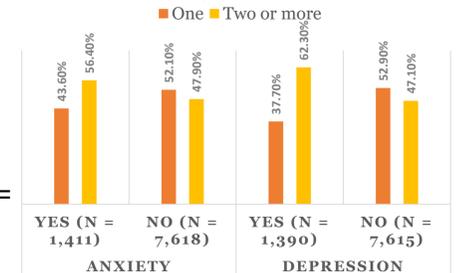


■ Yes (n=1,390) ■ No (n=7,615)

#### Adjusted associations:

- Each 1-point PCC increase was associated with  $\sim 0.8$ – $1.1\%$  lower odds of psychological distress (Anxiety aOR = 0.992 [95% CI: 0.986–0.998] and depression aOR = 0.989 [95% CI: 0.984–0.995]).

PREVALENCE OF ANXIETY AND DEPRESSION BY THE NUMBER OF CHRONIC CONDITIONS (N=9,199,  $\geq 18$  YEARS, 2017–2020, THE U.S.)



- Example:** A 10-point PCC increase corresponds to  $\sim 7.6\%$  lower odds of anxiety and  $\sim 10.4\%$  lower odds of depression among adults with chronic disease.

### METHODS

#### Study design & data sources:

- Pooled cross-sectional data were extracted from the U.S. Health Information National Trends Survey (HINTS 5, Cycles 1–4, 2017–2020).
- N = 9,199 adults ( $\geq 18$  years) reporting  $\geq 1$  CC and  $\geq 1$  healthcare visit in past 12 months prior to the survey.
- Survey weights and replicate weights were applied to compute population level estimates.

#### Exposures:

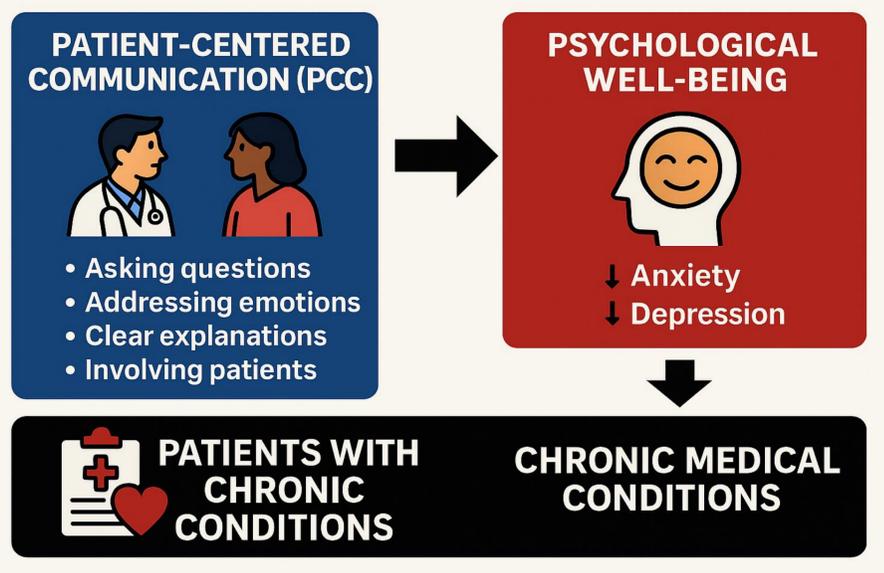
- PCC composite (7 items) transformed to 0–100 (higher=better). Internal consistency previously validated.

#### Outcomes:

- Anxiety and depression (PHQ-4 subscales  $\geq 3$ ).

#### Analysis:

- Multivariable logistic regression assessing PCC vs. anxiety and depression, adjusting for sociodemographic and health variables.
- Sensitivity analyses tested robustness (e.g., excluding cancer survivors; pre-COVID; mail only respondents;  $\geq 2$  CCs; excluding those clinically diagnosed with depression/anxiety).



- Implications:** Incremental improvements in PCC (empathy, time, clarity, patient engagement) may meaningfully reduce psychological distress in patients with CCs—supporting integration of communication skills training and holistic, team-based care models.

### RESULTS & DISCUSSION

#### Burden:

- Weighted prevalence—Anxiety = 20.0%, Depression = 18.0%.

#### PCC differences:

- Mean PCC (0–100) was lower among those with anxiety ( $74.5 \pm 1.1$ ) vs. without ( $81.6 \pm 0.43$ ) and among those with depression ( $73.8 \pm 1.1$ ) vs. without ( $81.5 \pm 0.43$ ); P-value < 0.001.

### CONCLUSION

- Enhanced PCC is associated with lower odds of anxiety and depression among U.S. adults with chronic conditions.
- Investing in PCC training, equity-focused communication, and integrated behavioral health could improve population mental health in chronic disease care.

### FUTURE WORK

- Longitudinal and mechanistic studies to clarify causal pathways and identify high yield PCC behaviors for specific subgroups (e.g., younger adults, multimorbidity).

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