PCR210 **EFFECTIVENESS OF A DECISION AID FOR PARENTS/CAREGIVERS OF CHILDREN NEEDING ENTERAL SUPPORT**

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Introduction

Making the decision to begin nutrition support and choosing an adequate strategy for paediatric patients is challenging.

A specific decision aid (DA) has been previously elaborated, following International Patient Decision Aids Standard recommendations[1], to support parents/caregivers and healthcare professionals in making collaborative home enteral nutrition (HEN) decisions.

Objective

To assess the effectiveness of this DA in reducing parents'/caregivers' decisional conflict and increasing their readiness for decision-making.

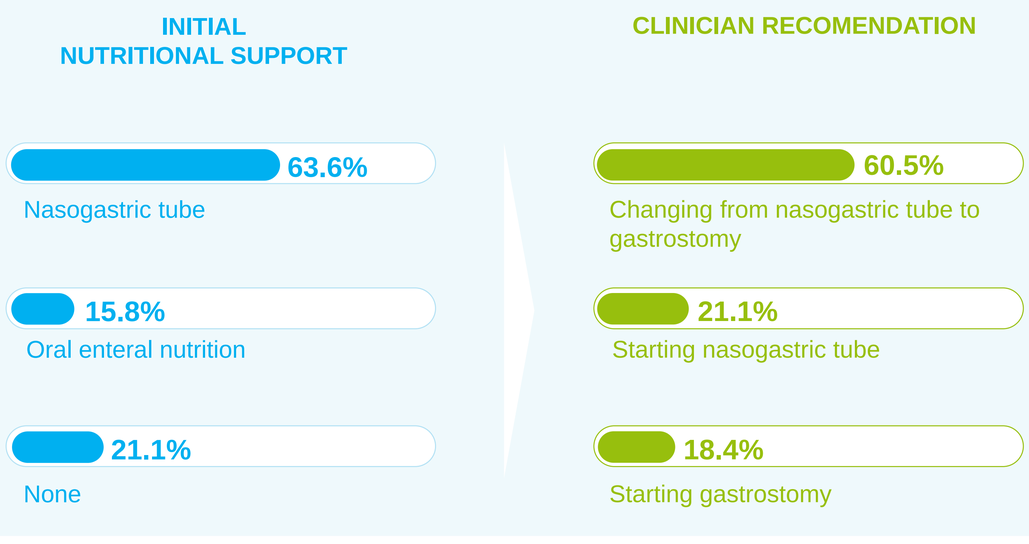
Methods

- A pre-post beta-test study was conducted in eight Spanish hospitals.
- The inclusion criteria for parents/caregivers who participated in the beta-test were: 1) being older than 18 years of age; 2) with children tributary to initiate or change the route of nutrition (HEN by nasogastric tube or gastrostomy); 3) giving informed consent to participate in the study.
- Before and after DA use, parents/caregivers completed the Decisional Conflict Scale (DCS)[2]. DCS assesses the knowledge of options: risks, benefits, and consequences (informed), measures personal perception of uncertainty in choosing options (uncertainty subscale), measures clarification about what matters most for the decision (values clarity), determines decision-making support (support) and provides the perception about the consistency between the choice made and the informed values (effective decision). Scores range from 0 (no decisional conflict) to 100 (extremely high decisional conflict). Paired comparisons were performed between the scores obtained before and after DA use.

Results

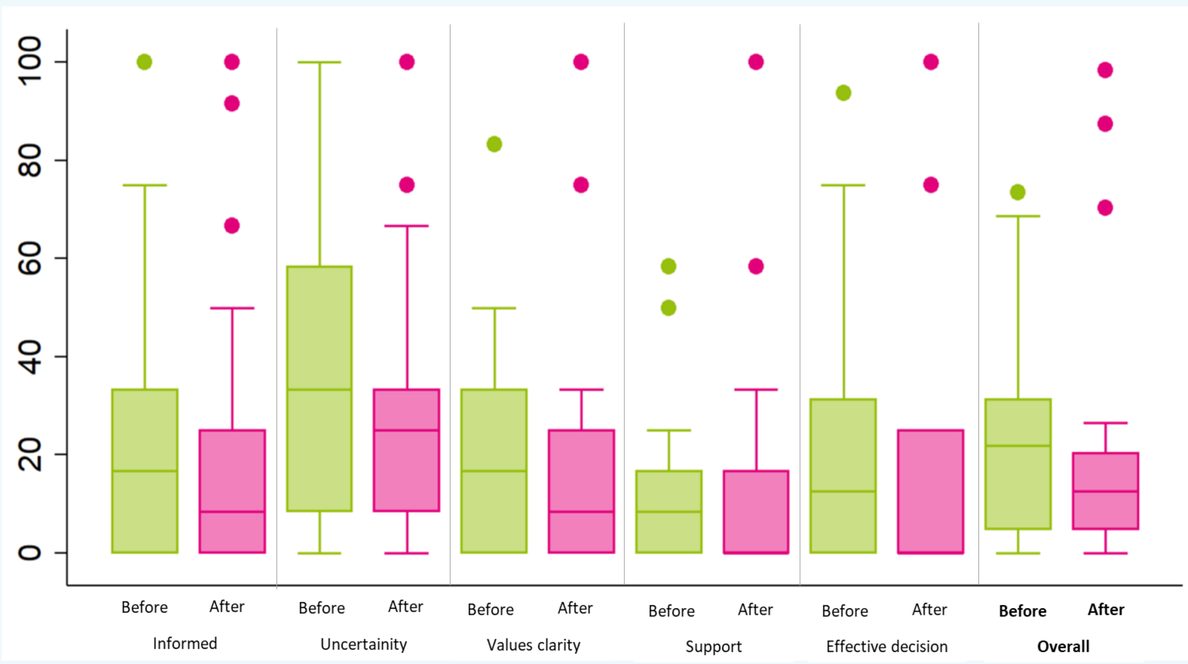
A total of **38 parents/caregivers** [mean age: 37.6 (SD 7.7); 73.0% female] of children [mean age: 3.5 (SD 3.7) years; 52.6% boys] participated in the beta-test. HEN was required due to dysphagia/safety (57.9%), special energy/nutrient requirement (47.4%) and/or severe malnutrition (26.3%). Most patients (63.6%) had HEN by nasogastric tube, while the most recommended switch was to gastrostomy (60.5%) ***Fig 1***.

Figure 1. *HEN preference for patients using nasogastric tube*



Results of beta-testing showed that **PDA use reduced overall scores of DCS** after the use of DA (21.9 vs. 18.2; p=0.470) **in all subscales**: informed (21.7 vs. 18.2; p= 0.602), uncertainty (37.9 vs. 26.8; p= 0.069), values clarity (21.2 vs. 18.9; p= 0.708), support (11.9 vs. 13.9; p= 0.674) and effective decision (18.2 vs. 14.6; p=0.516) ***Fig 2***. However, significant differences were not found.

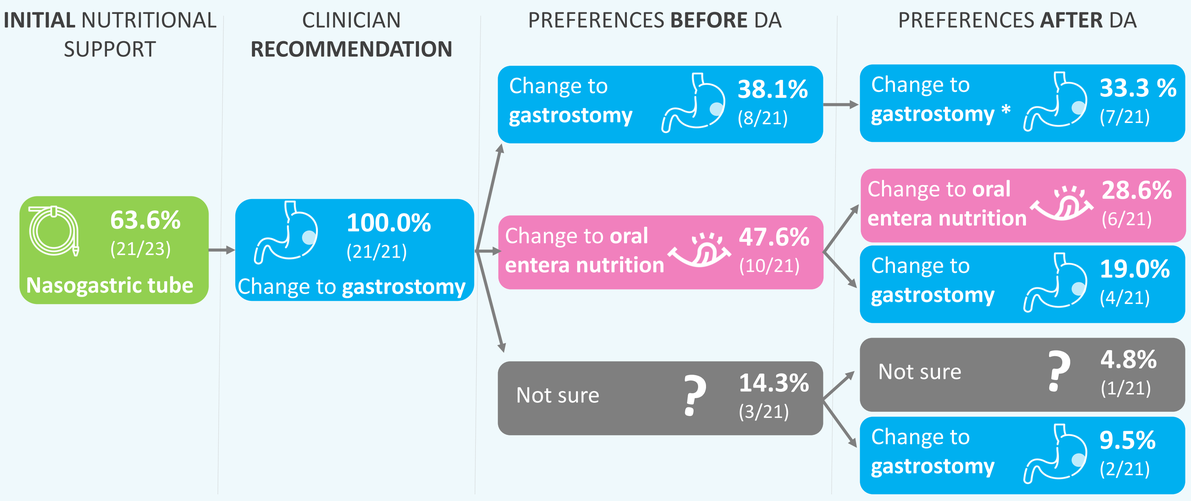
Figure 2. *Summary of the scores obtained for the 5 subscales and the overall score of the DCS*



DCS, Decisional Conflict Scale

Parents/caregivers whose preferences concurred with the clinicians' recommendation was higher after the use of the DA (38.1% vs. 61.9%; *blue rectangle*) when faced with a change from nasogastric tube to another route of administration ***Fig 3***. However, no differences were observed when considering a possible switch from oral enteral nutrition to other administration routes, or when considering the initiation of nutritional support (data not shown).

Figure 3. *HEN preference for patients using nasogastric tube*



*DA, decision aid. HEN, home enteral nutrition; * Missing data*

Conclusions

The DA developed to support HEN decision-making in pediatric patients reduces parents'/caregivers' decisional conflict and increases their preparation for decision-making. Using this DA in routine clinical practice may promote shared-decision and improve the quality of the decision-making process.

References 1. Coulter A, et al. BMC Medical informatics and Decision Making. 2013, 13 Suppl 2: S2; 2. Fiks AG. Curr Probl Pediatr Adolesc Health Care. 2011;41(3):60-88.