



Title	A Multicenter Randomized Controlled Trial Assessing the Costs and Benefits of Using Structured Information and Analysis of Women's Preferences in the Management of Menorrhagia
Agency	NCCHTA, National Coordinating Centre for Health Technology Assessment Mailpoint 728, Boldrewood, University of Southampton, Southampton SO16 7PX, United Kingdom; Tel: +44 2380 595586, Fax: +44 2380 595639
Reference	Health Technol Assess 2003; 7(8). Feb 2003. www.ncchta.org/execsumm/summ708.htm

Aim

To develop decision aids to provide evidence-based information and formal preference elicitation for women with menorrhagia; and to evaluate their effects on patient outcomes, patient management, and cost effectiveness.

Conclusions and results

Preference formation: Compared to the control group, women were more likely to hold a treatment preference in both the information (adjusted odds ratio 1.87, 95% CI 1.25 to 2.80) and interview (2.51, 1.66 to 3.79) groups, post-consultation. The interview also influenced preferences toward individual treatments, where they were less likely than controls to want hysterectomy (0.54, 0.35 to 0.85) or drug therapy (0.44, 0.24 to 0.82).

Health status: The interventions had no consistent effect on health status compared to control.

Treatments undergone: After 2 years of followup, women in the interview group were less likely to have undergone hysterectomy than controls (0.60, 0.38 to 0.96) and women who were only given information (0.52, 0.33 to 0.82).

Satisfaction: The results of the satisfaction analyses were mixed. At short-term followup, the information group was significantly more satisfied with the opportunities given to be involved in treatment decision-making compared to control (1.39, 1.04 to 1.86). At long-term followup the interview group rated both these opportunities (1.49, 1.11 to 2.01) and the results of their treatment (1.44, 1.03 to 2.78) higher than women in the control group.

Cost-effectiveness: A high probability that information provided in conjunction with preference elicitation is cost-effective. Even under a range of sensitivity analyses this result does not change. The probability that interview is the most cost-effective form of management, assuming decision-makers are willing to pay at least £30 000 per additional QALY, is 78% and 55% under sensitivity analysis.

Recommendations

Neither intervention had a major impact on health outcomes relative to control. Information plus interview gave major additional benefits compared to the information pack alone. It helped women form preferences, reduced hysterectomy rates, and increased long-term satisfaction. The interview also had the highest probability of being cost effective.

Methods

The interventions were evaluated using a pragmatic, parallel group, multicenter, randomized controlled trial with 2 years of followup. Women were randomized to 1 of 3 arms: Control (usual practice), Information only, Interview plus information

Further research/reviews required

Recommendations for future research are; 1) Approaches to training clinicians in patient-centered decision making, 2) Practical methods of clarifying and eliciting patient's treatment related preferences and communicating them to clinicians, and 3) Scenarios of clinical decisions under which these methods would prove most effective and cost-effective.

Written by Mr Andrew Kennedy, Health Economics Research Group, Brunel University, UK