

## THE IMPACT OF A DECISION AID ON TREATMENT DECISION-MAKING FOR STRESS URINARY INCONTINENCE

### Hypothesis / aims of study

To determine the effect of a decisional aid on patients' decisional conflict, self-efficacy, satisfaction and regret when choosing between treatment options for stress urinary incontinence (SUI) in an underserved, diverse hospital setting.

### Study design, materials and methods

Our IRB-approved, randomized-controlled trial included women presenting with SUI to a urogynecology clinic from July 2016 to November 2016. Patients who agreed to participate after receiving informed consent, were randomized to standard consultation (SC) or standard consultation with decision aid (DA) for SUI. The decision aid is based on the International Patient Decision Aid Standards Collaboration, which is available at <https://www.healthwise.net/cochrane/decisionaid/Content/StdDocument.aspx?DOCHWID=aa137467>. Participants completed the decisional conflict scale (DCS-16), decision self-efficacy scale (DSES), and satisfaction with decision scale for pelvic floor disorders (SDS-PFD) upon completion of the initial visit. During the follow-up visit, participants completed the decision regret scale for pelvic floor disorders (DRS-PFD). The primary outcome evaluated was decisional conflict with treatment decision-making. With a sample size of 40 per group, we anticipated that we will achieve about 80% statistical power to detect the effect size 0.6 as found in Causarano et al [1] in decisional conflict score using a two-sample t-test with a level of significance of 0.05. Considering a 25% dropout rate, the projected final sample size was 30 per group (total of 60) in the beginning of the study. Statistical analysis was conducted with SPSS v.22.

### Results

Of the 120 women who presented with lower urinary tract symptoms, 78 women presented with SUI. Of these 78 women, 69 met eligibility, agreed to participate and were enrolled and randomized to either standard consultation (SC, n=35) or standard consultation with decision aid (DA, n=34). The majority of participants were Spanish speaking (74%) with a mean age of 51.3 years (+/- 8.6), a mean BMI of 31.8 (+/- 6), a mean of 8 years (+/- 4.7) of education, and a mean monthly income of \$1614 (+/- 1361). Of the 69 women, 38 (54%) chose behavioral therapy, 9 (12.9%) chose pessary, and 22 (31.4%) chose surgery. The use of a decision aid did not significantly improve decisional conflict, self-confidence in decision making, or decision satisfaction (p=.957, p=.405, p=.838, respectively), with both groups having low decisional conflict (SC 13.88, DA 13.73), high self-confidence in decision making (SC 87.40, DA 90.77), and high decision satisfaction (SC 4.59, DA 4.56). The use of a decision aid also did not improve decisional regret (p=.502) or impact treatment decision for Kegel's, pessary or surgery (p=.825, p=.825, p=.575, respectively).

### Interpretation of results

The inclusion of a decision aid into a standard consultation for women with stress urinary incontinence did not significantly improve decisional conflict, self-confidence in decision-making, decisional satisfaction or decisional regret. It also did not impact treatment decision for stress urinary incontinence. Of note, our study population was predominantly underserved with low-income and minimal educational background. These socioeconomic factors may play a role when counseling women with SUI unaffected by a decision aid. Hence, standard consultation suffices when counseling women with SUI, even in diverse, underserved populations with varying health literacy.

### Concluding message

The addition of a decision aid did not significantly impact decision making, including shared decision making, or the treatment of choice for women with SUI in our diverse, underserved population.

Table 1. Decision making by consultation group

	Standard (n=35)	Decision Aid (n=34)	p value
DCS-16	13.88	13.73	.957
DSES	87.40	90.77	.402
SDS-PFD	4.59	4.56	.839
DRS-PFD	1.71	1.99	.510

Table 2. Treatment choice by consultation group

	Standard (n=35)	Decision Aid (n=34)	p value
Kegel's	18 (51.4%)	20 (58.8%)	.825
Pessary	5 (14.3%)	4 (11.8%)	.825
Surgery	12 (34.3%)	10 (29.4%)	.575

### References

1. Causarano N, Platt J, Baxter NN, et al. Pre-consultation educational group intervention to improve shared decision-making for postmastectomy breast reconstruction: a pilot randomized controlled trial. Support Care Cancer. 2015;23:1365-1375.

### Disclosures

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