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USE OF THE NICE DECISION AIDS FOR PROLAPSE AND CONTINENCE SURGERY IMPROVES CLINICIAN RATINGS WITHOUT IMPROVING PATIENT RATINGS OF THE QUALITY OF DECISION MAKING

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Background:

Decision aids are widely considered by stakeholder groups to have an important role in participatory decision making, but have not generally been shown to be effective[1]. NICE Guideline 123[2] recommended the use of specifically designed decision aids to assist counseling for surgery for stress incontinence, and apical prolapse. Each decision aid has information presented in descriptive, numerical and graphical forms to allow comparison between surgical options.

Methods:

Patients considering treatment options for these conditions gave informed consent to participate. After counseling was complete, both patients and clinicians, blinded to each other's ratings, completed the 16 item Decisional Conflict Scale (DCS), which rates the quality of a decision across four domains. Multivariate regression analyses were used to test the impact of use of the specific NICE Decision Aids, adjusted for potential confounders.

Results:

Patient and clinician DCS scores were poorly correlated (total score rho -0.20; domain rhos ranging -0.10 to 0.35). Nursing staff gave more confident ratings than physicians (mean 11.8 vs. 29.2; $p<0.001$), but this was not reflected in improved patient ratings (mean 17.1 vs. 14.5; $p=0.63$). Use of the NICE Decision Aids was not associated with improved patient ratings (total score 15.6 vs. 16.3; $p=0.9$) or even patient ratings of feeling informed (15.4 vs. 16.6; $p=0.87$). However, clinicians gave significantly improved ratings of certainty when they had used the NICE Decision Aid (8.3 vs. 32.0; $p=0.02$), and rated the consultations as having provided better information, better support, and more effectiveness.

Conclusions:

Clinician and patient ratings of the quality of decisions are uncorrelated, suggesting it may be worth measuring decisional conflict. Use of specifically designed decision aids did not however reduce decisional conflict. Limitations may have included a lack of training in use of the decision aids, and non-random allocation to groups.

References

1. Decision aids to help people who are facing health treatment or screening decisions. Cochrane Database of Systematic Reviews 2017, Issue 4.

2. Urinary incontinence and pelvic organ prolapse in women: management. NICE guideline [NG123]