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Squaring the circle of patient choice and evidence-based treatments

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Introductory questions/issues

- Is patient choice possible in a socialised health care system?
- What is choice in this context?
- How does choice interact with clients' characteristics and needs?
- Does choice matter in terms of outcomes?
- How do therapists help clients make a choice?

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Is patient choice possible in a socialised health care system?

"I'd like to have an MRI scan now please"

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Sobering words: Radio 4 *Analysis* August 08

- The health service is a public resource – there for all our good. If somebody has something it can mean somebody else doesn't get something.
- What our health service can offer has always been governed by what's socially agreed – given the budget – not individual expectation
- If the consumer is to be 'King' it can never be through the NHS.
- If we substitute collective agreement with individual preference, the NHS will fail

So…. where and when can choice happen in psychological therapies?

- Whether or not to have therapy
- What kind of therapy
- With whom?
- When to stop or not stop..

Patients and professionals can be involved in each – but all may not be possible

- Knowing when therapy might be helpful
- Information on what is available
- Knowing what works for whom
- Choosing a therapist
- Choosing when to stop

- So what is choice in this context?

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Definitions of choice

- Obtaining useful information from the practitioner and then deciding individually or collaboratively on the best course of action that promotes independence, recovery and an improved quality of life (NYSOMH)

- Thus, provision of information alone is insufficient. It must be understood and presented in a balanced way so as not to suggest a right or wrong choice (Hope 2002)

  - **New York State Office of Mental Health (2004)** *2005-2009 Statewide Comprehensive Plan for Mental Health Services. Appendix 4: Infusing Recovery-Based Principles into Mental Health Services*. New York State Office of Mental Health.

  - **Hope, T. (2002)** Evidence-based patient choice and psychiatry. *Evidence-Based Mental Health*, **5**, 100-101

What about professionals' choices

- Therapists may have views on which therapy is best
- But this is likely to be influenced (?biased) by their own training and background.

Does choice of therapy impact on outcome?

- Examination of therapies in “natural settings” shows little differences in efficacy between different types of brief therapies.
- But - such studies are open to bias
- So – can we experiment with choice?

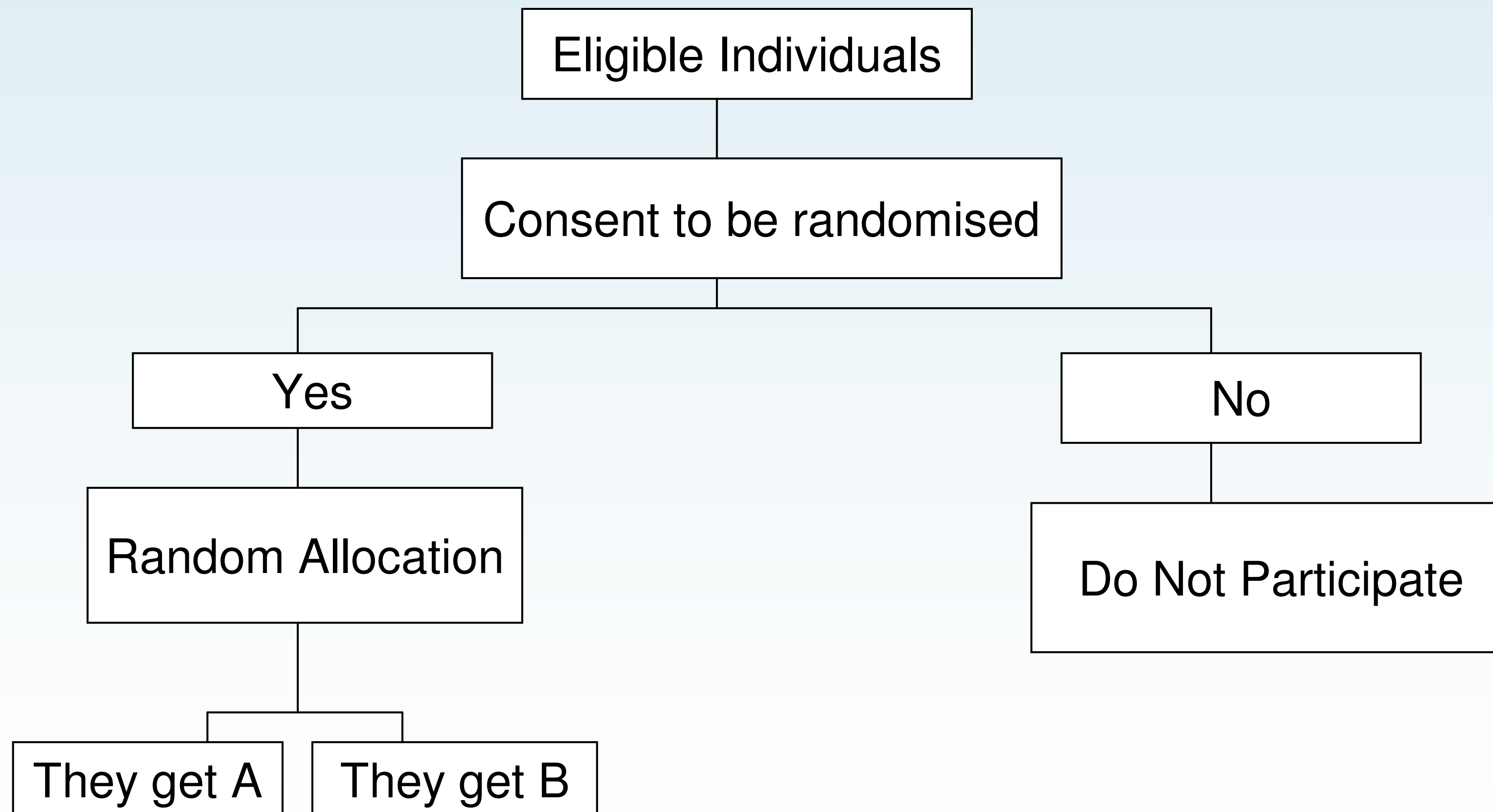
Do randomised trials tell us about choice?

- The gold standard for efficacy – randomised clinical trial
  - Is also a good way to look at impact of choices
- Two ways of approaching choices within trials:

1. Measure preferences when patients are randomised

2. Patient preference randomised trials
   - Here client choice is built into the design

1. Standard RCT to evaluate therapy A against therapy B



Recent review of patient preferences when recorded in standard randomised trials

- Increased treatment effect size among *participants who are randomised* to their preferred treatment compared with *those who were indifferent* to the treatment allocation.

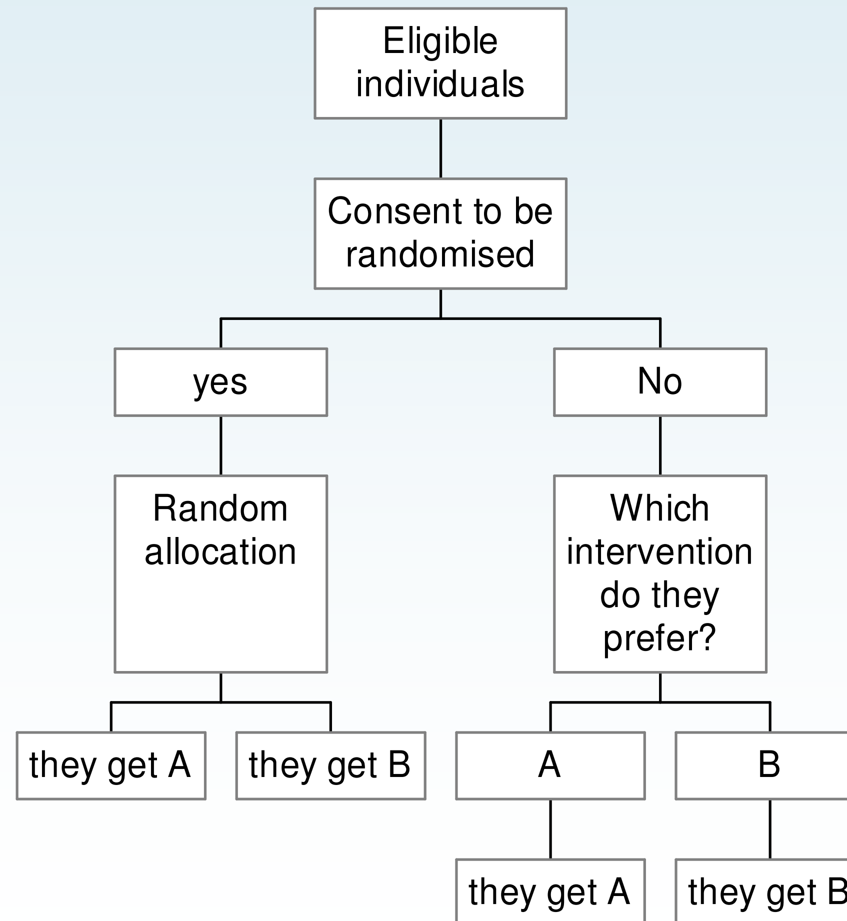
- In short - if you want something and you get it, you seem to do better than if you had no preference to start with….

» Preference collaborative review group BMJ Oct 31st 2008

Preference trials

- We can also design patient choice *into* trials..

Preference trials: comprehensive cohort to test therapy A against therapy B



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So WHO are those who *choose* their therapy under such trial conditions?

- Better educated and more likely to be employed and white
- No difference in seriousness of their conditions at entry to trial

» King et al. The impact of participant and professional choice on randomised trials: a systematic review. *JAMA* 2005;293:1089-1099.

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And what HAPPENS to those who *choose* their therapy under trial conditions?

- Outcomes are no different than those without strong preferences who agree to be randomised.

- BUT – these are outcomes measured by trialists. Participants' desired outcomes may depend on their individual values.

» King et al. The impact of participant and professional choice on randomised trials: a systematic review. *JAMA* 2005;293:1089-1099.

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What happens in ordinary practice when people are (often) not offered a choice of therapy?

- 6 months cohort study of antidepressant prescribing in general practice
  - 56% did not expect to receive an AD prescription
  - 9% did not start the prescription
  - Only 19% took ADs according to clinical guidelines over the 6 months
  - 89% of those giving up did not discuss the decision with their GP
  - Nevertheless 60% said they were given information on ADS

» Hunot et al. A Cohort Study of Adherence to Antidepressants in Primary Care: The Influence of Antidepressant Concerns and Treatment Preferences. *Prim Care Companion J Clin Psychiatry* 2007;9(2):91-9.

And what predicted stopping ADs?

- General worry about taking ADs
- Concern about side-effects
- On-going psychological therapy
- Lack of satisfaction with physician consultation

» Hunot et al. A Cohort Study of Adherence to Antidepressants in Primary Care: The Influence of Antidepressant Concerns and Treatment Preferences. *Prim Care Companion J Clin Psychiatry* 2007;9(2):91-9.

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So - how do therapists help clients make a choice?

- A clear description of each therapy is essential in preference randomised trials
- No less essential in clinical practice if we are to avoid leading clients.
- Clients' preferences are often based on insufficient or biased information
  - This goes to the heart of choice *of treatments* in the health service

- And how to put all this together…?

Evidence-based patient choice - brings together evidence-based medicine and patient centred medicine (Hope 2002)

1. The issue should be important to patients
   - This means user involvement in outcome research
2. Evidence must be of good quality
   - preferably systematic reviews
3. Information should be accessible and free from bias
4. The information can be used to enhance choice
   - patients must be genuinely involved in the process of making healthcare decisions
   - research into patient choice is on ways to enhance patients' abilities to make choices

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To emphasise again - definitions of choice

- Obtaining useful information from the practitioner and then deciding individually or collaboratively on the best course of action that promotes independence, recovery and an improved quality of life (NYSOMH)

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- Thus choice in an evidence based NHS may mean the ‘choice *within’* recommendation.