



## Hospitals need to customise care according to patients' differing information-seeking behaviour

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**INTRODUCTION:** Our aim was to describe how often patients seek information about their disease in connection with contact to a hospital and to elucidate how information-seeking behaviour is related to the patients' perception of this contact.

**MATERIAL AND METHODS:** The study was based on patient surveys from the Danish county of Aarhus from 1999 to 2006 including eight public hospitals. The patients' information-seeking behaviour was related to patient characteristics, organisational context and patient perceptions.

**RESULTS:** Among the 75,769 patients who responded, 33.4% had actively sought information. The frequency of patients seeking information increased from 24.4% in 1999 to 38.3% in 2006 with a variation between organisational units ranging from 7.7% to 81.8%. The share of critical patients among those who actively sought information was 23.7% in 1999 and 18.1% in 2006 compared with 12.9% and 11.3% critical patients, respectively, among those who did not.

**CONCLUSION:** Having sought information correlated with negative patient perceptions. Despite convergence, differences between the perceptions of active and passive information seekers still remain. The health-care system should be prepared to serve patients who have different levels of knowledge.

**PRACTICE IMPLICATIONS:** The health-care system should continuously improve the service provided to patients with different levels of knowledge and attitudes towards involvement. We recommend to routinely ask patients about their information seeking and to include questions about patients' information seeking behaviour in patient satisfaction surveys.

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## Non-invasive ventilation is less efficient in pneumonia than in chronic obstructive pulmonary disease exacerbation

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### INTRODUCTION

Non-invasive ventilation (NIV) is especially valid for acute exacerbation in chronic obstructive pulmonary disease (COPD), but the trend has been to use it for all types of patients with acute respiratory failure (ARF). Recent data suggest that treatment failure occurs more often in patients with ARF from pneumonia than from COPD.

### MATERIAL AND METHODS

This was a retrospective study using data from patients with ARF admitted into the intensive care unit in a university-affiliated hospital in the period from 1 January 2009 to 31 December 2012 and treated with NIV. Patients with ARF due to acute exacerbation in COPD or ARF due to pneumonia were included. The primary end-point was treatment failure (intubation). A total of 107 patients were included, 42 in the COPD group and 65 in the pneumonia group.

### RESULTS

We found no significant difference between the two groups with regard to age (mean  $65 \pm 8$  years (COPD) versus mean  $64 \pm 16$  years (pneumonia)), sex (male/female 23/19 (COPD) versus male/female 26/39 (pneumonia)) or New Simplified Acute Physiology Score (mean  $47 \pm 11$  (COPD) versus mean  $51 \pm 15$  (pneumonia)). Treatment failure occurred in five patients in the COPD group (12%) and in 32 patients in the pneumonia group (49%),  $p < 0.00001$ .

**CONCLUSION:** NIV is less effective in the treatment of ARF due to pneumonia than in the treatment of ARF due to acute exacerbation in COPD.

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