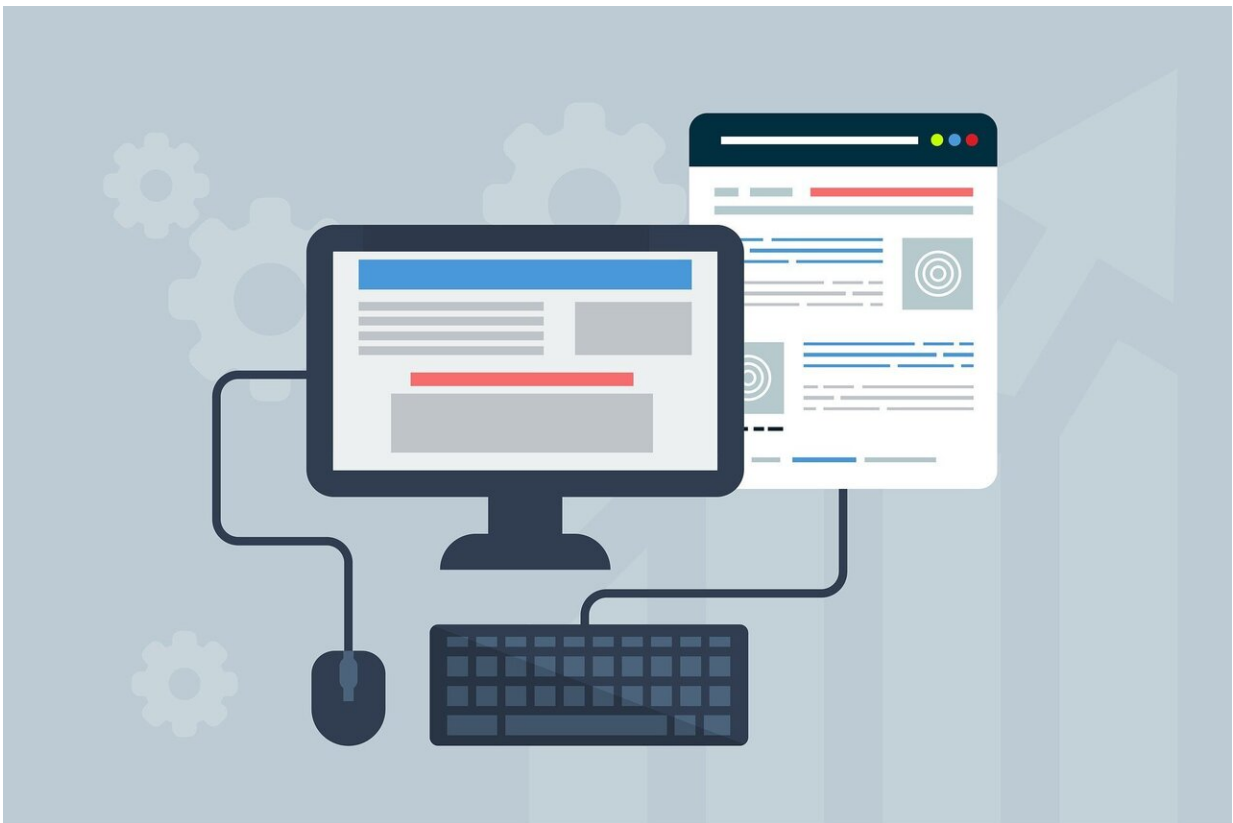


Patient decision aids in urology don't meet quality and readability standards

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Online patient decision aids for common urologic conditions fall short of recommendations for readability and minimum standards for quality, reports a study in *Urology Practice*, an Official Journal of the American

Urological Association (AUA).

"As more patients seek [medical information](#) online, patient [decision](#) aids can play an important role in involving patients in the shared decision making process about common conditions such as urinary incontinence or enlarged prostate and weighing the options for treatment," comments senior author Rena Deep Malik, MD, of University of Maryland School of Medicine. "Our study highlights the need to develop urologic decision aids that are thorough and easy to understand."

Urologic decision aids show room for improvement

The researchers performed a Google search to identify online patient decision aids for four common conditions commonly treated by urologists: Benign prostatic hyperplasia (enlarged prostate), overactive bladder, pelvic organ prolapse, and urinary incontinence.

"Decision aids are different than other online materials," Dr. Malik explains. "Their goal is specifically to facilitate shared decision-making between physicians and patients and encourage patients to participate in healthcare decisions." The study evaluated 14 decision aids in terms of:

- **Readability:** A range of formulas were used to estimate the approximate US grade level required to understand the text. That's a key consideration, since more than one-third of adults have basic or below-basic health literacy. The National Institutes of Health recommend that healthcare materials be written at or below a sixth-grade [reading level](#).
- **Quality of health information:** A validated tool (the DISCERN instrument) was used to analyze the reliability of the information presented and the quality of the information regarding treatment choices.
- **Minimum standards:** An accepted set of minimum criteria (the

International Patient Decision Aids Standards, or IPDASi) was used to evaluate each tool's quality in helping patients make treatment decisions.

The decision aids evaluated fell short in all three areas. Average readability score was eleventh grade—a full five grades higher than the recommended reading level. Just one decision aid had a readability score at or below the eighth-grade level, which is the average reading level of US adults.

On average, the decision aids were rated as being of "good" quality, based on DISCERN scores. Five of the decision aids were rated "excellent," while none was rated "poor."

However, none of the 14 tools met all 12 IPDASi minimum standards. Most of the decision aids met criteria related to treatment options, positive and negative features, and the decisions that need to be considered. However, none described the consequences of the treatment options or met certification criteria essential for avoiding harmful effects due to bias.

Having access to decision aids and other online educational materials can be very helpful to patients with common urologic conditions. However, some online sources can provide inaccurate or poor-quality information, potentially adding to patients' anxiety and confusion. Many previous studies have reported that online health information varies in terms of quality and reliability. "Our study demonstrates that the same problems exist for urologic patient decision aids found online," Dr. Malik and coauthors conclude.

The researchers identify some steps developers can follow to improve the readability and quality of patient decision aids. "Simple steps like using shorter sentences and fewer long words can improve readability

scores by three grade levels," Dr. Malik comments. "Authors can also use available tools to ensure the quality and completeness of patient decision aids during the development process."

More information: Seongjoon Pyun, and Rena Deep Malik, Assessing the Quality of Online Patient Decision Aids for Urological Conditions, *Urology Practice* (2021). [DOI: 10.1097/UPJ.0000000000000262](https://doi.org/10.1097/UPJ.0000000000000262)

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