

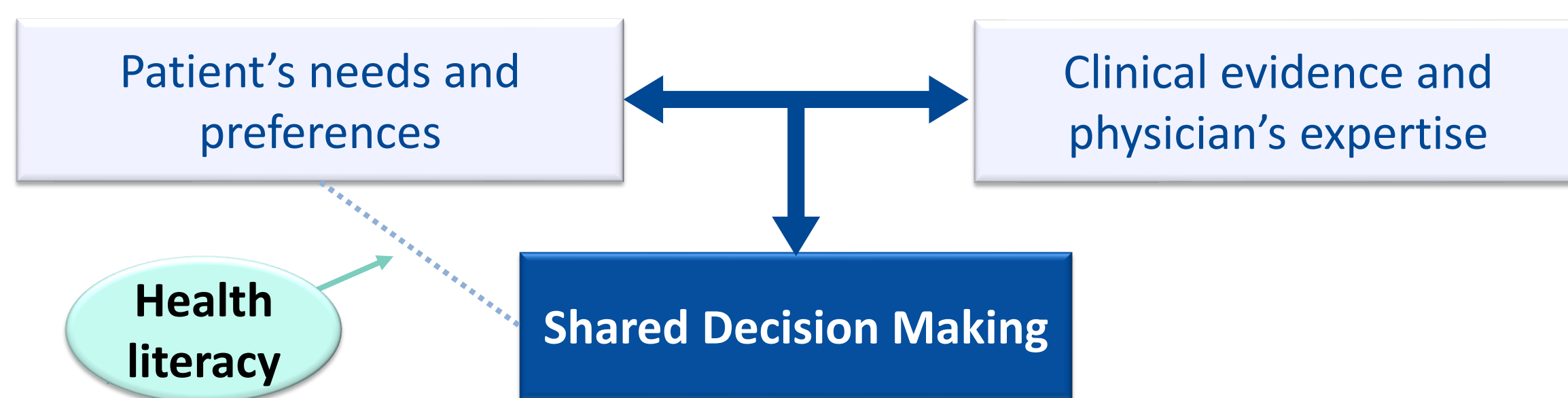
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Shared decision making for psoriasis systemic treatment from the patients' and the physicians' perspectives: Associations with sources of health information and health literacy

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in der Dermatologie

INTRODUCTION

In the **people-centred model of care for psoriasis**, the patient adopts an active and participating role in the clinical decision-making process:



This model assumes that the patient has access to the education and support he/she needs to make decisions that correspond to his/her needs and treatment goals.

Health literacy, i.e. the individual's capacity to seek, understand and utilize health information, is a prerequisite to make informed decisions.

Objective: to examine the associations between sources of information regarding psoriasis and its treatments, health literacy and shared decision making, from the patients' and the physicians' perspectives.

METHODS

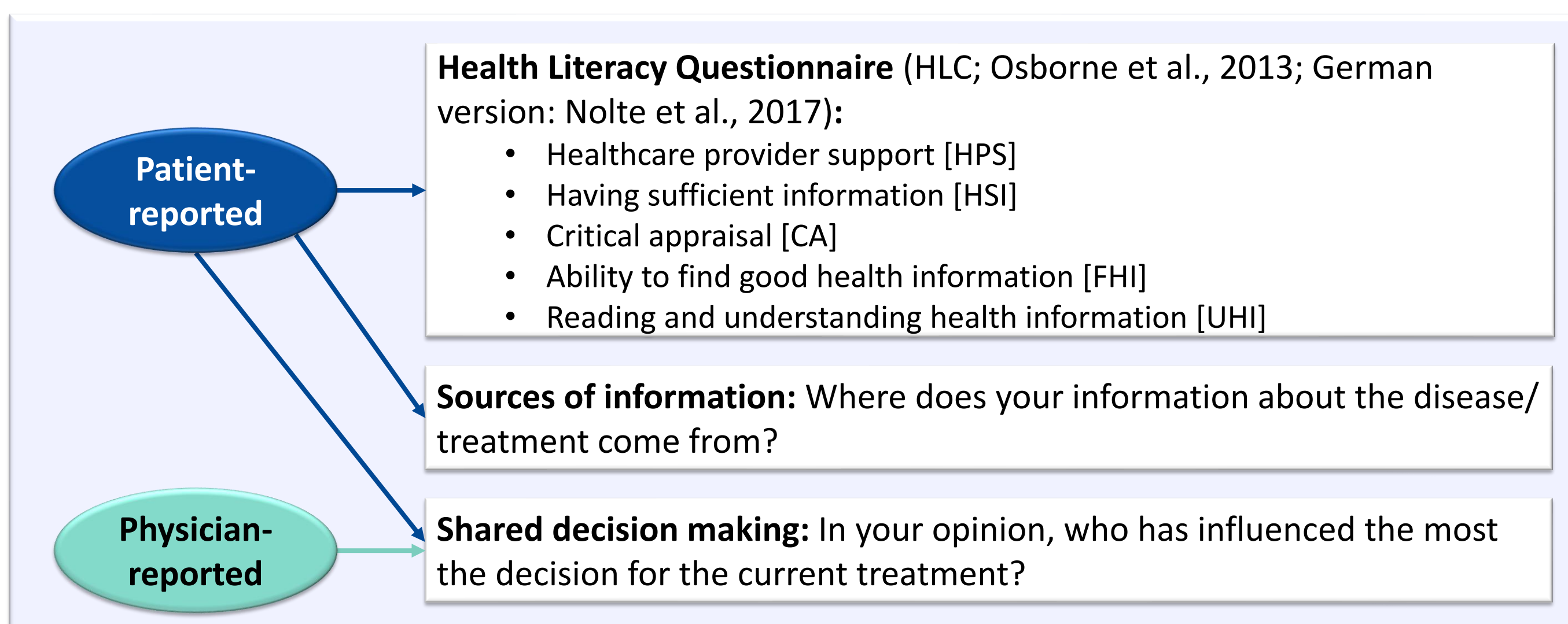
Study design and patient cohort

Preliminary baseline data from the longitudinal observational **PsoValue study**.

- Patients recruited at the **University Medical Center Hamburg Eppendorf (UKE)**.
- **Inclusion criteria:** German patients aged ≥ 18 years with plaque-type psoriasis, who were initiating a new systemic treatment.

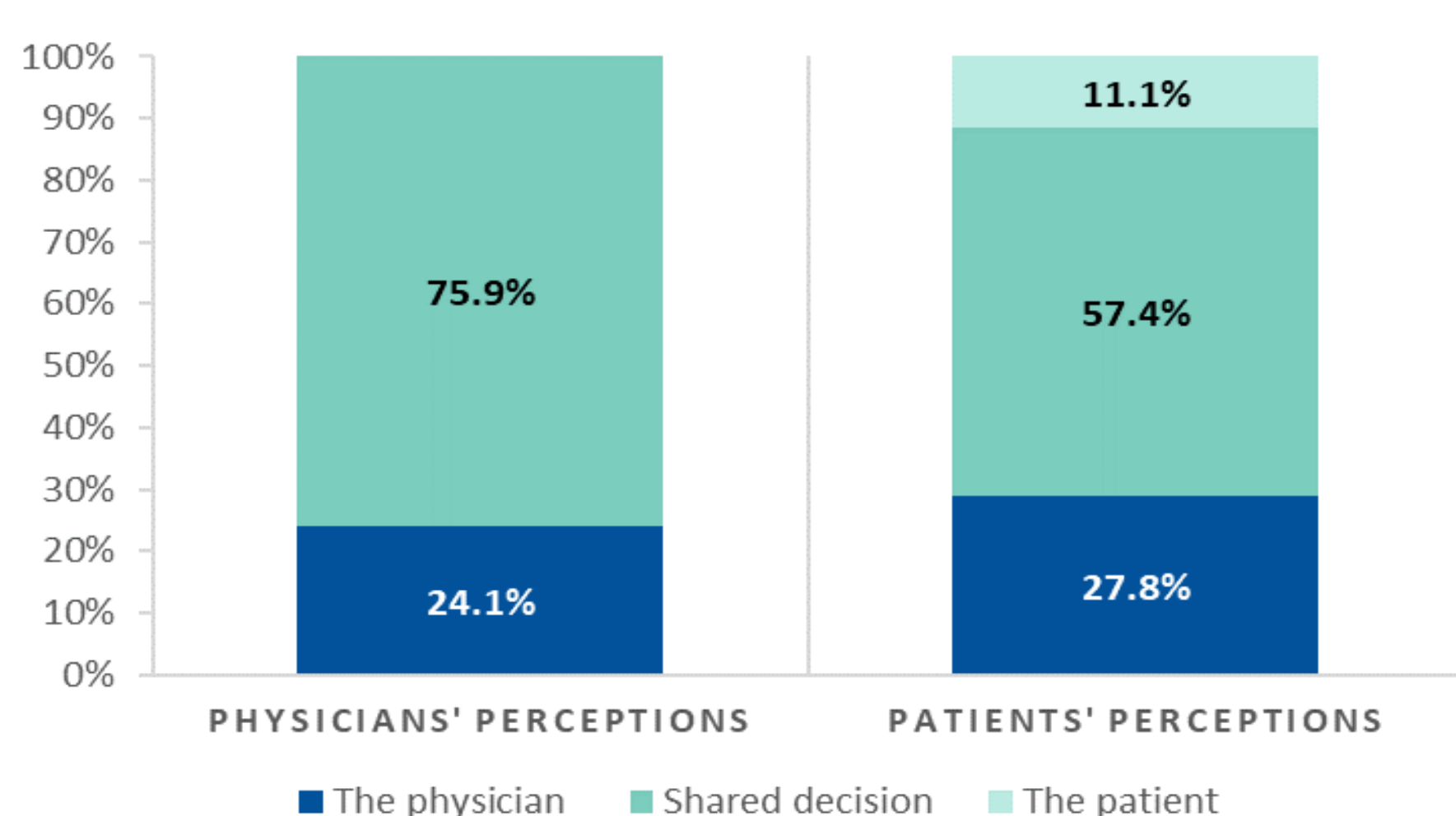
N = 54 patients		
Age = 44.9 \pm 14.7 years Sex = 48.1% male	Psoriasis Area and Severity Index (PASI) = 8.4 \pm 9.0	Dermatology Quality of Life Index (DLQI) = 9.60 \pm 6.85

Measures



RESULTS

Perceptions of shared decision making and health literacy



Patients and physicians agreed that the decision was shared in 23 (44.2%) cases, and that was mainly driven by the physician in 4 (7.7%) cases.

Overall rate of agreement (Cohen's K) = 0.05.

No significant correlations were found between the patients' perspective of shared decisions and health literacy, but the physicians' report of shared decisions was significantly correlated with higher levels of patients' health literacy (Table 1).

Table 1 | Pearson correlation coefficients between health literacy and shared decision making.

	Health Literacy Questionnaire (patient-reported)				
	Healthcare provider support	Having sufficient information	Critical appraisal	Ability to find good health information	Understanding health information
Shared decision from the patients' perspective ^a	0.03	-0.05	0.09	0.02	-0.03
Shared decision from the physicians' perspective ^a	0.32*	0.33*	0.17	0.41**	0.47**

^a 0 = no; 1 = yes. * p < 0.05; ** p < 0.01, two-tailed.

Sources of patient information and health literacy

Information regarding psoriasis and its treatments were mainly conveyed by the physicians, retrieved from the internet and from brochures available in the clinic (Fig. 2).

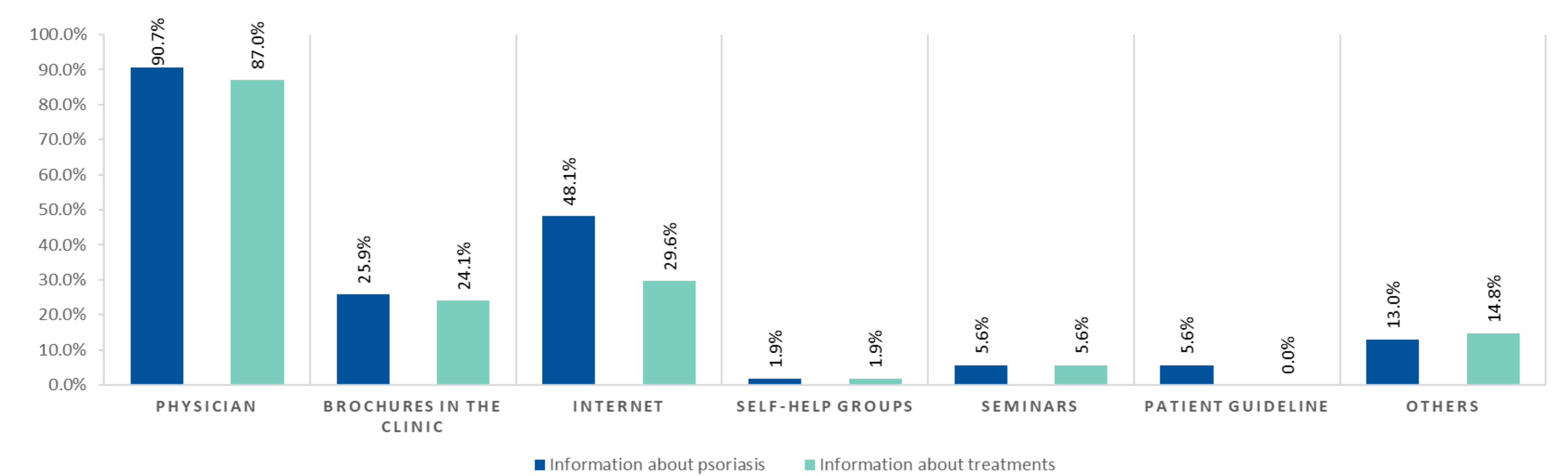


Fig. 2 | Percentage of patients who reported extracting information about psoriasis and its treatments from different sources (multiple answers were possible).

Higher levels of health literacy were significantly associated with retrieving information from brochures and from physicians, but not from the internet (Table 2).

Table 2. Pearson correlation coefficients between sources of information about psoriasis and its treatments and health literacy (Pearson correlation coefficients).

	Healthcare provider support	Having sufficient information	Critical appraisal	Ability to find good health information	Reading/ understanding health information
Information about psoriasis sought from:					
Physician ^a	-0.05	0.02	0.11	0.02	0.13
Brochures ^a	0.20	0.09	0.29*	0.20	0.28*
Internet ^a	-0.23	-0.06	0.16	0.20	0.19
Other sources ^a	0.13	0.04	0.22	0.01	0.06
Information about treatment sought from:					
Physician ^a	-0.08	-0.10	-0.07	0.14	0.35*
Brochures ^a	0.33*	0.18	0.27	0.20	0.36**
Internet ^a	-0.09	-0.07	0.14	0.11	0.15
Other sources ^a	-0.02	0.11	0.25	0.07	-0.05

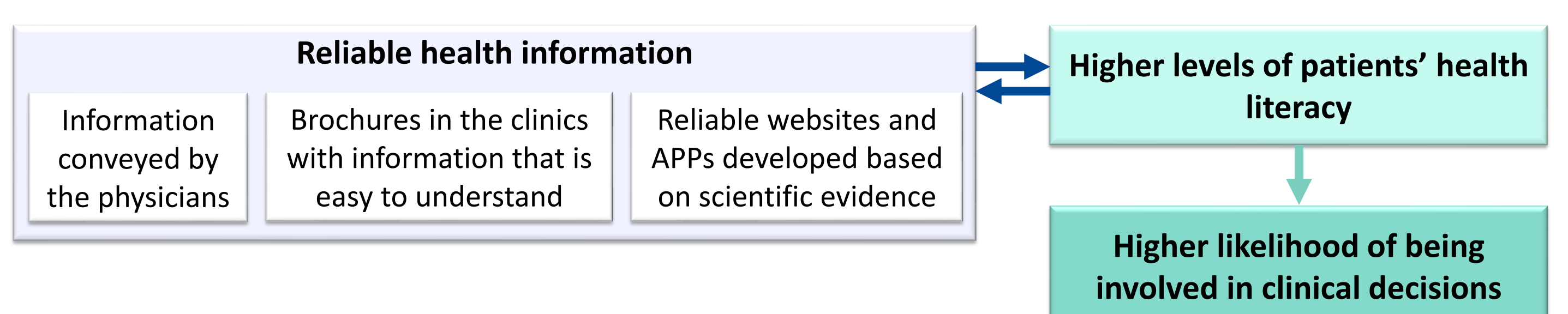
^a 0 = no; 1 = yes. * p < 0.05; ** p < 0.01, two-tailed.

There were no significant associations between sources of information and perceptions of shared decision making.

CONCLUSIONS

The poor agreement between patients' and physicians' perspectives of shared decision making denotes a lack of clear communication in the clinical setting. Even when the physician tries to involve the patient, if the patient does not acknowledge his/her participation, the disease self-management/ treatment compliance may be compromised.

Patients with higher levels of health literacy were more likely to be involved in clinical decisions.



Providing all patients with the information they need to advocate for their needs, preferences and treatment goals might be a good way to improve health literacy, and, indirectly, patient participation in clinical decisions.