ACTA SCIENTIFIC MEDICAL SCIENCES

Volume 2 Issue 4 July 2018

Opinion

Gearing Toward Healthier Behaviors and Increasing Patients' Adherence by Applying Behavioral Economics into Clinical Setting

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Received: May 28, 2018 ; **Published:** June 18, 2018

Every country in this world is facing with similar challenges, i.e., increasing trend in chronic diseases from unhealthy lifestyles as well as poor health outcomes due to inability to perform and/or negligence to physicians' advice.

Basically, in our daily life, humans has to make their own decision to do or not to do, from little to important things, around 2,500 - 10,000 times. Only 20 percent of those decisions has been accounted for knowledge or evidence-based judgment, whereas others have been driven by emotion, habits, and influences from contextual environment. That is why health education may not be adequate to maximize the occurrence of healthy behaviors and medical adherence of the patients. During the past decade, emerging researches pointed out the necessity to generate innovative measures beyond health education in order to counteract with those problems, not only for healthcare but also for prevention and control of common diseases especially non-communicable diseases (NCDs). One of the interesting ideas, at present, is the application of behavioral economics (BE) to better shape health behaviors and improve medical adherence in the patients. How can we do it? A good example about the effects of behavioral economics is a "Default option". Some western countries like Austria and nearby that use opt-out policy in organ donation for their population, which increases the donation rate up to more than 90 percent comparing to those countries with conservative opt-in policy that obtain very low rate of organ donation. In Thailand, they have recently done field experimental studies to see the effects of default option on food consumption both Thai foods and western foods, and have found that default healthy menu could lead to 20-30 percent increase in healthier food consumption. Another BE technique is the "anchoring" intervention, i.e., inducement of desired behavior(s) by making someone/something to be reference point for target population. For instance, those who have been given bigger plate or bigger portion of foods/drinks/snacks tend to eat or drink more. Use of famous, well-known people or celebrity was also tested to be effective to induce people to perform desired behaviors. Moreover, incorporating good information design to the anchoring intervention has been successfully used in most commercial advertisement outside health sector, and it is actually the time to be considered for public health use. From past to present, most of the countries have encountered with suboptimal response from their population to health education and information provision. This is probably due to lack of well-planned information design without taking BE anchoring technique into consideration. Good health information should be provided in plain language, understandable, and put on communication platform that is visibly "sexy" enough to induce population decision to perform healthier behaviors and, in clinical setting, adhere to physician advice. Yes, the term "sexy" means communication platform that demonstrates the best contents including graphics, characters, numbers, and symbols, which can show risks and benefits both directly and indirectly. You can see in your daily living that you usually do shopping more and more by the effects of advertisement in the supermarket.

Default option, anchoring, and information provision should be applied to health sector in order to achieve better patient behavior and adherence.

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