COMMENTARY

Clinical practice guidelines and patient decision aids. An inevitable relationship

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Abstract

As health professionals and patients are moving toward shared models of decision making, there is a growing need for integrated decision support tools that facilitate uptake of best evidence in routine clinical practice in a patient-centered manner. This article charts the landscape of clinical practice guidelines (CPGs) and patient decision aids.

Decision support tools for medical practice can be mapped on two dimensions. (1) The target user and his or her level of decision making; either for groups of patients or for an individual patient and (2) the level of uncertainty: either supporting more directive decision making (behavior support) in the case of strong recommendations with a single best option or supporting dialog (deliberation support) on the pros and cons of different options in the case of conditional (or weak) recommendations.

We conclude that it is important to establish closer links between CPGs and patient decision aids, through collaborative development of both. Such collaboration will encourage the design of decision support tools for professionals and patients who share the same evidence and the aim to increase the quality of decision making between doctor and patient. This could facilitate the implementation of CPGs and shared decision making in clinical practice. © 2012 Elsevier Inc. All rights reserved.

Keywords: Patient involvement; Informed choice; Clinical practice guidelines; Decision support; Shared decision making; Patient education handout

1. Introduction

Clinical practice guidelines (CPGs) have been a cornerstone of professional decision support in the past 30 years and have come to play a pivotal role in routine clinical practice. In parallel, there is increasing awareness that decision making is not the exclusive domain of health professionals. Consumers and patients need information and support in making health care decisions in an increasingly information-rich environment. Specific patient materials are increasingly being developed, either in the form of patient versions of CPGs or as patient decision aids, as adjuncts to their consultations with clinicians [1–3].

Although both CPGs and patient decision aids support decision making, the conceptual roots of these tools differ. CPGs arise from the evidence-based medicine (EBM) movement, aiming at synthesizing and disseminating ''the best available evidence.'' Ideally, CPGs integrate considerations of the best evidence, the balance between benefits and harms, values and preferences of the target population, and resource use [4]. In health care practice, however, careful exploration of an individual patient's values and preferences are needed, a function that CPGs cannot fulfill because their recommendations are usually based on population estimates. Although

What is new?

Key finding
- It is important to establish closer links between clinical practice guidelines (CPGs) and patient decision aids.

What this adds to what was known?
- CPGs for professionals and decision aids for patients are established tools for improvement of clinical decision making but seem to derive from different worlds.

What is the implication, what should change now?
- Collaborative development of both CPG and patient decision aids will avoid duplication of efforts by sharing the same evidence and the mutually valid aim to increase the quality of decision making between doctor and patient. This could facilitate their implementation in clinical practice.

patient decision aids also explicitly honor the principles of EBM, they fill this gap by also prioritizing individual patients' preferences and patient choice [5].

The case of anticoagulation for atrial fibrillation nicely illustrates how the gap can be filled. Anticoagulation has traditionally been conceived as a professional decision that guidelines should support by using risk-based recommendations, for example, low-risk patients should be put on aspirin and high-risk patients on warfarin. However, patients at high risk for atrial fibrillation tend to place more value on the avoidance of stroke and less value on the avoidance of bleeding than did physicians [6]. Taking account of patients' preferences would lead to fewer prescriptions for warfarin than under published guideline recommendations [7]. Tailored treatment supported by a patient decision aid led to a 12% absolute improvement in the number of patients receiving appropriate care compared with a control group [8].

We thus contend that stronger relationships between CPGs and patient decision aids can help translate population-based recommendations to individual patients. Such integration is however not straightforward and can raise tension between recommendations applicable to "average" patients and how best to consider individual patients' values and preferences [9]. The tendency to call all patient-oriented materials patient decision aids and all professional-oriented material guidelines adds to the confusion, as it fails to distinguish recommendations about a single best option from those that aim to support a dialogue about the pros and cons of different options [10]. The aim of this article is to achieve greater understanding about these different types of decision support tools and foster collaboration between CPG and

patient decision aid developers. We chart the landscape of CPGs and patient decision aids as well as describe their similarities and differences, in a simplified manner. The complexity of both tools and their mutual relationship is acknowledged in the discussion.

2. What distinguishes CPGs from patient decision aids?

CPGs provide general recommendations based on population data and are applicable to specific groups of patients. CPGs are defined as systematically developed statements to assist practitioners and patients in making decisions about appropriate health care for specific circumstances [11]. This definition in itself supports shared decision making between professionals and patients. However, CPGs are often developed by professional or governmental organizations, and have, until recently, hardly acknowledged the issue of individual patient preferences [12–14].

The Grading of Recommendations Assessment, Development and Evaluation working group has made this issue more explicit. Consideration of patient preferences is made possible by distinguishing between "strong" and "conditional" (also known as "weak") recommendations. The strength of recommendations may be affected by factors, such as variability in patient preferences and values, as well as the quality of the evidence, the balance between desirable and undesirable effects, and considerations of resource use [4]. Strong recommendations are inappropriate if more than one single best option is available, if values and preferences differ widely among the target population, or if the benefits and downsides (including increased resource use) are finely balanced [15,16]. These developments have led to considerable debate about how CPGs need to include and facilitate shared decision making [17,18].

It has been recognized that shared decision making cannot occur without professional skills [19] or without decision support that is dedicated to the task of describing options and constructing preferences [6]. Patient decision aids have been defined as decision support interventions that help people think about the choices they face: they describe where and why choices exist and provide information about options, including, where reasonable, the option of taking no action (or "watchful waiting"). These tools help people to deliberate, independently or in collaboration with others, about options, by considering relevant attributes; they support people in forecasting how they might feel about short-, medium-, and long-term outcomes, which have relevant consequences, in ways that help the process of constructing preferences and eventually making a decision that is appropriate to their individual situation [10].

The printed version of a complete guideline document may run to over 100 pages and is organized around a large number of decision points. These may be related to issues, such as screening, diagnosis, treatment, and referral related