Keywords: Interdisziplinäre Ansätze, Körperliche Erkrankungen

Apprehension of Being a Bad Patient - a Barrier for Shared Decision Making?

Björn Büdenbender[1], Anja Kristina Köther[1], Dr. Maximilian Lenhart[2], Prof. Maurice S. Michel[2], Prof. Maximilian C. Kriegmair[2], Prof. Dr. Georg W. Alpers[1] *([1] University of Mannheim, [2] University Hospital Mannheim)*

Shared Decision Making (SDM) is especially recommended when there are different treatment options that are considered equally effective and supported by evidence while differing in their specific impact on a patient's life. Such complex treatment decisions are ideally made under consideration of patients' preferences and with their active involvement. While many structural aspects are known to influence whether SDM is put into practice, there is little research on the influence of patient's underlying attitudes and beliefs, i.e. the apprehension of being a bad patient. Such attitudes and beliefs may influence their willingness to take on a more active role and act as a barrier for SDM.

We enrolled a urological patient sample (N = 236) at a university hospital. Patients were between 18 and 85 years old and had a wide range of diagnoses (43.6% uro-oncological). Patients' beliefs about medical decision making were measured with the translated Patients' Attitudes and Beliefs Scale (PABS). In addition we assessed, patients' preference for participation with the well established Autonomy Preference Index (API).

Psychometric properties of the translated PABS are promising. We replicated the association of participation preference and sociodemographic factors. Patients' positive and negative attitudes were a strong predictor of their participation preference and their intention to participate in the decision. Moreoever, controlling for these attitudes and beliefs reduced the influence of sociodemographic factors.

Patients' attitudes and beliefs are important predictors of participation preference, independent of the well-established influence of sociodemographic factors. However, contrary to sociodemographic factors, attitudes and beliefs may be targets for interventions such as supplying patients with individualized information. Thus, future efforts to implement SDM may benefit from systematically assessing and addressing attitudes and beliefs.

Keywords: Interdisziplinäre Ansätze, Körperliche Erkrankungen

Predicting Decisional Conflict - Anxiety and Depression in Shared Decision Making

Anja Kristina Köther[1], Prof. Georg W. Alpers[1], Björn Büdenbender[1], Dr. Maximilian Lenhart[2], Prof. Maurice S. Michel[2], Prof. Maximilian C. Kriegmair[2] *([1] University of Mannheim, [2] Heidelberg University)*

Purpose: A medical consultation can be an emotionally charged experience for patients, typically marked by emotional distress. Such negative affect may influence how conflicted patients feel about treatment choices. This poses a potential barrier to shared decision making (SDM). Yet, affect is typically not systematically assessed in medical consultation. Thus, we examined whether patients report anxiety and depression prior to a urological consultation and if emotional distress predicts decisional conflict after SDM.

Methods: We recruited a large sample of urological out-patients (N = 215) with a range of different diagnoses at a university hospital. Prior to a medical consultation, patients filled in a set of validated questionnaires including socio-demographic characteristics and the Hospital Anxiety and Depression Scale. After the consultation patients completed the Decisional Conflict Scale. We calculated the rate