

The assessment of depressive patients' involvement in decision making in audio-taped primary care consultations

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Abstract

Objective: In primary care of depression treatment options such as antidepressants, counseling and psychotherapy are reasonable. Patient involvement could foster adherence and clinical outcome. However, there is a lack of empirical information about the extent to which general practitioners involve patients in decision making processes in this condition, and about the consultation time spent for distinct decision making tasks.

Methods: Twenty general practice consultations with depressive patients prior to a treatment decision were audio-taped and transcribed. Patient involvement in decision making was assessed with the OPTION-scale and durations of decision making stages were measured.

Results: Mean duration of consultations was 16 min, 6 s. The mean of the OPTION-items were between 0.0 and 26.9, in a scale range from 0 to 100. Overall, 78.6% of the consultation time was spent for the step “problem definition” (12 min, 42 s).

Conclusion: Very low levels of patient involvement in medical decisions were observed in consultations about depression. Physicians used the majority of their time for the definition of the patient's medical problem.

Practice Implications: To improve treatment decision making in this condition, general practitioners should enhance their decision making competences and be more aware of the time spent in each decision making stage.

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1. Introduction

Studies show that the involvement of depressive patients in treatment decisions has positive effects regarding treatment acceptance, adherence and clinical outcome [1–4]. Other studies fail to show those benefits [5–7]. There is little empirical information available about the process of involving patients with depressive disorders in decision making processes in primary care, a process called shared

decision making [8]. It remains unclear to what extent it is possible to involve patients with depressive disorders who are impaired in their communication and decision making abilities in treatment decisions. In addition, little is known about the duration general practitioners spend for specific decision making tasks in this type of consultation.

1.1. Background

Findings suggest deficient physician–patient communication regarding the level of patient participation [9,10]. Physicians tend to over-estimate the extent of the discussion of the patient's perspective and the amount of presented information [9]. For shared decision making and mental

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illness only a few studies exist [11,12]. Even less knowledge is available about patient involvement in primary care of depression. A study was made to assess primary care consultations with depressed patients with the focus on physicians' competences of patient involvement and consultation time for decision making steps.

The process of shared decision making is described and validated in six steps of decision making in the consultation [13]. The OPTION instrument has been developed to assess the extent to which practitioners involve patients in decision making processes. The psychometric properties are published [14] and the scale is available in a German, Italian, Dutch, French, and Spanish [15]. In the validation study, the OPTION-scale was used across a range of medical conditions present in general practice.

In a previous study [13] in the field of shared decision making, the content of the consultation was coded to six steps of the decision making process and the consultation time for each of these steps was measured. The clinicians spent a quarter of their consultation time for problem definition, 35% for information about the treatment options, and 18% for enabling patients to explore and clarify. The lowest amount of consultation time (3%) was spent on "equipoise-statements" [16]. Equipoise statements state a position of equal balance between treatment options. It is not known how much time practitioners with no familiarity with the concept of shared decision making spend in specific decision making steps and no previous studies have been conducted in the area of depression.

The aim of this study was to investigate:

- A. To what extent do general practitioners involve patients with a depression in a decision making consultation?
- B. How much time of a decision making consultation was spent for six decision making steps?

2. Methods

Consultations were audio-taped by general practitioners in private practice. The audiotapes were transcribed. No additional intervention was done. The physicians were asked to enrol patients, where the diagnosis of the depression had been completed. The study protocol asked them to enrol the next encounter where a treatment decision was required.

2.1. Sample

General practitioners were recruited by mailing 60 primary care teaching practices who cooperate with the University Hospital of Freiburg. A total of 34 general practitioners responded and 9 agreed to the study procedure. No further information about the OPTION-scale or the decision making steps and no additional intervention or training were given to the physicians. A convenience sample of 20 patients was enrolled in the study. Inclusion criteria

were the GP's diagnosis of a depression currently in need of treatment and the patients' willingness to subscribe to an informed consent of the recording of the consultation.

2.2. Measures

The OPTION-scale allows measuring the extent of patient involvement, which the physician facilitates with his communication style. In contrast to the 12 OPTION-items there are six definite decision making steps [13]. Time spent for those steps is measured as a second and therefore different variable. The content of the six decision making categories can also be found in the items of the OPTION-scale (problem definition in OPTION-item 1, equipoise in OPTION-item 2, options and information about options in OPTION-items 4 and 5, enabling patients to explore their concerns and queries in OPTION-items 6 and 7, decision making in OPTION-item 11, and review arrangements in OPTION-item 12). OPTION and the decision making steps are two different ways of assessing the physician–patient encounter with respect to patient involvement.

2.2.1. OPTION-scale [14]

Patient involvement in decision making was measured using the OPTION-scale. The OPTION ratings on the basis of the audiotapes were done by two independent raters (AL and KH, initials of authors) who received an OPTION-rater-training by the principal author of the OPTION-scale (GE). The physicians' competences were assessed along the 12 OPTION-items and an OPTION-sum-score was computed. The original OPTION-scale is available by mail per request to the author.

2.2.2. Consultation time for decision making steps

On the basis of the transcripts the content of the consultations was allocated to one of the six decision making steps [13]. This was done by three independent raters (AL, BH, KH). Consecutively emerging discrepancies between the raters were discussed until consensus was achieved. Sum scores for the duration of the six decision making stages were computed.

3. Results

The mean age of the physicians was 45.4 years. Four practitioners were female and five male. The time since settlement in private practice was in mean 11.7 years. Three physicians were general practitioners without further vocational training, two had a specialist degree in general medicine, and the remaining four had in addition to the specialist degree in general medicine an additional training in psychotherapy.

We received between one and four consultations per physician (see Table 2). Consultations lasted in mean 16 min, 6 s. As a result of the decision making process, 13 of

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