

# Effects of decision aids in patients with depression: Systematic review and meta-analysis

**Alarcon-Ruiz** CA<sup>1</sup>, Zafra-Tanaka JH<sup>2</sup>, Diaz-Barrera ME<sup>3</sup>, Becerra-Chauca N<sup>4</sup>, Toro-Huamanchumo C<sup>5</sup>, Taype-Rondan A<sup>5</sup>

1. Instituto de Investigación en Ciencias Biomédicas, Universidad Ricardo Palma, Lima, Peru
2. CRONICAS Center of Excellence in Chronic Diseases, Universidad Peruana Cayetano Heredia, Lima, Peru
3. Facultad de Medicina, Universidad Nacional de Trujillo, Trujillo, Peru
4. Instituto de Evaluación de Tecnologías en Salud e Investigación, EsSalud, Lima, Peru
5. Unidad de Investigación para la Generación y Síntesis de Evidencias en Salud, Universidad San Ignacio de Loyola, Lima, Peru

Figure 1: Flow diagram (study selection)

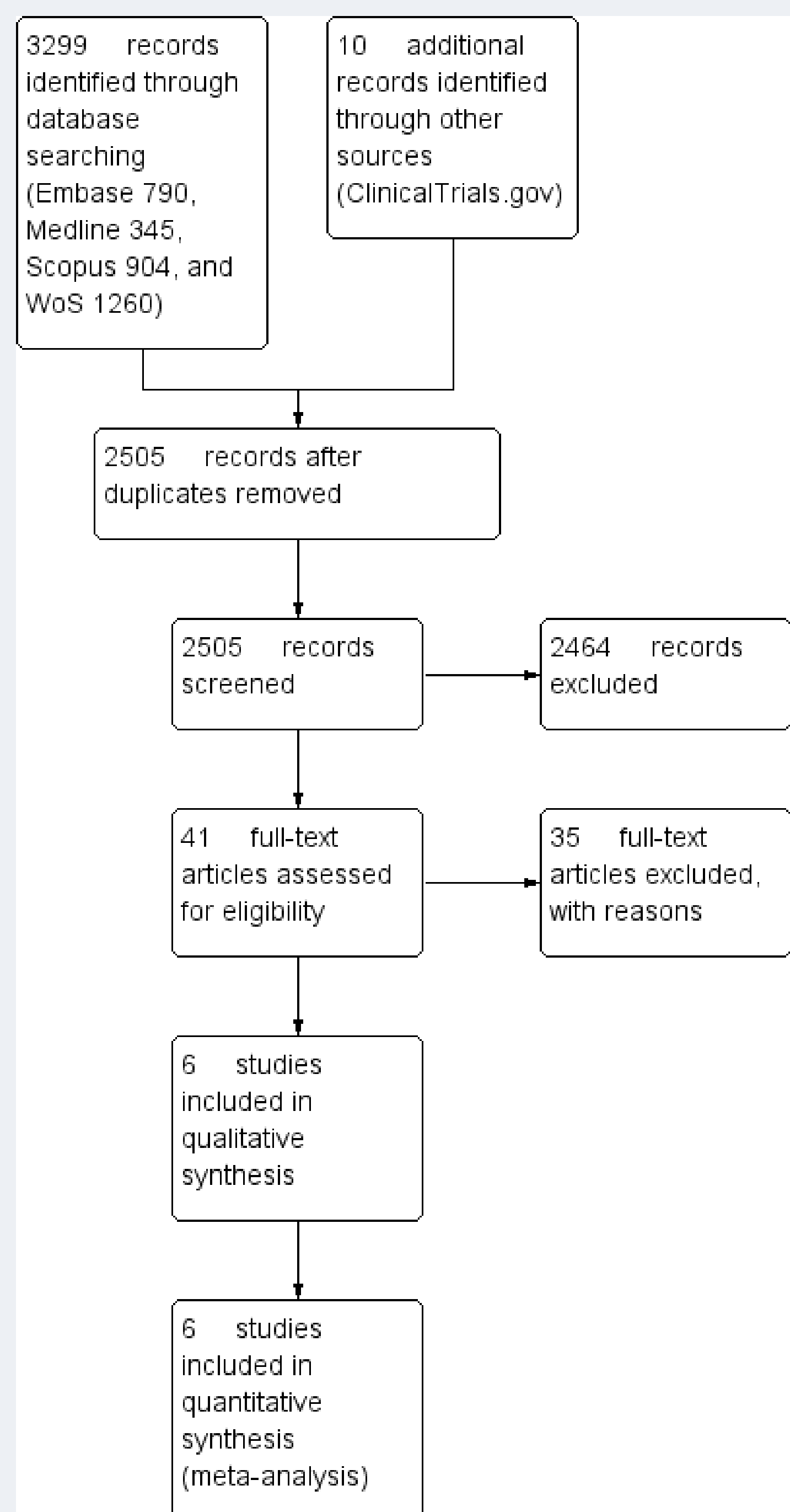


Figure 2: Risk of bias of selected studies

|                      | Random sequence generation (selection bias) | Allocation concealment (selection bias) | Blinding of participants and personnel (performance bias) | Blinding of outcome assessment (detection bias) | Incomplete outcome data (attrition bias) | Selective reporting (reporting bias) | Other bias |
|----------------------|---|---|---|---|--|--------------------------------------|------------|
| Aljumah 2015         | +   | +                                       | ?   | +   | +  | +                                    | +          |
| LeBlanc 2015         | +   | +                                       | ?   | +   | +  | +                                    | +          |
| Loh 2007             | +   | +                                       | ?   | +   | +  | +                                    | +          |
| Perestelo-Perez 2017 | +   | +                                       | ?   | +   | +  | +                                    | +          |
| Sepucha 2012         | ?   | +                                       | ?   | +   | +  | +                                    | +          |
| Simon 2012           | +   | ?                                       | +   | +   | +  | +                                    | +          |

## The Problem

Depression represents the leading cause of disability worldwide. Decision aids are tools or technologies used to help patients make informed decisions that offer information about treatment options and help patients construct, clarify and communicate their values. Their use can potentially involve them in treatment choice and self-determination, generate higher participant satisfaction, and improve adherence to treatment which can translate in lower depression scores.

## Methods

1. Systematic review in 5 databases in January 2019 ([PROSPERO CRD42019121878](#)) (Figure 1)
2. RCTs that assessed the effects of decision aids in patients with depression were included.
3. Random effects for meta-analyses were used.
4. Certainty of evidence was assessed using the GRADE methodology.

## Key Results

- 6 RCTs = 1369 patients.
- High heterogeneity between RCTs in their population, intervention and control group.
- Main results are shown in Table 1.



Table 1: Summary of findings to evaluate the certainty of the evidence, using the GRADE methodology

| Outcomes  | Standardized mean difference (95% CI)      | No of participants (Studies) | Certainty of the evidence (GRADE)     |
|---|--|------------------------------|---------------------------------------|
| Patient knowledge                               | 0.65 SD<br>(95% CI: 0.14 SD to 1.15 SD)    | 982 (4 RCTs)                 | ⊕○○○<br>VERY LOW <sup>a,b,e</sup>     |
| Information exchange between patient and doctor | 0.55 SD<br>(95% CI: 0.28 SD to 0.82 SD)    | 239 (2 RCTs)                 | ⊕○○○<br>VERY LOW <sup>a,b,c,e</sup>   |
| Decisional conflict                             | -0.47 SD<br>(95% CI: -0.73 SD to -0.22 SD) | 558 (3 RCTs)                 | ⊕○○○<br>VERY LOW <sup>a,b,e</sup>     |
| Doctor facilitation of patient involvement      | 0.36 SD<br>(95% CI: -0.77 SD to 1.48 SD)   | 239 (2 RCTs)                 | ⊕○○○<br>VERY LOW <sup>a,b,c,d,e</sup> |
| Adherence to treatment                          | 0.16 SD<br>(95% CI: -0.14 SD to 0.73 SD)   | 459 (3 RCTs)                 | ⊕○○○<br>VERY LOW <sup>a,b,c,d,e</sup> |
| Depression symptoms                             | -0.06 SD<br>(95% CI: -0.22 SD to 0.09 SD)  | 667 (3 RCTs)                 | ⊕○○○<br>VERY LOW <sup>a,b,e</sup>     |

95% CI: 95% Confidence Interval; RCT: Randomized Controlled Trials; SD: Standard Deviations; a. Blinding participants, personnel, and outcome assessment was not detailed in the publication. Incomplete data are reported; b. Sample sizes were small (< 400); c. Selective reporting was not evaluated as the protocol was not available; d. I<sup>2</sup> > 60 %; e. 95% confidence intervals include 0.5 value.

**Conclusion:** The use of decision aids has a beneficial effect in knowledge, information exchange, and decisional conflict; but has no effect in treatment adherence or depression symptoms, in adults with depression, with very low certainty of evidence.

