How to use patient decision aids

The NPC's patient decision aids (PDAs) are not substitutes for discussions with skilled healthcare professionals. They are intended to be used in consultations to encourage better informed, patient-focused decision-making.

The precise approach to using a specific PDA may vary depending on the clinician and the patient. The box below lists the five steps we suggest are used for the PDAs. It is advisable to record any discussions made with patients in the clinical records for future reference.
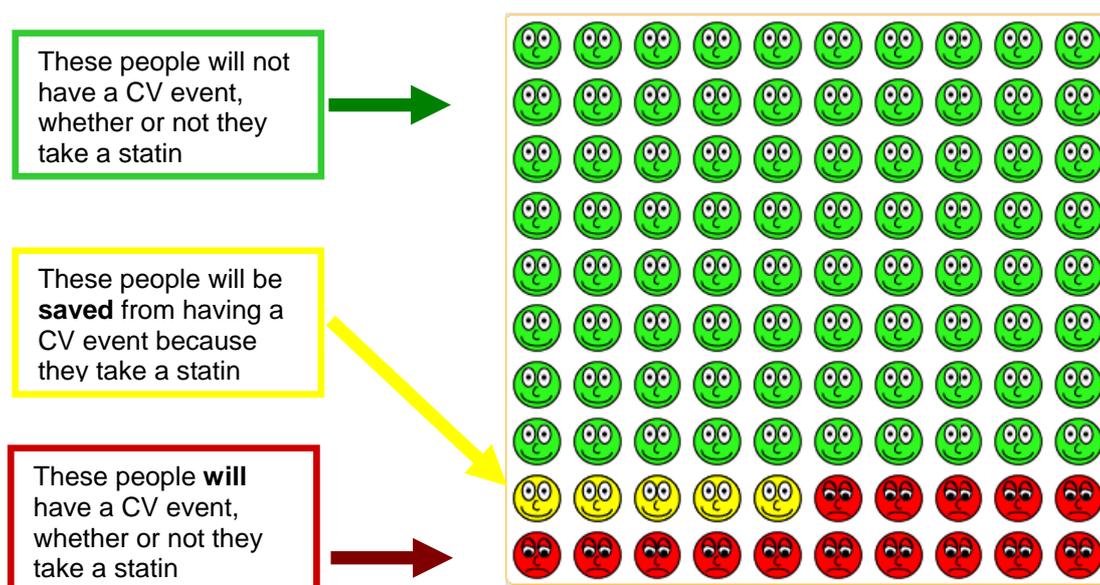

Box: The five steps of PDA use in consultations

1. Describe the clinical condition (e.g. atrial fibrillation)

2. Describe the treatment options (e.g. no treatment, aspirin, or warfarin) and outline the dilemma (all have risks and benefits, and different patients view the risks differently)

3. Offer a further, more detailed discussion. Some patients are content with the healthcare professional deciding, some prefer a joint decision, others wish the healthcare professional to provide the information but wish to make the decision themselves

4. Work through the PDA, explaining the images and adjusting for baseline risk if required

5. Allow the patient time to consider what they wish to do. They may wish to take away a copy of the PDA and discuss it with family or friends

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We strongly recommend that clinicians familiarise themselves with each PDA thoroughly before use, paying particular attention to the limitations of each one, and especially the need to understand and adjust accordingly for the patient's baseline risk. We have provided an appendix clarifying these and other important technical points, and describing some of the evidence base about PDAs, available for download from the NPCi PDA directory at www.npci.org.uk/pda.

Presenting the information

It is important to avoid framing the information, resulting in an unbalanced picture of either benefits or harms. As an example, consider the PDA for use of statins to reduce the risk of cardiovascular (CV) events in patients with a 20% 10-year risk of CV events. The Cates Plot looks like this:

These people will not have a CV event, whether or not they take a statin

These people will be **saved** from having a CV event because they take a statin

These people **will** have a CV event, whether or not they take a statin

We could say only 'Over the next 10 years 80 people will not develop heart disease or have a stroke', or we could say only 'Over the next 10 years 20 people will develop heart disease or have a stroke'. The first phrase could create greater reassurance, and the second greater concern. Best practice recommends presenting the data in both ways. We also need to use words which convey that there is an irreducible uncertainty; it is impossible to know what will happen to any individual person and say whether he or she will benefit from the treatment or not.

Using a form of words similar to that below has the best chance of communicating benefits and harms fairly, accurately and in a balanced way. The example relates to the benefits of statins; similar wording could be used to present the side effects of treatment.

'Imagine there were 100 people like you. If none of the 100 took a statin, over the next 10 years, 20 people would develop heart disease or have a stroke, but that means that 80 would not. If all 100 people took a statin every day for the 10 years, over that time 80 people would not develop heart disease or have a stroke, just as if they had not taken a statin. Another 15 people would still develop heart disease or have a stroke, despite taking a statin. However, 5 people would be saved from developing heart disease or having a stroke, because they took a statin. We can't say if you would be one of the 5 who benefit from taking a statin, or one of the 95 for whom taking a statin makes no difference to what would have happened anyway. We also can't say when in that 10-year period heart disease or a stroke might occur.'

This is a young science. More research is needed, and we would also welcome feedback on your experience of using the NPC PDAs. Please send comments and suggestions of how our PDAs might be improved to feedback@npci.org.uk.