

Shared decision making and patient educational resources in anaemia of chronic kidney disease

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Abstract

Background: Shared decision making (SDM) could enhance the quality of treatment decisions and adherence for patients with chronic diseases. We evaluated treatment-related SDM in patients with anaemia of chronic kidney disease (CKD) and their physicians.

Methods: Physicians used retrospective data to capture the clinical characteristics of adult patients with anaemia of CKD. Both physicians and patients completed a questionnaire about SDM and the availability of patient educational resources. Physicians were practicing nephrologists in Egypt, Saudi Arabia, South Africa, or Türkiye with ≥ 1 year of experience. Patients had been diagnosed with stage 3–5 CKD (2018–2020), and had haemoglobin levels < 13 g/dL (males) or < 12 g/dL (females), and ferritin levels ≤ 500 ng/mL at diagnosis.

Results: A total of 217 physicians and 766 patients were surveyed. Most physicians (71.4%) and patients (79.0%) reported that treatment options were discussed together, and the physician made the final decision. A smaller proportion of patients (12.7%) reported that the physician made treatment decisions with no discussion, and 13.8% of physicians reported no/minimal discussion about treatment decisions with their patients. The greatest barriers for physicians in discussing disease management with patients were paucity of educational resources (55.3%), infrequent consultations (49.3%), and lack of time during consultations (37.8%). Both physicians (65.4%) and patients (52.1%) preferred information leaflets to other sources of patient education. Preferences for particular educational resources largely aligned with those available, but there was a notable lack of disease-specific patient advocacy groups and medical websites. Over 20% of patients reported never receiving educational resources.

Conclusions: Most patients with anaemia of CKD and their physicians discussed treatment options together, and physicians made the final treatment decisions. Communication during consultations could be improved by developing educational resources that meet the needs of both physicians and patients.