Patient Decision Aids based on ODSF: A synthesis of findings from 24 RCT's

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O'Connor et al., *Cochrane Library*, 2009 plus update in 2010

Topics

- 1. Definition
- 2. Evidence
- 3. Use & Related Tools
- 4. Discussion: SWG

Patient Decision Aids adjuncts to counseling



Inform

Provide facts
Condition, options, benefits, harms
Communicate probabilities



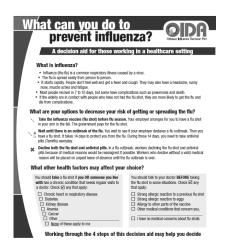
•Patient experiences

•Ask which benefits/harms matters most •Facilitate communication

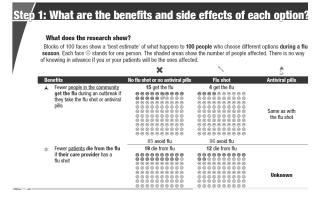


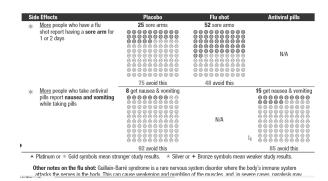
Support

•Guide in steps in deliberation/communication •Worksheets, list of questions



An influenza prevention decision aid





Rates Evidence Quality using STARS

PLATINUM



Systematic Review (meta-analysis) that is well-conducted and includes 2 or more randomised controlled trials

GOLD



Randomised controlled trial (1 or more) that tests at least 50 people with a treatment and 50 people without the treatment

SILVER

Observational studies or studies that did not assign people randomly to groups who receive or do not receive the treatment

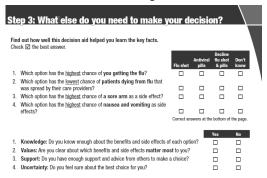
BRONZE

Expert opinion or reports of specific cases

Consider which positive and negative features matter most

How important is it to you?	Not In	nporta	ant	Ver	y Imp	ortant	Options to consider
To avoid ALL side effects of taking flu shots and antiviral pills?	0	1	Ø	3	4	(5)	×
To avoid a needle and side effects unless there is an outbreak?	0	1	Ø	3	4	(5)	🌂 and 🛓
To avoid the inconvenience and side effects of taking pills?	0	1	Ø	3	4	5	N.
To avoid getting the flu for the whole flu season?	0	1	Ø	3	4	5	~
To avoid spreading the flu to family and patients?	0	1	Ø	3	4	5	<i>N</i>
To avoid work limitations during a flu	~	<i>•</i>	~	0	~		× Å

Assess knowledge and DC



Step 4: What are the next steps?

Check 🗹 your next steps:

- I have decided to take the flu shot before the flu season.
- \Box I have decided to wait for an outbreak and take the flu shot and antiviral pills
- □ I have decided to decline both the flu shot and antiviral pills.
- I need to discuss the options with my doctor and family.
- I need to read more about my options.
- Other, please specify: _____

Answers for the key facts: 1. Decline flu shot & pills 2. Flu shot 3. Flu shot 4. Antiviral pills

This information is not intended to replace the advice of a health care provider.

This decision all was developed by Canadian researchers who conducted an extensive review of the available scientific literature. Content Editors: A McCarthy MD, S Sullivan MSc, J Sutherland MEd and the Ottawa Influenza Decision Aid Planning Group Funded in a ptr by CHR, MOHIC via SHRTM. All Authors have declared no conflict of interest. Format is based on the Ottawa Decision Guide \otimes 2000, A O'Connor, D Stacey, University of Ottawa, Canada August 2008

4 For additional information please contact the Occupational Health and Safety Department for the "Facts and Numbers Behind the Ottawa Influenza Decision Aid".

Topics

- 1. Definition
- 2. Evidence
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- 4. Discussion: SWG

Systematic Review of Patient Decision Aids based on the Ottawa Decision Support Framework Update 2009+

O'Connor AM, Bennett CL, Stacey D, Mullan S

Search Results (to week 1 Oct 2009)
32,554 citations
1,637 abstract screen
240 full-text screen
129 excluded 16 pending classification 3 trials in progress 2 references to included studies
90 eligible trials
66 trials not ODSF
24 based on ODSF

Topics of patient decision aids evaluated in 24 RCTs

Medical

- 6 HRT (Deschamps 04; Dodin 01; Legare 03; O'Connor 98; O'Connor 99; Rostom 02)
- 2 atrial fib anti-coag (Man-
- Son-Hing 99; McAlister 05) - 1 cardiovascular (Lalonde 06)
- 1 osteoporosis (Oakley 06)
- Surgical
- - 1 mastectomy (Goel 01) - 1 prophylactic mastectomy (Schwartz 09)

· Screening

- 3 BRCA1/2 gene (Tiller 06; Wakefield 08a; Wakefield 08b)
- 1 colon cancer (Wakefield 08)
- 2 prenatal (Hunter 05; Nagle 08)
- 1 mammography (Mathieu 07)

Obstetrics

- 1 VBAC (Shorten 05)
- 1 Breech (Nassar 07)
- 1 MS child bearing (Prunty 08)
- Other
 - 1 pre-op autologous blood
 - donation (Laupacis 06) 1 referral to CF transplant centre (Vandenheem 09)

Elements in Patient Decision Aids Cochrane

	ODSF (n=20)*	Non-ODSF (n=41)
Options, outcomes, implicit values clarification	100%	100%
Clinical condition	100%	95%
Probabilities of benefits/harms	100%	83%
Explicit values clarification	100%	42%
Examples of others/ other's opinions	90%	51%
Guidance in decision making steps	95%	34%
For use before counseling	100%	61%
ODSF includes 2009 plus update (4 PtDAs needed c	ontents verified	

O'Connor et al., Cochrane Library, 2009

Knowledge DA versus Usual Care



	Dec	ision A	id	Us	ual Car	е		Mean Difference		Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	Year	IV, Random, 95% CI
Man-Son-Hing 1999	75.91	15.72	137	66.46	16.07	136	12.1%	9.45 [5.68, 13.22]	1999	+
Shorten 2005	75.33	15	99	60.53	17.07	92	11.3%	14.80 [10.23, 19.37]	2005	-
Laupacis 2006	83	19.5	53	67.4	17	53	8.8%	15.60 [8.64, 22.56]	2006	
Tiller 2006	92	10	59	85	19	61	10.4%	7.00 [1.59, 12.41]	2006	
Nassar 2007	88	19	98	79	18	90	10.5%	9.00 [3.71, 14.29]	2007	-
Wakefield 2008b	89.5	13.25	56	82.88	14.38	49	10.5%	6.62 [1.30, 11.94]	2008	
Wakefield 2008	81.25	18.63	41	76.63	15.88	54	8.6%	4.62 [-2.48, 11.72]	2008	+
Wakefield 2008a	89.25	11	57	83.5	15.13	63	11.2%	5.75 [1.05, 10.45]	2008	
Prunty 2008	63	21.8	78	46.3	18.6	61	9.0%	16.70 [9.98, 23.42]	2008	
Vandemheen 2009	74	27.07	70	49	23.33	79	7.6%	25.00 [16.83, 33.17]	2009	
Total (95% CI)			748			738	100.0%	11.00 [7.72, 14.28]		•
Heterogeneity: Tau*=	19.35: C	:hi² = 31	.63. df	= 9 (P =	0.0002); ² = 7	2%			<u> </u>
Test for overall effect	Z = 6.58	(P ≺ 0.0	0001)							-50 -25 0 25 50 Favours Usual Care Favours Decision Aid

WMD 11.0 (7.7; 14.3) for 10 RCTs based on ODSF

WMD 15.2 (11.7; 18.7) for 18 RCTs in Cochrane 2009 WMD 15.7 (11.4; 19.95) for 15 RCTs in Cochrane 2009 (not ODSF)

WMD 20.6 (16.5; 24.8) for 4 RCTs in Cochrane 1999

Knowledge **Detailed versus Simple**



	Det	ailed D	A	Si	nple DA			Mean Difference		Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	Year	IV, Random, 95% CI
O'Connor 1998a	75	20	81	71	21	84	15.5%	4.00 [-2.26, 10.26]	1998	+
Dodin 2001	71.04	15.45	52	61.2	17.9	49	14.3%	9.84 [3.30, 16.38]	2001	
Goel 2001	81.67	11.11	77	80	12.22	48	28.9%	1.67 [-2.59, 5.93]	2001	+
Rostom 2002	93.8	9	25	87.1	11.8	26	17.9%	6.70 [0.95, 12.45]	2002	-
Hunter 2005	64.53	19.61	116	60.13	19	126	23.4%	4.40 [-0.47, 9.27]	2005	-
Total (95% CI)			351			333	100.0%	4.74 [2.09, 7.39]		•
Heterogeneity: Tau ² =	: 1.60; C	hi² = 4.8	14, df=	4 (P = 0	.30); I ^a =	= 17%				-100 -50 0 50 100
Test for overall effect	Z = 3.51	(P = 0.	0004)							Famurs Simple Famurs Detailed

WMD 4.7 (2.1; 7.4) for 5 RCTs based on ODSF

WMD 4.6 (3.6; 6.2) for 9 RCTs in Cochrane 2009 WMD 4.6 (2.5; 6.8) for 4 RCTs in Cochrane 2009 (not ODSF)



McAlister 2005	66	175	25	155	16.7%	2.34 [1.56, 3.51]	2005		
Laupacis 2006	14	47	5	50	5.8%	2.98 [1.16, 7.63]	2006		
Vandemheen 2009	46	70	23	79	17.5%	2.26 [1.54, 3.31]	2009		
Total (95% CI)		564		565	100.0%	2.06 [1.60, 2.65]			•
Total events	309		148						
Heterogeneity: Tau [#] = 0				= 0.03	l); I#= 60%			0.1 0.2 0.5	2 5 10
Test for overall effect: Z	H) Ua.c =	< 0.0000	0					Favours Control	Favours Decision Aid

RR 2.1 (1.6; 2.7) for 6 RCTs based on ODSF

RR 1.9 (1.5; 2.5) for 10 RCTs in Cochrane 2009 RR 1.8 (1.2; 2.7) for 4 RCTs in Cochrane 2009 (not ODSF)

Decisional Conflict PtDA vs Usual Care										
	Dec	ision A	d	Usi	ual Car	2		Mean Difference		Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SÐ	Total	Weight	IV, Bandom, 95% Cl	Year	IV, Bandom, 95% CI
126 Lotal decisional	contiet	ecore								
Man Sun Hina 1999	18.25		139	18.5	13.5	148	9.5%	2.25 [5.12. 0.62]	1000	
Shorten 2005	20.5	12.5	99		10.25	00	6.7%	-6.00 F10.54, -1.461		
McAlister 7005	10	12.0	205	17.5	12.9	202	10.3%	-2.50 F4.93, -0.07		
Tiller 2006	26.75	12.6		30.25	12.6	61	6,8%	3.6017.99.0.99		
Laupacis 2008		10.75		25.25		54	5.7%	-7.75 [-10.06, -2.44]		
Mathleu 2007	20.06	315	0	21.89	0	295		Not estimable		
Nassar 2007	4.6	9	98	13.5	19.7	SB	7.7%	890 (1310, 470)	2007	
Prunty 2008	26.75			32.25	16	61	6.0%	-5.50 [-10.54, -0.46]	2008	
Wakefield 2000b	40	5.25		42.25	0	55	10.1%	-2.25 [-4.70, 0.20]		
Wakefield 2008	38.25	7	105	43.25	8.5	105	11.6%	-5.00 (-6.67, -3.33)		
Wateheld 2009a	41	к	ńΚ	42	8	KR	10.2%	1101[347,147]		-
Nagle 2008	17.75				13.75	171	9.7%	1.50 [1.27, 4.27]		
Vandemheen 2009 - Sublinfal (95% Cl)	11.6	13.6	70 1183	20.4	16.9	79 1485	6.2% 100.0%	-8.80 [-13.70, -3.90] -3.84 [-5.52, -2.15]	2009	•
i letero genenty: lau+= Test for overall effect:				11 (I'=	0.0001); I* = 7	U%.			
WMD -3.8	(-5.5	; -2.2	2) fo	r 13	RCT	's ba	ased o	on ODSF		-20 -10 0 10 20 Favours Decision Ald Favours Vsual Care
WMD -6.1	(-8.6	; -3.6	6) fo	r 10	RCT	's in	Coch	rane 2009		

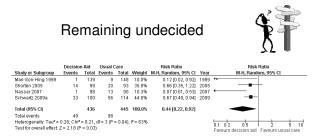
WMD -7.7 (-11.4; -4.1) for 6 RCTs in Cochrane 2009 (not ODSF)



0.1 0.2 0.5 1 2 5 10 Favours Usual Care Favours Decision Aid

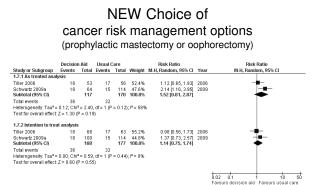
RR 0.74 (0.4; 1.3) for 1 RCTs based on ODSF

RR 0.61 (0.45; 0.82) for 8 RCTs in Cochrane 2009 RR 0.59 (0.42; 0.83) for 7 RCTs in Cochrane 2009 (not ODSF)



RR 0.44 (0.22; 0.92) for 4 RCTs based on ODSF

RR 0.51 (0.34; 0.75) for 4 RCTs in Cochrane 2009 RR 0.47 (0.29; 0.77) for 2 RCTs in Cochrane 2009 (not ODSF)



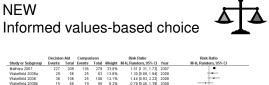
RR 1.14 (0.75; 1.74) for 2 RCTs based on ODSF

Choice: Hormone Replacement Therapy

	Detaile	1 DA	Simple	DA		Risk Ratio		Risk Ratio
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% Cl	Year	M-H, Random, 95% Cl
O'Connor 1998a	13	81	12	84	15.9%	1.12 [0.55, 2.31]	1998	
Dodin 2001	21	52	31	49	53.7%	0.64 [0.43, 0.95]	2001	
Deschamps 2004	16	48	19	43	30.4%	0.75 [0.45, 1.27]	2004	
Total (95% CI)		181		176	100.0%	0.73 [0.55, 0.98]		•
Total events	50		62					
Heterogeneity: Tau ^a =	0.00; Chi	² = 1.90	, df = 2 (F	P = 0.39	i); l ^a = 0%			
Test for overall effect	Z = 2.10 (P = 0.0	4)					Reduces preference Increases preference

RR 0.73 (0.55; 0.98) for 3 RCTs based on ODSF

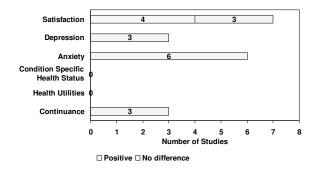
RR 0.73 (0.55; 0.98) for 3 RCTs in Cochrane 2009 - same trials



	Decision	n Aid	Compar	ison		Risk Ratio		Risk Ratio
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% CI	Year	M-H, Random, 95% Cl
Mathieu 2007	227	309	138	279	33.0%	1.51 [1.31, 1.73]	2007	•
Wakefield 2008a	29	56	25	63	13.8%	1.30 [0.88, 1.94]	2008	+
Wakefield 2008	36	106	25	108	12.1%	1.44 [0.93, 2.22]	2008	+
Wakefield 2008b	15	55	19	55	8.2%	0.79 [0.45, 1.39]	2008	
Nagle 2008	127	167	111	171	32.9%	1.17 [1.02, 1.35]	2008	-
Total (95% CI)		693		674	100.0%	1.28 [1.07, 1.54]		•
Total events	434		316					
Heterogeneity: Tau*	= 0.02; Chi	= 9.77	df = 4 (P	= 0.04)	P*= 59%			01 02 05 1 2 5 10
Test for overall effect	: Z = 2.71 (P = 0.00	07)					Favours usual care Favours decision aid

RR 1.28 (1.07; 1.54) for 5 RCTs based on ODSF

Other Outcomes



Topics

- 1. Definition
- 2. Evidence
- 3. Use & Related Tools
 - 4. Discussion: SWG

GOOGLE: 'decision aid'

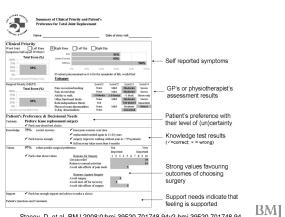
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www.ohri.ca/decisionaid

Ce	intent	Answer
1.	The decision aid describes the condition (health or other) related to the decision.	Yes
2.	The decision aid describes the decision that needs to be considered (the index decision).	Yes
з.	The decision aid lists the options (health care or other).	Yes
4.	The decision aid describes what happens in the natural course of the condition (health or other) if no action is taken.	Yes
5.	The decision aid has information about the procedures involved (e.g. what is done before, during, and after the health care option).	Yes
6.	The decision aid has information about the positive features of the options (e.g. benefits, advantages).	Yes
7.	The decision aid has information about negative features of the options (e.g. harms, side effects, disadvantages).	Yes



Stacey, D. et al. BMJ 2008;0:bmj.39520.701748.94v2-bmj.39520.701748.94 Copyright ©2008 BMJ Publishing Group Ltd.

Topics

- 1. Definition 2. Evidence
- 3. Use & Related Tools
- 4. Discussion: SWG

Discussion

- 1. Take 2 minutes to jot down
 - Strengths
 - Weaknesses
 - Gaps in research
- 2. Discussion

Strengths, Weaknesses, Gaps

- · Strengths
- Knowledge Gaps
- -. -.
- . - .
- Weaknesses
 - . - .

Limitations of Cochrane Review 2009

Variability

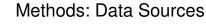
- Populations
- Measures
- Time frames
- Usual care interventions

Implications for Research

Further evaluation

- Web-based decision aids
- Preference linked outcomes
- Persistence with chosen option, decisional regret, health utilities, resource use, costs
- Patient-practitioner communication
- Litigation rates
- Use by diverse groups of patients
- Dissemination strategies /use in clinical practice

O'Connor et al., Cochrane Library, 2009



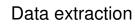
- Medline (1966 to Oct 2009)
- CINAHL (1982 to Oct 2009)
- Embase (1980 to Oct 2009)
- PsychINFO (1806 to Oct 2009)
- Cochrane Central Register of Controlled Trials (October 2009)
- Personal contact with known developers and evaluators through a shared decision making list-serve up to December 2006



Methods: Study Selection



- Two independent reviewers
- Structured screening form
- Inconsistencies resolved by consensus
- Criteria for inclusion...
 - Meet definition of patient decision aid
 - RCT design
 - Participants make decision re screening or treatment for themselves, a child or incapacitated significant other (not hypothetical)





- 2 reviewers independently extracted data using structured forms
- RCT quality will be assessed using the risk of bias assessment criteria
- Inconsistencies were resolved by consensus