

Decision aids help patients with depression feel better about medication choices

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Choosing the right antidepressant can be a daunting task. With so many choices and such unpredictability in their individual effects, patients with depression often spend months or years casting about for the right medication, while clinicians are often uneasy or unwilling to offer options other than their preferred prescriptions.

A new study from Mayo Clinic shows that a simple series of conversation cards can dramatically improve both the patient's and their physician's satisfaction with the discussion on and comfort with the choice of antidepressant. The findings appear in the journal *JAMA Internal Medicine*.

"We worked closely with [patients](#), their families, and clinicians to fully

understand what really matters to them when confronted with this situation. We wanted to transform the too-often unavailable evidence into accurate, easily accessible information to be used within the context of each person's needs and preferences, ultimately creating what we hope to be meaningful conversations," says Annie LeBlanc, Ph.D., first author and Mayo Clinic health science researcher.

This study evaluated information from 117 physicians and 301 patients from a range of Minnesota and Wisconsin communities. Compared to their usual care, the use of decision aids improved patients' comfort in making decisions by 5 out of 100 points, their knowledge by 10 out of 100 points, and the likelihood of being satisfied by 2.4-fold, the study found. Physicians also reported an increase in decision-making comfort by 11 out of 100 points, a 1.6-fold increase in the likelihood of being satisfied. The extent to which they involve patients in the decision-making process during the clinical encounters increased by 16 out of 100 points. Interestingly, the use of the tool did not add to the length of the discussion.

Patients often abandon antidepressants because of unrealistic expectations, lack of treatment efficacy, or unacceptable side effects. Physicians, meanwhile, often focus on a medication's stated effectiveness, rather than the patient's broader needs and preferences. The decision aids tested in this trial come in the form of evidence-based conversation tools, designed to help patients and their doctors use the best information about depression medicines to address the specific situations of the patients using the medicine. Used in the context of these conversations, these decision-making tools can help the patient and doctor arrive at more informed, patient-centered choices.

Though this study did not conclude a difference in effectiveness or adherence to medication, the researchers say that improving the process by which patients and clinicians select an antidepressant, and making

both parties feel more comfortable in their medication choice, is a step toward more effectively treating depression in the future.

"High value healthcare involves aligning the care we give patients with their values, preferences, and life circumstances, alongside the best evidence available for that care," explains Dr. LeBlanc. "This tool is but one way we can effectively approach the ideal of patient-centered care for patients with [depression](#). And, with limited cost and burden to the system, this tool and its associated three minutes of training are available free online." For more information visit Mayo Clinic's Shared Decision Making Resource Center.

Provided by Mayo Clinic

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