



In partnership with:





















Cardi-OH ECHO Hypertension

Thursday, April 25, 2019

Disclosure Statements





The following planners, speakers, moderators, and/or panelists of the CME activity have financial relationships with commercial interests to disclose:

- Adam T. Perzynski, PhD reports being co-founder of Global Health Metrics LLC, a Cleveland-based software company and royalty agreements for forthcoming books with Springer publishing and Taylor Francis publishing.
- Siran M. Koroukian, PhD reports ownership interests in American Renal Associates, and Research Investigator subcontract support from Celgene Corporation.
- George L. Bakris, MD reports partial salary from Bayer as FIDELIO PI, partial salary from Janssen as CREDENCE Steering Committee, partial salary from Vascular Dynamics as Calm-2 Steering Committee, and receiving honorarium as a consultant to Merck, NovoNordisk.
- Luke J. Laffin, MD reports being a member of the Hypertension Committee for the CALM-2 Trial of endovascular baroreceptor amplification (EVBA) procedure from Vascular Dynamics.
- These financial relationships are outside the presented work.

All other planners, speakers, moderators, and/or panelists of the CME activity have no financial relationships with commercial interests to disclose.

Shared Decision Making in Hypertension Management





Dean Bricker, MD

Associate Program Director Internal Medicine Residency Miami Valley Hospital Dayton, OH

Associate Professor Internal Medicine

Division Director General Internal Medicine

Wright State University Boonshoft School of Medicine

Objectives



- Define "shared decision making"
- Describe a rational approach to shared decision making when selecting pharmacologic treatment of hypertension
- Describe the potential benefits of shared decision making

What is shared decision making?



- An approach where clinicians and patients share the best available evidence when faced with the task of making decisions
- Patients are supported to consider options and to achieve informed preferences.



Why shared decision making?





Cochrane Database of Systematic Reviews

Decision aids for people facing health treatment or screening decisions (Review)

Stacey D, Légaré F, Lewis K, Barry MJ, Bennett CL, Eden KB, Holmes-Rovner M, Llewellyn-Thomas H, Lyddiatt A, Thomson R, Trevena L

Stacey, D_Légaré F, Lewis K, Barry MJ, Bennett CL, Eden KB, Holmes-Rovner M, Llewellyn-Thomas H, Lyddiatt A, Thomson R, Trevena L
Decision aids for people facing health treatment or screening decisions.

**Cochrane Potrobase of Systematic Reviews 2017, Issue 4. Art. No.: CD001431.

www.cochranelibrary.com

DOI: 10.1002/14651858 CD001431 nub5

- Ethical imperative self-determination
- Supported by evidence from Cochrane of 86 randomized trials
 - better knowledge gained
 - more confident in decisions
 - more active patient involvement

What is shared decision making?



- Providers often promote specific treatments rather than consider patient's preferences during the decision-making process
- Many medical problems have multiple acceptable options for treatment
- The physician may wish to promote a specific medication but would be willing to prescribe a different, even less effective medication if it resulted in increased likelihood of better adherence



Provider Doubts



- Patients don't want to be involved in decisions
- Patients lack ability
- Might make bad decisions
- Not practical
- Time pressure
- Already doing it



3 Step Model

Elwyn G, et.al. Shared Decision Making: A Model for Clinical Practice. JGIM. 2012; 27(10):1361-7.



Choice talk

- Step back
- Offer choice
- Justify choicepreferences matter
- Check reaction
- Defer closure

Option talk

- Check knowledge
- List options
- Describe optionscheck preferences
- Harms and benefits
- Provide decision support
- Summarize

Decision talk

- Focus on preferences
- Elicit preferences
- Move to a decision
- Offer review



Hypertension Options



- 1. No treatment
- 2. Lifestyle changes
 - weight loss
 - low sodium
 - DASH
 - exercise
 - smoking
 - alcohol
 - stress

3. Medications

- Diuretics
- Beta blockers
- Central alpha 2 agonist
- Alpha 1 blockers
- Calcium channel blockers
- ACE inhibitors
- ARBs



Decision Aid



Drug Class

- Diuretics
- Beta blockers
- Central alpha 2
- Alpha 1 blockers
- Calcium channel blockers
- ACE inhibitors
- ARBs

Quality of life

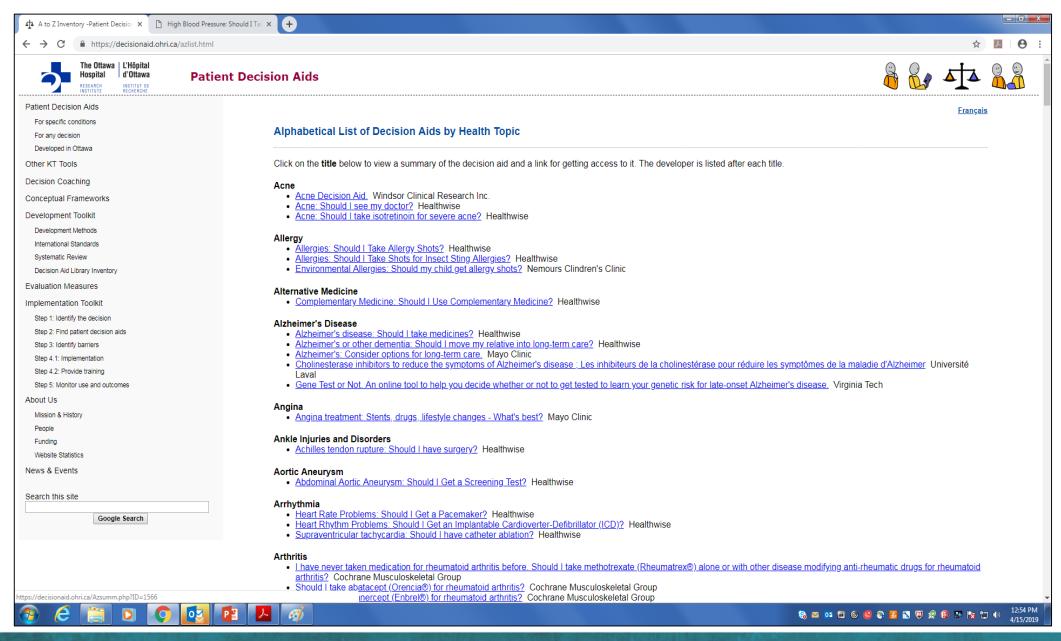
- ED, decreased libido, dizziness, lethargy, constipation, nausea
- Dizziness, fatigue, insomnia, nausea, anorexia, depression, vivid dreams
- ED, fatigue, diarrhea, dry mouth, sleep disturbance, depression, sedation, vivid dreams
- Orthostasis, headache
- Edema, constipation, flushing, headache, nausea, dizziness
- Cough, rash, taste disturbance, angioedema
- Dizziness, rash, taste disturbance

Decision Analysis



- Relative risk reduction of CVE with antihypertensive drug treatment...33%
- Risk of treatment side effects...10%
- Risk of death after CVE...30%
- Risk of being affected if survive CVE...30%
- Relative risk reduction of CVE with lifestyle changes...10-20%

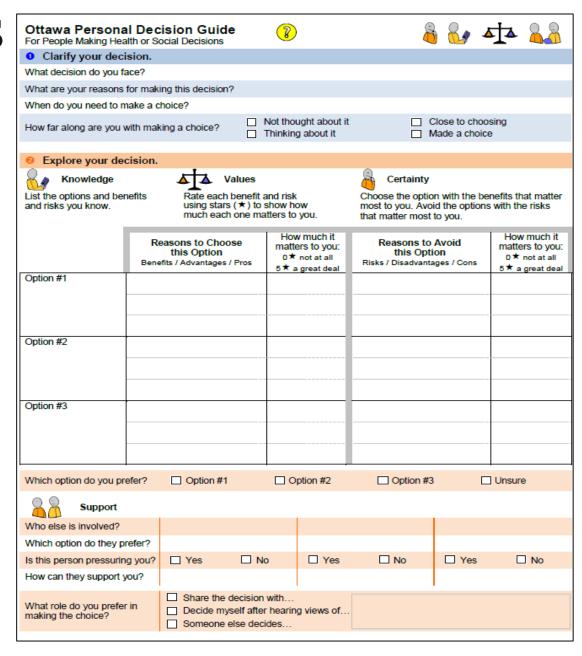








Decision Aids





Decision Aids/Decision Support



- http://tools.acc.org/ldl/ascvd_risk_estimator/index.html#!/calulate/ estimator/
- https://ccccalculator.ccctracker.com/
- https://decisionaid.ohri.ca/AZlist.html
- https://www.healthwise.net/ohridecisionaid/Content/StdDocument.a spx?DOCHWID=zx1768
- https://www.healthdecision.org/tool#/tool/hypertension



Prioritization



Hoffmann T, Jansen J, Glasziou P. The importance and challenges of shared decision making in older people with multimorbidity. PLOSMed 2018. 15(3):1-4

- Half of older adults have 3 or more chronic diseases
- Consider burden of treatment
- Polypharmacy

Should a patient in with late-stage cancer continue statins?

When is an implantable defibrillator appropriate in a patient with dementia?

Are beta blockers mandatory in a patient who is depressed after myocardial infarction?

Shared Decision Making for Hypertension



Johnson RA, et. al. Interventions to support shared decision making for hypertension: A systematic review of controlled studies. Health Expectations. 2018; 21:119-1207

Interventions focused on training for health-care professionals, decision aids, patient coaching and a patient leaflet.

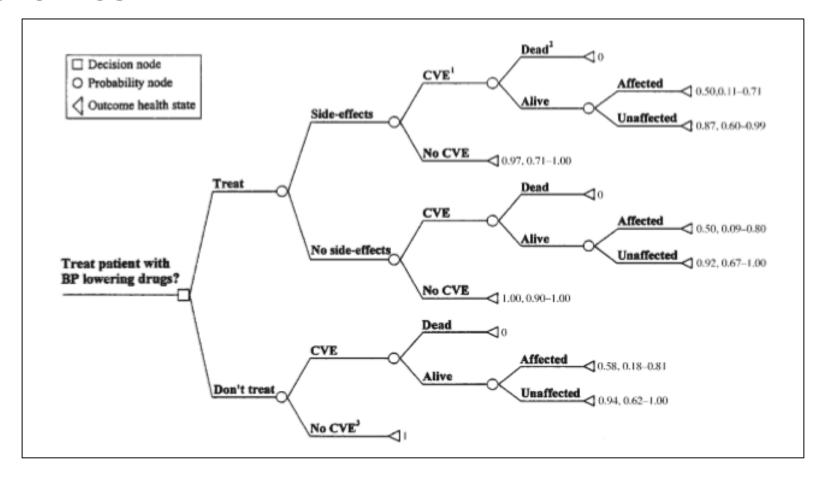
<u>Results</u>: No difference in blood pressure between intervention and control.

<u>Conclusions</u>: Despite widespread calls for shared decision making to be embedded in health care, there is little evidence to inform shared decision making for hypertension, one of the most common conditions managed in primary care.



Decision Analysis in Hypertensive Patients





Montgomery A, et al. Shared Decision Making In Hypertension: the Impact of Patient Preferences on Treatment Choice. Family Practice. 2001; 18:309-313.

Who's doing the work?



Provider work: diagnosis, determining treatment options (including medications/dosing, referrals, etc.)

Patient work: decisions about treatment options, adherence, health behaviors

Motivational Interviewing is an approach to patient work.

Motivational Interviewing



A collaborative conversational style for strengthening a person's own motivation and commitment to change that involves addressing the common problem of *ambivalence* about change.

approach vs technique

MI is characterized by a spirit of...



- Collaboration (vs confrontation)
- Acceptance (vs judgment)
- Compassion/Empathy
- Evocation (vs education)



MI Skills

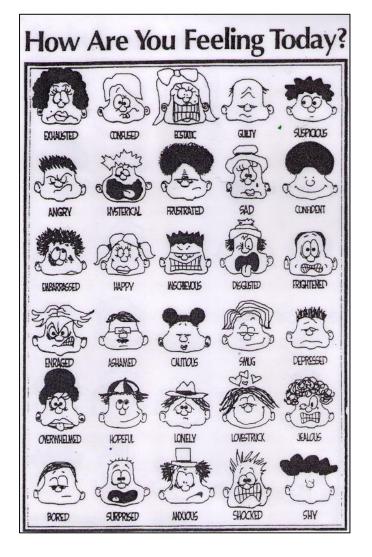


- Open-ended questions
- Affirmations
- Reflective Listening
- Summarizing
- Informing and advising (only done with patient request or permission)

Emotion

CARDI•OH
Ohio Cardiovascular Health Collaborative

Pay particular attention to patient content that carries emotion (e.g., "I'm afraid of..." "I really want to be able to...").



Ambivalence

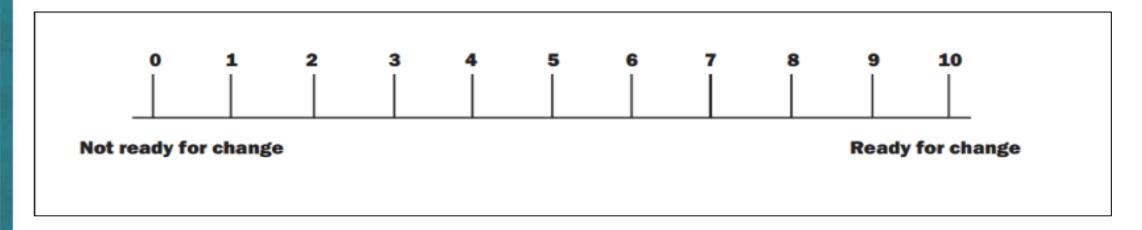


- Ambivalence is about the "buts."
- "I know I should exercise more, but I just don't have the time."
- Explore both sides of the "but."
- "Sustain talk" is about the status quo whereas "Change talk" is about reasons for change.
- Develop the discrepancy between what the patient says is important to her/him, and what he/she is currently doing.

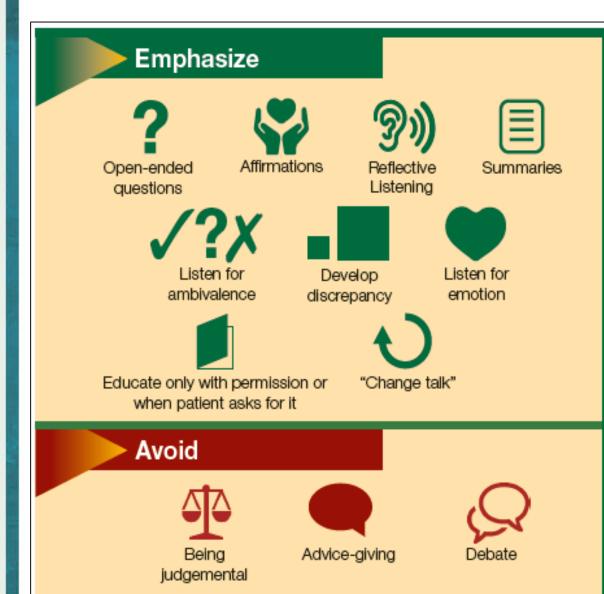
The Readiness Ruler



"On a scale of 0 to 10, how ready are you to quit smoking?



Score	Readiness	Stage of Change
0-3	Not Ready	Pre-contemplation; Early Contemplation
4-7	Unsure	Contemplation
8-10	Ready	Preparation; Action



When you feel stuck



- Listen and reflect.
- Listen and reflect some more.



- Summarize.
- Ask the patient what else you need to know.



 Ask the patient how she/he would like to proceed.



What is most important to the patient? What factors seem to be associated with the most emotion?



 Consider whether there is sufficient discrepancy between the patient's values/goal and current behavior to drive motivation for change.



Consider whether you are trying to do "patient work" that is the patient's responsibility (i.e., patient choices, behavior, etc.)





Thank you!

Questions/Discussion

dean.bricker@wright.edu