

What is shared decision-making and how does it work for allergists?

September 7 2018

If you and your doctor chat for a few minutes about treatment options for your allergy symptoms, is that considered shared decision-making (SDM)? It is not, according to a new article published in *Annals of Allergy, Asthma and Immunology*, the scientific publication of the American College of Allergy, Asthma and Immunology (ACAAI).

"Although health care providers think they know what is involved, many aren't aware there are distinct elements which must be included to make it SDM," says allergist Michael Blaiss, MD, ACAAI Executive Medical Director and lead author of the article. "SDM is a collaborative process between the healthcare provider and the patient that takes place throughout the entire visit. It's also an ongoing discussion throughout the course of the provider/patient relationship."

According to the article, SDM is characterized by the absence of orders and interruptions, by the avoidance of medical jargon, and by using dialogue with open-ended questions. Both the patient and the healthcare provider are sources of information, bringing different, but equally important types of expertise to the decision-making process.

"SDM for <u>asthma</u> has been shown to improve adherence and outcomes, as well as improve patient satisfaction with care," says allergist and SDM expert Eli Meltzer, MD, co-author of the article. "SDM is particularly important for any chronic diseases such as asthma and allergies which often require long-term, and potentially complicated or intensive treatments. Adherence to these treatments can be driven by patient



characteristics and preferences, which cannot be fully explored without SDM."

The article acknowledges there are barriers to SDM including the perception by healthcare providers that SDM is too time-consuming. However, a review of studies on SDM showed that the median consultation time only increased 2.6 minutes when a patient decision aid was used.

"It's important for healthcare providers to understand that SDM is not interchangeable with informed consent in which patients are educated about options and asked if they agree to a treatment," says allergic diseases researcher Bruce Bender, Ph.D., co-author of the article. "SDM is also not simply providing patients with educational materials. If used properly, SDM can improve both the health of the patient, and the relationship between the patient and allergist."

ACAAI has introduced three new SDM patient decision aids for use by allergists with their patients. The tools walk <u>patients</u> through SDM for severe adult asthma for Atopic Dermatitis (commonly known as eczema) and for <u>allergy</u> immunotherapy

Provided by American College of Allergy, Asthma, and Immunology

Citation: What is shared decision-making and how does it work for allergists? (2018, September 7) retrieved 25 April 2024 from

https://medicalxpress.com/news/2018-09-decision-making-allergists.html

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