

Evidence Summary of a Systematic Review

Who is this summary for?

For Doctors and Health Personnel, Administrators, Managers of health facilities, and patient groups

Decision aids for people facing health treatment or screening decisions

Background

Many health treatment and screening decisions have no single 'best' choice. These types of decisions are considered 'preference sensitive' because there is insufficient evidence about outcomes or there is a need to trade off known benefits and harms. Clinical Evidence analyzed 3000 treatments, classifying 50% as having insufficient evidence, 24% as likely to be beneficial, 7% as requiring trade-offs between benefits and harms, 5% as unlikely to be beneficial, 3% as likely to be ineffective or harmful, and only 11% as being clearly beneficial. Not only does one have to take into account the strength of the evidence, but even for the 11% of treatments that show beneficial effects for populations, physicians need to translate the probabilistic nature of the evidence for individual patients to help them reach a decision based on informed values. Patient decision aids are an intervention that can be used to present such evidence.

Questions

Are decision aids effective for people facing treatment or screening decisions?

Types of systematic reviews

This is a Cochrane Review which included 105 studies involving 31,043 participants. This update added 18 studies and removed 28 previously included studies comparing detailed versus simple decision aids.

Key findings

- People who use decision aids may achieve decisions that are consistent with their informed values (evidence is not as strong; more research could change results).
- People and their clinicians were more likely to talk about the decision when using a decision aid.
- Decision aids have a variable effect on the option chosen, depending on the choice being considered.
- Decision aids do not worsen health outcomes, and people using them are not less satisfied.

Best practice recommendations

- The positive effects of decision aids on improving people's knowledge of risks and benefits, feeling informed, and feeling clear about their values across a wide variety of decision contexts provides sufficient evidence for using them in clinical practice. They probably also facilitate accurate risk perception and active participation in decision making. However, several conditions may be necessary for successful implementation, including: good quality decision aids that meet the needs of the population; clinicians who are willing to use decision aids in their practice; effective systems for delivering decision support; and clinicians and health care consumers who are skilled in shared decision making.
- Studies are needed to deepen our understanding of interactions between patient decision aid use and the patterns of patient-clinician communication; format issues such as the web-based delivery of patient decision aids; and downstream effects on cost, resource use, and adherence.

Citation: Stacey D, Légaré F, Lewis K, Barry MJ, Bennett CL, Eden KB, Holmes-Rovner M, Llewellyn-Thomas H, Lyddiatt A, Thomson R, Trevena L. **Decision aids for people facing health treatment or screening decisions.** Cochrane Database of Systematic Reviews 2017, Issue 4. Art. No.: CD001431. DOI: 10.1002/14651858.CD001431.pub5.

Prepared by

M. Vouking, C.D. Evina, L. Mbuagbaw, P. Ongolo Zogo: Centre for the Development of Best Practices in Health, Yaoundé, Cameroon. Available at www.cdbph.org

Contact:

Email: camer.cdbpsh@gmail.com

Site web: www.cdbph.org

Observatoire du Médicament au Cameroun: www.newsinhealth.org

Téléphone: +237 242 08 19 19