A shared ‘decision tool’ (‘SHARE-D’) to help patients begin making healthy lifestyle changes: feasibility study

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Background

- Need effective interventions for behaviour change in reducing CVD risk
- Tools that consider personal context encourage change
- Decision tools can help in making informed choices
- Professional support in decision-making may make greater impact
Aim

..... to test the feasibility of using a novel paper-based tool for shared decision-making in behaviour change among people with, or at high risk of, CVD

Focus: physical activity and diet

The tool

- structured format
- supported ‘team talk’

- Presented key facts re physical activity & diet
- Prompted self-reflection re current habits
- Compared options: risks/benefits of change v no change
- Considered attitudes, personal circumstances & need for support
Methods

• 5 general practices; patients with or at high CVD risk

• With a health professional (HP) (GP or nurse) used decision tool for shared decision-making about their diet or PA

• At baseline, one and 3 months, researcher assessed
  - Diet (Dietary Instrument for Nutritional Education (DINE)) and
  - PA (Recent Physical Activity Questionnaire (RPAQ))

• At baseline and 3 months, collected accelerometer data

• Semi-structured interviews explored participants’ and HPs’ views
Results

- positive response rate - 28% (45/162)
- recruited 23 (aged 43-74 years; 50% male)
- <40% met diet or PA recommendations
- 87% (20/23) completed the study
- 20 participants & 3 HPs undertook interviews
- data saturation was achieved
The tool - structure, size & succinct content welcomed by patients & HPs
   “… nice to have something to work from … a structure,”
   “… kick-started me into action”

The consultation - valued by patients, especially when HPs shared personal experience of behaviour change
   “She was an inspiration” …… “an incentive”

HPs did not seem to recognise their impact & considered the tool’s routine use impractical, yet valued its use - opportunistically
   “… at the minute it’s not feasible … would be lovely to have that luxury,”
   “You have to get the right moment…”

Barriers to change - social circumstances; health conditions; health beliefs
   “I didn’t think about myself “ ……… ”My health is the main barrier….”
   “… was only when I stopped smoking that all my problems started…”
Conclusion

Use of a novel paper-based tool for decision-making in initiating behaviour change
• is appropriate in primary care but requires multidisciplinary collaboration
• allows personal interaction and shared experience with a professional

➢ Need to explore sustainable models of support for initiating & maintaining behaviour change in primary care