

# Māori Health Review

Making Education Easy

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## A decision aid to support informed choices about bowel cancer screening among adults with low education: randomised controlled trial

**Authors:** Smith SK et al

**Summary:** This study was conducted in areas in New South Wales, Australia, identified as socioeconomically disadvantaged (low education attainment, high unemployment, and unskilled occupations), to determine whether a decision aid designed for adults with low education and literacy can support informed choice and involvement in decisions about screening for bowel cancer. The study involved 572 adults (55–64 years) with low educational attainment, eligible for bowel cancer screening. The intervention group received a patient decision aid comprising a paper-based interactive booklet (with and without a question prompt list) and a DVD, presenting quantitative risk information on the possible outcomes of screening using faecal occult blood testing compared with no testing. The control group received standard information developed for the Australian national bowel screening programme. Participants who received the decision aid showed higher levels of knowledge than the controls; mean scores (maximum score 12) were 6.50 for the decision aid group and 4.10 for the control group ( $p < 0.001$ ). Fewer participants in the decision aid group compared with those in the control group expressed favourable attitudes towards screening (51% vs 65%;  $p = 0.002$ ) and the participation rate for screening was reduced in the decision aid group: 59% completed faecal occult blood testing versus 75% in the control group ( $p = 0.001$ ). The decision aid increased the proportion of participants who made an informed choice, from 12% in the control group to 34% in the decision aid group ( $p < 0.001$ ). More participants in the decision aid group had no decisional conflict about the screening decision compared with the controls (51% vs 38%;  $p = 0.02$ ).

**Comment:** As follow-on to the previous paper, an interesting study on two counts. Firstly, the effectiveness of a decision aid support in improving knowledge about diagnostic testing without raising fear/anxiety. And secondly, that an informed choice (based on all evidence) is not always associated with uptake of screening.

**Reference:** *BMJ*. 2010;341:c5370.

<http://www.bmj.com/content/341/bmj.c5370>

## Independent commentary by Dr Matire Harwood

*Dr Matire Harwood (Ngapuhi) has worked in Hauora Māori, primary health and rehabilitation settings as clinician and researcher since graduating from Auckland Medical School in 1994. She also holds positions on a number of boards, committees and advisory groups including the Health Research Council. Matire lives in Auckland with her whānau including partner Haunui and two young children Te Rangijura and Waimarie.*

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**Disclaimer:** This publication is not intended as a replacement for regular medical education but to assist in the process. The reviews are a summarised interpretation of the published study and reflect the opinion of the writer rather than those of the research group or scientific journal. It is suggested readers review the full trial data before forming a final conclusion on its merits.

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