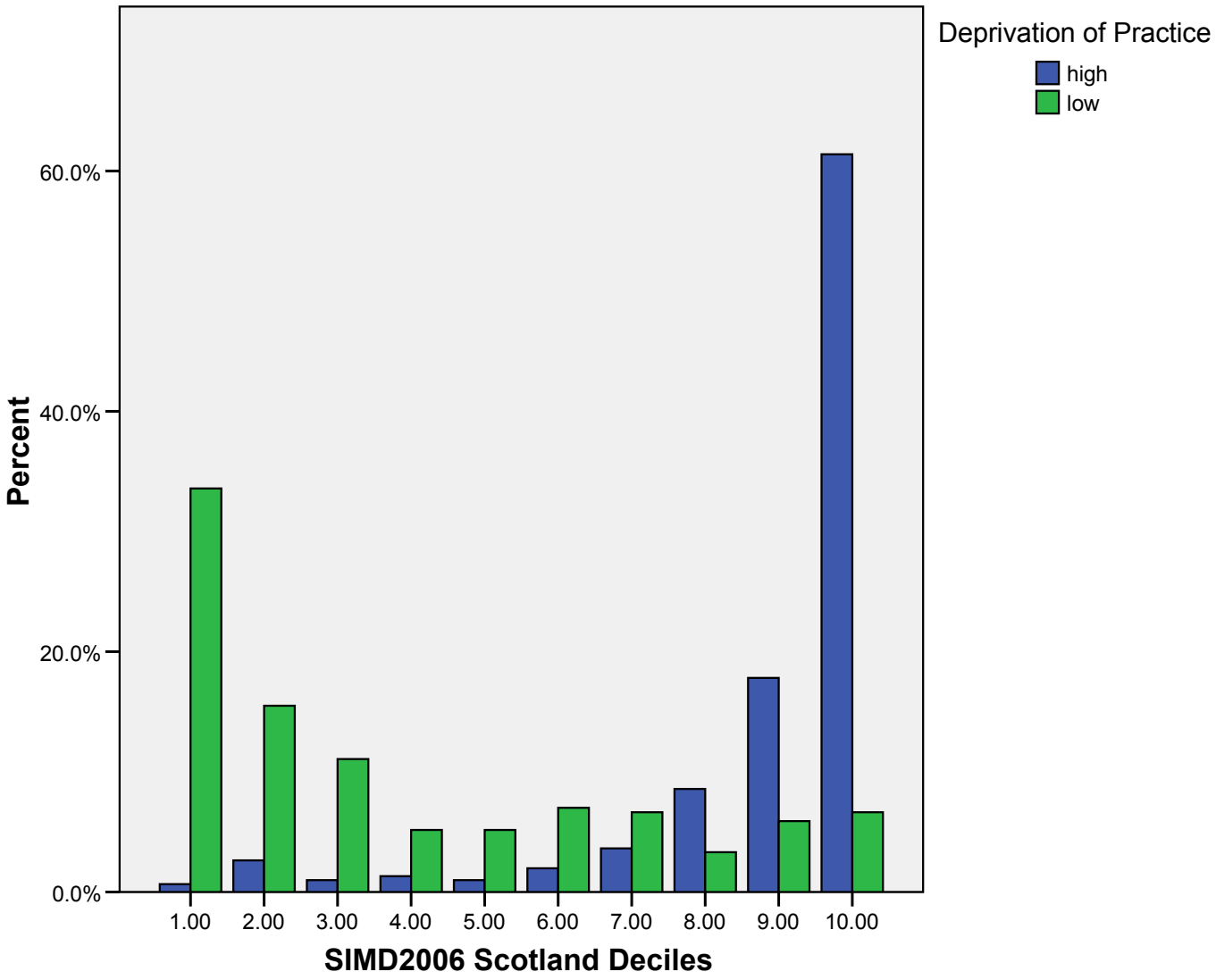
Supplemental materials for:

Mercer SW, Higgins M, Bikker AM, Fitzpatrick B, McConnachie A, Lloyd SM, Little P, Watt GC. General practitioners' empathy and health outcomes: a prospective observational study of consultations in areas of high and low deprivation. *Ann Fam Med*. 2016;14(2):117-124.

Online Appendix

The mean SIMD 2006 score in the upper quartile of practices in the Greater Glasgow and Clyde Health Board region (68 practices) was 49 (range 41-62) and in the lower quartile (68 practices) was 14 (range 5-22).
Mean deprivation score (SIMD 2006) of all registered patients in participating practices was 46 (range 41-58) and 13 (range 5-22) in the high and low deprivation areas, respectively.
The mean deprivation scores (SIMD 2006) of patients participating in this study were 49 (SD 20) and 14 (SD 15), in the high and low deprivation areas, respectively.
In the high deprivation group of participating patients, 88% were in deciles 8-10 (indicating high deprivation) compared with 11% in the low deprivation group. In the low deprivation group 60% were in deciles 1-3 (indicating low deprivation), see graph below.



Supplementary Table 1 - Responders & Non-responders to 1 month follow-up

		Low Deprivation			*High Deprivation*			*All Patients*		
Variable	*Level*	*Responder*	*Non-responder*	*p-value for difference*	*Responder*	*Non-responder*	*p-value for difference*	*Responder*	*Non-responder*	*p-value for difference*
Age (years)		54.68 (16.37)	45.91 (16.88)	p < 0.0001	52.00 (18.48)	45.20 (20.56)	p = 0.0105	53.31 (17.51)	45.67 (18.15)	p < 0.0001
Gender	female	142 (63.1%)	81 (61.8%)	p = 0.8099	156 (66.4%)	43 (66.2%)	p = 0.9724	298 (64.8%)	124 (63.3%)	p = 0.7104
	male	83 (36.9%)	50 (38.2%)		79 (33.6%)	22 (33.8%)		162 (35.2%)	72 (36.7%)	
Marital status	Married/Living with partner	94 (42.3%)	46 (35.4%)	p = 0.1980	144 (62.1%)	30 (46.2%)	p = 0.0213	238 (52.4%)	76 (39.0%)	p = 0.0017
Number of comorbidities		2.34 (1.97)	2.05 (1.71)	p = 0.1521	1.62 (1.43)	1.44 (1.37)	p = 0.3605	1.97 (1.75)	1.84 (1.63)	p = 0.3763
Number of comorbidities (2-level)	2 or more	134 (59.6%)	73 (55.7%)	p = 0.4799	104 (43.9%)	28 (42.4%)	p = 0.8327	238 (51.5%)	101 (51.3%)	p = 0.9539
	Less than 2	91 (40.4%)	58 (44.3%)		133 (56.1%)	38 (57.6%)		224 (48.5%)	96 (48.7%)	
Disabled	no	110 (49.5%)	60 (46.2%)	p = 0.5384	155 (66.2%)	42 (64.6%)	p = 0.8070	265 (58.1%)	102 (52.3%)	p = 0.1712
	yes	112 (50.5%)	70 (53.8%)		79 (33.8%)	23 (35.4%)		191 (41.9%)	93 (47.7%)	
Rating of health	Fair or worse	129 (58.4%)	80 (61.5%)	p = 0.5593	85 (36.8%)	27 (40.9%)	p = 0.5432	214 (47.3%)	107 (54.6%)	p = 0.0901
	Good or better	92 (41.6%)	50 (38.5%)		146 (63.2%)	39 (59.1%)		238 (52.7%)	89 (45.4%)	
Anxiety score		11.75 (3.39)	11.31 (3.20)	p = 0.2447	10.65 (3.01)	11.47 (2.90)	p = 0.0558	11.19 (3.24)	11.36 (3.09)	p = 0.5249
Depression score (PHQ-9)		7.25 (6.52)	7.33 (6.74)	p = 0.9163	5.11 (5.06)	6.91 (6.69)	p = 0.0656	6.09 (5.87)	7.19 (6.71)	p = 0.0623
MYMOP Severity of symptom 1 score at baseline		4.72 (1.61)	5.20 (1.43)	p = 0.0085	4.51 (1.52)	4.83 (1.39)	p = 0.1596	4.61 (1.57)	5.08 (1.42)	p = 0.0009
MYMOP Well-being score at baseline		3.69 (1.78)	3.83 (1.78)	p = 0.4832	3.25 (1.61)	3.47 (1.67)	p = 0.3357	3.46 (1.71)	3.72 (1.75)	p = 0.0933

Patients with at least one response from the follow-up questionnaire were termed as responders for this section of the analysis. The number and proportion of responders are presented in the supplementary table below overall and by area of deprivation. Selected baseline variables and outcome measures are summarised overall and by responder/non-responder status using means, standard deviations and minimum and maximum values for continuous variables and counts and proportions for categorical variables. Differences between the responders and non-responders were assessed using Fishers exact tests, Wilcoxon tests and two-sample t-tests as appropriate

Video analysis: Details of methods and inter-rater reliability

Observer rating of the videos

The video consultations were examined by using four different measures. Verbal communication was assessed by using a validated rating scheme of patient-centred communication (Brown et al., 2001). Non-verbal communication was assessed with a modified version of Mehrabian's schemata (Mehrabian, 1972) devised by Professor Paul Little (Little et al 2015).

Verbal patient-centred communication (MPCC)

The videos were analysed by using the measure of Patient-Centred Communication (MPCC) (Brown et al., 2001). This measure consists of three components.

- Component 1 Exploring both the disease and illness experience
- Component 2 Understanding of the whole person
- Component 3 Finding common ground

Component 1: Exploring both the disease and illness experience

This component includes six areas and assesses the GPs' attempts to understand the patients':

1) symptoms and/or reasons for visit
2) prompts (a statement out of context or restating a problem that was talked about earlier and signals that the patient's symptom, feelings, ideas, expectations have not yet been explored)
3) feelings (reflect the emotional content of the patient's illness)
4) ideas (the patient's understanding of what causes the illness)
5) effect on functioning
6) expectations (of the visit)

Not all six areas have to be addressed in the consultation and the scoring takes into account which areas are included. For each patient's statement that is recorded under component 1, the GPs response can vary from ignoring what a patient says (= cut-off) to exploring it through questions (1 question =preliminary exploration, 2 or more questions = further exploration) or through expressing some form of support, empathy or validation (=validation).
The highest score is given for the response that includes the three categories of preliminary exploration, further exploration and validation.
The lowest is score is given if the GP cuts off the patient.
It is also possible for a GP to explore the issue further (=preliminary /further exploration) and then ignore the issue (=cut-off).
The component 1 score is the mean score across the six areas.

Component 2: Understanding of the whole person

This component measures the degree to which the GP explores issues relating to the patient's family, life cycle, social support, personality, and context. There are no sub headings under this component. Any issue that comes up during the consultation and that relates to component 2 is written down. If no issues come up in the consultation, the component 2 score is 0.

The scoring of the GPs responses is the same as for component 1, i.e.: preliminary exploration, further exploration, validation, and cut-off.

Component 3: Finding common ground

This component has two subheadings:

1) Problem definition
2) Goals of treatment/management

It assesses the degree to which the GP expresses the problem and goals of treatment clearly, and is open for questions and mutual discussion.

For each patient's statement that is recorded under subheading 1 and 2, the GPs response can vary from clearly expressed, to opportunity to ask questions, to mutual discussion, to clarification of agreement. The more boxes that are ticked the higher the score for the GP.

The average of the three components produces an overall percentage for the consultation, whereby a higher percentage implies a more patient-centred consultation. Brown et al. (2001) reported a mean of 50, (SD=17) and the current MPCC and earlier versions show inter-rater reliabilities of 0.69 to 0.83 and an intra-rater reliability of 0.73 (Stewart et al., 2000).

Coding was based on the manual of MPCC available from the originators of the measure (Stewart and colleagues in Ontario, Canada), and helpful email exchanges with the developers of the measure enabled the coders to learn how to use the MPCC. Initially in learning the method, two employed research assistants (GG and AB) scored approximately 20 videos together until they felt confident that they could code the videos reliably by themselves. In this learning phase, each video was watched several times before the MPCC was completed. Due to funding issues, GG then left the team and MH joined AB. They both again scored approximately the same number of videos together, until MH felt confident that she could reliably code them independently.

The coders met weekly and discussed any issues, and every month an inter-rater reliability check was conducted based on both coders rating the same consultations. Six checks (of 10-20 videos per check) were conducted in total (four times between GG and AB, and two times between AB and MH). The average intra-class correlation (ICC) overall was 0.86. The ICC between GG and AB for the overall MPCC score was 0.754 (range 0.740 to 0.776), and between AB and MH 0.966 (0.948 to 0.983). After each check any differences in the coding were discussed in-depth. All 3 raters coded similar numbers of consultations from high deprivation and low deprivation areas in achieving the coding of the 659 videos.

Non-verbal communication

The two coders (AB and MH) used a shortened version of the Mehrabian (1972) schemata based measurement devised by Paul Little (Little et al 2015). This was achieved through a process of identifying the categories most appropriate to the video dataset and a written guide was developed to accompany this version. One of the coders (AB) met with the research team of PL in Southampton in order to learn the method. The measurement schedule originally devised by PL involved rating of all the variables every 15 seconds for the first and last two minutes of the consultation, and this had been carried out in Southampton on 70 consultations from a local pilot study. The length of time it took to rate each consultation made it infeasible to carry out this schedule on a large number of videos within the time constraints of the current study. A meta analysis of studies using thin slice judgements found that there was no significant difference in predictive accuracy between rating 30 seconds and 4-5 minutes (Ambady and Rosenthal 1992) and analysis of the Southampton data revealed that a single 30 sec slice (starting one minute into in the first two minutes) gave results which were not significantly different from the average of the first two minutes (results not shown). Furthermore, for certain variables (smiles, facial expressions, head nods, object manipulation), the first 30 second slice was also not significantly different from the average scores for the last two minutes (results not shown). Thus, after discussion, a single 30 sec slice was used 1 minute into the consultation for all variables measured and a second 30 second slice also measured (1 minute from the end of the consultation) for supportive gesticulations, gaze, self-manipulation, use of computer/notes, head orientation, body orientation, arm symmetry, hand relaxation, neck relaxation. All categories were rated for 30 seconds at one minute from the start of the consultation and the last twelve categories, were rated for 30 seconds at the end of the consultation. Fewer categories were coded than originally envisaged, because some were not visible or hard to judge because of the differences in video angle (i.e. leg position, body lean, body relaxation, non-verbal cut-off). Other categories did not occur frequently enough for the category to be meaningful (i.e. number of negative facial expressions).

There were two sections of non-verbal behaviour categories measured. The first section included;

- number and duration of smiles

- number of positive facial expressions i.e. those that appeared to be empathetic or supportive and added something meaningful to the consultation, like raising eyebrows or pursing lips if it matched with what was being said or frowning when empathising
- number of head nods or other supportive head movements which facilitated communication, including shaking the head when empathising
- number of supportive gesticulations e.g. hand or arm movements in support of speech (0 = 0 gesticulations, 1=1–5 gesticulations, 2=6–10 gesticulations, 3= >10 gesticulations)
- gaze towards patient, including when the patient does not look (duration in seconds),
- self manipulation, meaning any type of touching or fiddling which was an unnecessary movement such as tapping fingers (duration in seconds)
- object manipulation, relating to any movements that involve another object e.g. pen, desk, chair which were non-functional, such as non-functional swivelling on chair or tapping pen on desk (duration in seconds)
- use of computer, notes and movements concerning prescriptions (duration in seconds).

The second section included:

- head orientation towards or away from patient (1 = 0-10 degrees, 2 = 11–45 degrees, 3 = 46–90 degrees)
- body orientation towards or away from patient (using same categories as head orientation)
- arm symmetry (1= symmetrical, 2=slight / moderate, 3= extreme asymmetry of hands, e.g. lap versus chair)
- hand relaxation (1= relaxed, like loose fist, fingers relaxed, loosely holding something, 2= hands in motion and doing something practical, like writing or as part of speech, 3 = self/object manipulation, 4 = tense, like clenched fist, tapping fingers),
- neck relaxation i.e. gaze straight ahead or face supported by hand.

These categories were recorded twice for each consultation by way of a screen shot at the beginning and end of each 30 sec slice.

The two coders (AB and MH) practiced together on the same videos (approximately 30) until their measurements were compatible and they both felt confident to score the videos independently. Two inter-rater reliability checks were conducted, one at the start after both coders were confident in their coding (on 10 videos) and one halfway through the coding (on 5 videos).All continuous variables (smiles, facial expressions, head nods, supportive gesticulations, gaze towards patient, self/object manipulation, use of computer/notes), had ICCs above 0.8 at the first IRR check and above 0.9 at the second check.

References

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Supplementary Table 2 – Patients expectations of involvement in decision making

			Deprivation Area		
Variable	*Level*	*N*	*Low*	*High*	*p-value for difference*
Who should decide cause of symptoms	doctor alone	n = 628	52 (18.6%)	111 (31.8%)	p = 0.0006
	mostly the doctor		139 (49.8%)	168 (48.1%)	
	doctor and patient equally		83 (29.7%)	66 (18.9%)	
	mostly the patient		4 (1.4%)	4 (1.1%)	
	the patient alone		1 (0.4%)		
Who should decide the treatment options	doctor alone	n = 628	47 (16.8%)	92 (26.4%)	p = 0.0006
	mostly the doctor		108 (38.7%)	151 (43.3%)	
	doctor and patient equally		118 (42.3%)	96 (27.5%)	
	mostly the patient		6 (2.2%)	10 (2.9%)	
Who should decide what the benefits and risks of treatment o	doctor alone	n = 628	36 (12.9%)	85 (24.4%)	p < 0.0001
	mostly the doctor		82 (29.4%)	154 (44.1%)	
	doctor and patient equally		148 (53.0%)	103 (29.5%)	
	mostly the patient		13 (4.7%)	6 (1.7%)	
	the patient alone			1 (0.3%)	
Who should decide how likely the benefits and risks of treat	doctor alone	n = 628	43 (15.4%)	92 (26.4%)	p < 0.0001
	mostly the doctor		129 (46.2%)	180 (51.6%)	
	doctor and patient equally		103 (36.9%)	76 (21.8%)	
	mostly the patient		4 (1.4%)	1 (0.3%)	
Who should decide how acceptable the treatment benefits and	doctor alone	n = 628	25 (9.0%)	80 (22.9%)	p < 0.0001
	mostly the doctor		58 (20.8%)	131 (37.5%)	
	doctor and patient equally		135 (48.4%)	113 (32.4%)	
	mostly the patient		59 (21.1%)	22 (6.3%)	
	the patient alone		2 (0.7%)	3 (0.9%)	
Who should decide the treatment choice	doctor alone	n = 628	33 (11.8%)	92 (26.4%)	p < 0.0001
	mostly the doctor		86 (30.8%)	161 (46.1%)	
	doctor and patient equally		135 (48.4%)	84 (24.1%)	
	mostly the patient		25 (9.0%)	12 (3.4%)	

Supplementary Table 3 – Type of problem to be discussed in consultation

			Deprivation Area		
Variable	*Level*	*N*	*Low*	*High*	*p-value for difference*
Physical problem	Yes	n = 655	266 (88.7%)	291 (82.0%)	p = 0.0195
Emotional problem	Yes	n = 655	46 (15.3%)	63 (17.7%)	p = 0.4618
Social problem	Yes	n = 655	9 (3.0%)	12 (3.4%)	p = 0.7833
Administrative problem	Yes	n = 655	13 (4.3%)	19 (5.4%)	p = 0.6427
Other problem	Yes	n = 655	50 (16.7%)	79 (22.3%)	p = 0.1194

Supplementary Table 4 – British National Formulary classification of symptoms discussed

		Deprivation Area		
Variable	*Level*	*Low*	*High*	*p-value for difference*
Gastro-intestinal system	Yes	24 (8.7%)	25 (7.8%)	p = 0.7042
Cardiovascular system	Yes	27 (9.8%)	35 (11.0%)	p = 0.7317
Respiratory system	Yes	18 (6.5%)	28 (8.8%)	p = 0.3064
Central nervous system	Yes	45 (16.3%)	61 (19.1%)	p = 0.4072
Infections	Yes	13 (4.7%)	18 (5.6%)	p = 0.6104
Endocrine system	Yes	5 (1.8%)	6 (1.9%)	p = 0.9687
Obstetrics gynaecology and urinary-tract disorders	Yes	19 (6.9%)	16 (5.0%)	p = 0.3364
Malignant disease and immunosuppression	Yes	3 (1.1%)	4 (1.3%)	p = 0.8508
Nutrition and blood	Yes	2 (0.7%)	6 (1.9%)	p = 0.3080
Musculoskeletal and joint diseases	Yes	56 (20.3%)	64 (20.1%)	p = 0.9578
Eye	Yes	3 (1.1%)	10 (3.1%)	p = 0.1041
Ear nose and oropharynx	Yes	23 (8.3%)	19 (6.0%)	p = 0.2615
Skin	Yes	22 (8.0%)	20 (6.3%)	p = 0.4205
Other	Yes	16 (5.8%)	7 (2.2%)	p = 0.1177

Supplementary Table 5 – Verbal and non-verbal observer ratings of GP behavior and patients' views on the consultations

		Deprivation Area		
Variable	*Level*	*Low*	*High*	*p-value for difference*
Patient-Centred Score Total		1.42 (0.45)	1.27 (0.49)	p = 0.0170
Patient-Centred Score: Component 1		0.28 (0.13)	0.25 (0.13)	p = 0.0837
Patient-Centred Score: Component 2		0.34 (0.38)	0.29 (0.38)	p = 0.2201
Patient-Centred Score: Component 3		0.81 (0.14)	0.72 (0.18)	p < 0.0001
Smiles in first 30 secs		0.38 (0.65)	0.29 (0.58)	p = 0.2032
Supportive facial expressions in first 30secs		1.78 (1.76)	1.27 (1.41)	p = 0.0429
Head nods in first 30secs		6.05 (5.53)	4.05 (5.88)	p = 0.0755
Seconds looking at patient in first 30secs		21.51 (9.10)	17.94 (10.23)	p = 0.0149
Seconds looking at patient in last 30secs		14.23 (9.63)	12.77 (9.63)	p = 0.2247
Seconds self-manipulation in first 30secs		4.81 (7.86)	4.28 (6.89)	p = 0.6206
Seconds self-manipulation in last 30secs		1.97 (4.72)	1.93 (4.46)	p = 0.9161
Seconds object-manipulation in first 30secs		1.73 (5.37)	0.83 (3.36)	p = 0.1304
Seconds looking at computer/notes in first 30secs		6.18 (8.81)	9.63 (10.62)	p = 0.0227
Seconds looking at computer/notes in last 30secs		12.76 (10.29)	14.39 (10.67)	p = 0.1948
Rating of time spend with GP	Satisfied	208 (69.6%)	213 (60.3%)	p = 0.0547
	Not satisfied	91 (30.4%)	140 (39.7%)	
Recommend GP	Definitely	249 (83.0%)	264 (75.2%)	p = 0.0733
	Probably/Not	51 (17.0%)	87 (24.8%)	
Patient seen by usual/regular GP	Yes	177 (60.2%)	264 (77.4%)	p = 0.0053

Variable	*Level*	*Deprivation Area*		
		Low	*High*	*p-value for difference*
	No	117 (39.8%)	77 (22.6%)	
Preference for seeing different GP	yes	12 (4.1%)	5 (1.5%)	p = 0.0569
	no	280 (95.9%)	326 (98.5%)	
Overall satisfaction with consultation	Completely satisfied	162 (54.0%)	153 (43.7%)	p = 0.0534
	Not completely satisfied	138 (46.0%)	197 (56.3%)	
Rating of patient participation	Completely happy	129 (45.1%)	95 (28.0%)	p = 0.0002
	Not completely happy	157 (54.9%)	244 (72.0%)	
Length of consultation (minutes)		9.24 (4.17)	9.17 (4.11)	p = 0.8986
How well patient knows GP		3.48 (1.29)	4.04 (1.03)	p = 0.0011
CARE Measure		4.50 (0.62)	4.34 (0.66)	p = 0.0227
PEI Score		4.62 (3.29)	4.28 (3.45)	p = 0.1999

Supplementary Table 6 – Predictors of MYMOP Symptom score at 1 month

Covariate	*Unadjusted Parameter Estimate (95% Confidence Interval)*	*Adjusted Parameter Estimate (95% Confidence Interval)*	*p-value*
Intercept		0.006 (-1.772, 1.784)	.
MYMOP Severity of Symptom 1	-0.686 (-0.804, -0.568)	-0.71 (-0.834, -0.587)	<0.0001
Deprivation (High)	0.699 (0.298, 1.1)	2.409 (0.986, 3.831)	0.0010
Age (10 year change)	-0.04 (-0.148, 0.068)	-0.033 (-0.145, 0.079)	0.5651
Sex (Male)	-0.116 (-0.502, 0.27)	-0.036 (-0.442, 0.369)	0.8595
Marital Status (Other vs. Living with partner)	0.482 (0.1, 0.864)		
Multiple Morbidity Count	0.218 (0.111, 0.325)	0.131 (0.008, 0.255)	0.0367
Disabled	0.788 (0.401, 1.176)		
Rating of Health	0.562 (0.383, 0.741)	0.269 (0.04, 0.498)	0.0216
GP Visits in Past Year	0.087 (0.054, 0.121)	0.05 (0.015, 0.086)	0.0060
PHQ-9 Baseline Score	0.099 (0.067, 0.13)	0.048 (0.012, 0.084)	0.0099
State Anxiety Measure	0.117 (0.059, 0.174)		
Number of Problems (Two or more vs. one)	0.679 (0.313, 1.044)		
Time Spent with GP (mins)	0.078 (0.032, 0.125)	0.054 (0.006, 0.102)	0.0262
How well Patient knows GP	0.236 (0.067, 0.405)		
Usual GP (No vs. Yes)	-0.441 (-0.853, -0.03)		
CARE Measure	-0.323 (-0.613, -0.033)	-0.481 (-0.792, -0.171)	0.0025
Desire for Decision Making	0.018 (-0.033, 0.069)		
Responsibility for Decision Making	0.037 (-0.015, 0.088)		
Duration of Symptoms (More than 4weeks vs. Less than 4weeks)	0.698 (0.328, 1.068)	0.466 (0.076, 0.856)	0.0193

Supplementary Table 7 – Predictors of MYMOP Wellbeing score at 1 month

Covariate	*Unadjusted Parameter Estimate (95% Confidence Interval)*	*Adjusted Parameter Estimate (95% Confidence Interval)*	*p-value*
Intercept		1.799 (0.508, 3.09)	.
MYMOP Well-Being	-0.652 (-0.747, -0.556)	-0.833 (-0.943, -0.724)	<0.0001
Deprivation (High)	0.58 (0.238, 0.923)	0.237 (-0.11, 0.585)	0.1795
Age (10 year change)	-0.005 (-0.1, 0.091)	-0.012 (-0.11, 0.085)	0.8031
Sex (Male)	-0.158 (-0.498, 0.182)	-0.182 (-0.531, 0.167)	0.3058
Marital Status (Other vs. Living with partner)	0.179 (-0.156, 0.515)		
Multiple Morbidity Count	0.207 (0.111, 0.304)		
Disabled	0.729 (0.384, 1.074)		
Rating of Health	0.583 (0.421, 0.745)	0.383 (0.192, 0.575)	0.0001
GP Visits in Past Year	0.069 (0.04, 0.097)	0.037 (0.008, 0.066)	0.0117
PHQ-9 Baseline Score	0.088 (0.057, 0.118)	0.062 (0.029, 0.094)	0.0002
State Anxiety Measure	0.066 (0.011, 0.121)		
PEI Baseline Score	-0.069 (-0.117, -0.021)		
CARE Measure		-0.275 (-0.532, -0.018)	0.0361
Duration of Symptoms (More than 4weeks vs. Less than 4weeks)	0.512 (0.179, 0.845)	0.422 (0.092, 0.752)	0.0125

Correlations

		Rating of health during past year	Number of times visited a GP in past year	MYMOP Severity of main problem discussed with GP	MYMOP Duration of main problem	PHQ-9 Total score	measured consultation duration (minutes)	multimorbidity
Rating of health during past year	Pearson Correlation	1	.372**	.197**	.144**	.340**	.132**	.397**
	Sig. (2-tailed)		.000	.000	.001	.000	.001	.000
	N	648	603	567	557	626	636	647
Number of times visited a GP in past year	Pearson Correlation	.372**	1	.117**	.022	.179**	.078	.263**
	Sig. (2-tailed)	.000		.007	.622	.000	.055	.000
	N	603	613	535	523	589	602	612
MYMOP Severity of main problem discussed with GP	Pearson Correlation	.197**	.117**	1	-.012	.224**	.095*	.109**
	Sig. (2-tailed)	.000	.007		.779	.000	.024	.009
	N	567	535	576	556	557	565	575
MYMOP Duration of main problem	Pearson Correlation	.144**	.022	-.012	1	.170**	.119**	.082
	Sig. (2-tailed)	.001	.622	.779		.000	.005	.052
	N	557	523	556	565	546	553	564
PHQ-9 Total score	Pearson Correlation	.340**	.179**	.224**	.170**	1	.159**	.132**
	Sig. (2-tailed)	.000	.000	.000	.000		.000	.001
	N	626	589	557	546	635	623	634
measured consultation duration (minutes)	Pearson Correlation	.132**	.078	.095*	.119**	.159**	1	.128**
	Sig. (2-tailed)	.001	.055	.024	.005	.000		.001
	N	636	602	565	553	623	647	646
multimorbidity	Pearson Correlation	.397**	.263**	.109**	.082	.132**	.128**	1
	Sig. (2-tailed)	.000	.000	.009	.052	.001	.001	
	N	647	612	575	564	634	646	658

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).