Preferences and Patterns of Shared Decision Making in Patients with Peripheral Artery Disease: Insights from the PORTRAIT Registry

Poster 1044-07

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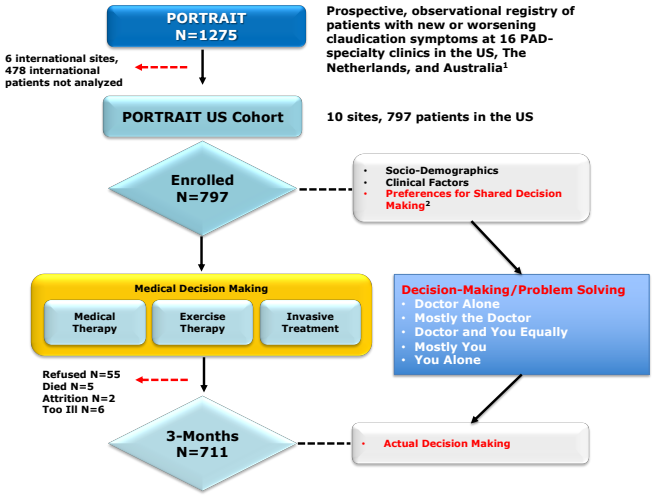
Introduction

- Both non-invasive and invasive treatments are available to treat claudication symptoms for patients with peripheral artery disease (PAD)
- Treating PAD invasively is often a preference-sensitive decision
- Shared decision making provides a framework to facilitate preference-based treatment decisions for patients with PAD

Aims

1. To document shared decision making preferences for patients with PAD
2. To determine whether these preferences were honored in a multi-center cohort

Methods



- Decision discordance was present when there was a difference between the patient's preferred role and their actual role in the decision

Results

- Most patients with PAD (70.3%) preferred a shared or autonomous decision-making role (Table 1)
- Patients who preferred shared or autonomous decision-making roles typically were more highly educated and had not undergone a coronary artery bypass graft (Table 1)

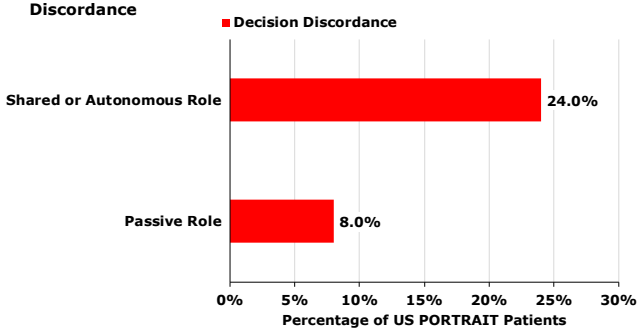
Table 1. Overview of Patient Characteristics by Preferred Decision-Making Role (Passive versus Shared/Autonomous)

Characteristic	Preferred Passive (N=221, 29.7%)	Preferred Shared/ Autonomous (N=523, 70.3%)	P-Value
Age, years (mean±SD)	69.1±9.4	68.3±9.7	0.28
Sex, Male	133 (60.2)	295 (56.4)	0.34
Race, White	153 (69.2)	380 (72.2)	0.34
Married	110 (50.5)	294 (56.4)	0.13
Education (high school or above)	175 (79.2)	458 (87.6)	0.003
Ankle Brachial Index (mean±SD)	0.70±0.20	0.70±0.20	0.77
Previous Peripheral Vascular Intervention	81 (36.7)	186 (35.6)	0.78
History of Non-Healing Ulcer	4 (1.8)	9 (1.7)	1.00
History of Amputation	5 (2.3)	7 (1.3)	0.35
History of Hypertension	199 (90.0)	463 (88.5)	0.55
History of Myocardial Infarction	48 (21.7)	115 (22.0)	0.94
History of Coronary Artery Bypass Graft	66 (29.9)	115 (22.0)	0.022
History of Chronic Kidney Disease	34 (15.4)	79 (15.1)	0.92
History of Chronic Lung Disease	35 (15.8)	82 (15.7)	0.96
History of Diabetes	77 (34.8)	208 (39.8)	0.21

Results

- Overall, decision discordance occurred in 15.4% of patients and was more frequent in patients who preferred shared or autonomous roles rather than passive roles (24.0% vs. 8.0%, respectively, P=0.00047) (Figure 1)

Figure 1. Patient Preferences for Shared Decision Making in Peripheral Artery Disease Treatment Decisions by the Presence of Decision Discordance



Conclusions

- Over two-thirds (70.3%) of patients with PAD preferred to play an active role in treatment decision-making
- Patient preferences for shared decision making were honored in most patients (6 out of 7) with only 15.4% of patients experiencing discordance
- Further exploration into the quality and consequences of shared decision making for patients with PAD and non-PAD-specialty clinics is warranted

References:
1. Smolderen KG, Gosch K, Patel M, Jones WS, Hirsch AT, Beltrame J, Fitridge R, Shishehbor MH, Denollet J, Vriens P, Heyligers J, Stone MN, Aronow H, Abbott JD, Labrosciano C, Tutein-Nolthenius R and J AS. PORTRAIT (Patient-Centered Outcomes Related to Treatment Practices in Peripheral Arterial Disease: Investigating Trajectories): Overview of Design and Rationale of an International Prospective Peripheral Arterial Disease Study. *Circ Cardiovasc Qual Outcomes*. 2018;11:e003860.
2. Deber RB, Kraetschmer N and Irvine J. What role do patients wish to play in treatment decision making? *Arch Intern Med*. 1996;156:1414-20.

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Patient-centered Outcomes Related to TReatment practices in peripheral Arterial disease: Investigating Trajectories