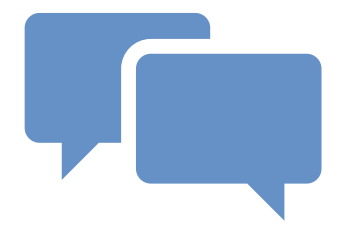




# Shared decision making in inflammatory bowel disease: an observational study combining patient, physician, and observer perspectives

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## BACKGROUND & OBJECTIVE



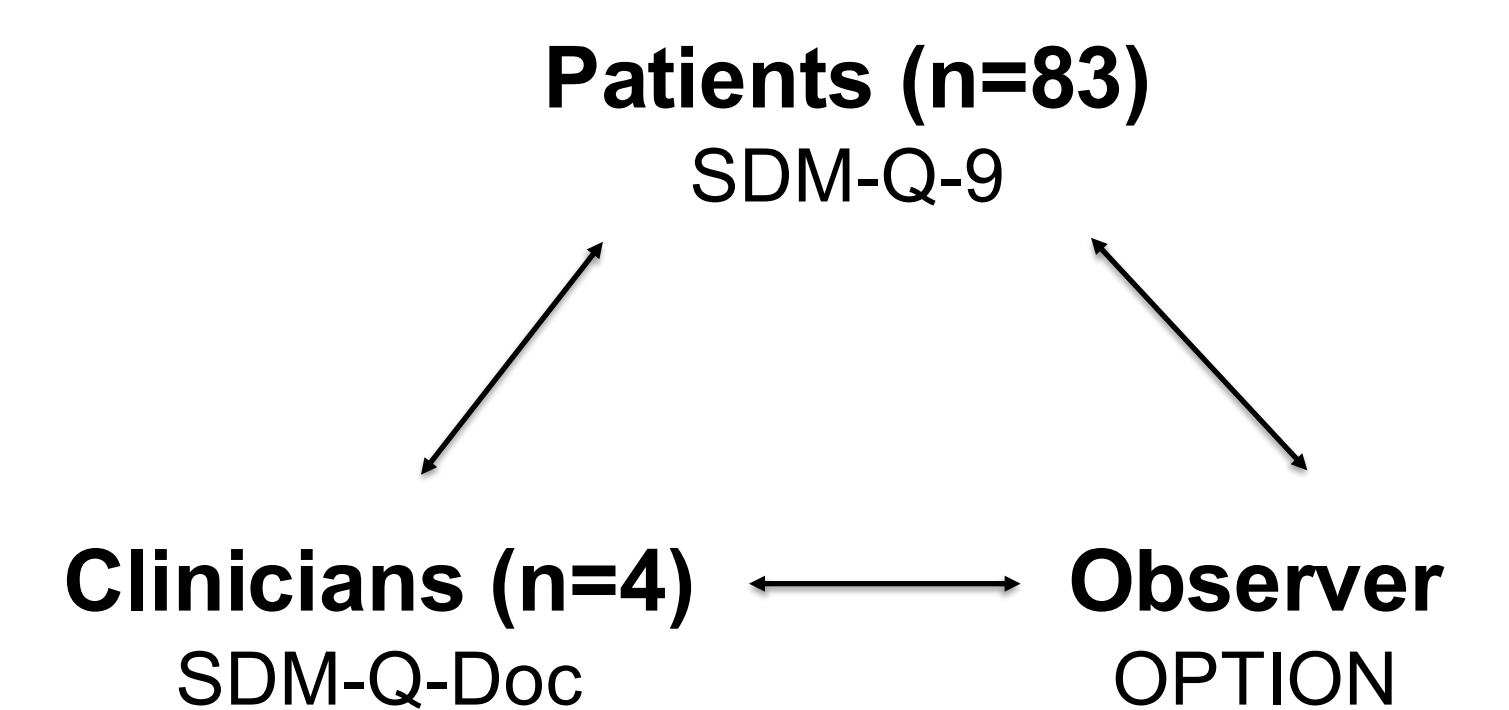
Shared decision making (SDM) is a collaborative process in which patients and clinicians make healthcare decisions together. While SDM is relevant in inflammatory bowel disease (IBD) due to numerous treatment options, data on its implementation in clinical practice remain limited.



**Objective:** To assess perceived and observed levels of SDM during IBD consultations and to examine associations with patient and consultation characteristics.

## METHODS

A prospective **observational study** was conducted at an academic referral center. IBD consultations were observed by an independent researcher, and validated questionnaires from physicians, patients, and observers enabled a **triangulated assessment**.

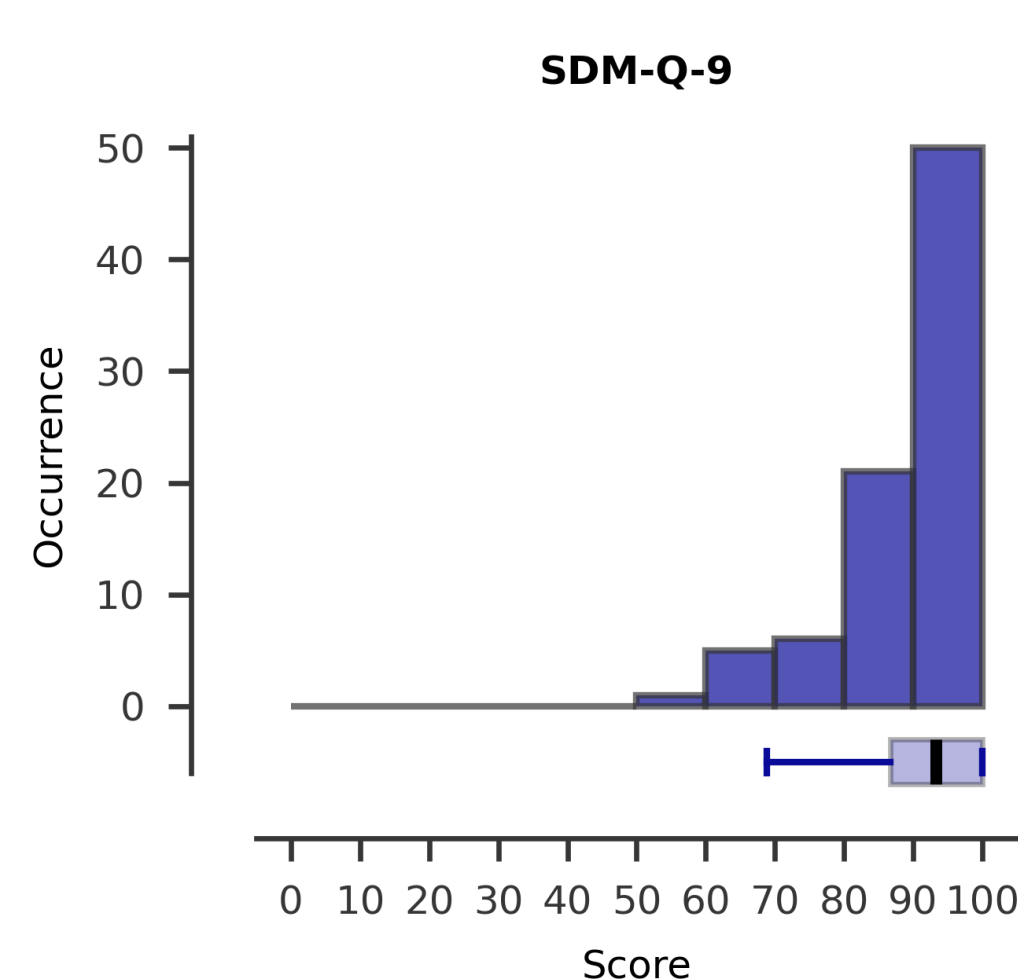


## RESULTS

### Distribution of SDM scores

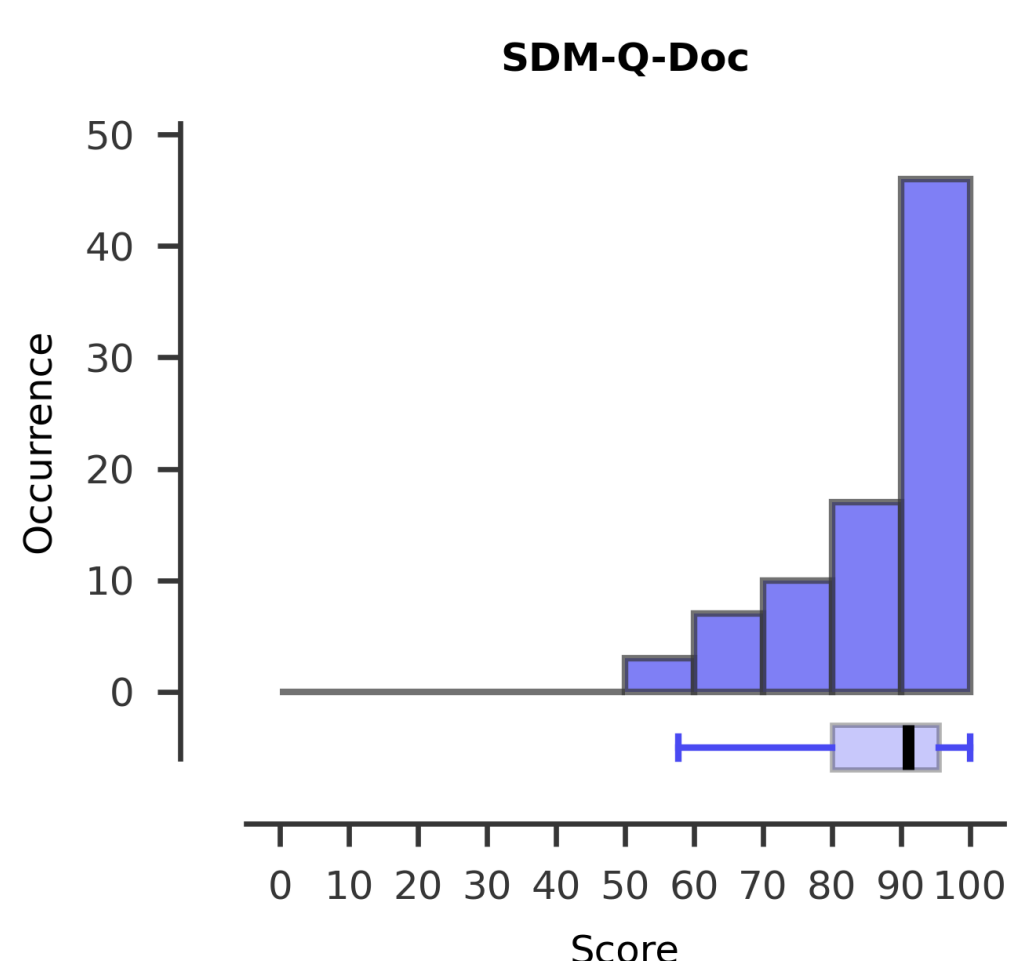
#### Patients – subjective

Mean: 90.7  
SD: 10.5  
Range: 57.8–100



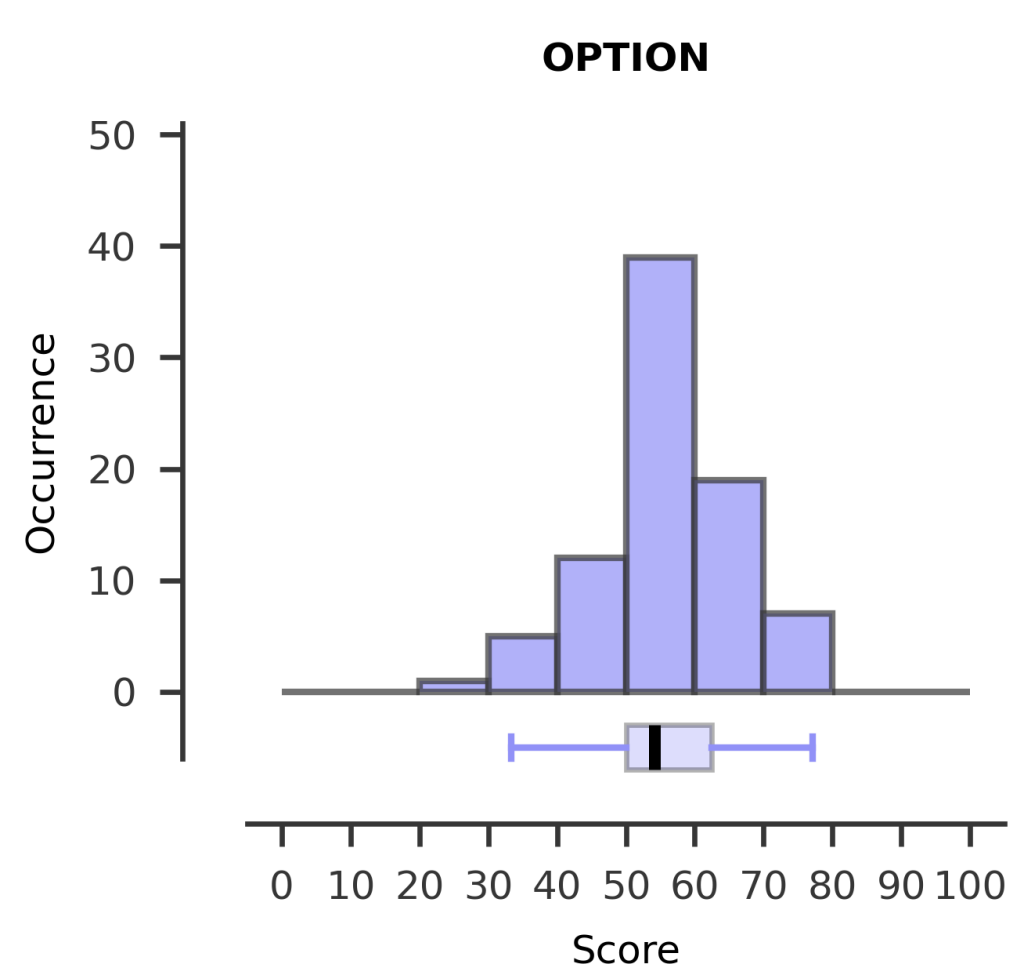
#### Clinicians – subjective

Mean: 86.9  
SD: 11.7  
Range: 55.6–100

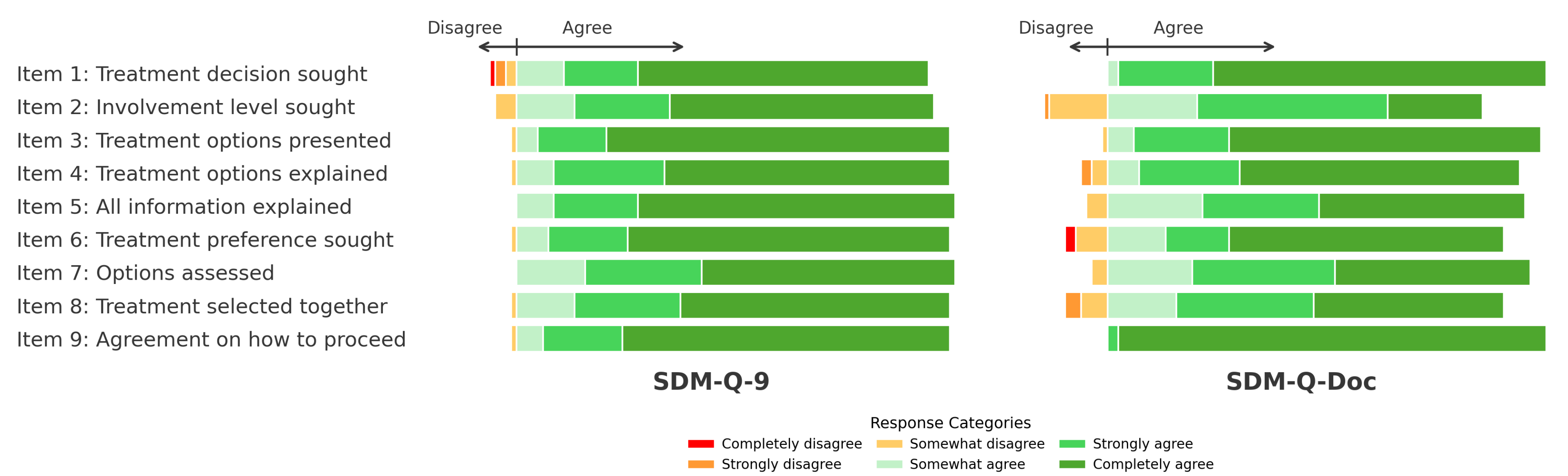


#### Observer – objective

Mean: 55.5  
SD: 10.0  
Range: 27.1–77.1

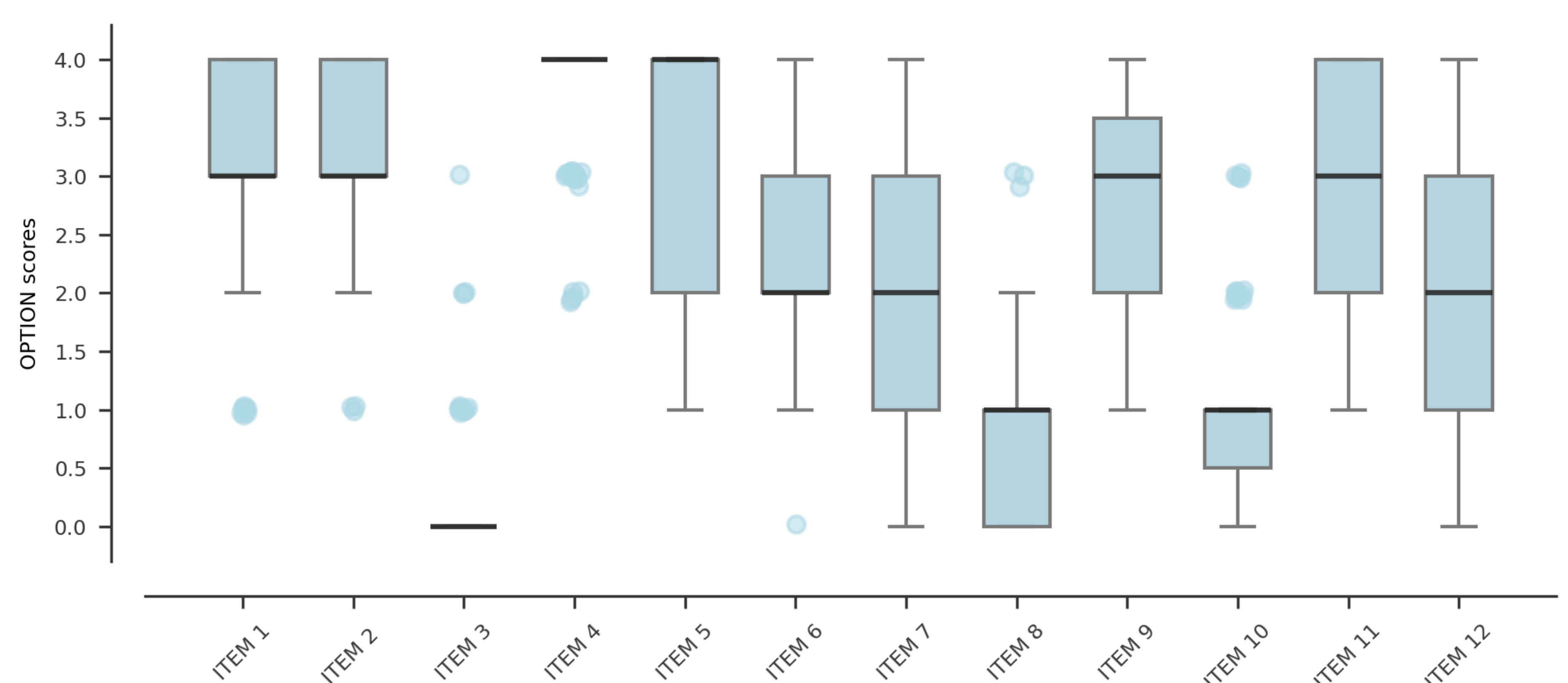


### Comparison of item level scores on the SDM-Q-9 and SDM-Q-Doc (subjective assessment of SDM)

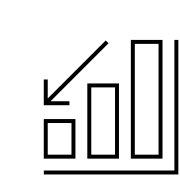


✗ Discrepancies in how specific steps of the SDM process are perceived by patients and clinicians – no correlation between scores

### Distribution of the OPTION scores by item (objective assessment of SDM)

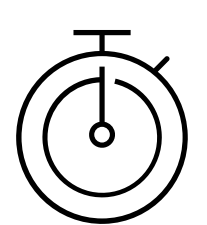


High scores = informational elements: presenting options and explaining their associated benefits/risks (Item 4 and Item 5)



Low scores = collaborative behaviors: confirming understanding and assessing preferred involvement in decision-making (Item 8 and Item 10)

### Association between objective SDM and characteristics



Longer consultations = higher observed SDM ( $p < 0.001$ ,  $\rho = 0.651$ )

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## CONCLUSION

- **Patients and clinicians perceive high levels of SDM** even when some key behaviors are underperformed and objective assessment suggest moderate implementation.
- **Targeted, practice-oriented training with feedback** from observed consultations, alongside **structural strategies** such as ensuring adequate consultation time, is needed to foster consistent, patient-centered decision-making in IBD care.

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