

Introduction

- Multiple management options are available for Dupuytren's patients: observation, needle aponeurotomy, collagenase injection and surgical release. Treatment selection is a **shared decision making** process based on expectations, preferences, severity of disease, impact on daily life, and more (1).
- Decisional conflict (DC)** represents the state of uncertainty about the course of action to take (2). Measuring decisional conflict allows surgeons to assess the **quality of decisions** (a quality decision being effective, informed, value sensitive).
- Aim:** To quantify the **levels of decisional conflict** in Dupuytren's patients making treatment decisions.

Methods

- Design and setting:** **Cross-sectional** study at a tertiary care hand program
- Sample size calculation:** n = 61 based on 95% CI, desired margin of error of 5%, estimated decisional conflict standard deviation of 20.
- Eligibility:** 1) Clinical diagnosis of Dupuytren's; 2) Self-reported English fluency; 3) Treatment selection being made.
- Measurement tool:** The **Decisional Conflict Scale (DCS)** a rapid, validated and sensitive to change scale. Scores range from 0-100: 0 defined as no uncertainty, complete confidence in choice and 100 representing uncertainty and no confidence at all in the decision made.

Results

- A total of **66 patients** completed study questionnaires.

Variables	N = 66	Decisional Conflict Scores		p-value*
		<25 n = 52	≥25 n = 14	
Age (years), mean (SD)	66	66 (11.9)	57.9 (10.5)	0.030*
Maternal language, n (%)				
English	56	42 (80.8)	14 (100.0)	0.07
Other	10	10 (19.2)	0 (0)	
Income quintile, n (%)				
1 st	5	5 (12.2)	0 (0)	0.09
2 nd	10	8 (19.5)	2 (22.2)	
3 rd	4	3 (7.3)	1 (11.1)	
4 th	5	2 (4.9)	3 (33.3)	
5 th	26	23 (56.1)	3 (33.3)	
Private insurance, n (%)				
Yes	37	28 (53.9)	9 (64.3)	0.48
No	29	24 (46.2)	5 (35.7)	
Education, n (%)				
<High school	0	0 (0)	0 (0)	0.43
High school	9	8 (15.4)	1 (7.1)	
>High school	57	44 (84.6)	13 (92.9)	
Employment status, n (%)				
No	2	2 (3.9)	0 (0)	0.22
Yes	34	24 (46.2)	10 (71.4)	
Retired	30	26 (50.0)	4 (28.6)	

Table 1: Baseline patients' characteristics.

Subscales	N = 66	Decisional Conflict Scores		p-value*
		<25 n = 52	≥25 n = 14	
Informed, median (IQR)	8.3 (0-25.0)	8.3 (0-16.7)	25.0 (16.7-25.0)	<0.001*
Values clarity, median (IQR)	16.7 (0-25.0)	16.7 (0-25.0)	25.0 (25.0-41.7)	0.0002*
Support, median (IQR)	0 (0-16.7)	0 (0-8.3)	29.2 (25.0-33.3)	<0.001*
Uncertainty, median (IQR)	0 (0-25.0)	0 (0-8.3)	41.7 (25.0-50.0)	<0.001*
Effective decision, median (IQR)	0 (0-25.0)	0 (0-12.5)	28.1 (25.0-43.8)	<0.001*

Table 2: Subscale scores per level of decisional conflict.

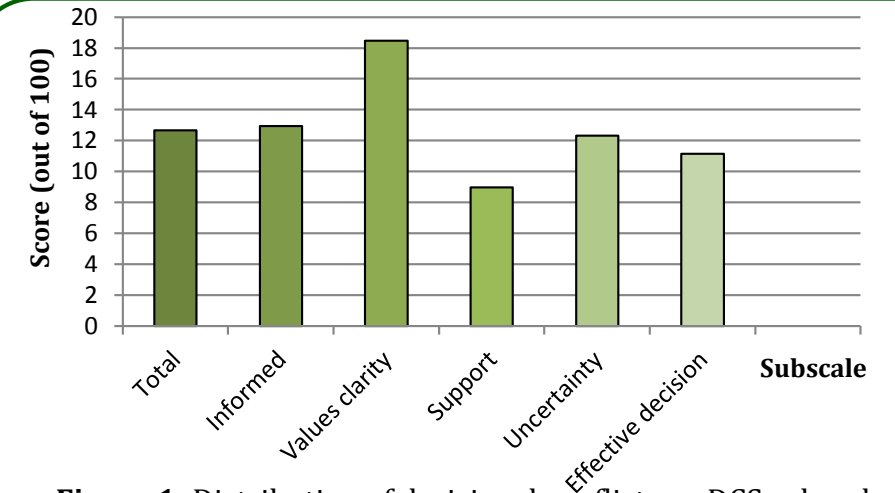


Figure 1: Distribution of decisional conflict per DCS subscale.

Conclusions

- Our study demonstrates that **almost 1 in 4** Dupuytren's patients making treatment decisions experience high levels of decisional conflict.
- How clear patients are about their **personal values in regards to the importance of risks and benefits** was the aspect of decision making associated with the most uncertainty.
- Future data analysis will explore possible predictors of higher levels decisional conflict.

References

- Kan, H. J. *et al.* Patients' Preferences for Treatment for Dupuytren's Disease: A Discrete Choice Experiment. *Plast. Reconstr. Surg.* **137**, 165–173 (2016).
- O'Connor, A. M. Validation of a decisional conflict scale. *Med. Decis. Mak. Int. J. Soc. Med. Decis. Mak.* **15**, 25–30 (1995).