

Patient Decision Aids on Treatment Choice for Diabetes Mellitus: A Systematic Review and Meta-analysis

Dr Anna Angelica Macalalad-Josue^{1,2}, Dr Clarence Pio Rey Yacapin^{2,3}, Dr Jose Paolo Panuda¹

¹University of the Philippines-Philippine General Hospital, Manila, Philippines, ²Department of Clinical Epidemiology, University of the Philippines Manila, Manila, Philippines, ³Department of Surgery, Asian Hospital and Medical Center, Muntinlupa City, Philippines

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Objective:

To determine whether patient decision aids (PDA) for type 2 diabetes mellitus (T2DM) treatment are effective in improving patient knowledge, participation in shared-decision making, and glycemic control and reducing decisional conflict

Methods:

We searched MEDLINE, CENTRAL, Embase, Clinicaltrials.gov, and grey literature until June 2017. We included RCTs that compared the use of a PDA versus usual care among adult T2DM patients. Two authors independently abstracted data, assessed studies for risk of bias, and calculated pooled estimates of treatment effects.

Results:

Out of 2,635 articles during the initial search, 8 studies with 916 patients were included. All were of high risk for performance bias due to the lack of blinding because of the nature of the intervention. Three of the 8 studies used the Diabetes Medication Choice Aid, while the others used various PDAs in printed and computer-based formats. There was a significant reduction in overall decisional conflict score (mean difference -6.39, 95% CI -8.61, -4.16) and all its subscales. In contrast, there were no differences in glycated hemoglobin (HBA1C) at 6 months (mean difference 0.6%-0.13, 0.25), and change in HBA1C at 3 months (mean difference 0.11% [95% CI -0.06, 0.28]). There was only one study that reported on degree of patient involvement which also did not show any significant difference. There was a wide variety of scoring methods for knowledge in all the studies.

Conclusion:

PDAs for treatment choices for T2DM reduced decisional conflict but had no effect on glycemic control and degree of patient involvement in decision making