



臺北醫學大學
TAIPEI MEDICAL UNIVERSITY

製作PDAs常見資源簡介

臺北醫學大學長期照護碩士學位學程
臺北醫學大學附設醫院復健科
考科藍臺灣研究中心

侯文萱 醫師
Jun 9, 2017



6S最佳文獻證據

資源類別

系統Systems
電腦決策系統

摘要Summaries
實證參考書；實證臨床指引

統整的精要Synopses of Syntheses
實證摘要期刊

統整Syntheses
系統性回顧

研究的精要Synopses of Single Studies
實證摘要期刊

研究Single Studies
刊載於期刊之原著文獻

實證資源



Ottawa Hospital
Research Institute
Institut de recherche
de l'Hôpital d'Ottawa



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MASSACHUSETTS
GENERAL HOSPITAL

HEALTH DECISIONS SCIENCES CENTER

* 6S系統由加拿大McMaster大學Brian Haynes博士提出
Ann Intern Med. 2009 Sep 15 ; 151(6) : JC3-2, JC3-3.
PMID : 19755349



Ottawa Hospital
Research Institute
Institut de recherche
de l'Hôpital d'Ottawa

SDM Tools in Canada

Ottawa Hospital Research Institute

OHRI決策輔助工具_1/5

The Ottawa Hospital Research Institute | L'Hôpital d'Ottawa Institut de recherche en santé

Patient Decision Aids

For specific conditions
For any decision
Developed in Ottawa
Other KT Tools
Decision Coaching
Conceptual Frameworks
Development Toolkit
Development Methods
International Standards
Systematic Review
Decision Aid Library Inventory
Evaluation Measures
Implementation Toolkit
Step 1: Identify the decision
Step 2: Find patient decision aids
Step 3: Identify barriers
Step 4: Implementation
Step 4.2: Provide training
Step 5: Monitor use and outcomes
About Us
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Welcome

decision aids are tools that help people become involved in decision making by making explicit the decision that is made, providing information about the options and outcomes, and by clarifying personal values. They are designed to complement, rather than replace, counseling from a health practitioner.

How can I find decision aids?

- [A to Z Inventory](#) allows you to search for decision aids on particular health topics.
- [Ottawa Resource Family Decision Guides](#) can be used for any health or social decision.
- [Decision Aid Library Inventory \(DALI\)](#) allows developers to enter information about their decision aids for inclusion in our inventories.

Where are the online tutorials?

- The [Ottawa Decision Support Tutorial \(ODST\)](#), to help practitioners develop knowledge in shared decision making (SDM) and decision support.
- The [Ottawa Patient Decision Aid Development eTraining \(ODAT\)](#) to help people create a patient decision aid using the Ottawa development process.
- The [Implementation Toolkit](#) provides tools and training for incorporating decision support in practice centres.

What's the evidence?

- An international research group updates the [systematic review of trials of patient decision aids](#) for treatment or screening decisions using Cochrane review methods.
- The [International Patient Decision Aid Standards \(IPDAS\) Collaboration](#) established a set of internationally approved criteria for determining the quality of patient decision aids.
- Report on [The Ottawa Decision Support Framework: Update, Gaps and Research Priorities](#).
- Several [evaluation measures](#) (e.g. Decisional Conflict Scale, Decisional Needs Assessment in Populations) are available with user manuals.

Francais

Last modified: 2015-04-17

<http://decisionaid.ohri.ca/index.html>

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OHRI決策輔助工具_2/5

The Ottawa Hospital Research Institute | L'Hôpital d'Ottawa Institut de recherche en santé

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A to Z Inventory of Decision Aids

Search all decision aids:
dementia

OR

輸入想搜尋的資料後，點選Go
例如：搜尋「dementia」

More information about [decision aid developers](#).

You may search for a decision aid using keywords or browse an alphabetical listing.

Note: Addition of other decision aids to the A to Z inventory is an ongoing process.

Francais

Last modified: 2014-08-20.

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OHRI決策輔助工具_3/5

The Ottawa Hospital Research Institute | L'Hôpital d'Ottawa Institut de recherche en santé

Patient Decision Aids

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For any decision
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Search Results - A to Z Inventory of Decision Aids

Your search: **dementia** found the following decision aids (see list below).

Click on a **title** to view a brief description that will help you decide if the decision aid will meet your needs, or try another keyword search to look for other decision aids.

Search again:
dementia

Found 4 matches.

Alzheimer's Disease

- [Alzheimer's or other dementia: Should I move my relative into long-term care?](#) Healthwise
- [Cholinesterase inhibitors to reduce the symptoms of Alzheimer's disease - Les inhibiteurs de la cholinestérase pour réduire les symptômes de la maladie d'Alzheimer](#) Université Laval

Dementia

- [A Decision Aid about Goals of Care for Patients with Dementia](#) University of North Carolina at Chapel Hill
- [Making Choices: Feeding Options for Patients with Dementia](#) University of North Carolina at Chapel Hill School of Medicine

Francais

Last modified: 2017-03-07

Making Choices : Feeding Options for Patients with Dementia

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OHRI 決策輔助工具_4/5

Patient Decision Aids

Decision Aid Summary

Title	Making Choices: Feeding Options for Patients with Dementia.
Audience	People who help decide about health care for a person with dementia.
Options included	Nutrition through a feeding tube. Ways to help with eating by mouth.
Year of last update or review	2011
Format	Web, video, paper, PDF
How to obtain	Click here to view the decision aid on the developer website
Developer	Laura C. Hanson
Where was it developed	Click here to view the decision aid
Health condition	Dementia
Type of decision aid	Treatment
Language	English

Based on IPDAS criteria (International Patient Decision Aid Standards) this decision aid (and/or supporting materials) meets:

- 7 out of 7 criteria to be defined as a patient decision aid
- 4 out of 9 criteria to lower the risk of making a biased decision

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OHRI 決策輔助工具_5/5

Patient Decision Aids

Patient Decision Aids Developed by Others

The patient decision aids listed here were developed by researchers not affiliated with the Ottawa Patient Decision Aids Research Group.

Patient decision aids that are still under development or no longer available are listed in the [Complete Inventory](#).

Making Choices: Feeding Options for Patients with Dementia
University of North Carolina Palliative Care Program

[PDF version](#)

[Improving Decision-Making about Feeding Options in Dementia](#)
(19 minute video version on Vimeo)

Making Choices

Feeding Options for Patients with Dementia

Making Choices

Feeding Options for Patients with Dementia

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NHS

SDM Tools in England
The National Health Service

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NHS製作的36個醫療決策輔助工具主題

1. 腹主動脈瘤修補 (ABDOMINAL AORTIC ANEURYSM REPAIR)
2. 腹主動脈瘤篩檢 (ABDOMINAL AORTIC ANEURYSM SCREENING)
3. 痤瘡 (ACNE)
4. 前次剖腹產後的生產選擇 (BIRTH OPTIONS AFTER PREVIOUS CAESAREAN SECTION)
5. 腕隧道症候群 (CARPAL TUNNEL SYNDROME)
6. 白內障 (CATARACTS)
7. 慢性阻塞性肺病 (CHRONIC OBSTRUCTIVE PULMONARY DISEASE)
8. 憂鬱症 (DEPRESSION)
9. 糖尿病 (DIABETES: ADDITIONAL TREATMENTS TO IMPROVE CONTROL)
10. 糖尿病 (DIABETES: IMPROVING CONTROL)
11. 唐氏症檢測 (DIAGNOSTIC TESTING FOR DOWN'S SYNDROME)
12. 安寧照護 (END OF LIFE : PLACE OF CARE)
13. 腎衰竭 (ESTABLISHED KIDNEY FAILURE)
14. 腎衰竭 - 透析 (ESTABLISHED KIDNEY FAILURE (KIDNEY DIALYSIS))
15. 腎衰竭 - 移植 (ESTABLISHED KIDNEY FAILURE (KIDNEY TRANSPLANT))
16. 膽結石 (GALLSTONES)
17. 分泌性中耳炎 (GLUE EAR)
18. 經血過多症 (HEAVY MENSTRUAL BLEEDING (MENORRHAGIA))
19. 高血壓 (HIGH BLOOD PRESSURE)
20. 高膽固醇 (HIGH CHOLESTEROL)
21. 表淺性膀胱癌 (HIGH RISK NON MUSCLE INVASIVE BLADDER CANCER)
22. 腹股溝疝氣 (INGUINAL HERNIA)
23. 前列腺癌 (LOCALISED PROSTATE CANCER)
24. 下泌尿道症候群 (LOWER URINARY TRACT SYMPTOMS)
25. 肺癌 (LUNG CANCER)
26. 多發性硬化症 (MULTIPLE SCLEROSIS)
27. 肥胖 (OBESITY)
28. 髖關節炎 (OSTEOARTHRITIS OF THE HIP)
29. 膝關節炎 (OSTEOARTHRITIS OF THE KNEE)
30. 前列腺癌特定抗原檢測 (PROSTATE SPECIFIC ANTIGEN (PSA) TESTING)
31. 直腸癌 - 未轉移 (RECTAL CANCER (WITHOUT DISTANT SPREAD))
32. 咽喉炎 (RECURRENT SORE THROAT)
33. 類風濕性關節炎 (RHEUMATOID ARTHRITIS)
34. 戒菸 (SMOKING CESSATION)
35. 穩定型心絞痛 (STABLE ANGINA)
36. 預防心房顫動病人中風 (STROKE PREVENTION FOR ATRIAL FIBRILLATION OR ATRIAL FLUTTER)

<http://sdm.rightcare.nhs.uk/pda>

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SDM Programme of the NHS, England

SDM Programme	
- Step 1 - Introduction	Describing the health problem, treatment options and decisions to be made. Further, background information is also provided about the condition itself.
- Step 2 - Compare Options	Accurate information on the similarities and differences between treatment options.
- Step 3 - My Views	Here you are asked for your personal likes and dislikes about the different treatments.
- Step 4 - My Trade-offs	Helping you to trade-off the advantages and disadvantages of each option.
- Step 5 - My Decision	Supporting you to choose an option that is best for you.

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Change text size

NHS Shared Decision Making Written by **BMJ Group**

HOME ABOUT **DECISION AIDS** ADVISORY GROUPS FAQs LOGIN or REGISTER

DECISION AIDS

All of the available Decision Aids are listed below in alphabetical order

AVAILABLE DECISION AIDS SEARCH BY KEYWORDS Search for a condition...

ABDOMINAL AORTIC ANEURYSM (AAA) REPAIR	VIEW DECISION AID
ABDOMINAL AORTIC ANEURYSM (AAA) SCREENING	VIEW DECISION AID
ACNE	VIEW DECISION AID
BIRTH OPTIONS AFTER PREVIOUS CAESAREAN SECTION	VIEW DECISION AID
CARPAL TUNNEL SYNDROME	VIEW DECISION AID

GETTING STARTED

You have selected the **Acne Decision Aid**. This Decision Aid is split in to **five steps** which guide you through the process of helping you choose which option is best for you:

DECISION AID PROCESS EXPLAINED



ACNE ✕ CLOSE

MY NOTES



Jan 2015: Pending Review

1 INTRODUCTION
Overview of the decision, options and health problem.

This decision aid is to help people choose between treatments for acne. Acne is a long-lasting problem that may need ongoing treatment. There are many treatment options for acne that can be taken on their own or used with others. It usually takes about eight weeks to tell whether treatments are working.



Animation about Acne

The decision aid talks about five types of treatment:

- **No treatment** Waiting and checking to see if the acne stays the same, gets worse, or gets better on its own.
- **Lifestyle changes** This can include making changes to diet, using complementary therapies, and using cosmetics to cover up acne.
- **Treatments used on the skin** Creams, gels, and washes used directly on the skin. These are often called **topical treatments**. Some can be bought at a pharmacy or shop. Others are prescribed by a GP or skin specialist (dermatologist).
- **Medicines** Medicines (oral pills and capsules) taken by mouth. They include medicines to fight the bacteria that are associated with acne, and medicines that reduce the amount of sebum (oil) the skin makes. They also include combined oral contraceptive pills, which are not suitable for girls who have not begun their menstrual periods.
- **Light therapy** Light or lasers beamed at the skin by a machine. Light therapies kill the bacteria associated with acne. Light therapy can also shrink the glands in the skin that produce sebum and can help to reduce acne inflammation (redness and swelling).

KEY INFORMATION / HELP

- ▶ More information about Acne
- ▶ Learn more about the options available:
 - No treatment
 - Lifestyle changes
 - Treatments used on the skin (topical treatments)
 - Oral medicines
 - Light therapy
- ▶ Animation about Acne
- ▶ Decision Map for Acne

WATCH THE DECISION AID VIDEO GUIDES

ACNE ✕ CLOSE

MY NOTES



Jan 2015: Pending Review

WILL I HAVE TO PAY FOR MY TREATMENT?

No treatment	Lifestyle changes	Treatments used on the skin (topical treatments)	Oral medicines	Light therapy
<p>People who don't have treatment won't pay anything.</p> <p>more information</p>	<p>Complementary therapies to treat acne and cosmetics to conceal acne are not available on the NHS. People who choose these will need to pay for them. Some are cheap, others are expensive.</p> <p>more information</p>	<p>Some topical therapies are available on prescription. People have to pay for washes, gels, and creams that don't require a prescription. These products can be bought in pharmacies or shops and range from inexpensive to expensive.</p> <p>more information</p>	<p>Oral medicines to treat acne are available on the NHS with a prescription.</p> <p>more information</p>	<p>Light therapy is generally not available on the NHS. Home light therapy devices can be bought in pharmacies and online. Light therapy is also available from private clinics. There are many different types of light therapy and prices vary depending on the type of light therapy, the clinic, and the practitioner. Treatment can be expensive.</p> <p>more information</p>

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SAVE & GO BACK EXIT PRINT SUMMARY

SAVE & CONTINUE



ACNE ✕ CLOSE MY NOTES

1 INTRODUCTION Overview of the decision, options and health problem

2 COMPARE OPTIONS Information about all the options explained side-by-side

3 MY VALUES Thinking about what matters to you about the decision

4 MY TRADE-OFFS Weighing-up the pros and cons of the options to you

5 MY DECISION Make a decision that is right for you at this time

Jan 2015: Pending Review

3 MY VALUES Thinking about what matters to you about the decision KEY INFORMATION / HELP

Before making a decision it is important that you consider the consequences of each of the available options.

If at this point you are NOT SURE about your decision, more help is available. We have prepared a number of lifestyle related statements. Choosing how you feel about each of the statements will help you think about how important these potential consequences are to you.

I NEED MORE HELP BEFORE MAKING MY DECISION
Show me the statements ✓

If you are ALREADY SURE about your decision, you can proceed to STEP 5 — My decision.

I'M READY TO MAKE MY DECISION
Proceed to STEP 5 — My Decision

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ACNE ✕ CLOSE MY NOTES

1 INTRODUCTION Overview of the decision, options and health problem

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3 MY VALUES Thinking about what matters to you about the decision

4 MY TRADE-OFFS Weighing-up the pros and cons of the options to you

5 MY DECISION Make a decision that is right for you at this time

Jan 2015: Pending Review

I am unwilling to take a treatment which causes side effects

Disagree strongly Disagree somewhat Agree somewhat **Agree strongly**

I am unwilling to spend much time having treatment

Disagree strongly Disagree somewhat Agree somewhat **Agree strongly**

I don't want to have to pay privately for my treatment.

Disagree strongly Disagree somewhat Agree somewhat **Agree strongly**

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SAVE & GO BACK EXIT PRINT SUMMARY SAVE & CONTINUE

ACNE ✕ CLOSE MY NOTES

1 INTRODUCTION Overview of the decision, options and health problem

2 COMPARE OPTIONS Information about all the options explained side-by-side

3 MY VALUES Thinking about what matters to you about the decision

4 MY TRADE-OFFS Weighing-up the pros and cons of the options to you

5 MY DECISION Make a decision that is right for you at this time

Jan 2015: Pending Review

I am unwilling to take a treatment which causes side effects

If you are willing to consider a treatment that causes side effects, you may be more likely to try oral medicines. It is important to know that isotretinoin can cause many side effects including the possibility of causing birth defects. Women taking isotretinoin who could get pregnant need to use at least one form of contraception.

You may also want to consider photodynamic therapy. This treats acne more effectively than other light therapies, but it is more likely to cause side effects.

I am unwilling to spend much time having treatment

If you don't want to spend time on treatment, you need to think about what works best for your lifestyle. Time spent on treatment can vary from a few minutes each day to regular appointments. Taking medicine doesn't take much time each day, but does need to be continued for at least six months. Light treatments take 15 minutes to an hour, but you may only need a few treatments. If topical treatment and dietary changes improve your acne, you may wish to continue treatment for several years.

I don't want to have to pay privately for my treatment.

Many acne treatments, including topical therapies and oral medications, are available on NHS prescription. Some acne treatments can be bought without a prescription from pharmacies and shops. The cost of these products can vary a lot.

Light therapy, and complementary therapies that involve a visit to a private clinic, can be expensive.



Jan 2015: Pending Review

5 MY DECISION Make a decision that is right for you at this time KEY INFORMATION / HELP ▾

Given what you know now about the options and your own personal views, select which option(s) you are considering at this point in your life. If you selected more than one option, you will be prompted to order your chosen options from most preferred to least preferred. Once you have made your selection, you will also be asked some questions to help determine how sure you are about your choice.

NO TREATMENT	<input checked="" type="checkbox"/>
LIFESTYLE CHANGES	<input checked="" type="checkbox"/>
TREATMENTS USED ON THE SKIN (TOPICAL TREATMENTS)	<input type="checkbox"/>
ORAL MEDICINES	<input type="checkbox"/>
LIGHT THERAPY	<input type="checkbox"/>

MOST PREFERRED OPTION: LIFESTYLE CHANGES ← Move Up ▾ Move Down

LEAST PREFERRED OPTION: NO TREATMENT ← Move Up ▾ Move Down

At this point, your preferred treatment option is LIFESTYLE CHANGES

	YES	NO
Do you feel SURE about the best choice for you?	<input checked="" type="radio"/>	<input type="radio"/>
Do you know the benefits and risks of each option?	<input checked="" type="radio"/>	<input type="radio"/>
Are you clear about which advantages and disadvantages matter most to you?	<input checked="" type="radio"/>	<input type="radio"/>
Do you have enough support and advice to make a choice?	<input checked="" type="radio"/>	<input type="radio"/>

You have indicated that you are sure that LIFESTYLE CHANGES is the best option for you at this point in time. If you talk about this decision with a health professional, it will help them to know why you are sure this option suits you best.

MOST PREFERRED OPTION: LIFESTYLE CHANGES ← Move Up ▾ Move Down

LEAST PREFERRED OPTION: NO TREATMENT ← Move Up ▾ Move Down

At this point, your preferred treatment option is LIFESTYLE CHANGES

	YES	NO
Do you feel SURE about the best choice for you?	<input type="radio"/>	<input checked="" type="radio"/>
Do you know the benefits and risks of each option?	<input type="radio"/>	<input checked="" type="radio"/>
Are you clear about which advantages and disadvantages matter most to you?	<input type="radio"/>	<input checked="" type="radio"/>
Do you have enough support and advice to make a choice?	<input type="radio"/>	<input checked="" type="radio"/>

Although you have chosen LIFESTYLE CHANGES as your preferred option, you have indicated that you are still not sure that this is the best option for you at this point in time. If you talk about this decision with a health professional, it will help them to know why you are not sure which option suits you best.

Here are some things you can do now

I'D LIKE TO READ THE INFORMATION AGAIN **I'D LIKE TO GO AWAY AND THINK ABOUT IT**

Many people like to go back through this Decision Aid again now that they understand how the treatment consequences might affect their lives. You can revisit the decision aid again or log-out and come back to it before making an appointment with your doctor.

Your doctor will have information from test results and your medical history. Given what you know now, you can decide together which option is best for you based on your views and medical history.

- Step 1 - Introduction
- Step 2 - Compare Options
- Step 3 - My Views
- Step 4 - My Trade-offs

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Jan 2015: Pending Review

COMPLETE

You have now completed the Decision Aid. If you are logged in, your progress will have been saved to your Personal Decision Space which you can access at anytime by clicking on [My Account](#) in the main menu.

Please, login if you don't want to lose your changes. [LOGIN](#)

Here are some things you can do now

I'D LIKE TO READ THE INFORMATION AGAIN

I'D LIKE TO GO AWAY AND THINK ABOUT IT

Many people like to go back through this Decision Aid again now that they understand how the treatment consequences might affect their lives. You can revisit the decision aid again or log-out and come back to it before making an appointment with your doctor.

Your doctor will have information from test results and your medical history. Given what you know now, you can decide together which option is best for you based on your views and medical history.

- Step 1 - Introduction
- Step 2 - Compare Options
- Step 3 - My Views
- Step 4 - My Trade-offs

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SDM Tools in the USA

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Mayo Clinic SDM National Resource Center

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Mayo Clinic Shared Decision Making National Resource Center

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MDM Workshop

A Journey Toward Shared Decision Making

Leadership

Our Decision Aids → Cardiovascular Primary Prevention Choice

- Cardiovascular Primary Prevention Choice ✓
- Chest Pain Choice
- Depression Medication Choice
- Diabetes Medication Decision
- Graves Disease Decision Aid
- Osteoporosis Medication Choice
- PCI Choice
- Smoking Cessation around the time of Surgery
- Anticoagulation Choice
- Rheumatoid Arthritis (RA) Choice



Mayo Clinic Shared Decision Making - National Resource Center

Cardiovascular Primary Prevention Choice

Statin/Aspirin Choice Decision Aid

The risk reductions attributed to statins and decision aids come from systematic reviews of randomized trials of primary prevention of coronary events with statins (25-30% reduction in risk of coronary events) and aspirin (15-20% reduction in coronary events).

Tools → Risk calculators → Framingham

Low-dose aspirin can reduce coronary events by about 20-25% and can impact the risk and outcomes of colon cancer and other cancers.

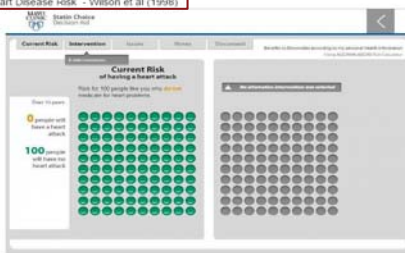
Tools:

Risk calculators:

- Framingham 10-year Coronary Heart Disease Risk - Wilson et al (1998)
- D'Agostino 1994: Formula for stroke risk
- Reynolds Risk Score
- ACC/AHA Pooled Cohort Calculator

Decision aids to be used during the encounter:

- Electronic interactive tool
- Statin Choice - English
 - Statin Choice: average risk (~10%)
 - Statin Choice: elevated risk (~20%)
 - Statin Choice: high risk (~50%)
- Statin Choice - Spanish
 - Spanish Statin Choice - average risk
 - Spanish Statin Choice - elevated risk
 - Spanish Statin Choice - high risk
- Aspirin Choice decision aids
 - Aspirin Choice: average risk
 - Aspirin Choice: elevated risk



LOGIN

Join now



Framingham Heart Study

A Project of the National Heart, Lung, and Blood Institute and Boston University

- Atrial Fibrillation
- Cardiovascular Disease
- Congestive Heart Failure
- Coronary Heart Disease
 - Heart Coronary Heart Disease (10-year risk)
 - Coronary Heart Disease (10-year risk) - non-Español
 - Coronary Heart Disease (20-year risk) - Second Event
- Diabetes
- Hypertension
- Intermittent Claudication
- Stroke

Coronary Heart Disease (10-year risk)

(Based on Wilson, D'Agostino, Levy et al. "Prediction of Coronary Heart Disease using Risk Factor Categories", Circulation 1998)

Outcomes

Coronary Heart Disease

Duration of follow-up

Maximum of 12 years, 10-year risk prediction

Population of interest

Individuals 30 to 74 years old and without overt CHD at the baseline examination

Predictors

- Age
- Diabetes
- Smoking
- JNC-V blood pressure categories
- NCEP total cholesterol categories
- LDL cholesterol categories

Estimating Risk of CHD in Men

Wilson, PWF, Circulation 1998;97:1837-1847

Step 1

Years	LDL Pts	Chol Pts
35-44	-1	[1]
35-39	0	[0]
40-44	1	[1]
45-49	2	[2]
50-54	3	[3]
55-59	4	[4]
60-64	5	[5]
65-69	6	[6]
70-74	7	[7]

Step 2

(mg/dl)	(mmol/L)	LDL Pts
<100	<2.59	-3
100-129	2.60-3.36	0
130-159	4.15-4.92	1
≥160	≥4.92	2

Step 3

(mg/dl)	(mmol/L)	LDL Pts	Chol Pts
30	0.78	0	[0]
35-44	0.81-1.16	1	[1]
45-49	1.17-1.29	0	[0]
50-54	1.30-1.55	0	[0]
60	1.56	-1	[-2]

Step 4

Systolic (mm Hg)	Diastolic (mm Hg)	Points
<80	80-84	0 [0pts]
85-89	90-99	1 [1pts]
120-129		2 [2pts]
130-139		3 [3pts]
140-159		4 [4pts]
≥160		5 [5pts]

Step 5

Diabetes	LDL Pts	Chol Pts
No	0	[0]
Yes	2	[2]

Step 6

Smoker	LDL Pts	Chol Pts
No	0	[0]
Yes	2	[2]

Step 7 (sum from Steps 1-6)

Adding up the points

Age: _____
LDL-C or Chol: _____
HDL-C: _____
Blood Pressure: _____
Diabetes: _____
Smoker: _____
Point total: _____

Step 8 (determine CHD risk from point total)

LDL Pts Total	10 Yr CHD Risk	Chol Pts Total	10 Yr CHD Risk
-3	1%		
-2	2%		
-1	2%	[~1]	[2%]
0	3%	[0]	[3%]
1	4%	[1]	[3%]
2	4%	[2]	[4%]
3	6%	[3]	[5%]
4	7%	[4]	[7%]
5	8%	[5]	[8%]
6	11%	[6]	[10%]
7	14%	[7]	[13%]
8	18%	[8]	[16%]
9	22%	[9]	[20%]
10	27%	[10]	[25%]
11	33%	[11]	[31%]
12	40%	[12]	[37%]
13	47%	[13]	[45%]
14	56%	[14]	[53%]

Step 9 (compare to average person your age)

Age (years)	Average 10 Yr CHD Risk	Average 10 Yr Heart CHD Risk	Low*
35-44	3%	1%	2%
35-39	2%	4%	3%
40-44	7%	4%	4%
45-49	11%	8%	4%
50-54	14%	10%	6%
55-59	18%	13%	7%
60-64	21%	20%	8%
65-69	25%	22%	11%
70-74	30%	25%	14%

Key

Color Relative Risk

green Very Low
light green Low
yellow Moderate
yellow-red High
red Very High

Cardiovascular Primary Prevention Choice

Statin/Aspirin Choice Decision Aid

The risk reductions attributed to statins and decision aids come from systematic reviews of randomized trials of primary prevention of coronary events with statins (25-30% reduction in risk of coronary events) and aspirin (15-20% reduction in coronary events).

The **risk reduction** in coronary events with fixed standard dose statins (atorvastatin 10 mg, simvastatin 40 mg, pravastatin 40 mg, rosuvastatin 5 mg) has been stable for years and was recently documented in a systematic review to be 26%, with high dose statins (2-3 times standard dose) adding about 15% relative risk reduction (i.e., 40% risk reduction).

Low-dose aspirin can reduce coronary events by about 20-25% and can impact the risk and outcomes of colon cancer and other cancers.

Tools:

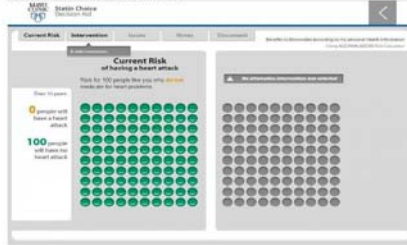
Risk calculators

- Framingham 10-year Coronary Heart Disease Risk - Wilson et al (1998)
- DiAgosino 1994 Formula for stroke risk
- Reynolds Risk Score
- ACC/AHA Pooled Cohort Calculator

Decision aids to be used during the encounter:

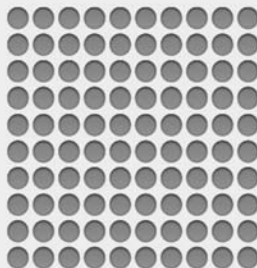
- Electronic interactive tool
 - Statin Choice - English
 - Statin Choice: average risk (~10%)
 - Statin Choice: elevated risk (~20%)
 - Statin Choice: high risk (~50%)
 - Statin Choice - Spanish
 - Spanish Statin Choice - average risk
 - Spanish Statin Choice - elevated risk
 - Spanish Statin Choice - high risk
- Aspirin Choice decision aids
 - Aspirin Choice: average risk
 - Aspirin Choice: elevated risk

Electronic Interactive 電子線上版本



LOGIN

Join now



Welcome to the **Statin Choice** Decision Aid.

This tool will help you and your doctor discuss how you might want to reduce your risk for heart attacks.

Let's get started ✓

Caution: This application is for use exclusively during the clinical encounter with your clinician

Current Risk



Current Risk

Select Risk Calculator

ACC/AHA ASCVD Framingham Reynolds

Do you have a history of events such as prior heart attack or stroke, acute coronary syndromes, history of angioplasty or stents, etc? Yes No

These figures are used to calculate my risk of having a heart attack in the next 10 years:

Age: 40 - 75

Gender: M F

Population Group: [Dropdown]

Smoker: Yes No

Diabetes: Yes No

Treated SBP: Yes No

Units: Cons. Unit SI Unit

Systolic Blood Pressure: 90 - 250 mmHg

HDL Cholesterol: 10 - 120 mg/dL

Total Cholesterol: 100 - 350 mg/dL

Select Current Intervention

Statin: No Std Dose High Dose

Current Risk

輸入資料後，點選Current Risk繼續

Intervention

選擇Statin劑量大小後, 點選Intervention繼續

Current Risk

Intervention

Current Intervention: No

Select Next Intervention

Statin: No Std Dose High Dose

Over 10 years

50 people will have a heart attack

50 people will have no heart attack

Document

Benefits vs Downsides according to my personal health information

Using ACC/AHA ASCVD Risk Calculator

No alternative intervention was selected

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Issues

點選Issues後, 即可展開此畫面

Current Risk

Intervention

Issues

Notes

Document

Benefits vs Downsides according to my personal health information

Using ACC/AHA ASCVD Risk Calculator

Current Risk of having a heart attack

Risk for 100 people like you who do not medicate for heart problems

Over 10 years

50 people will have a heart attack

50 people will have no heart attack

Cost

High dose statins about \$150/month

Daily Routine

High dose statins One pill once a day

Other Benefits

High dose statins The use of statins reduces your stroke risk by about one fifth.

Side Effects

High dose statins

Common side effects nausea, diarrhea, constipation (most patients can tolerate);

Muscle aching/stiffness 5 in 100 patients (some need to stop statins because of this);

Liver blood test goes up (no pain, no permanent liver damage); 2 in 100 patients (some need to stop statins because of this);

Muscle and kidney damage 1 in 20,000 patients (requires patients to stop statins).

The risk for these side effects may be higher by taking high dose/intensity statins compared to low dose statins.

Future Risk of having a heart attack

Risk for 100 people like you who do take high dose statins

Over 10 years

30 people will have a heart attack

50 people will have no heart attack

20 people will be saved from a heart attack by taking medicine

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Mayo Clinic Shared Decision Making National Resource Center

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Cardiovascular Primary Prevention Choice

Statin/Aspirin Choice Decision Aid

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The risk reduction in coronary events with fixed standard dose statins (atorvastatin 10 mg, simvastatin 40 mg, pravastatin 40 mg, rosuvastatin 5 mg) has been stable for years and was recently documented in a systematic review to be 25%, with high dose statins (2-3 times standard dose) adding about 15% relative risk reduction (i.e., 40% risk reduction).

Low-dose aspirin can reduce coronary events by about 20-25% and can impact the risk and outcomes of colon cancer and other cancers.

Tools:

- Framingham: 10-year Coronary Heart Disease Risk - Wilson et al (1998)
- D'Agostino: 1994: Formula for stroke risk
- Reynolds Risk Score
- ACC/AHA Pooled Cohort Calculator

Decision aids to be used during the encounter:

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 - Statin Choice - English
 - Statin Choice: average risk (~10%)
 - Statin Choice: elevated risk (~20%)
 - Statin Choice: high risk (~50%)
 - Statin Choice - Spanish
 - Spanish Statin Choice - average risk
 - Spanish Statin Choice - elevated risk
 - Spanish Statin Choice - high risk
- Aspirin Choice decision aids
 - Aspirin Choice: average risk
 - Aspirin Choice: elevated risk

Statin Choice 紙本版本: 如沒有電腦時, 可以使用

Current Risk

Current Intervention

Document

Benefits vs Downsides according to my personal health information

Using ACC/AHA ASCVD Risk Calculator

Current Risk of having a heart attack

Risk for 100 people like you who do not medicate for heart problems

Over 10 years

50 people will have a heart attack

50 people will have no heart attack

33

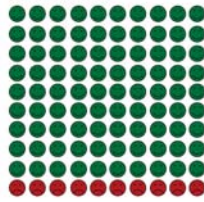
1 What is my risk of having a heart attack in the next 10 years?

NO STATIN

90 people DO NOT have a heart attack (green)

10 people DO have a heart attack (red)

The risk for 100 people like you who DO NOT take statins.



YES STATIN

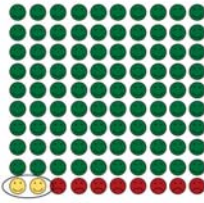
90 people still DO NOT have a heart attack (green)

2 people AVOIDED a heart attack (yellow)

8 people still DO have a heart attack (red)

98 people experienced NO BENEFIT from taking statins

The risk for 100 people like you who DO take statins.



● had a heart attack
● avoided a heart attack
● didn't have a heart attack

2 What are the downsides of taking statins (cholesterol pill)?

- Statins need to be taken every day for a long time (maybe forever).
- Statins cost money. (to you or your drug plan)
- **Common side effects:** nausea, diarrhea, constipation (most patients can tolerate)
- **Muscle aching/stiffness:** 5 in 100 patients (some need to stop statins because of this)
- **Liver blood test goes up** (no pain, no permanent liver damage): 2 in 100 patients (some need to stop statins because of this)
- **Muscle and kidney damage:** 1 in 20,000 patients (requires patients to stop statins)

3 What do you want to do now?

- Take (or continue to take) statins
- Not take (or stop taking) statins
- Prefer to decide at some other time

* 紙本版本PDF檔

Statin Choice : Average Risk (~10%)

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Conducting a Search

情境

退化性膝關節炎...要不要進行

人工膝關節置換術時...病人在意的考量...

關鍵字

Knee osteoarthritis

Total knee replacement

Patient

Satisfaction, value, consideration, involvement, preference, engagement

您要不要選擇人工膝關節置換手術前...會在意的因素有...

兩邊情況 · 哪一邊對您比較重要？

我想要能做一些簡單的活動，像是爬樓梯、跳元極舞、游泳或是家事	比較重要 4 3 2 1 2 3 4	關節疼痛不會影響我現在做喜歡的活動
現在大多數的日子我常常感覺很疼痛，過得不好	比較符合 4 3 2 1 2 3 4	現在大多數的日子我都覺得狀況還不錯
我了解日後有可能還需要再一次手術，但我願意嘗試	比較重要 4 3 2 1 2 3 4	我很擔心10或20年後可能要再次做手術
我願意手術後必須花幾個禮拜的時間做復健運動	比較重要 4 3 2 1 2 3 4	我不想要手術後還得花時間做復健
我知道手術可能有風險，但為了解決關節疼痛及恢復膝關節功能，承擔風險是值得的	比較重要 4 3 2 1 2 3 4	我非常害怕手術可能會有的風險

我想手術的理由 **我不想手術的理由**

105年醫病共享決策計畫

治療退化性膝關節炎，我有哪些選擇？

請想一想，以下幾個情況，您在意的程度有多少...

0分代表完全不在意，5分代表非常在意，請圈選您的分數...

在意因素	不在意	很在意
較好的疼痛改善	0 1 2 3 4 5	
需要長期吃藥	0 1 2 3 4 5	
需要打針	0 1 2 3 4 5	
會造成胃腸潰瘍或心臟病	0 1 2 3 4 5	
會產生戒斷症狀	0 1 2 3 4 5	
需要花時間做復健	0 1 2 3 4 5	
10~15年後，可能會需要再次手術	0 1 2 3 4 5	
可能會有手術的後遺症	0 1 2 3 4 5	
其他原因	0 1 2 3 4 5	

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The screenshot shows the UpToDate website interface. At the top, the search term "knee osteoarthritis" is entered in the search bar. Below the search bar, the search results are displayed. The first result is "Management of knee osteoarthritis", which includes sub-sections for "Mild knee osteoarthritis" and "Moderate/severe knee osteoarthritis". A second result is "Management of moderate to severe knee osteoarthritis", which also includes sub-sections for "Mild knee osteoarthritis" and "Moderate/severe knee osteoarthritis". A third result is "Overview of surgical therapy of knee and hip osteoarthritis", which is highlighted with a red box. Below this, there are sub-sections for "Osteoarthritis plus a meniscal tear" and "Summary and recommendations". At the bottom, there is a section for "Clinical manifestations and diagnosis of osteoarthritis" with a "Summary" sub-section.

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UpToDate® Language | Help

關鍵字 knee osteoarthritis, patient satisfaction

My Account | CME 5.0 | Log Out

Search Results for "knee osteoarthritis, patient satisfaction"

Adult | Pediatric | Patient | Graphics Collapse Results

Management of knee osteoarthritis
 ...OA as well as knee pain include the following: Mild **knee osteoarthritis** – Patients with mild **knee osteoarthritis** (OA) have low levels of or intermittent knee pain with relatively well-preserved ...
 Mild knee osteoarthritis
 Moderate/severe knee osteoarthritis
 Summary and Recommendations

Overview of surgical therapy of knee and hip osteoarthritis
 ...encourage you to print or e-mail these topics to your **patients**. (You can also locate **patient** education articles on a variety of subjects by searching on "patient info" and the keyword(s) of interest.) Basics topics ...
 Osteoarthritis plus a meniscal tear
 Summary and recommendations

Management of moderate to severe knee osteoarthritis
 ... All **patients** with **knee osteoarthritis** (OA) should have appropriate interventions that include a combination of nonpharmacologic and pharmacologic treatment modalities. In contrast to **patients** with mild ...
 Definitions
 Overall approach
 Summary and recommendations

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UpToDate® Language | Help

關鍵字 knee osteoarthritis, patient value

My Account | CME 5.0 | Log Out

Search Results for "knee osteoarthritis, patient value"

Adult | Pediatric | Patient | Graphics Collapse Results

Management of knee osteoarthritis
 ...OA as well as knee pain include the following: Mild **knee osteoarthritis** – Patients with mild **knee osteoarthritis** (OA) have low levels of or intermittent knee pain with relatively well-preserved ...
 Mild knee osteoarthritis
 Moderate/severe knee osteoarthritis
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 Osteoarthritis plus a meniscal tear
 Summary and recommendations

Management of moderate to severe knee osteoarthritis
 ... All **patients** with **knee osteoarthritis** (OA) should have appropriate interventions that include a combination of nonpharmacologic and pharmacologic treatment modalities. In contrast to **patients** with mild ...
 Definitions
 Overall approach
 Summary and recommendations

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Conducting a Search

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Search Cochrane Library_1/4

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Search Cochrane Library_2/4

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Search Cochrane Library_3/4

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Search:

All Results (30)
 Cochrane Reviews (2)
 All
 Review
 Protocol
 Other Reviews (0)
 Trials (25)
 Methods Studies (0)
 Technology Assessments (1)
 Economic Evaluations (2)
 Cochrane Groups (0)

Cochrane Database of Systematic Reviews : Issue 6 of 12, June 2017
 Issue **updated daily** throughout month
 There are 2 results from 9858 records for your search on 'rooming in care in Record Title in Cochrane Reviews'

Sort by: Relevance: high to low

Select all | Export all | Export selected

Rooming-in for new mother and infant versus separate care for increasing the duration of breastfeeding
 Sharifah Halimah Jaafar , Jacqueline J Ho and Kim Seng Lee
 Online Publication Date: August 2016

Walk-in clinics versus physician offices and emergency rooms for urgent care and chronic disease management
 Connie E Chen , Christopher T Chen , Jia Hu and Ateev Mehrotra
 Online Publication Date: February 2017

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Search Cochrane Library_4/4

Me Methodology	Review 全面完整的評論，包括結果和討論，還可能包括結合各項研究結果的統計分析方法。
Dx Diagnostic	Protocol 正在進行之中的評論大綱，包括背景、原理和方法。
Ov Overview	Methodology 方法論，研究系統性評論的全文。
Pg Prognosis	Diagnostic 評估診斷檢驗準確度的系統性評論全文。
Qu Qualitative	Overview 多篇 Cochrane 醫療介入評論的概述，說明兩項或多項潛在醫療介入方式對單一病況或健康問題的療效。
Cc Conclusions changed	New 在最新一期中已經發佈的最新實驗方法或評論。
Ns New search	Conclusions changed 最新一期中發表、且結論有重大修正的評論。
Mc Major change	New search 如最新一期所發表，已經針對現有的評論進行了新的研究檢索。
Up Update	Major change 已經修訂實驗方法，以反映最近一期中發表的範圍變化。
Wd Withdrawn	Withdrawn 評論或實驗方法已被撤銷，可能的原因是該評論或實驗方法已過期。撤銷的原因將在文件中予以說明。
Cm Comment	Comment 此評論包含各方意見。讀者可提交自己的意見，提交後的意見將與回答和作者的回應一同納入評論。

Arthroscopic debridement for knee osteoarthritis
 Wiroon Laupattarakasem , Malinee Laopattaboon , Pisamai Laupattarakasem and Chut Sumananont
 Online Publication Date: January 2008

Total joint replacement surgery for knee osteoarthritis and other non-traumatic diseases: a network meta-analysis
 Jasvinder A Singh , Peter Tugwell , Gustavo Zanoli and George A Wells
 Online Publication Date: June 2015

Total joint replacement surgery versus conservative care for knee osteoarthritis and other non-traumatic diseases
 Jasvinder A Singh , Michael Dohm and Cornelia Berkthoff
 Online Publication Date: September 2013

Retention versus sacrifice of the posterior cruciate ligament in total knee arthroplasty for treating osteoarthritis
 Wiebe C Verra , Lennard GH van den Boom , Wilco Jacobs , Darren J Clement , Atz AB Wymenga and Rob GH Nelissen
 Online Publication Date: October 2013

Cemented, cementless or hybrid fixation options in total knee arthroplasty for osteoarthritis and other non-traumatic diseases
 Gilberto Yoshinobu Nakama , Maria Stella Peccin , Gustavo JM Almeida , Ozório de Almeida Lira Neto , Antônio AB Queiroz and Ricardo Dizioli Navarro
 Online Publication Date: October 2012

Cryotherapy following total knee replacement
 Sam Adie , Amy Kwan , Justine M Naylor , Ian A Harris and Rajat Mittal
 Online Publication Date: September 2012

Transcutaneous electrostimulation for osteoarthritis of the knee
 Anne WS Rutjes , Eveline Nüesch , Rebekka Sterchi , Leonid Kalichman , Erik Hendriks , Manathip Osiri , Lucie Brosseau , Stephan Reichenbach and Peter Juni
 Online Publication Date: October 2009

Thermotherapy for treatment of osteoarthritis
 Lucie Brosseau , KA Yonge , Vivian Welch , S Marchand , Maria Judd , George A Wells and Peter Tugwell
 Online Publication Date: October 2003

Viscosupplementation for the treatment of osteoarthritis of the knee
 Nicholas Bellamy , Jane Campbell , Vivian Welch , Travis L Gee , Robert Bourne and George A Wells
 Online Publication Date: April 2006

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Conducting a Search

NCBI Resources How To Sign in to NCBI

PubMed.gov PubMed **Advanced** Search Help

PubMed
PubMed comprises more than 27 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher web sites.

Using PubMed PubMed Quick Start Guide Full Text Articles PubMed FAQs PubMed Tutorials New and Noteworthy	PubMed Tools PubMed Mobile Single Citation Matcher Batch Citation Matcher Clinical Queries Topic Specific Queries	More Resources MeSH Database Journals in NCBI Databases Clinical Trials E-Utilities (API) LinkOut
Latest Literature New articles from highly accessed journals Am J Clin Nutr (6) Cell (15) Cochrane Database Syst Rev (3) Diabetes (1) Diabetologia (2) J Biol Chem (6) J Clin Endocrinol Metab (7) Lancet (1) Proc Natl Acad Sci U S A (3) Science (65)	Trending Articles PubMed records with recent increases in activity A Single Transcriptome of a Green Toad (<i>Bufo viridis</i>) Yields Candidate Genes for Sex Determination and -Differentiation and Non-Anonymous Population Genetic Markers. <i>PLoS One</i> . 2016. Unexpected mutations after CRISPR-Cas9 editing in vivo. <i>Nat Methods</i> . 2017. 1 CRISPR/Cas9 targeting events cause complex deletions and insertions at 17 sites in the mouse genome. <i>Nat Commun</i> . 2017. Structure of the human multidrug transporter ABCG2. <i>Nature</i> . 2017. Interferon-γ Drives Treg Fragility to Promote Anti-tumor Immunity. <i>Cell</i> . 2017.	PubMed Commons Featured comments Aligning packages & examples: Author C Miller posts link to updated example script for visualizing tumor evolution. bit.ly/2gkoeqV Jun 2 Parsing biological relevance & byproducts: M Tatham discusses coenzyme A & post-translational protein modifications. bit.ly/2q110TA Jun 1 Linking references: S Ray (@soupvector) posts URLs missing from viewpoint article on data curation. bit.ly/2pJfY8 May 31 Cleaning up errors: Author K Hall (@KevinH_PHD) posts corrected questions for weight-loss maintenance model. bit.ly/2qalvd May 29

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PubMed Home More Resources Help

PubMed Advanced Search Builder [YouTube Tutorial](#)

(((patient value*[Title/Abstract]) OR patient preference*[Title/Abstract]) OR patient involvement[Title/Abstract]) OR patient consideration[Title/Abstract]) AND "total knee replacement"[Title/Abstract]

[Edit](#) [Clear](#)

Builder

	Title/Abstract	patient value*	✓		Show index list
OR	Title/Abstract	patient preference*	✓		Show index list
OR	Title/Abstract	patient involvement	✓		Show index list
OR	Title/Abstract	patient consideration	✓		Show index list
AND	Title/Abstract	"total knee replacement"	✓		Show index list
AND	All Fields				Show index list

[Search](#) or [Add to history](#)

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NCBI Resources How To Sign in to NCBI

PubMed Search: (((patient value[Title/Abstract]) OR patient preference[Title/Abstract]) OR patient involvement[Title/Abstract])

Format: Summary Sort by: Most Recent Per page: 20

Search results: Items: 14 Selected: 2

1. Relationship Between Knee Pain and Patient Preferences for Joint Replacement: Health Care Access Matters. Vina ER, Ran D, Ashbeck EL, Kaur M, Kwok CK. Arthritis Care Res (Hoboken). 2017 Jan;69(1):95-103. doi: 10.1002/acr.23084. PMID: 27636123. Similar articles

2. Patient participation in postoperative care activities in patients undergoing total knee replacement surgery: Multimedia Intervention for Managing patient Experience (MIME) Study protocol for a cluster randomised crossover trial. McDonald J, de Steiger R, Reynolds J, Retley B, Livingston P, Rotli M. BMC Health Serv Res. 2013 Nov 7;13(1):238-44. doi: 10.1186/s13075-013-0864-2. PMID: 24635132. Free PMC Article. Similar articles

3. Patient preferences for total knee replacement surgery: Relationship to clinical outcomes and stability of patient preferences over 2 years. Vina ER, Ran D, Ashbeck EL, Ibrahim SA, Hannon MJ, Zhou JJ, Kwok CK. Semin Arthritis Rheum. 2016 Aug;46(1):27-33. doi: 10.1016/j.semarth.2016.03.012. Epub 2016 Mar 30. PMID: 27132535. Similar articles

4. Determinants of patient preferences for total knee replacement: African-Americans and whites. Kwok CK, Vina ER, Cloonan YK, Hannon MJ, Boudreau RM, Ibrahim SA. Arthritis Res Ther. 2015 Dec 3;17:348. doi: 10.1186/s13075-015-0864-2. PMID: 26635132. Free PMC Article. Similar articles

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NCBI Resources How To Sign in to NCBI

PubMed Search: Advanced

Format: Abstract

Semin Arthritis Rheum. 2016 Aug;46(1):27-33. doi: 10.1016/j.semarth.2016.03.012. Epub 2016 Mar 30.

Patient preferences for total knee replacement surgery: Relationship to clinical outcomes and stability of patient preferences over 2 years.

Vina ER¹, Ran D², Ashbeck EL³, Ibrahim SA⁴, Hannon MJ⁵, Zhou JJ⁶, Kwok CK³

Author information

Abstract

OBJECTIVE: Evaluate the relationship between patient preferences for total knee replacement (TKR) with receipt of TKR, and assess participant characteristics that may influence change in willingness to undergo TKR.

METHODS: Structured interviews of knee osteoarthritis (OA) patients were conducted. Logistic regression models were conducted to assess the association between baseline willingness and eventual receipt of TKR, adjusted for sociodemographic and clinical variables. Mixed models for repeated measures were used to estimate the effects of sex, race, social support, Δ WOMAC, and orthopedic consult on change in willingness.

RESULTS: A total of 580 participants were willing, and 215 participants were unwilling to undergo TKR. Willing participants, compared to others, were more often White (69.4% vs. 48.4%), with more than a high school education (60.8% vs. 47.0%) and employed (39.1% vs. 26.5%). At follow-up, the odds of having TKR were twice as high among those who were willing to have the procedure at baseline, but this was no longer significant when adjusted for demographic variables (adjusted OR = 1.82, 95% CI: 0.89-3.69). Willingness to undergo TKR declined over 2 years. Among those who were willing to undergo TKR at baseline year follow-up. This decline was less among those who had a greater increase (> -0.47 to -0.20) than those who had minimal change in their WOMAC disability (p = 0.03). Willingness to undergo TKR declined over time, but this decrease was mitigated by worsening OA-related disability and by consultation with an orthopedic surgeon (adjusted OR = 0.32, 95% CI: -0.46 to 0.82).

CONCLUSIONS: Preference for TKR was consistent with TKR surgery utilization. Willingness to undergo TKR declined over time, but this decrease was mitigated by worsening OA-related disability and by consultation with an orthopedic surgeon.

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KEYWORDS: Knee replacement surgery, Orthopedic consultation, Osteoarthritis, Treatment preference

PMID: 27132535. PMID: PMC4959119 [Available on 2017-08-01]. DOI: 10.1016/j.semarth.2016.03.012

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Example : Atrial Fibrillation

The Ottawa Hospital | L'Hôpital d'Ottawa

Patient Decision Aids

Search Results - A to Z Inventory of Decision Aids

Your search: atrial fibrillation found the following decision aids (see list below).

Click on a title to view a brief description that will help you decide if the decision aid will meet your needs, or try another keyword search to look for other decision aids.

Search again: atrial fibrillation

Atrial fibrillation

- Atrial Fibrillation Decision Support Tool. HealthDecision
- Atrial fibrillation medication options. Option Grid Collaborative
- Atrial Fibrillation: Should I Have Catheter Ablation? Healthwise
- Atrial Fibrillation: Should I Take an Anticoagulant to Prevent Stroke? Healthwise
- Atrial Fibrillation: Should I Try Electrical Cardioversion? Healthwise
- Atrial Fibrillation: Which Anticoagulant Should I Take to Prevent Stroke? Healthwise
- Radiofrequency Ablation for Atrial Fibrillation: A Guide for Adults. Agency for Healthcare Research and Quality (AHRQ)

Atrial Fibrillation : Should I Take an Anticoagulant to Prevent Stroke ?

Atrial Fibrillation : Which Anticoagulant Should I Take to Prevent Stroke ?

<http://decisionaid.ohri.ca/AZsearch.php?criteria=atrial+fibrillation&search=Go>



Patient Values and Preferences in Decision Making for Antithrombotic Therapy: A Systematic Review

Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines

Samantha MacLean, MSc; Sohail Mulla, BHS; Elie A. Akl, MD, MPH, PhD; Milos Jankowski, MD, PhD; Per Olav Vandvik, MD, PhD; Shamil Ebrahim, MSc; Shelley McLeod, MSc; Neera Bhatnagar, MLIS; and Gordon H. Guyatt, MD, FCCP

Background: Development of clinical practice guidelines involves making trade-offs between desirable and undesirable consequences of alternative management strategies. Although the relative value of health states to patients should provide the basis for these trade-offs, few guidelines have systematically summarized the relevant evidence. We conducted a systematic review relating to values and preferences of patients considering antithrombotic therapy. Methods: We included studies examining patient preferences for alternative approaches to antithrombotic prophylaxis and studies that examined, in the context of antithrombotic prophylaxis or treatment, how patients value alternative health states and experiences with treatment. We conducted a systematic search and compiled structured summaries of the results. Steps in the process that involved judgment were conducted in duplicate. Results: We identified 48 eligible studies. Sixteen dealt with atrial fibrillation, five with VTE, four with stroke or myocardial infarction prophylaxis, six with thrombolysis in acute stroke or myocardial infarction, and 17 with burden of antithrombotic treatment. Conclusion: Patient values and preferences regarding thromboprophylaxis treatment appear to be highly variable. Participant responses may depend on their prior experience with the treatments or health outcomes considered as well as on the methods used for preference elicitation. It should be standard for clinical practice guidelines to conduct systematic reviews of patient values and preferences in the specific content area. CHEST 2012; 141(2)(Suppl):e1S-e23S

BACK

LEVEL 23

Grid of Chinese characters for a word search puzzle. The characters are arranged in a 6x6 grid. Some characters are highlighted in blue, indicating they are part of the solution. The highlighted characters form the words: 飲食, 藥物, 風物, 術前, 胃腸, 習慣, 出血, 測, 停藥, 新, 交, 中, 驗, 互.

WORDS TO FIND



RESET

HINT (8)

Need & Preference Assessment

Screenshot of the Massachusetts General Hospital website for the Health Decision Sciences Center. The page includes a navigation menu, a 'About This Center' section with a description of the HDSC, a 'Contact Us' button, and a logo with the tagline 'Let's Decide Together'. The footer contains the hospital's name, address, and phone number.



DQIs are available for the following decisions:

TOPIC	DQI
Back Pain	DQI-Herniated Disc v2.0 (Short version PDF, User manual)
	DQI-Spinal Stenosis v1.0 (Short version PDF, User manual)
Breast Cancer	DQI-Breast Surgery v2.1 (Short version PDF, User manual)
	DQI-Breast Surgery (Spanish language version) v1.1 (Short version PDF)
	DQI-Chemotherapy and Hormone Therapy v2.1 (Short version PDF)
	DQI-Breast Reconstruction v1.0 (Short version PDF)
Cardiology	DQI-Coronary Artery Disease Treatment v1.0 (Short version PDF, User manual)
Colon cancer	DQI-Colon Cancer Testing v2.0 (Short version PDF)
Mental health	DQI-Depression v2.0 (Short version PDF)
Osteoarthritis	DQI-Knee Osteoarthritis v2.0 (Short version PDF, User manual)
	DQI-Knee Osteoarthritis (Spanish language version) v2.0 (Short version PDF)
	DQI-Hip Osteoarthritis v2.0 (Short version PDF, User manual)
	DQI-Hip Osteoarthritis (Spanish language version) v2.0 (Short version PDF)

http://www.massgeneral.org/decisionsciences/research/DQ_Instrument_List.aspx

DECISION QUALITY WORKSHEET
TREATMENTS FOR CORONARY ARTERY DISEASE

Instructions

This survey has questions about what it is like for you to make decisions about treating your coronary artery disease or heart disease.

Please check the box or circle the number 2 to answer each item.

Your answers will tell us three important things:

1. What matters most to you?
2. How well are we doing our job of giving you information?
3. What did you talk about with your health care providers?

Thank you!

Section 1: What Matters Most to You

This set of questions includes some reasons other patients have given for choosing how to treat their coronary artery disease or heart disease. We are interested in what is important to you.

Please mark on a scale from 0 to 10, how important each of the following are to you for your decision about how to treat your heart disease.

How important is it to you to . . .

	Not at all important	Extremely important
1.1. relieve the pain or discomfort in your chest or arm?.....	0 1 2 3 4 5 6 7 8 9 10	
1.2. have a treatment that would help you live as long as possible?.....	0 1 2 3 4 5 6 7 8 9 10	
1.3. avoid being limited in what you can do because of heart disease symptoms?.....	0 1 2 3 4 5 6 7 8 9 10	
1.4. avoid treatments that might cause strokes?...	0 1 2 3 4 5 6 7 8 9 10	
1.5. avoid treatments that have a long recovery time?.....	0 1 2 3 4 5 6 7 8 9 10	
1.6. avoid having an operation where your chest is cut open?.....	0 1 2 3 4 5 6 7 8 9 10	

1.7. Which treatment do you want to do to treat your heart disease?

- Bypass operation and medicines
- Stent procedure and medicines
- Medicines alone

Section 2: Facts about Coronary Artery Disease

This set of questions asks about some facts doctors think are important for patients to know about Coronary Artery Disease or Heart Disease. The correct answer to each question is based on medical research. Please do your best to answer each question.

- 2.1. On average, which group of people with heart disease will live longer?
 - People who have a bypass operation and take medicines
 - People who have stents and take medicines
 - People who only take medicines
 - There is little or no difference in expected length of life between the groups
- 2.2. After one year, which type of treatment provides the most relief for heart disease symptoms?
 - Bypass operation and medicines
 - Stent procedure and medicines
 - Medicines alone
 - There is little difference in how well the treatments relieve symptoms

2.3. After a **bypass operation**, about how long does it take most people to get back to doing their usual activities?

- Less than 1 week
- 2 to 4 weeks
- 1 to 3 months
- 4 months or more

2.4. Out of 100 people who have a **bypass operation**, about how many will have a stroke, heart attack, or die within 30 days after the surgery? Please mark the number that you think is closest to the correct answer.

- 2
- 8
- 14
- 23

2.5. After a **stent procedure**, about how long does it take most people to get back to doing their usual activities?

- Less than 1 week
- 2 to 4 weeks
- 1 to 3 months
- 4 months or more

2.6. Out of 100 people who have a **stent procedure**, about how many will have a stroke, heart attack, or die within 30 days after the procedure? Please mark the number that you think is closest to the correct answer.

- 1
- 4
- 9
- 15

2.7. Which treatment has the highest chance of causing stroke, heart attack or death?

- Bypass operation
- Stent procedure
- There is little or no difference

Section 3: Talking With Health Care Providers

Please answer these questions about what happened when you talked with health care providers including doctors, nurses and other health care professionals about treating your coronary artery disease or heart disease.

3.1. Did any of your health care providers talk about having a stent procedure as an option you should seriously consider?

- Yes
 No

3.2. How much did you and your health care providers talk about the reasons to have a stent procedure?

- A lot
 Some
 A little
 Not at all

3.3. How much did you and your health care providers talk about the reasons **not** to have a stent procedure?

- A lot
 Some
 A little
 Not at all

3.4. Did any of your health care providers talk about having a bypass operation as an option you should seriously consider?

- Yes
 No

3.5. How much did you and your health care provider talk about the reasons to have a bypass operation?

- A lot
 Some
 A little
 Not at all

3.6. How much did you and your health care providers talk about the reasons **not** to have a bypass operation?

- A lot
 Some
 A little
 Not at all

3.7. Did you and your health care providers talk about taking medicine only as an option you should seriously consider?

- Yes
 No

3.8. How much did you and your health care providers talk about the reasons to use medicine only to treat your heart disease?

- A lot
 Some
 A little
 Not at all

3.9. How much did you and your health care providers talk about the reasons **not** to use medicine only to treat your heart disease?

- A lot
 Some
 A little
 Not at all

User Manual of Values_1/3

Patient Decision Aids

For specific conditions
For any decision
Developed in Ottawa

Other KT Tools
Decision Coaching
Conceptual Frameworks
Development Toolkit
Development Methods
International Standards
Systematic Review
Decision Aid Library Inventory
Evaluation Measures
Implementation Toolkit
Step 1: Identify the decision
Step 2: Find patient decision aids
Step 3: Identify barriers
Step 4: Implementation
Step 4.1: Implementation
Step 4.2: Provide training
Step 5: Monitor use and outcomes
About Us
Mission & History
People
Funding
Website Statistics

Welcome

Patient decision aids are tools that help people become involved in decision making by making explicit the decision that needs to be made, providing information about the options and outcomes, and by clarifying personal values. They are designed to complement, rather than replace, counseling from a health practitioner.

How can I find decision aids?

- A to Z Inventory allows you to search for decision aids on particular health topics.
- Ottawa Personal/Family Decision Guides can be used for any health or social decision.
- Decision Aid Library Inventory (DALI) allows developers to enter information about their decision aids for inclusion in our inventories.

Where are the online tutorials?

- The Ottawa Decision Support Tutorial (ODST), to help practitioners develop knowledge in shared decision making (SDM) and decision support.
- The Ottawa Patient Decision Aid Development eTraining (ODAT) to help people create a patient decision aid using the Ottawa development process.
- The Implementation Toolkit provides tools and training for incorporating decision support in practice centres.

What's the evidence?

- The Ottawa Decision Support Framework (ODSF) research group updates the systematic review of trials of patient decision aids for treatment or screening and review methods.
- The International Patient Decision Aid Standards (IPDAS) Collaboration established a set of internationally approved criteria for determining the quality of patient decision aids.
- Report on The Ottawa Decision Support Framework: Update, Gaps and Research Priorities.
- Several evaluation measures (e.g. Decisional Conflict Scale, Decisional Needs Assessment in Populations) are available with user manuals.

Evaluation Measures

Measurement tools developed to operationalize the variables in the Ottawa Decision Support Framework are provided with a user manual. Some tools are available in multiple languages.

Patient Decision Aids Research Group – Ottawa

- Acceptability
- Barriers & Facilitators Survey Tool
- Decision Regret Scale
- Decision Self Efficacy Scale
- Decision Support Analysis Tool (DSAT-10)
- Decisional Conflict Scale
- Decisional Needs Assessment in Populations
- Knowledge
- Measures of Decision/Choice Predisposition
- Preparation for Decision Making Scale
- Realistic Expectations
- Stage of Decision Making
- Values

Health Decision Sciences Center – Boston
Decision quality instruments

National Patient Survey Co-ordination Centre: Picker Institute Europe – Oxford
One question to measure patient experience

The Dartmouth Center for Health Care Delivery Science – Hanover
Observer OPTION instrument

Francais

Last modified: 2015-04-17

<http://decisionaid.ohri.ca/index.html>

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User Manual of Values_2/3

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For specific conditions
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Francais

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User Manual of Values_3/3

The Ottawa Hospital | L'Hôpital d'Ottawa
RESEARCH INSTITUTE | INSTITUT DE RECHERCHES

Patient Decision Aids

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Step 4.1: Implementation
Step 4.2: Provide training
Step 5: Monitor use and outcomes

Values

"Values" refers to the desirability or personal importance a respondent places on the benefits and risks of an option.

User Manual ← [User Manual](#) describing the tool's properties, scoring and directions for administration.

- Available versions
 - English
 - French

You may use any of these measurement tools without requesting permission. These tools are protected by copyright but are freely available for you to use, provided you: a) cite the reference in any questionnaires or publications; b) do not charge for or profit from them; and c) do not alter them except for adding a specific condition/decision as necessary.

Last modified: 2015-04-15.

Français

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User Manual - Values

http://decisionaid.ohri.ca/docs/develop/User_Manuals/UM_Values.pdf

Definition

"Values" refers to the desirability or personal importance a respondent places on the benefits and risks of an option.

Sample Tool

The things that are important to me when making a decision about osteoporosis therapies

Below are listed some things women consider when making a decision about osteoporosis therapies. Please show how important these are to you by circling a number from 0 (not at all important to me) to 10 (extremely important to me).

1. How important is **protection from hip fractures** to you when making a decision about osteoporosis therapy?

0 1 2 3 4 5 6 7 8 9 10
not at all extremely
important to me important to me

2. How important is **protection from spinal fractures** to you when making a decision about osteoporosis therapies?

0 1 2 3 4 5 6 7 8 9 10
not at all extremely
important to me important to me

3. How important is **the ability to stay active** to you when making a decision about osteoporosis therapies?

0 1 2 3 4 5 6 7 8 9 10
not at all extremely
important to me important to me

User Manual - Values

http://decisionaid.ohri.ca/docs/develop/User_Manuals/UM_Values.pdf

4. What **other positive factors** are important to you when making a decision about osteoporosis therapies? (Please specify any positive factors you have considered and rate their importance to you)

a) _____ 0 1 2 3 4 5 6 7 8 9 10
b) _____ 0 1 2 3 4 5 6 7 8 9 10
c) _____ 0 1 2 3 4 5 6 7 8 9 10
not at all extremely
important to me important to me

5. How important is the **risk of breast cancer** to you when making a decision about osteoporosis therapies?

0 1 2 3 4 5 6 7 8 9 10
not at all extremely
important to me important to me

6. How important is the **risk of blood clots** to you when making a decision about osteoporosis therapies?

0 1 2 3 4 5 6 7 8 9 10
not at all extremely
important to me important to me

7. How important is the **risk of gastro-intestinal side effects (such as ulcer)** to you when making a decision about osteoporosis therapies?

0 1 2 3 4 5 6 7 8 9 10
not at all extremely
important to me important to me

8. What **other negative factors** are important to you when making a decision about osteoporosis therapies? (Please specify any negative factors you have considered and rate their importance to you)

a) _____ 0 1 2 3 4 5 6 7 8 9 10
b) _____ 0 1 2 3 4 5 6 7 8 9 10
c) _____ 0 1 2 3 4 5 6 7 8 9 10
not at all extremely
important to me important to me

心房顫動病人...該服用抗凝血劑以避免中風嗎...

* Atrial Fibrillation : Should I Take an Anticoagulant to Prevent Stroke ?

我想吃 抗凝血劑理由	比較 重要	←	一樣 重要	→	比較 重要	我想吃 抗凝血劑理由		
我不介意日常飲食中需要避免一些影響抗凝血劑作用的食物	3	2	1	0	1	2	3	我不想改變我的日常飲食習慣
我不介意需要定期抽血來嚴密監測凝血功能	3	2	1	0	1	2	3	我不想定期抽血以嚴密監測凝血功能
我很擔心會中風的風險	3	2	1	0	1	2	3	我會中風的風險很低
我有信心可以按照醫師指示吃抗凝血劑	3	2	1	0	1	2	3	我很擔心無法按照醫師指示吃抗凝血劑
比起出血的風險，降低中風的風險對我來說更重要	3	2	1	0	1	2	3	比起中風來說，我更擔心出血的風險

Chest 2012 Feb ; 141(2) (Suppl) : e1S-23S

<http://decisionaid.ohri.ca/AZsearch.php?criteria=atrial+fibrillation&search=Go>

心房顫動病人該服用"哪種"抗凝血劑以避免中風...

* Atrial Fibrillation : Which Anticoagulant Should I Take to Prevent Stroke ?

我想吃傳統型 抗凝血劑理由	比較 重要	←	一樣 重要	→	比較 重要	我想吃新型 抗凝血劑理由		
我不介意必須監測自己吃或喝了多少維生素K	3	2	1	0	1	2	3	我不想追蹤我的維生素K攝入量
我寧願吃一種醫師比較熟悉、使用經驗較久的藥物，如華法林(Warfarin)	3	2	1	0	1	2	3	我很樂意嘗試服用新藥
我不介意定期去看醫師，並進行血液檢查	3	2	1	0	1	2	3	我不想要定期做血液檢查
我寧願吃一些已知道長期副作用的抗凝血劑	3	2	1	0	1	2	3	我不擔心吃新藥的長期副作用
我想要吃比較便宜的藥	3	2	1	0	1	2	3	我不擔心藥品費用

Chest 2012 Feb ; 141(2) (Suppl) : e1S-23S

<http://decisionaid.ohri.ca/AZsearch.php?criteria=atrial+fibrillation&search=Go>



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TAIPEI MEDICAL UNIVERSITY