



of women prescribed HRT don't fill their prescriptions; of those who do, one-fifth stop taking it within 9 months.

"Having the decision-making up front may result in a

Development of decision aid a team effort

Members of the Hormone Replacement Therapy Decision Aid Group are:

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Dr. **Peter Tugwell**, professor, U of O Faculty; chair, Department of Medicine, Ottawa General Hospital;

Dr. **Tom Elmslie**, associate professor, U of O; director, Clinical Epidemiology Unit, Sisters of Charity Hospital of Ottawa; scientific consultant, CMAJ;

Dr. **George Wells**, associate professor, U of O Faculty of Medicine; associate director, OCHLRI Clinical Epidemiology Unit;

Dr. **Elaine Jolly**, associate professor, U of O; director, Reproductive Endocrinology Clinic, Ottawa General Hospital;

Dr. **Ruth McPherson**, associate professor, U of O and McGill University; director, Lipid Clinic and Lipid Research Laboratory, U of O Heart Institute;

Dr. **Ian Graham**, postdoctoral fellow, OCHLRI Clinical Epidemiology Unit;

Dr. **Helen Bunn**, professor, U of O Faculty of Health Sciences;

Dr. **Gary Hollingworth**, assistant professor, U of O Faculty of Medicine; research coordinator, Family Medicine Centre, Sisters of Charity Hospital;

Dr. **Andreas Laupacis**, professor, U of O Faculty of Medicine; director, OCHLRI Clinical Epidemiology Unit; and

Elizabeth Drake, program coordinator, Ottawa Health Decision Centre, OCHLRI Clinical Epidemiology Unit.

higher initial refusal rate but it also offers a good opportunity to promote other health practices in those who decline the therapy," O'Connor says. "And it may promote better longer-term commitment in the women who choose the therapy. We're evaluating this possibility right now in a study we're doing here in Ottawa."

The team is also using a relatively new method of summarizing clinical trials and a decision-support algorithm the centre has developed.

The new summary method is meta-analysis, the specialty of the editorial review teams within the Cochrane Collaboration. Two collaborators, Drs. Peter Tugwell and George Wells, are also part of the centre team. "Basically, what the Collaboration does is summarize the evidence of clinical studies and translate it for the practitioner and the patient," says O'Connor. It is an added plus that the Collaboration updates the evidence as new trials are completed, so that information in the kit can be altered to reflect the latest evidence.

The value of using pooled information showed clearly when the first kit's estimate for breast-cancer risk didn't shift with either of two conflicting studies published in 1995. The link with the Collaboration also helps the Health Decision Centre keep on top of new studies, like two large-scale trials that will be published soon. "We tell people that [the studies] will provide better quality evidence, so that may modify their decisions based on the new evidence," says O'Connor.

The decision-support algorithm informs the physician and patient about the therapy's risks and benefits, clarifies the importance of these risks and benefits and offers practical strategies to involve patients in decision-making and follow-up.

"The kit reduces uncertainty," says O'Connor. "Patients feel happier with the decision they've reached. They feel more supported and are clearer about what's important to them in the decision, clearer about their values."

The algorithm has been so successful that O'Connor is working with other groups that are developing similar kits, including members of the McMaster Decision Board Group and ICES. She hopes to distribute the HRT kit through physicians' offices and pharmacies in the hope the take-home kit will be loaned to patients. ?