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Background

- UK Community pharmacists contribute to chronic pain management in primary care¹.
- **A decision aid tool (DAT) could support shared decision making (SDM) in a patient-pharmacist consultation.**
- To date, many DATs have been developed for use in other settings, varying in format and content².
- As healthcare decisions often involve trading between multiple and competing criteria, value clarification exercises such as a discrete choice experiment (DCE) could facilitate SDM when built into a DAT³.

Aim & Objectives

- To conduct a systematic review to identify and characterise:
 - Existing DATs used in the management of chronic pain
 - DCEs applied within the context of chronic pain.

This review is part of a research programme to develop and evaluate a novel DCE-based digital DAT to facilitate patient-pharmacist consultations in chronic pain management.

Methods

- Medline, EMBASE, PsycINFO, CINAHL and Cochrane Library database were searched
- Inclusion criteria were:
 - primary studies of any design published in English before May 2018 reporting the use of DATs and/or the application of the DCE within the context of chronic pain management.
 - involving patients who are making decisions for themselves
 - no restrictions on comparator.
- Exclusion criteria were those involving acute or malignant pain, or conducted in a non-primary care management and not in English were excluded.
- Data was extracted on:
 - Content of the DAT
 - Outcome measures reported
 - Effectiveness of the DAT
 - DCE attributes and levels employed in the DCE
 - Measure of preference
- A narrative synthesis was conducted and reported according to PRISMA

Results

- 1060 unique titles were identified: 54 were retained (Figure 1).
 - 15 DAT, 39 DCE
- **The majority of DATs were non-interactive (e.g. booklet, DVDs).**
- Evaluation was often based on knowledge and decision quality (e.g. satisfaction with treatment).
- **Overall, DATs had a positive effect on patients' knowledge.**

Results (continued)

- DCE attributes included treatment characteristics (e.g. frequency), side effects and outcomes (e.g. reduction in pain).
- Most DCE studies summarised patients' values in terms of 'utility' to reflect the relative preferences for different attributes of treatment.
- No digital DAT incorporating a DCE was identified.

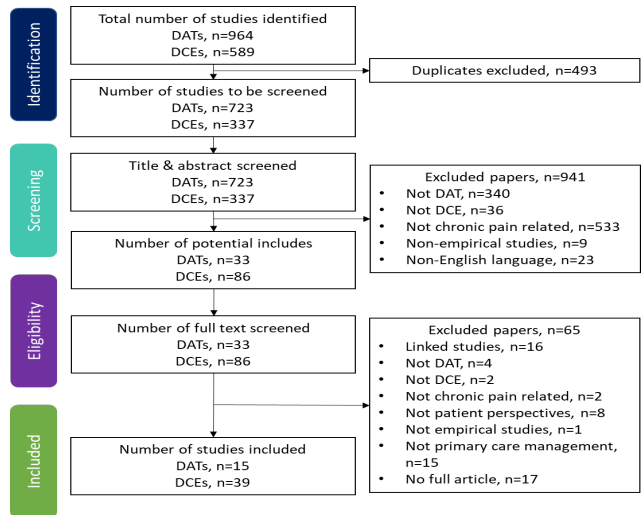


Figure 1: PRISMA flow chart

Discussion & Conclusion

- Existing Decision Aid Tools rely on the assumption that patients reveal and communicate their values by passively viewing information.
- In a preference-sensitive condition such as chronic pain, inclusion of an explicit value clarification exercise such as a DCE in a DAT may improve the decision-making process.
- With the use of interactive computer technology, information gathered from a DCE could be analysed in real-time to translate subjective preferences into an objective measure of value (i.e. utility) to guide clinical decision-making during the patient professional interaction.
- Findings will inform the development of a novel DCE-based digital DAT.
- The main limitation of this review is that not all DATs were evaluated in a trial.

References

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