

PEARLS

Practical Evidence About Real Life Situations



Personalised risk communication may have a small effect on increasing uptake of screening tests

PEARLS No. 37, November 2007, written by Brian R McAvoy

Clinical question: Does personalised risk communication increase consumers' uptake of screening tests?

Bottom line: Personalised risk information may lead to a small increase in the rate of participation in screening tests such as mammography, but there is not enough evidence to show whether people, given personalised risk information, are making more informed decisions.

Caveat: Providing risk information in ways that better inform people may sometimes lead to lower participation rates in screening, eg, PSA testing in men (these studies largely involved white American men attending single clinics).¹

Context: People considering participation in screening may receive information about the general risk of having the disease or condition, or information that is tailored to their personal risk status (personalised risk information). Personalised risk information involves calculating an individual's risk factors using formulae derived from epidemiological data, and presented as an absolute or relative risk score, or categorising them into high, medium or low risk groups.

Cochrane Systematic Review: Edwards AGK et al. Personalised risk communication for informed decision making about taking screening tests. Cochrane Reviews, 2006, Issue 4. Article No. CD001865. DOI:10.1002/14651858. CD001865. pub2.

Note: This review contains 22 studies with sizes ranging from 200 to 3152 participants.



Stimulating the involvement of older patients in their primary care may enhance their health

PEARLS No. 39, February 2008, written by Brian R McAvoy

Clinical question: How effective are interventions in primary medical care that improve the involvement of older patients (>65 years) in their healthcare?

Bottom line: Interventions of a pre-visit booklet and a pre-visit session (either combined or a pre-visit session alone) lead to more questioning behaviour by older people and more self-reported active behaviour than seen in controls.

Caveat: Only 3 trials were evaluated, and there was no long term follow-up to see if effects were sustained. No studies measured outcomes relating to the use of healthcare, health status and wellbeing, or health behaviour. As the evidence was limited, the authors could not recommend the use of the reviewed intervention in routine primary care.

Context: Many patients believe they should be more involved in the delivery of their medical care. Empirical studies suggest patients of average age who are encouraged to participate more actively in treatment decisions have more favourable outcomes, in terms of both physiological and functional status, than those who do not.

Cochrane Systematic Review: Wetzels R et al. Interventions for improving older patients' involvement in primary care episodes. Cochrane Database of Systematic Reviews 2007, Issue 1. Article No. CD004273. DOI:10.1002/14651858. CD004273. pub2.

Note: This review contains 3 trials with a total of 433 participants.

Further Reference

¹ Barry MJ. Ann Intern Med 2002;136: 127–35.

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PEARLS

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