

The effect of alternative graphical displays to present benefits of antibiotics for sore throat on helping people to make treatment choices consistent with their own values

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**The effect of alternative graphical displays
to present benefits [risks]
of antibiotics for sore throat
on helping people
to make treatment choices
consistent with their own values**

Which one would YOU choose?

- *Treatment A:*
A 33% reduced risk of heart disease during the next 10 years.
- *Treatment B:*
A 2% absolute reduction in the risk of getting heart disease during the next 10 years.
- *Treatment C:*
Among 50 people who take the pills for the next 10 years, there will be one additional person who will not get heart disease during that time.

1. McGettigan P, Sly K, O'Connell D, Hill S, Henry D. The effects of information framing on the practices of physicians. *J Gen Intern Med*. 1999; 14:633-42.
2. Herrin J, Schünemann H, Oxman AD, Vist G, Olsen K. Presentation of empirical evidence about health (Cochrane Review). In: *The Cochrane Library*. Oxford: Update Software. Under revision.
3. Moxey A, Dip G, O'Connell D, McGettigan P. Describing treatment effects to patients: How they are expressed makes a difference. *J Gen Intern Med* 2003;18:948-959.

Main goal:

✓ **presentations of information to help people to make choices most consistent with their own values.**

Studies

- Pilot and first study: Compared different summary statistics of the effects of cholesterol lowering drug (completed)
- Compared graphic presentations of the effect of penicillin for the treatment of sore throat (completed)
- Compares negative and positive framing of the effect of treatment for high blood pressure (data analysis in progress)
- Compares numbers and verbal presentation of the effect of treatment for moderate depression with SSRIs (in progress)

All studies conducted on the Internet

ForskningsPuls

Ditt bidrag til helseforskning

Et samarbeid mellom NRK og Nasjonalt kunnskapssenter for helsetjenesten



Dine kommentarer

Avslutt

Sår hals - hva gjør du med det?

Tenk deg at du har sår hals. Det er vanskelig å svelge, du har problemer med å spise, det er ubehagelig hele tiden og du har feber.

Hva vil du gjøre? Vil du oppsøke legen for å få [penicillin](#), eller vil du vente og se om det går over av seg selv? Dette avhenger av hvilken informasjon du får og hva du selv foretrekker. I denne undersøkelsen skal vi fortelle deg om fordeler og ulemper forbundet med å ta penicillin og etterpå spørre deg hva du ville bestemme deg for.

SORE THROAT STUDY

Utility measures a person's preferences or values towards a state, for example a health state.

The screenshot shows a Microsoft Internet Explorer browser window displaying a survey page titled "ForskningPuls - Sår hals". The address bar shows the URL "http://www.icru.no/?PageID=6##anchor". The page content consists of four numbered questions, each followed by a horizontal scale from "Lite viktig" (left) to "Svært viktig" (right). The scales are marked with vertical lines, and a red bar indicates the selected response for each question.




1. Du har sår hals eller halsbetennelse. Det er vanskelig å svelge, du har problemer med å spise, det er ubehagelig hele tiden og du har feber. Hvor viktig er det for deg å unngå dette?
Scale: [Red bar from 0 to approximately 25] Lite viktig Svært viktig
2. Behandling med penicillin kan føre til forbigående bivirkninger i form av kvalme, diaré og utslett. Hvor viktig er det for deg å unngå dette?
Scale: [Red bar from 0 to approximately 60] Lite viktig Svært viktig
3. Etter at du er blitt bra av halsbetennelsen kan det hende at du får en ny halsbetennelse i løpet av noen måneder. Hvor viktig er det for deg å unngå dette?
Scale: [Red bar from 0 to approximately 10] Lite viktig Svært viktig
4. Hvis du skal ha penicillin for sår hals må du dra til legen mens du er syk, ta halsprøve og kanskje blodprøve og betale egenandel. Så må du gå på apoteket og kjøpe tabletter som du skal bruke 3 ganger daglig i 7-10 dager. Hvor viktig er det for deg å unngå dette?
Scale: [Red bar from 0 to approximately 5] Lite viktig Svært viktig

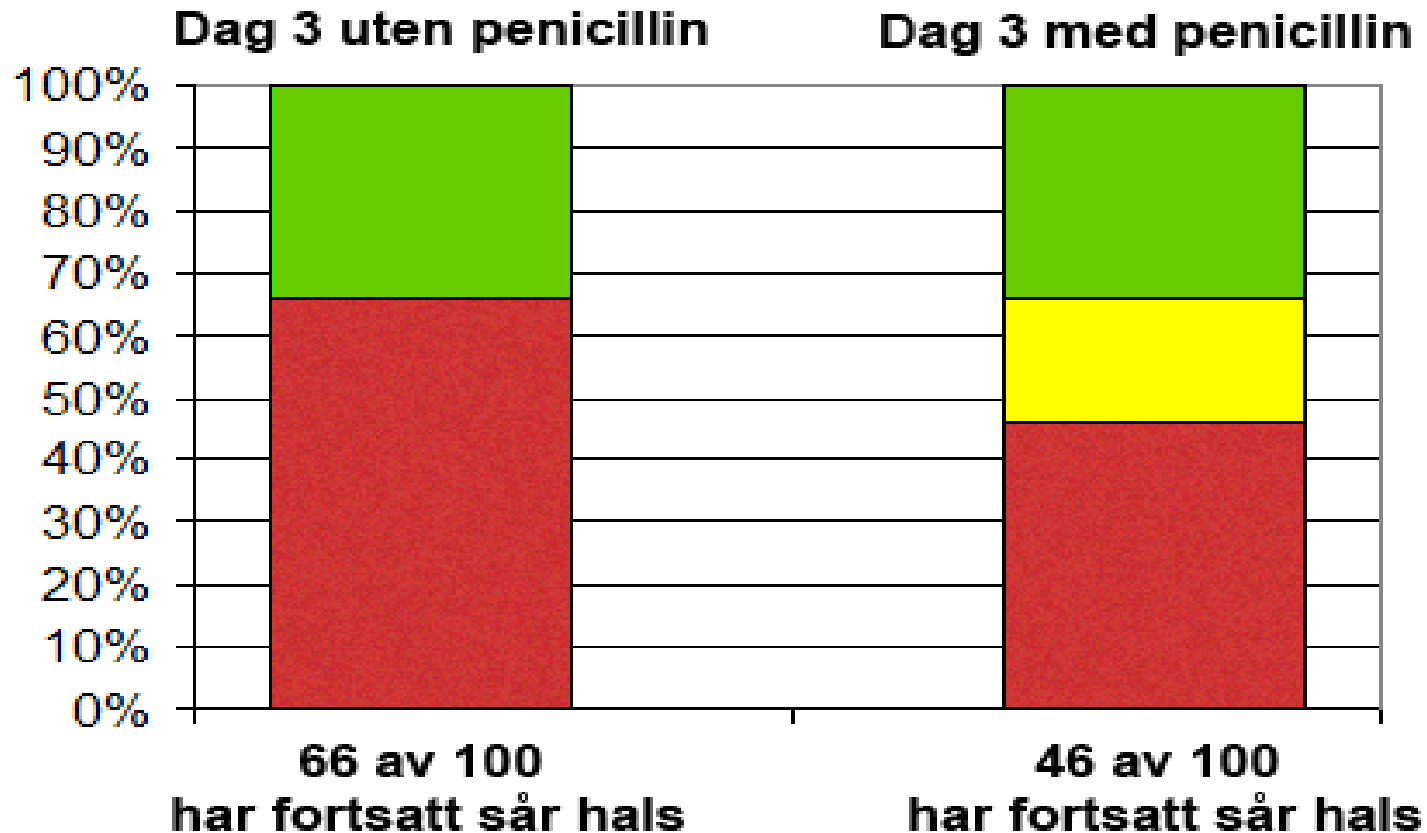
Navigation buttons at the bottom: "Gå tilbake", "Side 3 av 9", "Gå til neste".

Footer: "Sist oppdatert 09.09.2004 - [Kontakt oss](#)"

Av 100 pasienter med sår hals:

Presentation **a**

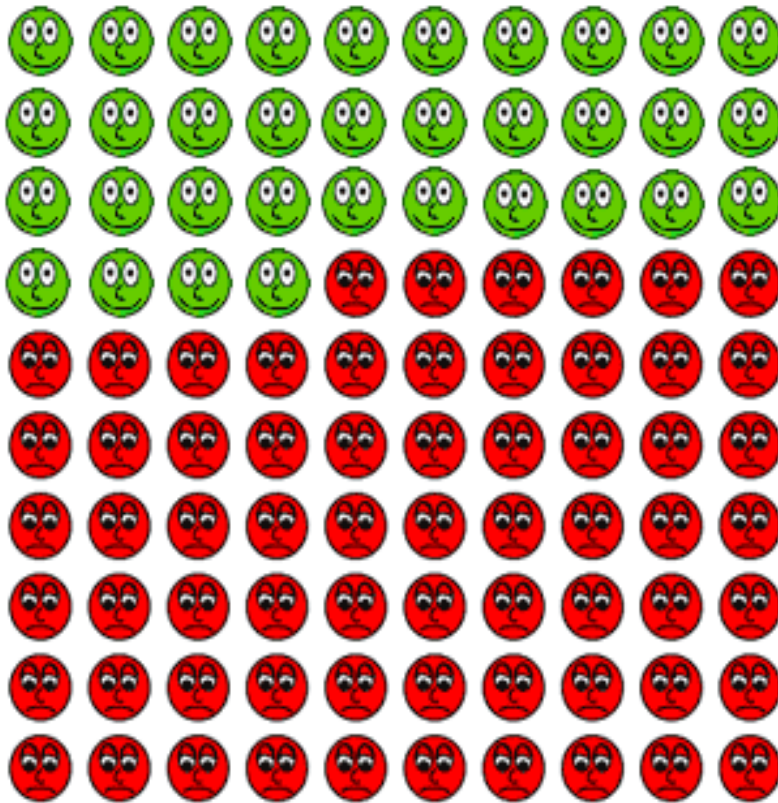
-  Bedre
-  Bedre på grunn av penicillin
-  Ikke bedre



Av 100 pasienter med sår hals:

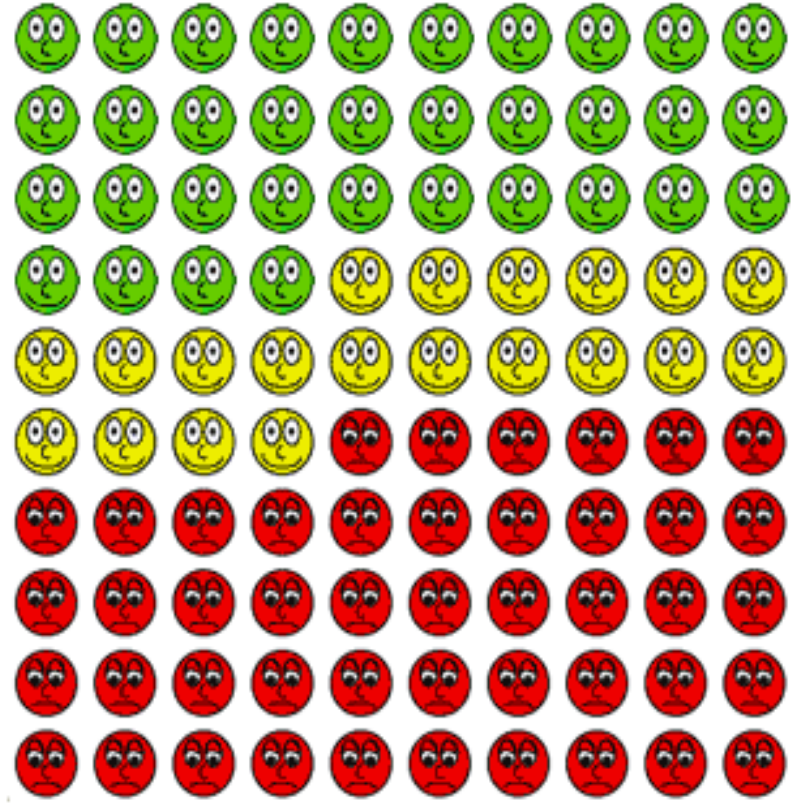
Presentation **b**

Dag 3 uten penicillin



66 av 100 har fortsatt sår hals

Dag 3 med penicillin



46 av 100 har fortsatt sår hals



Bedre



Ikke bedre



Bedre på grunn av penicillin

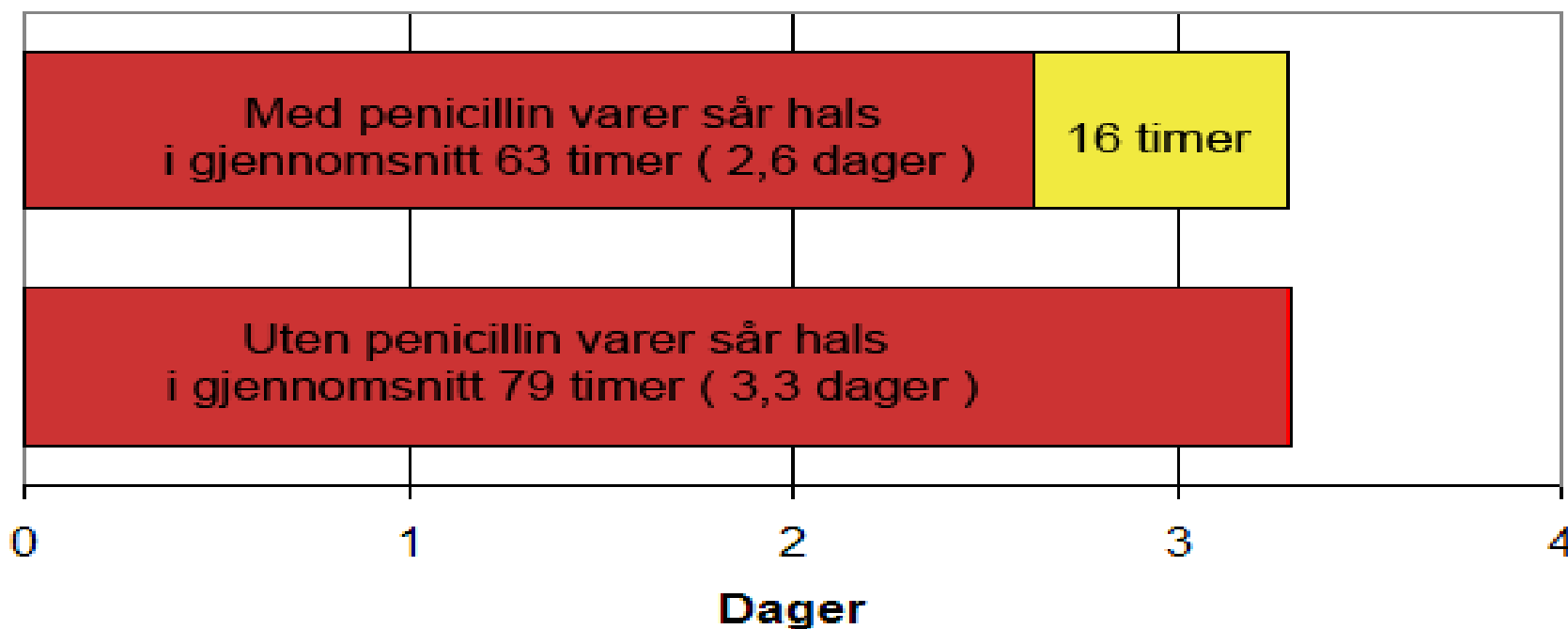
Sår hals varer gjennomsnittlig 16 timer mindre med penicillin






Gjennomsnittlig varighet av sår hals.

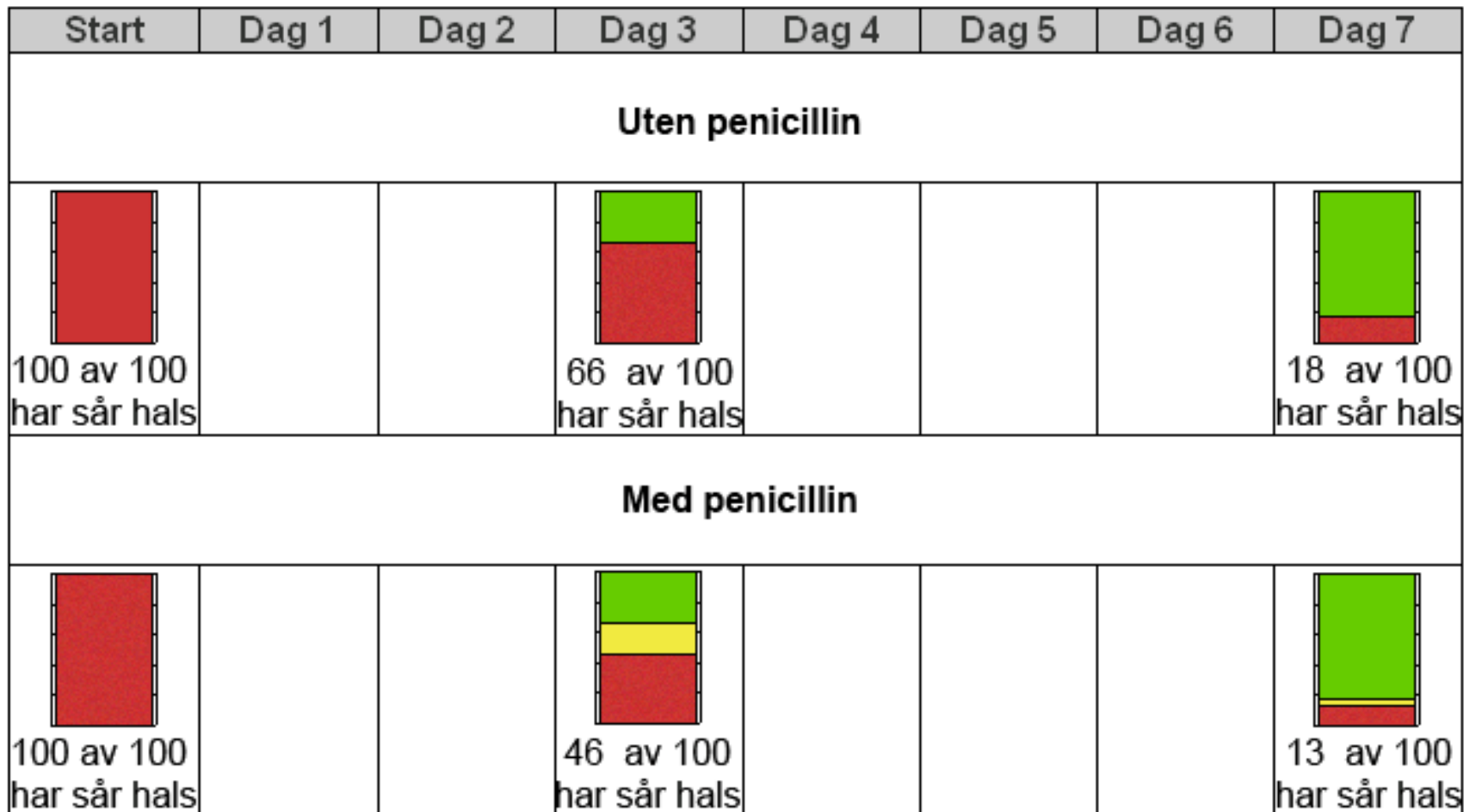


Gjennomsnittlig reduksjon i varighet av sår hals.

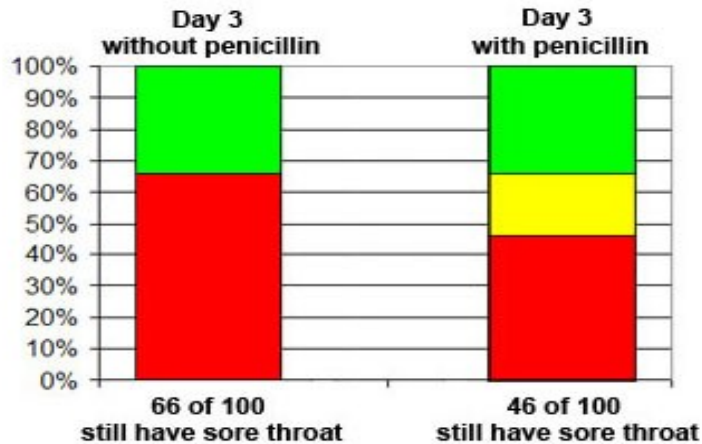
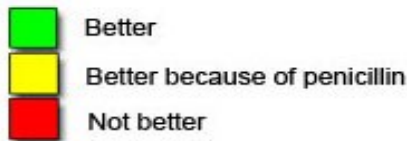


Av 100 pasienter med sår hals:

-  Bedre
-  Bedre på grunn av penicillin
-  Ikke bedre

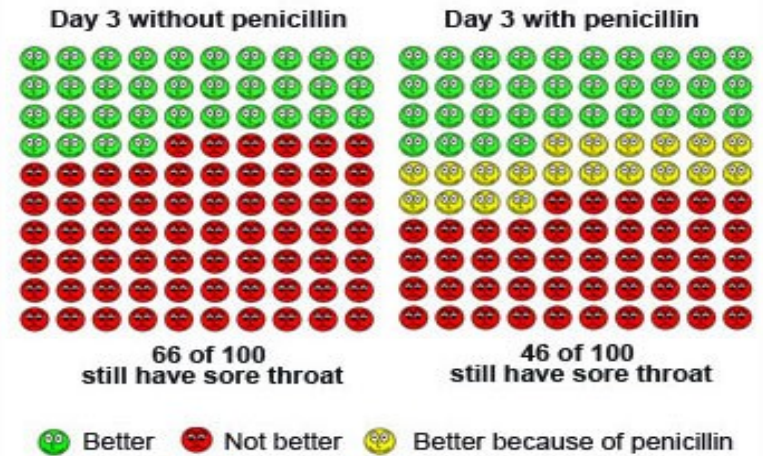


Of 100 patients with sore throat:



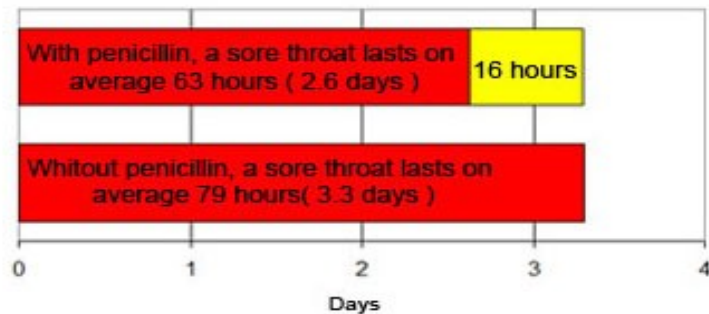
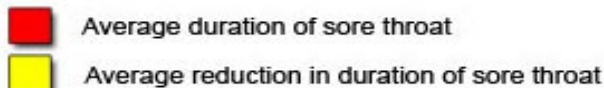
a

Of 100 patients with sore throat:



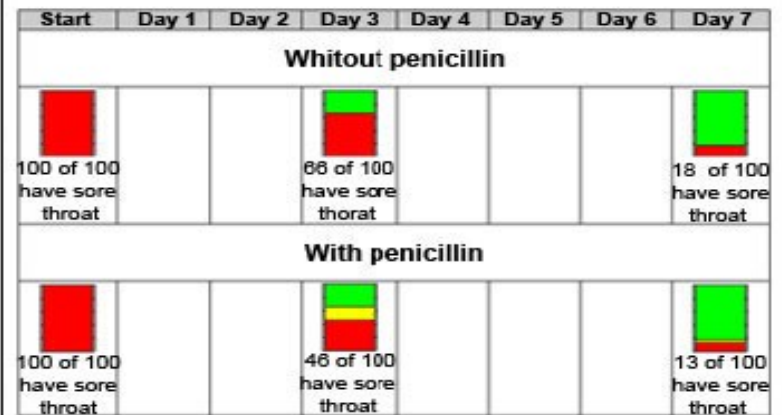
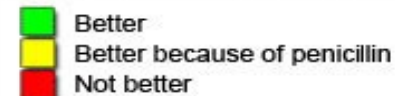
b

Sore throat lasts on average 16 hours less with penicillin



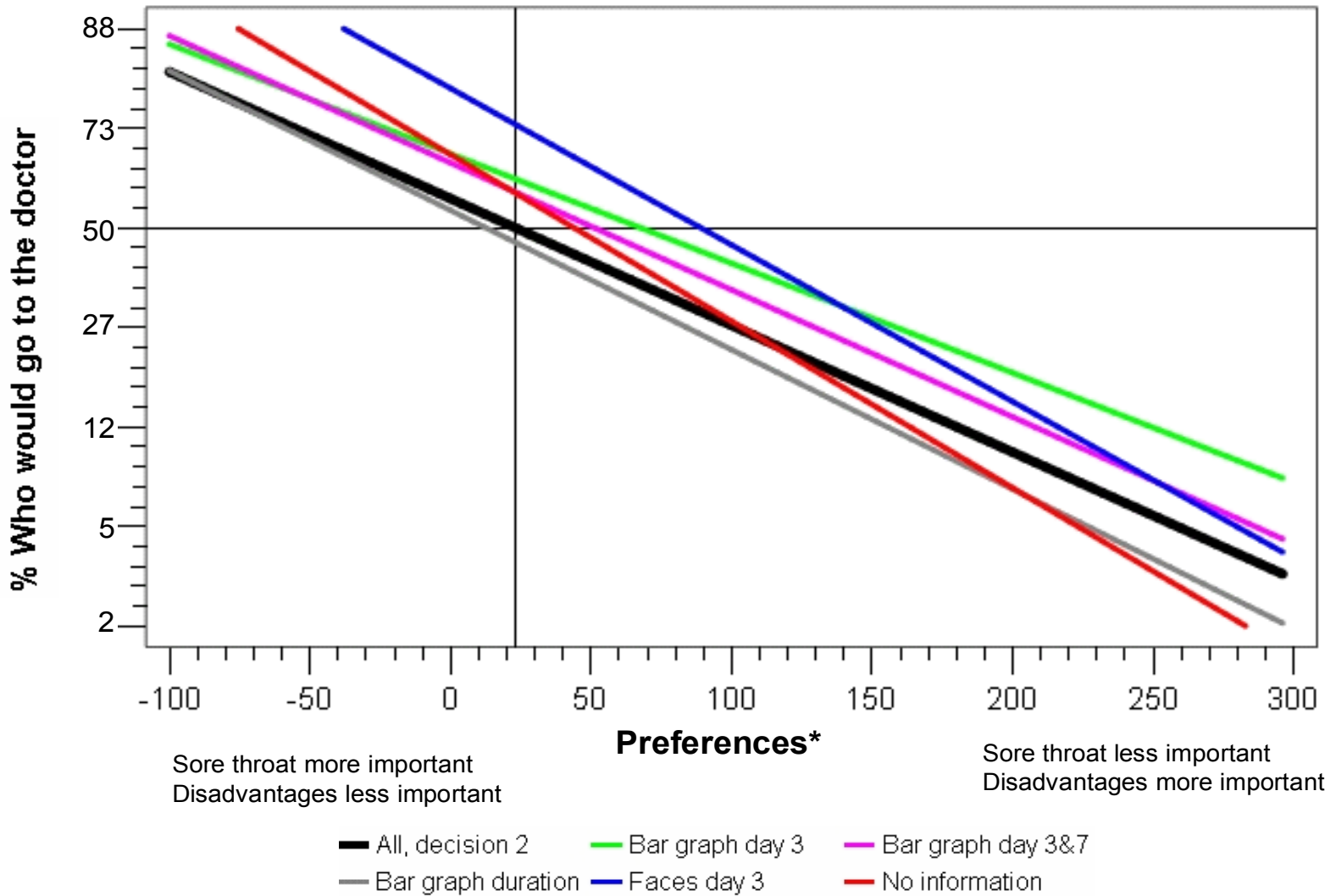
c

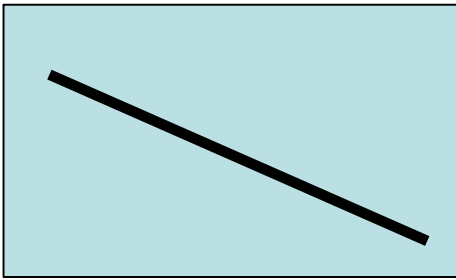
Of 100 patients with sore throat:



d

Figure 3. Decision to go to the doctor versus preferences





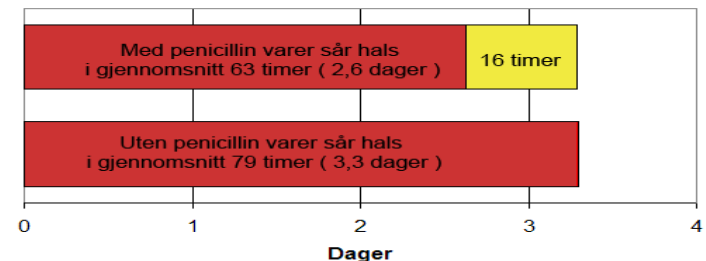


Results

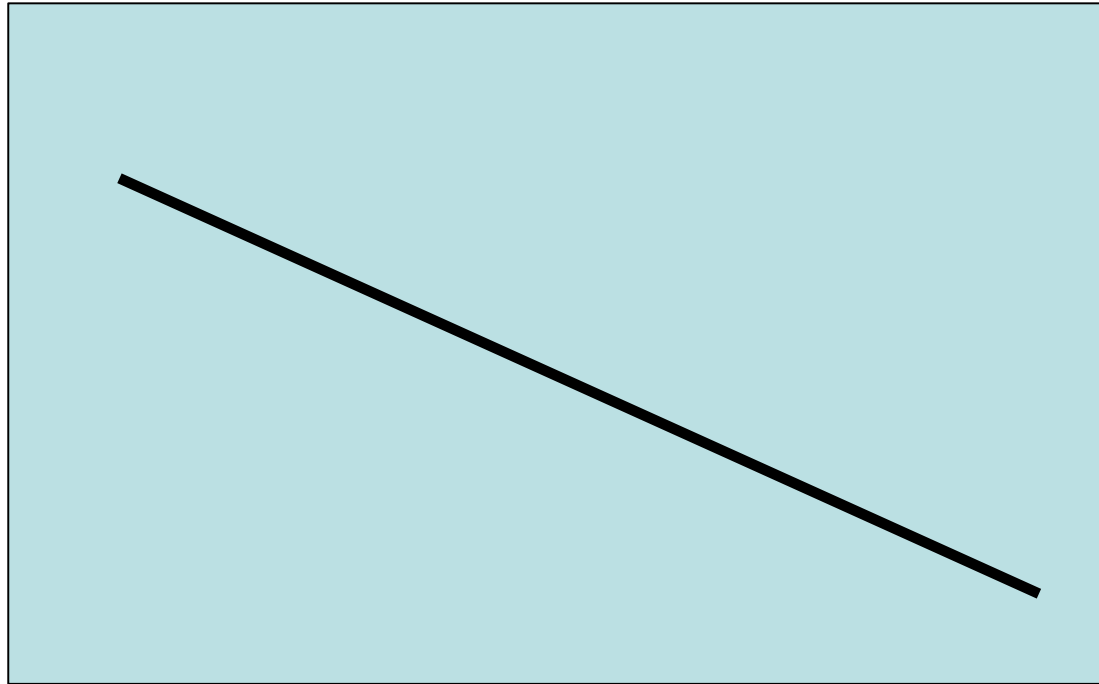
- The regression lines for all presentations went in the same direction as the "most well-informed decision" predictor line.
- The slope and the intercept for the presentation showing the duration of sore throat with and without treatment resembled most closely those of the predictor line.
- People liked the duration presentation best.
- *Our conclusion was that the graph showing the duration of sore throat was the best.*

Sår hals varer gjennomsnittlig 16 timer mindre med penicillin

-  Gjennomsnittlig varighet av sår hals.
-  Gjennomsnittlig reduksjon i varighet av sår hals.



Likelihood of going to doctor ↑



← Values →

Dislike sore throat symptoms
Don't mind going to doctor,
taking medicine, risking side-
effects, risking reinfection.

Don't mind sore throat so much.
Want to avoid going to doctor,
taking medicine, risking side-
effects, risking reinfection.

Limitations of the study

- **Applicability**
 - Different people
 - Different type of disease decision
 - Hypothetical vs real decisions
 - Mode of presentation

Lessons learned

- **Technical**
 - Accomodating browsers
 - Tracking important
 - Templates

- **Recruitment**

Future plans

- Continue to refine methods for measuring values.
- Complete a systematic review on methods for eliciting values or preferences.

Publications

Carling C, Schunemann H, Oxman A. How should information about the effects of healthcare be presented? <i>Medscape General Medicine</i> . 5(3):35, 2003 Sep 5.	Published
Carling C, Kristoffersen DT, Oxman AD et al. What is the effect of alternative graphical displays used to present the benefits of antibiotics for sore throat on decisions about whether to use them?	Under revision.
Carling C, Kristoffersen DT, Oxman AD et al. What is the effect of different summary statistics used to present the benefits of cholesterol-lowering drugs on decisions about whether to use them? Pilot study	Under revision.
Carling C, Kristoffersen DT, Oxman AD et al. What is the effect of different summary statistics used to present the benefits of cholesterol-lowering drugs on decisions about whether to use them? Main study	Under revision
Carling C, Kristoffersen DT, Oxman AD et al. What is the effect of positive and negative framing used to present the effects of antihypertensive drugs on the decisions about whether to use them.	Under revision
Carling C, Kristoffersen DT, Oxman AD et al. What is the effect of presentations using words versus presentations using numbers used to present the effects of anti-depressants (SSRIs) on decisions on whether to use them?	Under revision
Carling C, Kristoffersen DT, Oxman AD et al. Systematic Review: Instruments for measuring utility for health states	Protocol completed. Review expected completed end 2005.

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Hoping to hear from you!