HO02 A RANDOMISED CONTROLLED TRIAL OF A PATIENT DECISION-MAKING AID FOR ORTHODONTIC TREATMENT

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AIMS: To assess the efficacy of a patient decision-making aid (PDA) for adolescent subjects considering fixed appliance orthodontic treatment.

SUBJECTS AND METHOD: The study was a prospective randomised controlled trial with participants randomly allocated to one of two groups. Patients aged 10-16 years old were recruited prior to consenting to fixed appliance treatment from both new patient clinics and subsequent record appointments. All patients received information regarding fixed appliances and information leaflets according to normal practice, as well as standardised verbal information from the researcher about the general benefits and risks of fixed appliances. The intervention group additionally received the PDA. All patients then completed a Decisional Conflict Scale (DCS) questionnaire to assess levels of decisional conflict in their decision-making.

RESULTS: Seventy-two patients were recruited and 71 DCS questionnaires were fully completed, satisfying the sample size calculation. The median total DCS score was lower in the intervention group (15.63, range 0 to 37.5) than in the control group (19.53, range 0 to 40.6), however, this did not reach statistical significance ($P = 0.32$). Considerable individual variation was noted. The median DCS subscores for the following sub-domains of decisional conflict were also calculated: uncertainty (intervention 16.67, control 25.00, $P = 0.36$); informed (intervention 16.68, control 20.83, $P = 0.38$); values clarity (intervention 16.67, control 20.83, $P = 0.47$); support (intervention 8.33, control 8.33, $P = 0.27$); effective decision (intervention 12.50, control 15.63, $P = 0.39$). All of the median DCS subscores were lower for the intervention group than the control group but none reached statistical significance. Univariable linear regression analyses showed that the group allocation, age, gender, ethnicity and the clinic from which patients were recruited did not have a statistically significant effect on levels of decisional conflict.

CONCLUSION: The null hypothesis that there was no difference in the level of decisional conflict in patients who received the PDA compared with those who did not was upheld. Although statistical significance was not reached, decisional conflict was reduced for some patients and there may be a benefit in providing a PDA to some individuals, however, it is not yet possible to say how these patients could be identified.