

# EXPERT COMMENTARY: **SHARED DECISION MAKING IN PSORIATIC ARTHRITIS** PART II

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# PATIENT CHALLENGES TO **SDM IN PSORIATIC ARTHRITIS**

## Lack of knowledge

- About the treatment options, attributes, and outcomes
- About their goals, values, and preferences

## Low health literacy and cognitive impairment

- Slowed information processing
- Frustration and potentially reduced effort
  - ie, “choose the default,” “whatever you recommend, doctor”
- Increased susceptibility to cognitive biases, such as availability bias

## Cognitive biases

ie, *availability bias*—distorted perception when recalling a past event

- Overestimate probability
  - Recent salient event or a rare but vivid or dreaded event
- Underestimate probability
  - Distant or less memorable event or a common, ordinary event



# DECISION AIDS STRUCTURE DATA & SUPPORT DELIBERATION

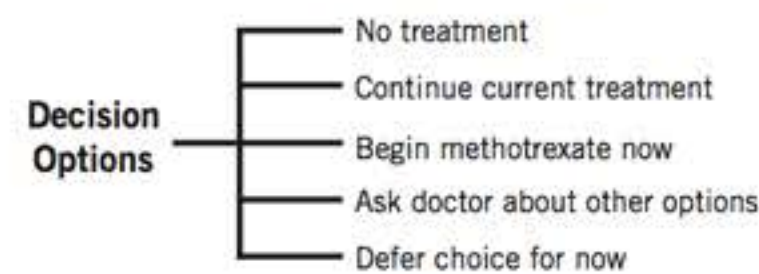
## A Decision Aid for RA Patients Considering Methotexate

**Instructions:** This decision aid gives you information about rheumatoid arthritis (RA), an overview about Methotrexate (MTX) and some questions to help you think through the decision, "should I take MTX?" Reviewing this decision aid should help you feel more aware of what is important to you and be more confident with your decision.

In RA your body's natural defense system is over active. This causes widespread inflammation (including the joint linings). This can lead to joint swelling, damage, and deformity which, over time, reduces your physical abilities. RA typically cannot be cured and needs treatment for years. The main goals are to reduce joint pain and swelling and slow or prevent joint damage.

### 1. What is the Decision?

You have 5 options to choose from:

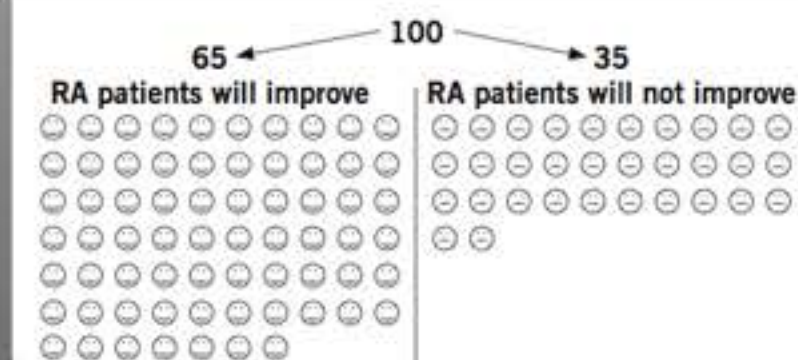


### 2. Information on MTX

- MTX has been used to treat RA since 1976.
- MTX is considered a disease modifying drug (DMARD).
- It is taken once a week as pills or injection in the skin.
- It can be taken alone or with anti-inflammatory medications (NSAIDs), prednisone and biologic DMARDs.
- It is generic and typically costs about \$40.00 per month.
- MTX works slowly. After starting MTX, RA symptoms begin to improve after about 3-6 weeks with the full benefits by 6 months.
- To reduce side effects, 1 mg of folic acid is taken daily.

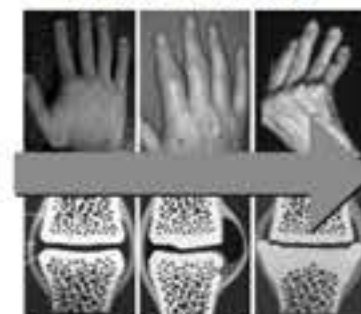
### 3. Chance of Improving RA

If 100 RA patients start taking MTX



### 4. Slowing Joint Damage

10 Year Progression without Treatment



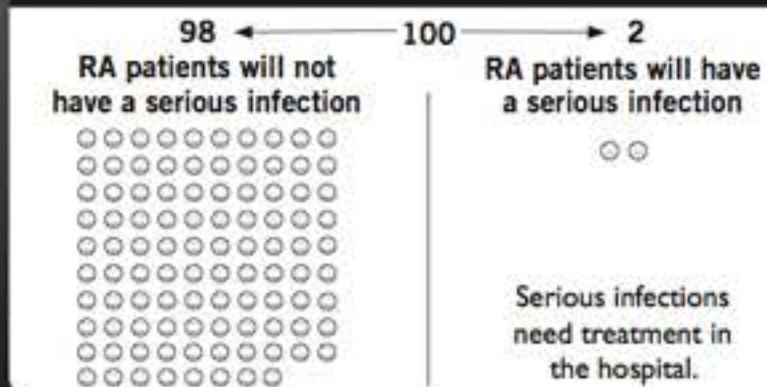
Effect of Treatment

Treatment Program	Slows pace of new joint damage.
No DMARD	0%
Methotrexate	85%

**5. Methotrexate quiets the overactive immune system in RA. This can also reduce your ability to fight infections. This can increase your chance of getting a new serious infection like pneumonia. If you have a chronic infection, this can worsen while taking MTX. Thus, it is not safe to take MTX if you have hepatitis B or C, HIV, an open skin ulcer. You can safely take most vaccines i.e. flu shots, pneumonia or zoster/shingles when taking MTX.**

### 6. Chance of Serious Infection

If 100 RA patients take MTX for 1 year



### 7. Other Possible Harms

- **Inconvenience:** Monitoring includes: a baseline chest x-ray, blood tests every 4-12 weeks & regular checks with your doctor.
- **Nausea:** feel a little tired or queasy the day you take MTX.
- **Liver scarring:** About 1 in 1000 people who take MTX for 5 years will develop serious liver scarring. However if regular monitoring blood tests are done and are normal the chance of a serious liver problem is very small.
- **Lung Scarring:** Around 1-2 % of people who take MTX develop a chronic hacky cough or asthma like reaction which could be a symptom of lung scarring. If this occurs, report this to your doctor promptly to check if it is safe to continue MTX.
- **Conception:** MTX is harmful to the fetus and can cause either miscarriage or serious deformities. You must use birth control.
- **Cancer:** It does not appear that MTX increases cancer risk.

### 8. Sorting It Out

This is a good time to think back to what you know about your options and what is most important to you.

- Start by reading the summary lists of possible benefits and harms (box 9).
- Then, think about which of these are most likely to occur and are most important to you.
- Rate each feature (box 10) and then review your answers.

As you move towards a decision, you may want to list some of the pro's and con's of your options in the table in box 11.

### 9. Summary: Benefits & Harms

#### Possible Benefits

- Less pain, stiffness, swelling and fatigue
- Improve physical function
- Reduce progression of joint damage
- Prevent complications of RA
- Use less prednisone (steroids)

#### Possible Harms

- Fatigue or nausea the day you take it
- Serious infection like pneumonia
- Irritation or scarring of the liver
- Lung scarring
- Miscarriage or fetal damage

### 10. What Matters Most to Me

The table below lists some of the benefits and risks of therapy. With a pen, rate how much each of these matter to you if they were to occur.

	Most Important	Somewhat Important	Less Important
Improve pain and function			
Reduce joint damage			
Take less prednisone			
Infections			
Liver scarring			
Lung scarring			
Other side effect			
Inconvenience of treatment and monitoring			
Cost			

### 11. Moving Towards a Decision

Some people find that listing the pros and cons makes the decision clearer. Make notes in the table below.

Pros	My top options	Cons
	Continue current medications	
	Start methotrexate now	
	Think about other options	
	Defer choice for now	

### 12. Reflecting on your Decision

As you work towards making a decision about taking MTX, consider whether these statements are true for you:

- I know the options.
- I am informed about the benefits and harms of treatment.
- The doctor gave me a chance to be involved in the decision.
- I will have the support I need to get, take and monitor the safety of the new medicine.

If most or all of these statements are true for you, then you are on your way to a good decision.



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To learn more about methotrexate, scan the QR code or visit "patient decision aids" at [www.mi-arthritis.com](http://www.mi-arthritis.com)



# DECISION AIDS STRUCTURE DATA & SUPPORT DELIBERATION (CONT.)



## Hearing loss: hearing technology options

Use this **Option Grid™** decision aid to help you and your healthcare professional talk about hearing technology options. This decision aid is for adults with hearing loss.

Frequently Asked Questions ↓	Hearing aids	Assistive listening devices	Managing without hearing technology
<b>What does this involve?</b>	Being fitted with hearing aids and wearing them regularly.  You can choose when to wear your hearing aids. Most people say that the more they wear their hearing aids, the more they benefit.	Using assistive listening devices such as a TV amplifier, a telephone with a volume control, a loop system or a loud doorbell.  You can try out and use assistive listening devices to hear specific sounds that are important to you.	Not having hearing aids. You can monitor your hearing and discuss any changes with your audiologist.  You can also learn ways to manage your hearing loss, such as communication training and lipreading.
<b>How will this help my hearing?</b>	Using hearing aids may improve your hearing, particularly when talking face-to-face and when watching television.	Using assistive listening devices may improve your ability to hear specific sounds. For example, the television might be clearer.	This will not help your hearing.
<b>What should I expect?</b>	You may need some time to get used to wearing hearing aids. This usually takes about 1 month.  Some people find hearing aids difficult to wear with glasses.	You will need to learn how to use assistive listening devices. Your audiologist can help you find information about using these devices. You can also get help from hearing loss organisations, such as Action on Hearing Loss.	Your hearing difficulties may be frustrating for you and for other people.
<b>Are there situations in which this option will not help?</b>	Noisy situations can be a challenge.	Assistive listening devices will only help you hear specific sounds. Some devices are not portable.	Does not apply
<b>Do I have to pay?</b>	In the UK, the NHS usually provides hearing aids and batteries for free.	Yes, but you can try first before paying.  Some assistive listening devices may be provided free in your area. You may need to pay for batteries.	Does not apply
<b>What maintenance is involved?</b>	You will need to clean your hearing aids and put in new batteries.	You will need to put in new batteries.	Does not apply
<b>Can I use more than one option?</b>	Hearing aids can be used alone or with assistive listening devices.	Assistive listening devices can be used alone or with hearing aids.	Does not apply

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# DECISION AIDS HELP PHYSICIANS **BE EFFICIENT AND DO GOOD**

- Guide patients toward a good decision
- Provide specific probabilities about outcomes, with supportive visual aids and context, to aid comparison of options
- Encourage and structure reflection on options after OV
- Give a consistent script to enhance communication between physician, interprofessional team, and support persons
- By creating SOP, reduce documentation to clicking a macro

OV=office visit

SOP=standard operating procedure



# MORE INSTRUCTION ON **SDM**

## Shared Decision Making: A Model for Clinical Practice

Glyn Elwyn, PhD, Dominick Frosch, PhD, Richard Thomson, MD, Natalie Joseph-Williams, MSc, Amy Lloyd, PhD, Paul Kinnersley, MD, Emma Cording, MB BCH, Dave Tomson, BM BCH, Carole Dodd, MSc, Stephen Rollnick, PhD, Adrian Edwards, PhD, and Michael Barry, MD

If you would like more elaborate instructions on SDM, including sample interview scripts, read Elwyn et al, published in the *Journal of General Internal Medicine*. A step-by-step task analysis is outlined on the following self-study slides.

Elwyn G, Frosch D, Thomson R, et al. *J Gen Intern Med*. 2012;27(10):1361-1367.

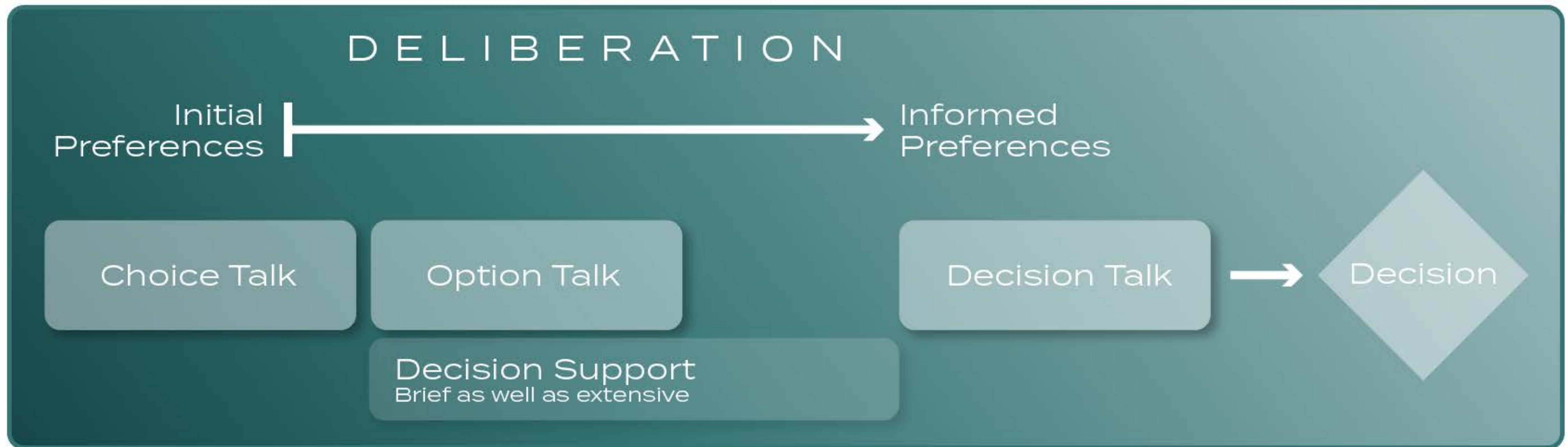




# MORE INSTRUCTION ON **SDM** (CONT.)

## Shared Decision Making: A Model for Clinical Practice

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# MORE INSTRUCTION ON SDM: **THE CHOICE TALK**

The *choice talk* is a planning step to introduce the patient to all reasonable options. In the choice talk:

- **Step back** and summarize the problem
- **Offer choice**, discussing why there are choices and how they differ
- **Justify choice**, explaining that different issues matter more to different people and that individual outcomes are unpredictable
- **Check patient's reaction** and, if concerned, offer a chance to stop or ask questions
- **Defer closure** if patient says: "Tell me what to do"; agree to help but ask to explain the options



# MORE INSTRUCTION ON SDM: **THE OPTION TALK**

- **Check knowledge:** Ask “What have you heard or read about the treatment of psoriatic arthritis?”; even well-informed patients may only be partially aware of options and the associated harms and benefits
- **List options:** Jot down a clear list of the options; if appropriate, include “watchful waiting” or use positive terms such as “active surveillance”
- **Describe options:** Generate dialog and explore preferences, using practical terms personalized to the patient; say “These options will have different implications for you compared to other people so I want to describe . . . .”
- **Be clear about the harms and benefits:** This is the heart of SDM; try giving information in “chunks” (chunking and checking)
- **Provide patient decision support:** Present tools such as issues cards, decision boards, and option grids that make options visible and may save time
- **Summarize:** List the options again, asking the patient to restate them to ensure understanding; this “teach-back” method is a good check for misconceptions



# MORE INSTRUCTION ON SDM: **THE DECISION TALK**

- **Focus on patient preferences:** Suggested phrases: “What matters most to you?”
- **Elicit a preference:** Be ready to offer more time or guide the patient if requested
- **Move to a decision:** Check for the need to either defer a decision or make a decision; suggested phrases: “Are you ready to decide?” or “Are there more things you want to discuss?”
- **Offer review:** Remind the patient that reviewing their decisions with you later is a good way to arrive at closure