



INAHTA Briefs

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Issue:	How effective are Shared Decision-making Programs for managing prostate disease? To what extent are Shared Decision-making programs used in VA and well-suited to VA clients?
Title:	Shared Decision-Making Programs: A Descriptive Analysis of VA Experiences and A Systematic Review of the Evidence of Shared Decision-making programs for Prostate Care
Agency:	VA Technology Assessment Program, Office of Patient Care Services, Room D4-142, 150 S. Huntington Ave (11-T), Boston, MA 02130 Tel: 857-364-4469 Fax: 857-364-6587
Reference:	VA Technology Assessment Program Report Number 6, July, 1997. www.va.gov/vatap
Aim:	To evaluate the effectiveness and use of shared decision-making programs (SDP) for prostate disease.
Conclusions and results:	A comprehensive search of the peer-reviewed published literature resulted in three relevant articles. These studies used SDP in benign prostatic hyperplasia (BPH), prostate specific antigen (PSA) screening and prostate cancer. Patients with BPH who used SDP were more knowledgeable about their condition, more satisfied with the decision making process, and showed less deterioration in their perceived general health and physical functioning than patients who received an informational brochure. In addition, patients responded favorably to SDP and reported that the program was clear, balanced, had the right amount of information and was the right length. Patients using SDP for PSA screening were more knowledgeable about prostate cancer and screening, more likely to prefer watchful waiting, less likely to plan to have PSA screening within the next 2 years and had less PSA screening at the next episode of care. Patients with prostate cancer who used SDP were willing to face uncertainty regarding treatment choices and actively shared in the decision-making process. The importance of patient preference in decision making was demonstrated.
Recommendations:	SDP support patient involvement in healthcare, are well received by patients, and can be used with a wide range of patients.
Methods:	A comprehensive literature search was conducted using Medline, Premedline, HealthSTAR, Embase, Cinahl and CancerLit from 1966 thru 1997. Search strategies included the terms patient participation, decision making, shared decision making, prostate, prostatic hyperplasia, benign prostatic hyperplasia and prostate neoplasm. Original research with clearly described methods published in English was included. Expert opinion was also obtained from representatives of the Foundation for Informed Medical Decision Making, VA providers and researchers with extensive experience using SDP.
Further research/reviews required:	Future research is needed to assess the long-term impact of SDP on the cost and quality of healthcare.
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