

Excerpts from....

Supporting Patient Choice and Adherence:

What You Can Do To Lower Patients' CHD Risk

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The value of patient choice

- Patients ultimately decide whether or not to adhere to prescribed medical regimens
- Supported by 3 lines of evidence
 - Discordant priorities
 - Choice among options
 - Choice about implementation of options

Discordant Priorities

Agreement of Patient-selected Priorities with Risk-identified Targets:

	All Patients		
RISK Target	RISK Priority	Patient Priority	Agreement
Smoking	10	5	50%
Blood pressure	59	26	44%
Body weight	104	79	76%
Serum cholesterol	29	18	62%
TOTAL	202	128	63%

Choices among CHD options

Smoker's Health Study

- RCT (n=1006) of a single 20-minute counseling intervention
 - Elicitation of patient perspectives/goals
 - Quantitative feedback on global CHD risk and treatment options
 - Support for patient initiative
 - Development of plan for change

Outcome	Community Care (N=292)	Intensive Intervention (N=714)	Odds Ratio	Confidence Interval	P-Value
12-month prolonged abstinence	2.4%	6.2%	2.67	1.19, 6.01	.001
Validated 6-month point prevalence of abstinence (%)	4.1%	11.8%	3.11	1.67, 5.79	.001
Serious quit attempt by 6 months (%)	39.0%	49.7%	1.54	1.17, 2.04	.002
18-month LDL-c	148.9	144.6	--	--	.05

Williams, 2006; JGIM 21:
1288-94.

Lovibond Study

- RCT (n=75) of three 8-week counseling interventions
 - **Basic:** qualitative feedback on risk factors and health education
 - **Extended:** quantitative feedback on CHD risk and risk change, detailed group ed., choice based on group session
 - **Maximal:** quantitative feedback on CHD risk, risk change, detailed group ed, choice based on tailored messages, goal setting

Outcome	Maximal (n=21)	Basic (n=20)	p-value
Mean weight reduction, 6 mo	22.7 lb	11.3 lb	p<0.01
Mean SBP reduction, 6 mo	12.9 mmHg	8.4 mmHg	p=0.13
Mean total cholesterol, 6 mo	7.37 mmol/L	7.64 mmol/L	NS
Cigarette consumption	NR	NR	NR
Mean reduction in absolute CHD risk, 6 mo	7%	4%	NS

Lovibond, 1986. J Behav Med 9(5): 415-37.

The Heart to Heart pilot study

- RCT (n=75) of an individually tailored computerized decision aid on CHD prevention
 - Quantitative feedback on CHD risk and treatment options
 - Choice based on tailored information

	Control Group (n=34)	Decision Aid Group (n=41)	Absolute difference (95% CI)*
CHD discussion with their doctor	24%	40%	16% (-4 to +37%)
Have a specific plan to reduce CHD risk and discuss it with their doctor	24%	37%	13% (-7% to +34%)
Have a specific plan to reduce CHD risk regardless of whether they discuss it with their doctor	74%	90%	16% (-1% to +33%)

Sheridan, 2006. BMC
HSR 6: 121.

Planned CHD Interventions	In Decision Aid Group (n=41)		
	Baseline	Post-DA	Absolute Difference (95% CI) *
BP med, if HTN (n=13)	8%	54%	+46% (9% to 75%)
Cholesterol med, If abnormal chol (n=19)	5%	26%	+21% (-5% to 47%)
Smoking cessation, if smoking (n=19)	21%	37%	+16% (-15% to 44%)
Aspirin, If high risk (>10%; n=17)	6%	53%	+47% (19% to 72%)
Diet low in saturated fat, all (n=41)	27%	37%	+10% (-8% to 27%)
Exercise regularly, all (n=41)	29%	34%	+5% (-12% to 21%)

Choices about Implementation of Options

The Action Plans in Primary Care Study

- Uncontrolled intervention study (n=43 MD, 274 pts) of physician training in action plans
 - Collaborative goal setting
 - Specific, doable, short-term goals addressing the treatment option the patient felt was most important

	% of Subjects (N = 274)
Action Plan Made	83%
At 3 weeks, patient recalled making plan	92%
At 3 weeks, patient stated plan and its details	56%
At 3 weeks, acted on plan	53%

	% of Action Plans (N =228)
Exercise	38%
Diet	30%
Medication	7%
Smoking	8%
Other (appts, social support, self monitoring, stress reduction)	13%

MacGregor, 2006. J Am.
Board Fam. Med 19: 215-23.