

Background

- Shared decision-making (SDM) is a model of medical decision-making.
- This study assessed the prevalence of SDM in MS patients at the Brigham MS Center.
- Potential relationships between risk attitude and treatment choice were also examined.

Methods

- 161 individuals with MS participating in the CLIMB study completed an anonymous survey that included a standard measure of SDM (SDM-Q-9), and questions to assess disease characteristics, risk propensity and disease expectations.
- Summary statistics for each question were calculated, and subjects on high efficacy versus traditional efficacy disease modifying treatments were compared using the two-sample t-test and a 95% confidence interval for the estimated difference in group means.

Results

Table I. Shared Decision Making Questionnaire

	Completely disagree	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Completely agree
My doctor made it clear that a decision needed to be made	10	4	7	18	27	64
My doctor wanted to know exactly how I want to be involved in making the decision	3	1	5	21	36	63
My doctor told me that there are different options for treating my medical condition	2	2	4	10	35	79
My doctor precisely explained the advantages and disadvantages of the treatment options	1	5	7	12	33	74
My doctor helped me understand all the information	2	6	3	15	33	73
My doctor asked me which treatment option I prefer	5	2	2	15	32	76
My doctor and I thoroughly weighed the different treatment options	4	2	7	22	36	60
My doctor and I selected a treatment option together	3	3	3	19	39	65
My doctor and I reached an agreement on how to proceed	1	1	2	9	41	77

- Subjects demonstrated high levels of satisfaction with the treatment decision making process.
- Subjects on high efficacy treatments had higher risk propensity scores and thought that the likelihood of disease worsening was higher.
- No differences in terms of the shared decision making process or satisfaction with the process were observed between treatment groups.

Table II. Comparison of MS subjects on high efficacy versus traditional efficacy disease modifying therapies

	High efficacy	Traditional efficacy	Mean group difference
TDM1	5.1 (1.3); n=48	4.7 (1.6); n=61	0.41; 95%: -0.17,0.99; p=0.166
TDM2	5.3 (1); n=48	4.9 (1.2); n=61	0.34; 95%: -0.1,0.77; p=0.129
TDM3	5.3 (1.1); n=48	5.4 (0.9); n=63	-0.08; 95%: -0.45,0.29; p=0.652
TDM4	5.3 (1.2); n=49	5.2 (1.1); n=63	0.07; 95%: -0.35,0.5; p=0.728
TDM5	5.3 (1.2); n=49	5.1 (1.1); n=63	0.16; 95%: -0.28,0.61; p=0.468
TDM6	5.3 (1.2); n=49	5.1 (1.2); n=63	0.12; 95%: -0.33,0.58; p=0.597
TDM7	5.1 (1.2); n=48	4.9 (1.2); n=63	0.19; 95%: -0.26,0.64; p=0.411
TDM8	5.3 (1.1); n=49	5 (1.1); n=63	0.23; 95%: -0.18,0.65; p=0.268
TDM9	5.5 (0.9); n=48	5.3 (0.9); n=63	0.17; 95%: -0.17,0.5; p=0.324
Satisfaction with decision making process	2.4 (2.1); n=48	2.3 (2.1); n=60	0.04; 95%: -0.75,0.84; p=0.917
Risk Propensity score	3.2 (1.7); n=48	4.1 (1.5); n=60	-0.93; 95%: -1.55,-0.32; p=0.003
Likelihood of worsening over two years	2.7 (1.1); n=44	2.2 (1); n=54	0.52; 95%: 0.1,0.94; p=0.015
Likelihood of worsening over five years	3.1 (1.2); n=44	2.6 (1); n=53	0.49; 95%: 0.04,0.94; p=0.033
Likelihood of worsening over ten years	3.4 (1.3); n=45	3 (1); n=55	0.44; 95%: 0.0,0.88; p=0.048

Conclusion

- Our study demonstrated high occurrence of SDM among patients at the Brigham MS Center.
- Additionally, our study demonstrated high overall satisfaction with treatment decisions.