

Do decision aids improve clinical practice?

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Background

Shared decision making is where patients play an active role in their healthcare choices and is associated with better health outcomes.² Patient decision aids (PDA's) are tools that help patients when they are faced with a choice within healthcare.³ At a minimum, a PDA must describe the health condition, describe the particular decision that the aid is looking at, it must provide information on the options along with the benefits and harms that are associated with each option and help patients use their own personal views to establish which benefits and harms matter to them the most.⁴

Clinical bottom line

PDA's increase patients knowledge with regard to their own health, and the decisions that they need to make within the healthcare system.¹ Using PDA's allow patients to actively participate in the decision making process as well as allowing them to accurately understand the probability of the benefits or harms associated with these decisions.¹ Using PDA's may slightly increase consultation time,¹ see [Table 1](#).

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Table 1. Comparing the effect of using decision aids against usual care in adults facing healthcare decisions.

Outcome measured	Success	Evidence	Caveat
Knowledge	Using decision aids significantly increased the participants knowledge by 12 points (CI 11–13) on a knowledge scale of 1–100.	This evidence is of high quality and is based on 25,492 participants from 107 studies.	Consultations using decision aids were slightly longer than those using usual care. Though this difference was on average only 1.5 min.
Accurate risk perceptions	The proportion of participants who were able to perceive the probability of them achieving the outcome of interest accurately was almost doubled RR = 1.9 (CI 1.6–2.3).	This evidence is of high quality and is based on 7796 participants from 25 studies.	There was also inadequate evidence to assess adherence and the overall healthcare system effects.
Participation in decision making	The proportion of patients that felt they did not play an active role in their healthcare decision was reduced RR 0.7 (CI 0.6–0.9).	This evidence is of high quality and is based on 4348 participants from 21 studies.	

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