CONFERECE ABSTRACT

A review on the effects of Shared Decision-Making (SDM) performed with the purpose of implementing SDM in the ADLIFE project

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Introduction: In the ADLIFE project, Shared Decision-Making is a core concept that has the purpose of giving patients, especially patients with chronic diseases, the opportunity and power to participate constructively and actively in the decision-making processes involved in managing their health and chronic condition. On the surface, it may appear as a simple and straightforward technique, however, to get the optimal outcomes and intended results shared decision-making must be utilised in a new kind of equal partnership between the patient and the clinician, which traditionally has taken a more paternalistic approach where the clinician tells the patient what has been decided.

Theory/Methods: The purpose of the review was to investigate the evidence for the impact SDM has on patients with chronic diseases with focus on COPD/CHF with the purpose of implementing SDM in the ADLIFE project. The search in PubMed and CINAHL (May to July 2021) and abstract reading were performed by two researchers. Final selection was performed by the most senior researcher. Inclusion criteria: peer-reviewed scientific articles in English and studies focusing on the effects on applying SDM to adults/elderly patients with chronic conditions (particularly COPD/CHF). Exclusion criteria: validation studies, study protocols, abstracts from congresses or meetings, and decision aids tools.

Results and Discussion: Results show SDM interventions are complex but mainly have a positive effect improving: adherence, knowledge, decision quality and chronic illness care, decisional conflict and decisional self-efficacy, perceived health status, perceived symptom severity and have an economic benefit. For patients with chronic diseases 15 articles were found describing the effects and significance of SDM. Most studies showed a positive effect of the SDM approach, but a clear outcome of SDM interventions for these patients is difficult to define. However, multi-factor programmes involving different healthcare professionals and several approaches, such as various information material, consultations and follow-up, has the best effect.

Conclusions: The Shared Decision-Making process enhance clinicians’ and patients’ cooperation to reach the best decision for the individual patient, considering both the professional and scientific
angle, and the patient’s values. Only limited amount of literature clearly describes the effect and significance of SDM for patients with chronic disease.

Implications for applicability/transferability, sustainability, and limitations: SDM is not a new concept, but the implementation has only taken place to a limited extent. SDM require for health professionals’ training, support and methods to perform. Health professionals and patients require instructions and knowledge of different alternatives. This knowledge will be utilised when implementing SDM in the ADLIFE project.