Reviewer's report

Title: A Decision Aid for COPD patients considering inhaled steroid therapy: development and pilot testing

Version: 1 Date: 28 March 2007

Reviewer: France Legare

Reviewer's report:

General

BRIEF SUMMARY OF STUDY AS UNDERSTOOD BY THIS REVIEWER

Main objective: To develop and pilot test a decision aid for COPD patients considering inhaled steroid therapy.

Design: A before-and-after study.

Context: Buffalo VA Medical Center.

Participants: 8 COPD patients (mean age = 69±7.2).

Data collection and data source: Self-administered questionnaire.

Intervention: Computer-based decision aid for COPD patients considering inhaled steroid therapy.

Main results: On 10 of the 13 items included in the evaluation questionnaire, there was a statistically significant difference between the participants' response and the mean response of 3 (neutral value). Also, participants had improved knowledge (4.3 ± 1.6 versus 6.8 ± 0.9; p=0.008) and lower decisional conflict (2.4 ± 0.7 versus 1.5 ± 0.4; p=0.008).

Conclusions: Participants evaluated favourably the computer-based decision aid for COPD considering inhaled steroid therapy. Also, after using this decision aid, they had improved knowledge and lower decisional conflict.

The subject of this study is of interest to the research community involved with the development of decision support interventions and most specifically to those interested in chronic management diseases. Overall, the paper has a clear and logical structure. It provides sufficient details about the decision aid itself. Indeed, it was much appreciated that the authors made the computer-based decision aid available on-line for the reviewers to experience. However, I have one main concern regarding the study under review as well as few questions for its authors.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

What is the nature of the study under review?

The nature of the study under review is not clear. In the discussion section, the authors refer to the strengths and limitations of the decision aid that was developed and not to those of the study itself. Also, the authors could have presented a better rationale for using the Ottawa Decision Support Framework and provided more details about its main features. Then, the methods used by the authors could have been different. They could have used a qualitative approach to assess the decisional needs of the target audience based on this framework. The authors could have also reviewed the literature on the sources of difficulties experienced by COPD patients when facing decisions about inhaled steroid therapy. Then, either the decisional needs assessment with the target audience or a relevant literature review could have identified sources of difficulties that could have been taken into account in the decision aid. This would have been a study in itself. (for example, see Stacey D, DeGrasse C, Johnston L. Addressing the support needs of women at high risk for breast cancer: evidence-based care by advanced practice nurses. Oncol Nurs Forum. 2002 Jul;29:E77-84.) My understanding was that in the present study, the researchers used the existing structure of an existing generic decision aid produced with the Ottawa Decision Support Framework but did not fully operationalize the framework itself.

In summary, the nature of the study under review needs to be better circumscribed. I have proposed a brief summary as I understood it: a before-and-after pilot-testing of the decision aid with 8 subjects.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author
1- I feel that in Table 2, there is a danger of multiple comparisons and believe that the p value for statistical signification should have been set more conservatively for each one of the 13 items of the evaluation questionnaire. I would advise the editor to seek statistical advice.

2- The authors said they interviewed 7 COPD patients to get feedback on the decision aid. Was the interview audiotaped? Is there a possibility to expand the methods section as well as the results section with this group of participants?

3- The authors used the term “Decision making models” for what I understand was the “Preferred role in decision making”. They also refer to a set of four models but in the decision aid, only three were made explicit. Where is the fourth model in the decision aid?

4- The authors have to be congratulated for tackling a decision about using inhaled steroid therapy in the context of COPD. However, their discussion needs to be enriched. For example, it took about 32 minutes to complete the decision aid and 75% of the 8 COPD patients needed assistance. Given the fact that many other decisions need to be made by the COPD patients, do the authors plan to produce more decision aids?

5- The authors referred to the IPDAS criteria. Can they be more specific? Can they indicate how many of the quality criteria from the IPDAS Collaboration are met in their decision aid?

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I have trained with the author of the Ottawa Decision Support Framework, Dr Anette O'Connor and therefore, used this framework in some of my studies. However, I have no financial competing interests.