Decision aids reduced decisional conflict in patients with newly diagnosed hypertension


Do simple or complex decision aids assist patients with newly diagnosed hypertension in deciding whether to start drug treatment?

METHODS

Design: randomised controlled 2 x 2 factorial trial.
Allocation: concealed.
Blinding: unblinded.
Follow up period: 2 weeks and 3 months.
Setting: 21 general practices in Avon, UK.

Patients: 217 patients aged 30–80 years (mean age 58 y, 52% men) who had sustained high blood pressure (BP) requiring discussion of drug treatment with a general practitioner and were not taking antihypertensive medication. Exclusion criteria: severe hypertension requiring immediate treatment; secondary hypertension; pregnancy associated hypertension; inability to understand English, and dementia or learning difficulties.

Interventions: decision analysis (computerised utility assessment interview with individualised risk assessment and decision analysis) (n = 103) or no decision analysis (n = 114) and an information video plus leaflet (n = 106) or no video plus leaflet (n = 111). Interventions lasted 1 hour.

Outcomes: degree of uncertainty about treatment course of action (total score on the 16 item Decisional Conflict Scale [DCS]); anxiety; knowledge of hypertension; intention to begin treatment; actual treatment decision.

Patient follow up: 98% at 2 weeks and 92% at 3 months.

MAIN RESULTS

Analysis was by intention to treat. At 3 months, 133 patients (67%) had been prescribed antihypertensives.

At 2 weeks, patients who received decision analysis had less decisional conflict than patients who did not receive decision analysis (table); the groups did not differ for anxiety levels (mean score 34.8 v 36.8 out of 80, adjusted difference −2.8, 95% CI −5.6 to 0.1), intention to begin treatment (yes v unsure adjusted risk ratio 1.19, CI 0.59 to 2.19); no v unsure adjusted risk ratio 3.15, CI 0.91 to 10.98), or actual treatment decision (medication prescribed 67.7% v 66.0%, adjusted odds ratio 1.13, CI 0.59 to 2.19). Similar results were found for patients who received the video plus leaflet compared with those who did not.

Patients who received decision analysis as well as the video plus leaflet had less decisional conflict (unadjusted mean score 27.1) than patients who received decision analysis alone (28.2), video plus leaflet alone (33.3), or no intervention (44.2). Decision analysis and the video plus leaflet interacted (interaction coefficient 12.5, 95% CI 5.4 to 19.5, p = 0.001 for decisional conflict), suggesting a ceiling to the amount of information from which patients can benefit.

CONCLUSION

Simple (video plus leaflet) or complex (decision analysis) decision aids each reduced decisional conflict in patients with newly diagnosed hypertension, but did not affect anxiety, intention to start antihypertensive treatment, or the actual treatment decision.

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