

# Decision aids reduce men's conflict about PSA screening, but don't change their decisions

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Men who decide to be screened for prostate cancer and those who forgo PSA screening stick with their decisions after receiving materials explaining the risks and benefits of the test. The decision aids greatly increased their knowledge about screening and reduced their conflict about what to do, but did not have an impact on their screening decision when measured a year later.

That's the finding of a new study published today in *JAMA Internal Medicine* that examined both web-based and printed tools aimed at helping [men](#) make informed decisions about PSA testing.

In May 2012, the US Preventive Services Task Force recommended against [screening](#) all men for prostate cancer. Most health professional groups recommend shared decision making so that men can understand the limitations of screening before making a decision about being tested.

"The history of conflicting recommendations for [prostate cancer screening](#) and the mixed messages about screening effectiveness make it critical to assist men in making informed decisions," explains Kathryn Taylor, Ph.D., professor in the Cancer Prevention and Control Program at Georgetown Lombardi Comprehensive Cancer Center.

Taylor and her colleagues developed two decision aids to help men

weigh the pros and cons of testing and then make [informed decisions](#) about screening. In one of the largest and most representative [randomized trials](#) conducted on this topic, a racially diverse group of 1,879 men aged 45 to 70 were randomly assigned to utilize a print-based decision aid, an interactive web-based decision aid, or usual care (no decision aid). Telephone interviews were conducted at the start of the study, one month after the start and again at 13 months to see if the tool had a long-term impact.

"The tools were intended neither to encourage nor discourage screening, but instead to present the benefits and limitations of screening to help men make choices consistent with their preferences," Taylor explains.

After the surveys were conducted, the researchers found that both the web-based and print tools increased the men's knowledge and reduced the initial conflict they reported about whether or not to be screened, and increased their immediate satisfaction with their decision.

"Interestingly, we thought these decision aids might lead to more men forgoing testing, but in fact, the men didn't change their screening plans," says Taylor, adding, "The men told us these tools helped them resolve their own conflicts about whether or not to receive screening." And the study suggested a positive trend in men's long-term satisfaction with their decisions, important because men face the decision about screening every year.

"Ultimately, the decision to receive PSA screening for [prostate cancer](#) lies with men," Taylor concludes. "They'll be able to make decisions that are right for them if they have unbiased, updated screening materials that fully explain the risks and benefits," Taylor says.

Importantly, the print- and web-based decision aids were equally effective in improving knowledge and reducing decisional conflict,

suggesting that either tool may be used, depending on an individual's preferred medium, Taylor says.

"They both have the potential to be easily adopted in real-world practice settings," Taylor concludes. "Given the demonstrated beneficial effect of the decision aids, work is now needed to understand the best methods for widespread dissemination."

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