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Short communication

Development of a decision aid for the treatment of benign prostatic hyperplasia: A four stage method using a Delphi consensus study

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ABSTRACT

Objective: To develop a web-based decision aid (DA) for the treatment of lower urinary tract symptoms due to benign prostatic hyperplasia (LUTS/BPH).
Methods: From February–September 2014 we performed a four-stage development method: 1: Two-round Delphi consensus method among urologists, 2: Identifying patients' needs and expectations, 3: Development of DA content and structure, 4: Usability testing with LUTS/BPH patients.
Results: 1 ($N = 15$): Dutch urologists reached consensus on 61% of the statements concerning *users' criteria, decision options, structure, and medical content*. 2 ($N = 24$): Consensus was reached in 69% on statements concerning the *need for improvement of information provision, the need for DA development* and that the DA should *clarify patients' preferences*. 3: DA development based on results from stage 1 and stage 2. 4 ($N = 10$): Pros of the DA were *clear information provision, systematic design and easy to read and re-read.*
Conclusion: A LUTS/BPH DA containing VCEs** was developed in cooperation with urologists and patients following a structured 4 stage method and was stated to be well accepted.
Practice Implications: This method can be adopted for the development of DAs to support other medical decision issues.

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1. Introduction

BPH is a common problem among older men worldwide and the incidence of BPH increases with age [1,2]. In 2012, the percentage of Dutch citizens aged >65 was 16%, in 2040 this is estimated to increase to 26% [3]. Unfortunately, indications for various treatment options for LUTS/BPH are not sharply demarcated in Dutch and European guidelines [4,5]. Hence, there are strong differences in doctors' interpretations which may lead to treatment variation [6]. Decision aids (DAs) are tools to assist patients in the decision-making process and the use of DAs may influence treatment variation, lower decisional conflict, bring more accurate expectations of possible benefits and harms and help to align choices with their informed values [7–9].

Since no structured LUTS/BPH DA development has been described before, most DAs are outdated, did not involve patients and/or urologists or did not clarify patient preferences our objective is to structurally develop an interactive web-based DA for the treatment of LUTS/BPH to improve and standardize information provision and involve patients in decision-making [10–16]. By involving urologists and patients in development we aim to facilitate implementation since clinicians may find that offering DAs will not fit in their workflow, are concerned that patients are not able to process the DA information or because they report a lack of confidence in DA content [17,18].

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** Values Clarification Exercises.

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2. Methods

From February–September 2014 we developed a Dutch web-based DA in accordance with the International Patient Decision Aid Standards (IPDAS) [19,20]. Development took place in the southern part of the Netherlands and consisted of four stages, each described below (Fig. 1).

2.1. Stage 1: Two-round Delphi consensus method among experts

We conducted a two-round Delphi questionnaire consensus procedure among a random panel of 15 urologists to identify the medical DA content and structure [21–23].

2.1.1. Round 1

Thirty-one experts received an invitation for participation by email including a direct link to the questionnaire wherein 41 statements were presented. They indicated the level of agreement with each statement using a 5-point Likert scale. Experts added items which they considered important but which were not included in the questionnaire in open comment fields. Consensus outcomes were classified using median scores.

2.1.2. Round 2

Statements on which no consensus was reached were presented again. A 7-point Likert scale was used to allow more variance in answers [23–25]. The Dutch association of urology (NVU) has created a working group consisting of 10 experts in the field of urology and/or decision-making. Comments made in round 1 were included in round 2 when evaluated as relevant by this

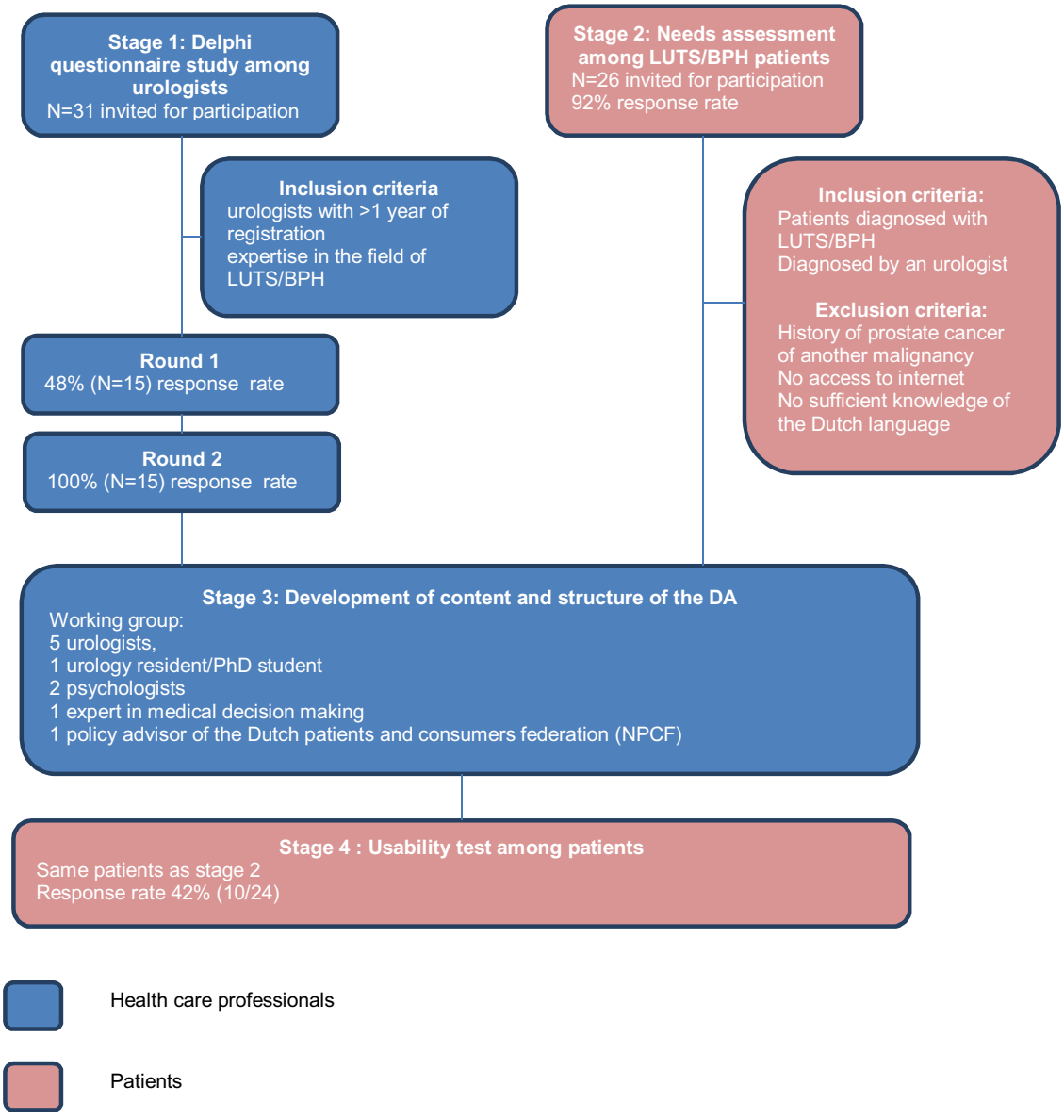

Fig. 1. Flow-diagram.

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