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1: BJU Int. 2004 May;93(7):965-9.

Preferences for sexual information resources in patients treated for early-stage prostate cancer with either radical prostatectomy or brachytherapy.

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OBJECTIVE: To identify the preferences for sexual information resources of patients before and after definitive treatment for early-stage prostate cancer with either radical prostatectomy (RP) or brachytherapy. **PATIENTS AND METHODS:** Two hundred patients (mean age 64 years) treated with either RP or brachytherapy were recruited from radiation oncology (100) and urology (100) outpatient clinics. Patients completed a survey questionnaire to identify the types of information used, preferred sources of information, knowledge of treatments for erectile dysfunction (ED), effect of sexual function on the treatment decision, and the International Index of Erectile Function (IIEF) to assess their current level of sexual function. **RESULTS:** Urologists were identified as the main source of sexual information. Written information, Internet access and videos were identified as preferred sources of information before and after treatment. The effects of treatment on sexual function had no apparent significant influence on the men's definitive treatment choice. Compared with patients in the brachytherapy group, patients in the RP group reported having significantly higher levels of sexual desire ($P < 0.001$) after treatment, but otherwise the erectile domains of the groups were remarkably similar. Two-thirds of patients wanted more information on the effects of treatment on sexual function, and on available treatments for ED. **CONCLUSIONS:** These results support the need for physicians to offer patients access to information on the effect of treatment for early-stage prostate cancer on erectile function before and after treatment.

PMID: 15142144 [PubMed - indexed for MEDLINE]

2: BMJ. 2004 May 15;328(7449):1177-8.

International online discussion lists on chronic myelogenous leukaemia.
Ramos JD, Rai-Chaudhuri A, Neill RW.

Cancer Resources and Advocacy, 7303 23rd Avenue NE, Seattle, WA 98115, USA.

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PMID: 15142925 [PubMed - indexed for MEDLINE]

3: BMJ. 2004 May 15;328(7449):1188-90.

Learning from e-patients at Massachusetts General Hospital.
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PMID: 15142930 [PubMed - indexed for MEDLINE]

4: Geriatrics. 2004 May;59(5):26-31; quiz 32.

The psychosocial aspects of diabetes care. Using collaborative care to manage older adults with diabetes.

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Diabetes is a chronic disease that requires managing medications, adhering to dietary requirements, and engaging in age- and abilities appropriate physical activity. This article addresses the need for a collaborative care management approach that emphasizes a partnership between older adults and health care professionals. Such an approach recognizes that patients are the experts about their lives and primary care providers are experts about diabetes. A collaborative care management approach can help primary care providers assist older adults to address psychosocial concerns, cognitive functioning, and depression. We conclude this article with a brief discussion regarding a transdisciplinary approach that takes the collaborative care management approach one step further.

PMID: 15152733 [PubMed - indexed for MEDLINE]

5: Heart. 2004 Jun;90 Suppl 4:iv36-8; discussion iv39-40.

Helping patients to improve self management of diabetes.
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Research suggests that people with diabetes are poorly compliant with dietary and exercise recommendations, and that primary non-compliance with medication is common. Local research has shown that patients' beliefs about diabetes suggest little understanding of the seriousness of the disease in terms of increased mortality. Portsmouth Primary Care Trust, in collaboration with Portsmouth Hospitals NHS Trust, is developing a range of structured self management programmes to assist in helping people be clearer about how they can make changes that will reduce their risk of diabetes complications and cardiovascular

disease. These programmes are delivered to groups of patients, rather than on a single patient basis.

PMID: 15145912 [PubMed - indexed for MEDLINE]

6: JAMA. 2004 May 19;291(19):2359-66.

Communicating evidence for participatory decision making.

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CONTEXT: Informed patients are more likely to actively participate in their care, make wiser decisions, come to a common understanding with their physicians, and adhere more fully to treatment; however, currently there are no evidence-based guidelines for discussing clinical evidence with patients in the process of making medical decisions. OBJECTIVE: To identify ways to communicate evidence that improve patient understanding, involvement in decisions, and outcomes. DATA SOURCES AND STUDY SELECTION: Systematic review of MEDLINE for the

period 1966-2003 and review of reference lists of retrieved articles to identify original research dealing with communication between clinicians and patients and directly addressing methods of presenting clinical evidence to patients. DATA

EXTRACTION: Two investigators and a research assistant screened 367 abstracts and 2 investigators reviewed 51 full-text articles, yielding 8 potentially relevant articles. DATA SYNTHESIS: Methods for communicating clinical evidence

to patients include nonquantitative general terms, numerical translation of clinical evidence, graphical representations, and decision aids. Focus-group data suggest presenting options and/or equipoise before asking patients about preferred decision-making roles or formats for presenting details. Relative risk

reductions may be misleading; absolute risk is preferred. Order of information presented and time-frame of outcomes can bias patient understanding. Limited evidence supports use of human stick figure graphics or faces for single probabilities and vertical bar graphs for comparative information. Less-educated

and older patients preferred proportions to percentages and did not appreciate confidence intervals. Studies of decision aids rarely addressed patient-physician communication directly. No studies addressed clinical outcomes

of discussions of clinical evidence. CONCLUSIONS: There is a paucity of evidence to guide how physicians can most effectively share clinical evidence with

patients facing decisions; however, basing our recommendations largely on related studies and expert opinion, we describe means of accomplishing 5

communication tasks to address in framing and communicating clinical evidence: understanding the patient's (and family members') experience and expectations;

building partnership; providing evidence, including a balanced discussion of uncertainties; presenting recommendations informed by clinical judgment and patient preferences; and checking for understanding and agreement.

Publication Types:

Review

Review, Academic

PMID: 15150208 [PubMed - indexed for MEDLINE]

7: PHC4 FYI. 2004 May; (25):1-2.

Prescription drug safety.
[No authors listed]

PMID: 15168712 [PubMed - indexed for MEDLINE]

8: Rep Med Guidel Outcomes Res. 2004 Apr 30;15(9):1, 6-7.

Low health literacy is a major problem, reports says.
Levenson D.

Publication Types:
News

PMID: 15146847 [PubMed - indexed for MEDLINE]