

Information Mastery 2

Patient decision aids

What they are and tips on how to use them

1. What is a patient decision aid?

O'Connor and Edwards¹ describe patient decision aids (PDAs) as follows:

Decision aids are intended to prepare patients to participate with their health care professionals in making deliberated, personalised choices about health care options. They supplement counselling by providing information on options. The aim is that patients are better able to judge the value of the benefits versus the harms.

It is important to distinguish these from the kind of informed consent materials often provided to potential participants in clinical trials, general educational interventions not dealing with a specific decision, or materials designed to promote a particular option or support compliance with such an option¹.

2. Why use patient decision aids?

Modern chronic disease management often involves patients taking medicines long-term. Often these do not have any appreciable effect on patients' symptoms, for example, taking statins for primary or secondary prevention of cardiovascular disease. Whether or not there is an effect on symptoms, patients need to weigh up the likely benefits against the inconvenience of daily medication and the risk of side effects. About two-thirds of patients want to have at least some involvement in making decisions about their medicines².

A Cochrane review (34 RCTs of 31 screening and treatment PDAs) found that PDAs improve knowledge and realistic expectations; enhance active participation in decision making; lower decisional conflict; decrease the proportion of people remaining undecided; and improve agreement between values and choice. [[MeReC extra 29](#)] A further systematic review (29 RCTs of 21 treatment PDAs) concluded that PDAs significantly improve the quality of patients' decision-making when the choice of treatments is difficult and depends on individual values relating to benefits and harms. [[MeReC extra 29](#)]

Decision aids prepare patients for decision making by increasing their knowledge about expected outcomes and helping them to relate these to their personal values. The decision aids on NPCi are based on the best available evidence but are not a substitute for a discussion with a suitably skilled health professional. We hope that their use in such discussions will result in better informed, patient-focused decision making.

3. How might an NPCi patient decision aid be used?

The patient decision aids on NPCi are not intended to be given to patients to read in isolation. They provide visual aids to support discussions between patients and health professionals. They have an introduction which serves three purposes: firstly it ensures that the health professional understands the clinical setting for which the decision aid is intended and the evidence on which it is based. This will enable the health professional to tailor the visual aid to the patient's individual circumstances, for example, if he or she is at higher or lower risk than the population illustrated. Secondly, the introduction may be helpful as an *aide-memoiré* for health professionals to highlight some topics they may wish to cover in the discussion. Finally, if the decision aid is given to the patient to take away, the introduction will remind the patient of the context in which the pros and cons of treatment were discussed.

We suggest a five step approach:

- a. Describe the clinical problem (e.g. the patient has atrial fibrillation, which increases the risk of stroke).
- b. Describe the option(s) under consideration (e.g. the patient could choose to take aspirin, warfarin or neither drug to reduce his or her risk of stroke. One is more effective than the other but carries a greater risk of side effects).
- c. Offer more information and ask the patient how much involvement in the decision he or she wishes to have (i.e. the decision may be made primarily by the patient after listening to the views

of the health professional, family and friends, by the patient and health professional jointly, or left to the health professional). Ask the patient to work out what is important to them using this [tool](#).

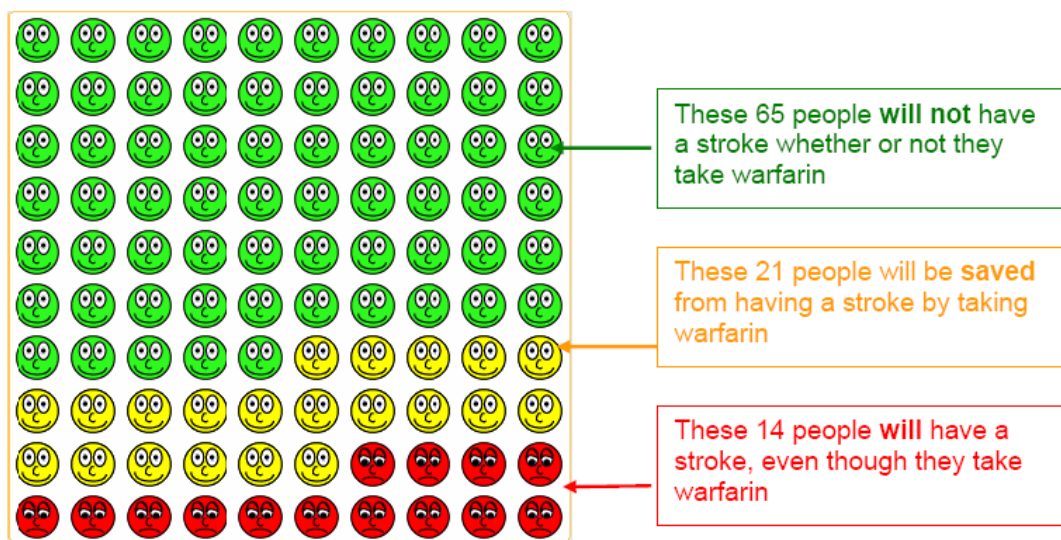
- d. If the patient would like more information, go through the decision aid images, explaining them to the patient. It is perfectly reasonable to offer one's own view if this seems appropriate.
- e. Allow the patient time to make the decision if that is his or her choice. The patient may wish to take away the decision aid to re-read it or discuss with friends or family.

Naturally, this discussion should be recorded in the patient's clinical record.

This may seem a little time consuming but evidence shows that a more informed patient is more likely to be concordant with treatment³, reducing waste of NHS resources including professional time and medicines which are dispensed but not taken.

4. How should one take account of a patient's baseline risk when using a patient decision aid?

It is important to take into account the patient's likely baseline risk. If their risk is greater than the risk illustrated, their absolute chance of benefiting is also increased but their residual risk is higher. For example, consider the PDA for antithrombotic prophylaxis of stroke in patients with [atrial fibrillation](#). The benefits of warfarin are described for someone at 35% risk of having a stroke over the next 10 years:



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This is based on a 60% relative risk reduction. If the patient we are talking to has a higher risk of stroke – say 50% over 10 years, the number of people per 100 who are “saved” is higher: $0.6 \times 50 = 30$. However, the number of people who have a stroke is decreased from 50 in 100 to 20 in 100 (because $50 - 30 = 20$). So our patient is more likely to benefit from taking warfarin (40 in every 100 like them will benefit instead of 21 in every 100 as in the printed example), but their chance of having a stroke will still be higher than in the printed example.

We can see that the reverse applies if the person we are talking to has a lower risk than the printed example. These principles also apply to weighing the likely harms of treatment.

5. Feedback on use of NPCi patient decision aids

We should be grateful for feedback on how useful NPCi patient decision aids are in practice, both positive comments and suggestions as to how they might be improved. Please complete the [feedback form](#).

¹ O'Connor A and Edwards A: The role of decision aids in promoting evidence-based patient choice *in* Edwards A and Elwyn E (eds) Evidence-based patient choice: inevitable or impossible? Oxford: OUP 2001

² Medicines Partnership. Available from http://www.npc.co.uk/med_partnership/about-us/concordance.html accessed Sept 2007

³ Weymiller AJ, et al. Helping Patients With Type 2 Diabetes Mellitus Make Treatment Decisions: *Statin Choice* Randomized Trial. *Arch Intern Med* 2007;167:1076-82