



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

Elise Schoefs^{1*}, Cato Verstraeten^{1*}, Nele Boonen¹, Martina Vandebroek², João Sabino^{3,4}, Bram Verstockt^{3,4}, Marc Ferrante^{3,4}, Séverine Vermeire^{3,4}, Isabelle Huys¹

BACKGROUND & OBJECTIVE



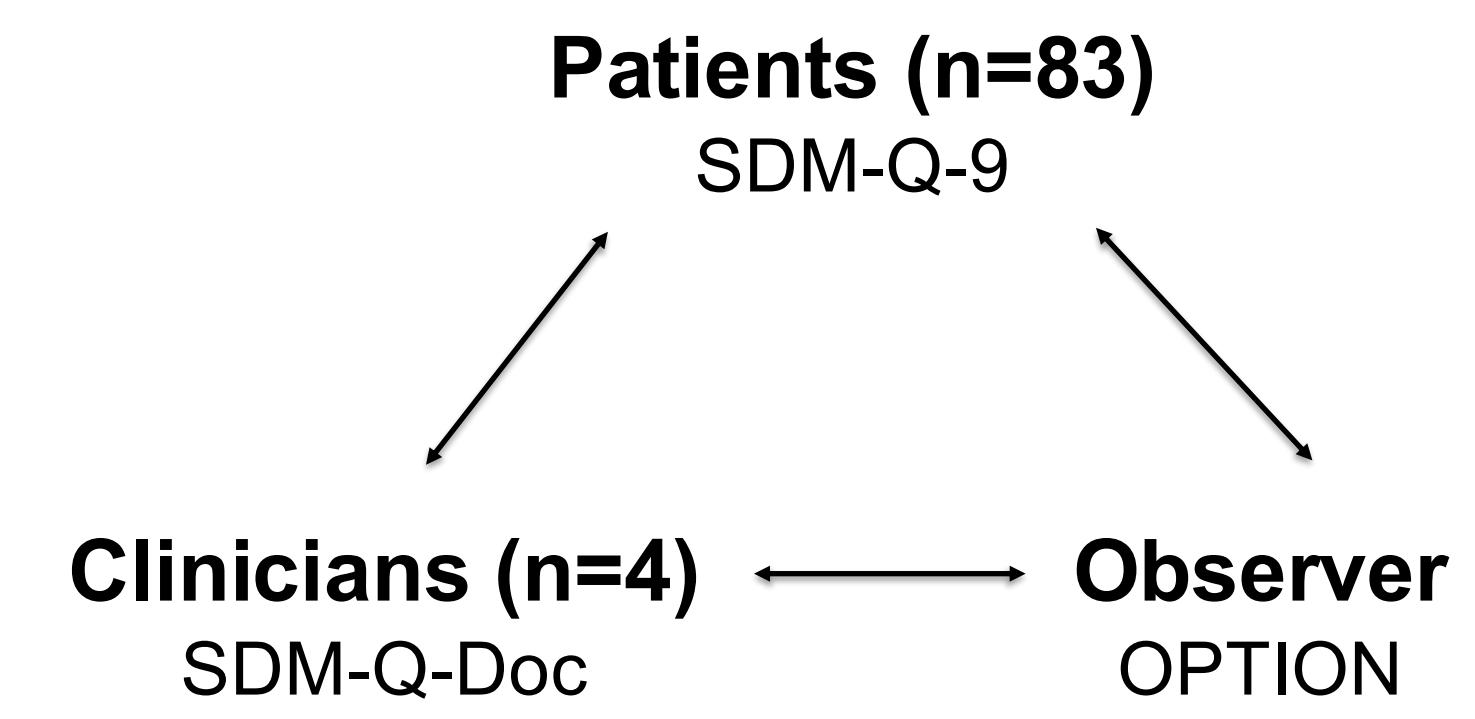
Shared decision making (SDM) is a collaborative process in which patients and clinicians make healthcare decisions together. While SDM is relevant in inflammatory bowel disease (IBD) due to numerous treatment options, data on its implementation in clinical practice remain limited.



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**.

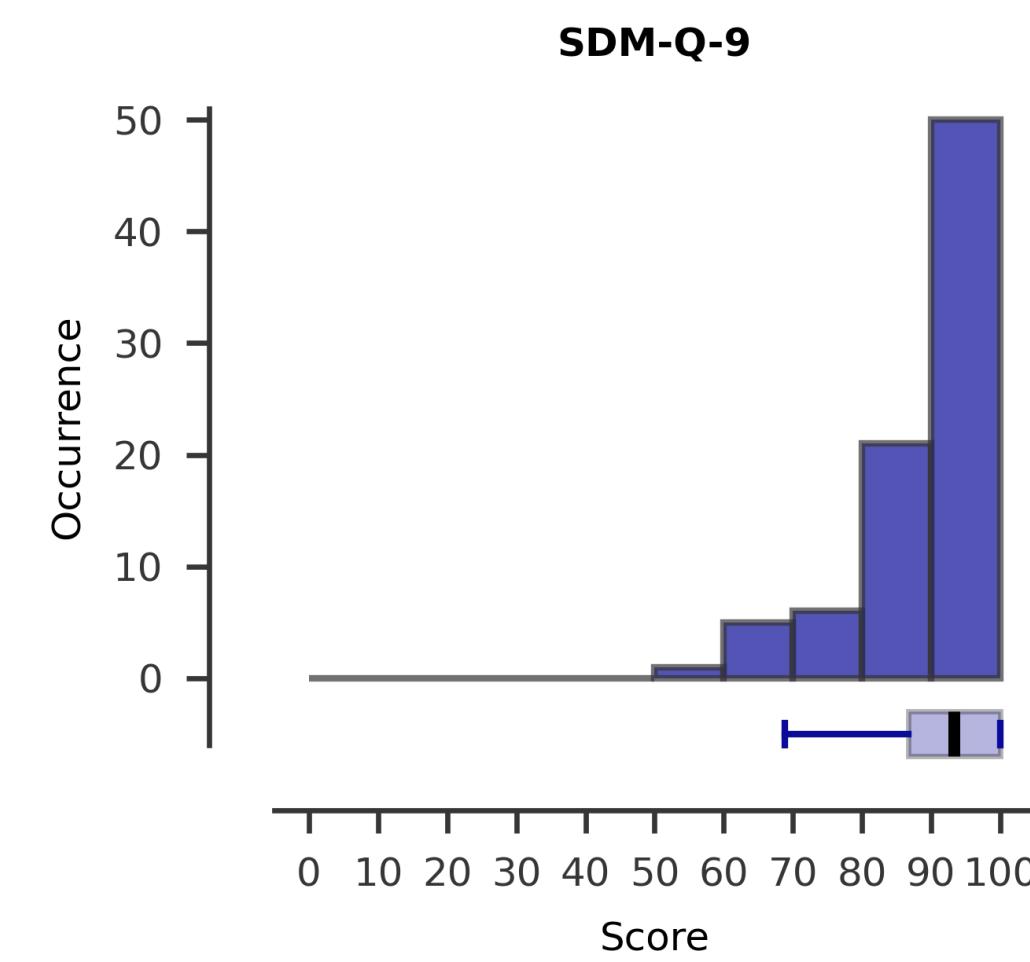


RESULTS

Distribution of SDM scores

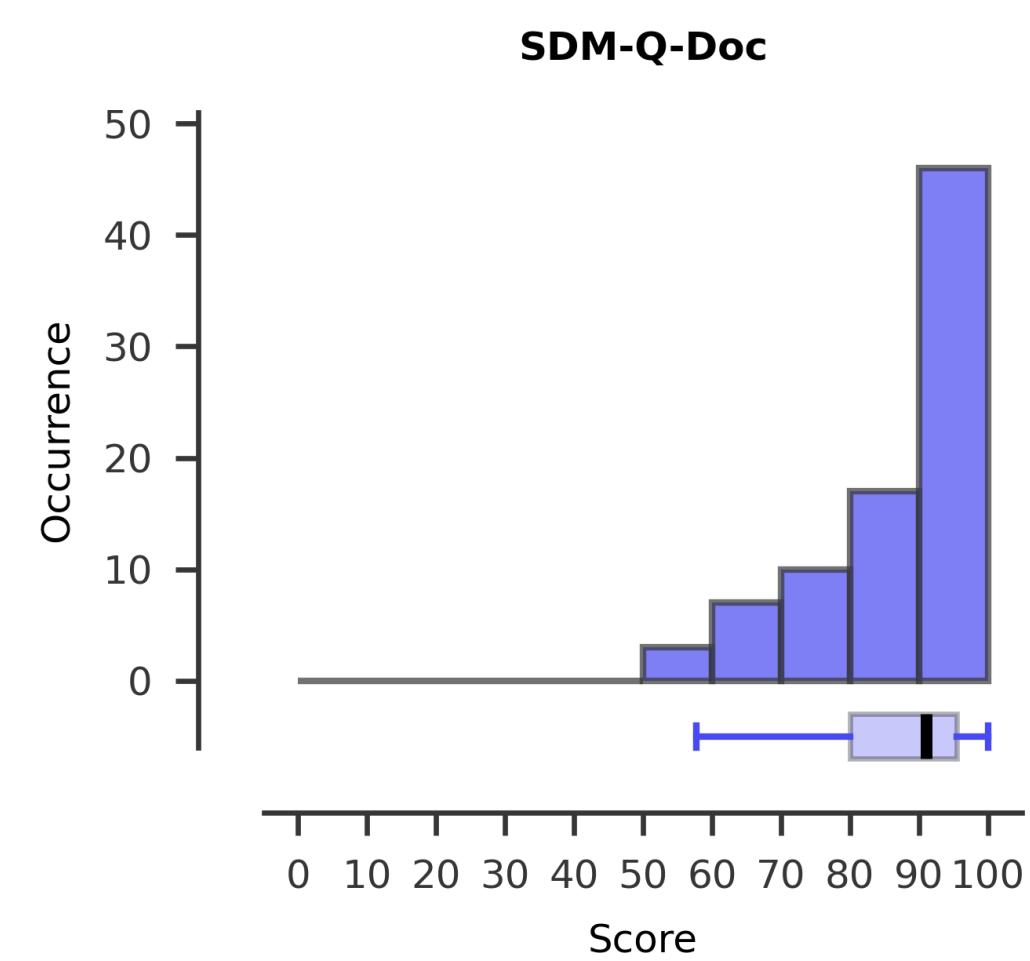
Patients – subjective

Mean: 90.7
SD: 10.5
Range: 57.8–100



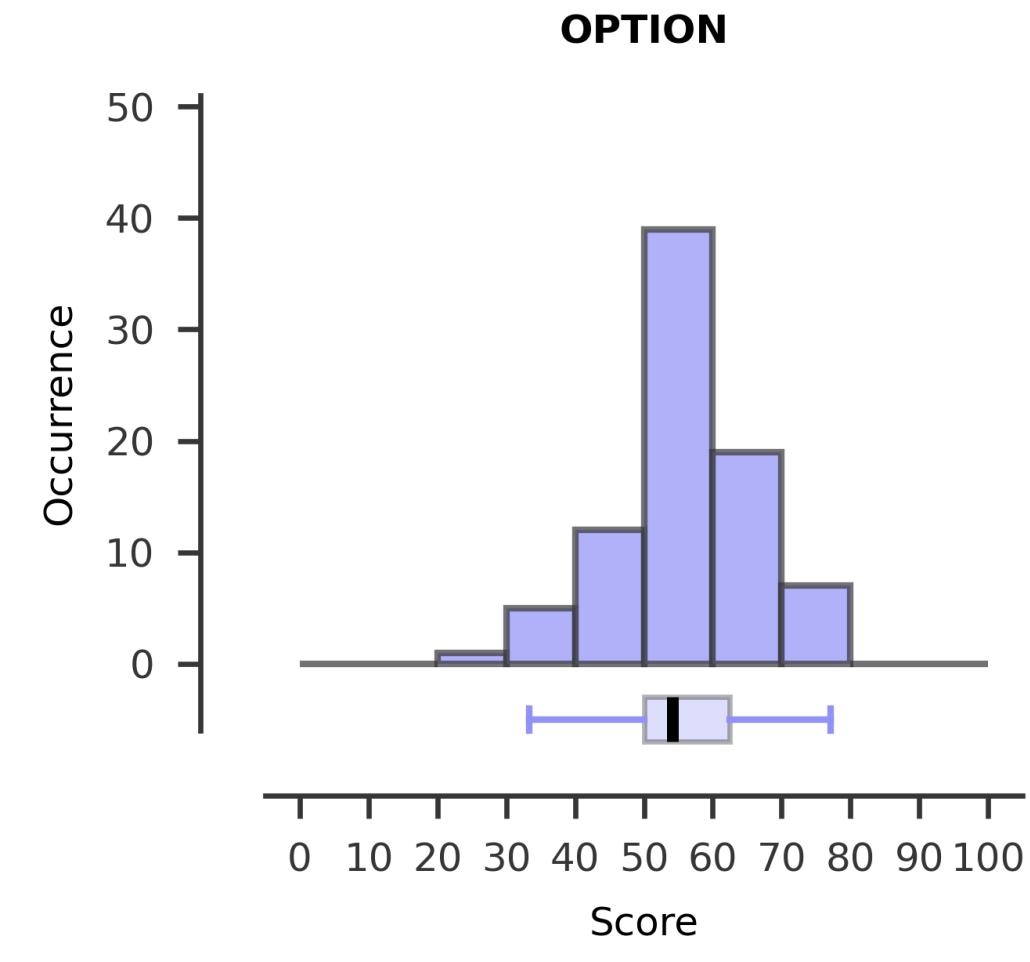
Clinicians – subjective

Mean: 86.9
SD: 11.7
Range: 55.6–100



Observer – objective

Mean: 55.5
SD: 10.0
Range: 27.1–77.1

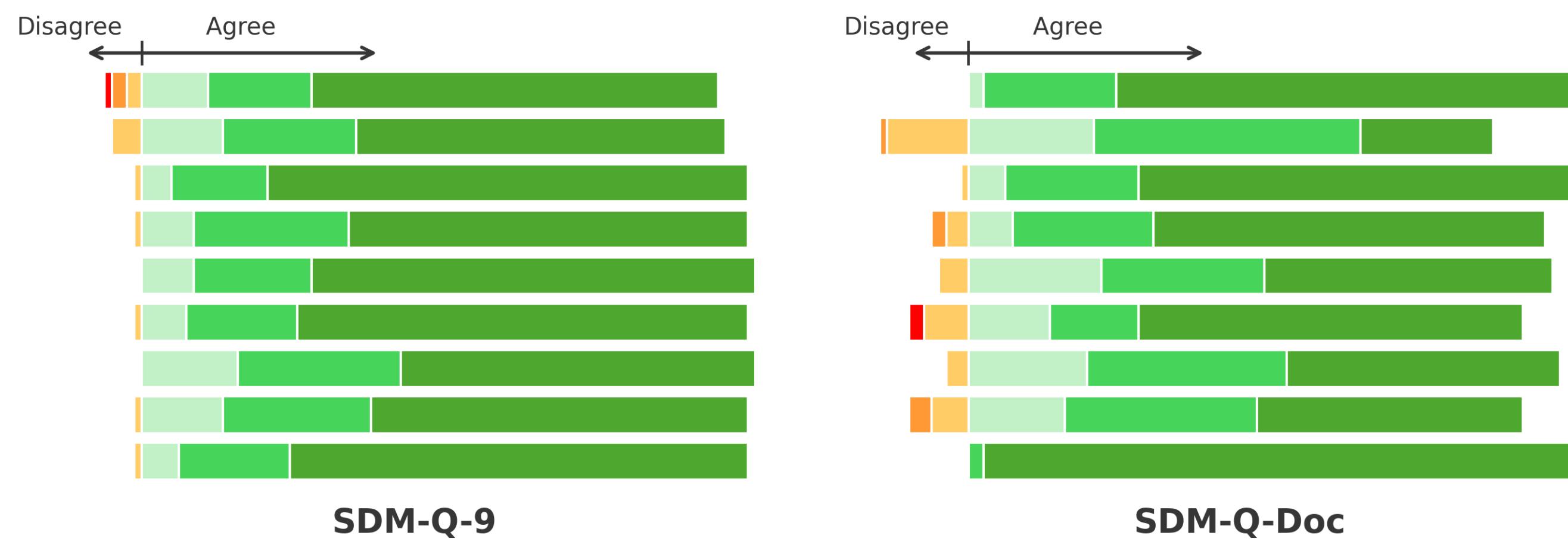


Association between objective SDM and characteristics

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

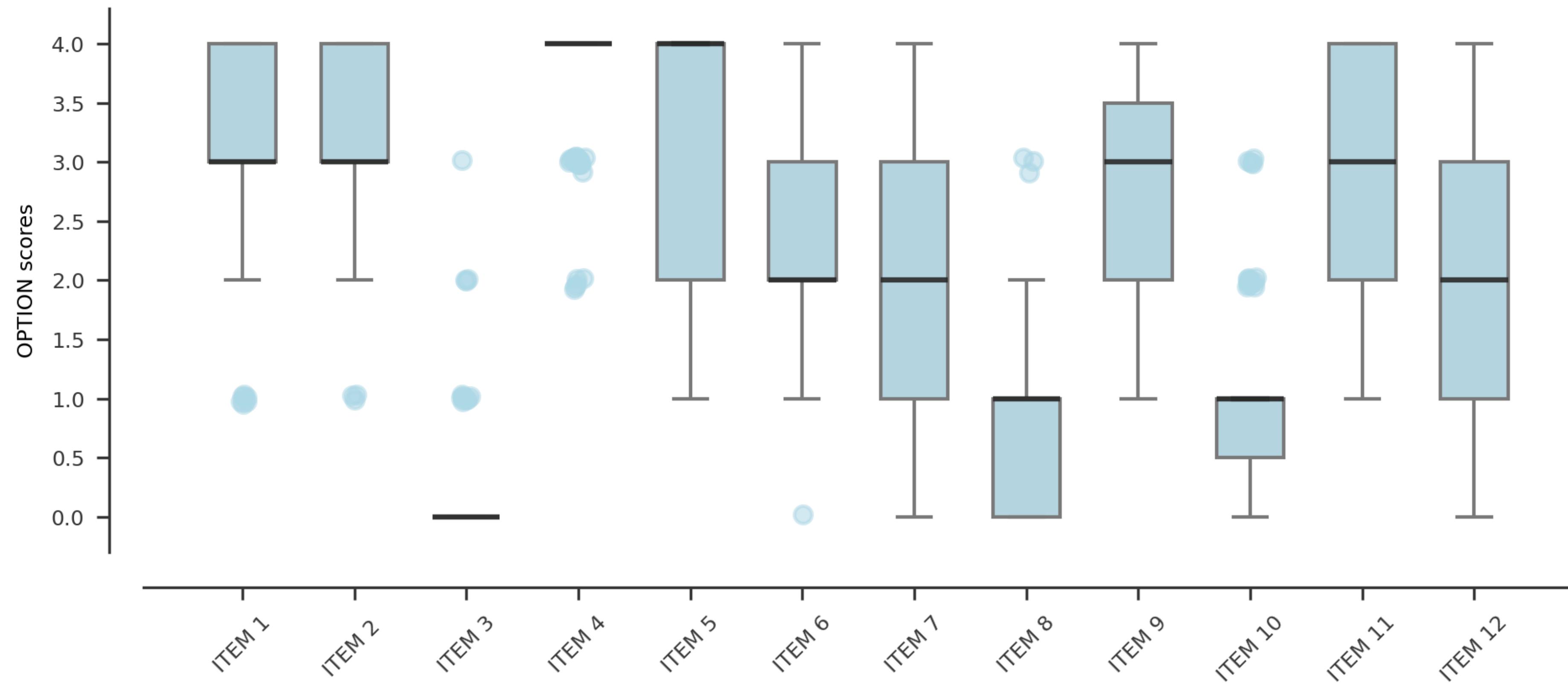
Comparison of item level scores on the SDM-Q-9 and SDM-Q-Doc (subjective assessment of SDM)

Item 1: Treatment decision sought
Item 2: Involvement level sought
Item 3: Treatment options presented
Item 4: Treatment options explained
Item 5: All information explained
Item 6: Treatment preference sought
Item 7: Options assessed
Item 8: Treatment selected together
Item 9: Agreement on how to proceed



✖ 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)

CONTACT INFORMATION

Contact: elise.schoefs@kuleuven.be

Author affiliations – 1. Department of Pharmaceutical and Pharmacological Sciences, KU Leuven, Leuven, Belgium, 2. Faculty of Economics and Business, KU Leuven, Leuven, Belgium, 3. Department of Gastroenterology and Hepatology, University Hospitals Leuven, KU Leuven, Leuven, Belgium, 4. Department of Chronic Diseases and Metabolism, KU Leuven, Leuven, Belgium.

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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