

LABELING RISK

Comparing Occurrence vs. Severity-Based Risk Labels in Preference Studies

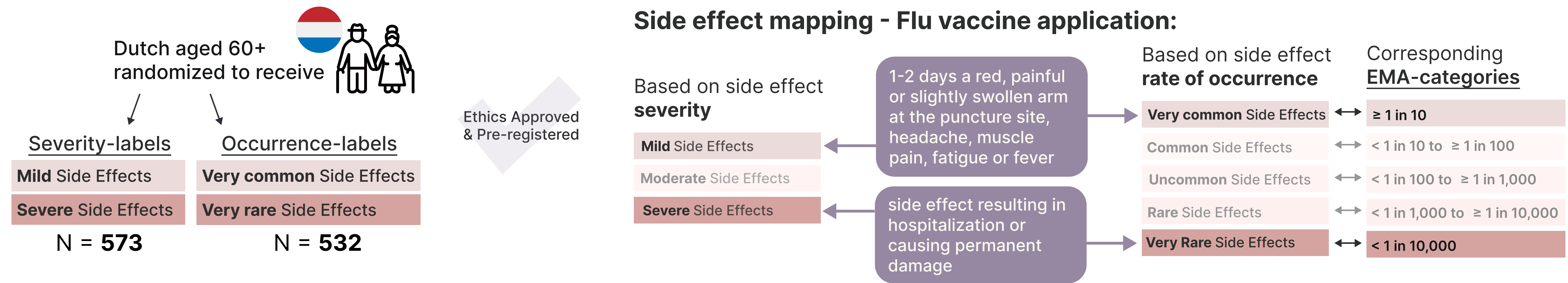
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BACKGROUND

Measuring risk preferences to anticipate uptake & adherence can avoid Trial-and-error implementation & Demand-supply imbalances

Problem: Requires **externally valid side effect representation**, while **DCEs require categorizing side effects** in attributes
→ **How do we best categorize and label multiple side effects in DCEs?**

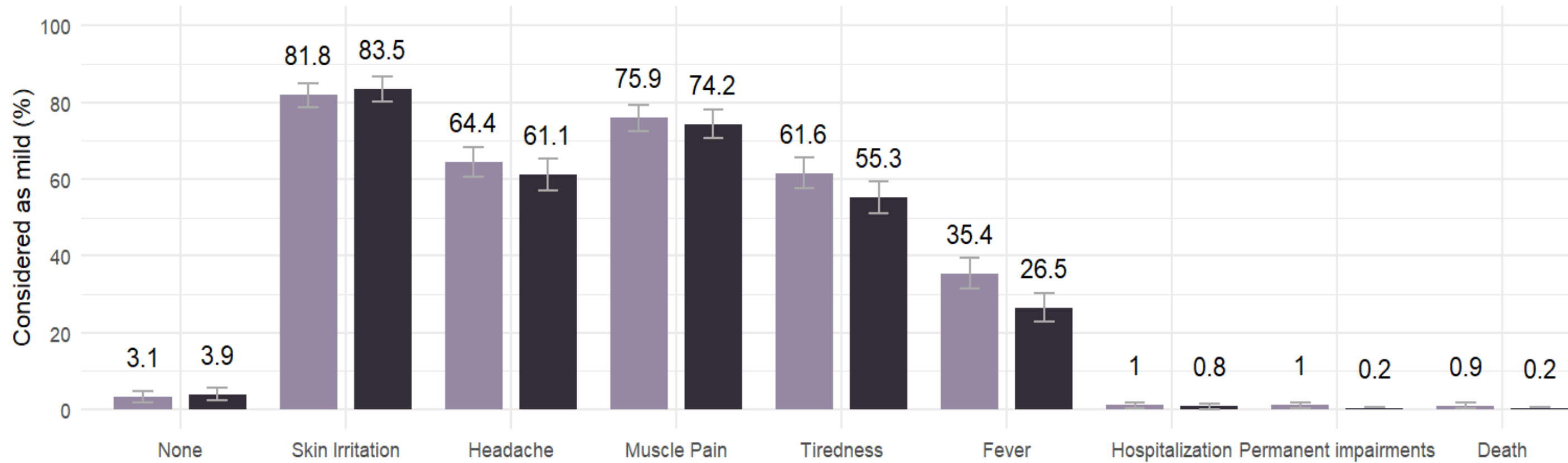
RESEARCH DESIGN



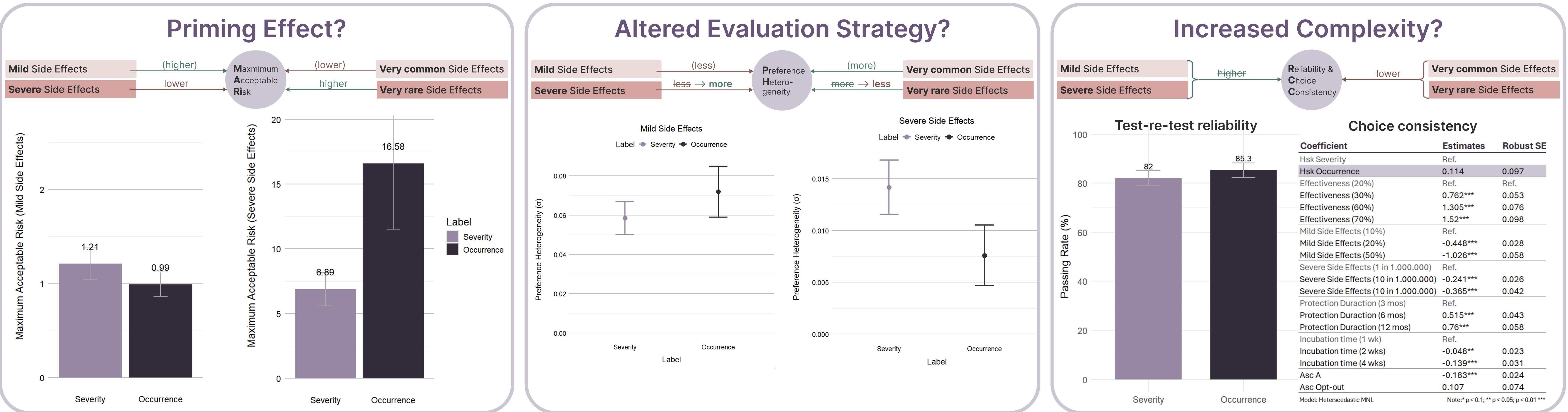
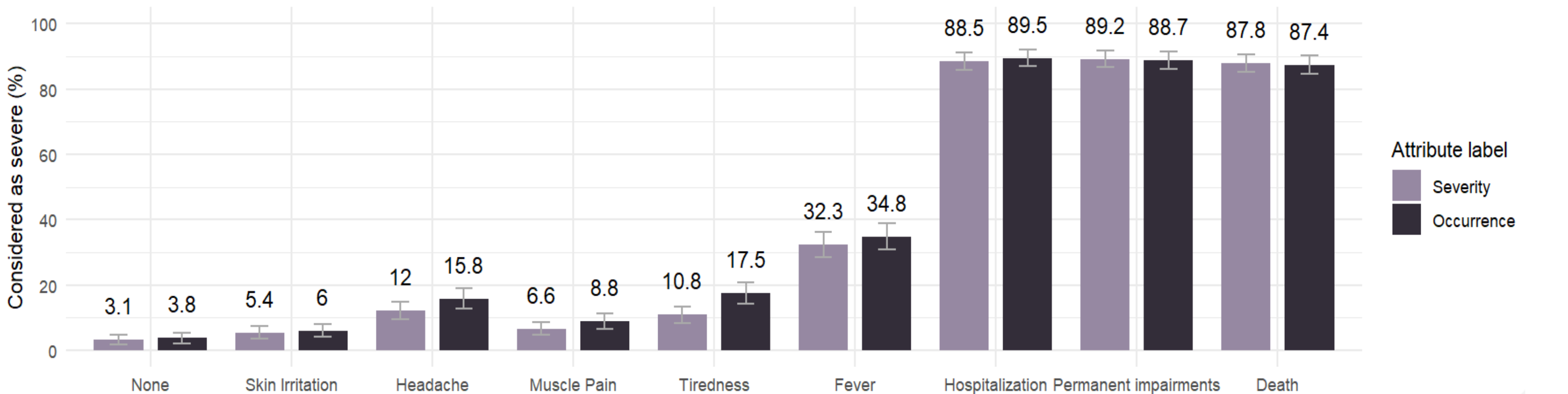
RESULTS

Patients' severity perception

Side effects considered as mild



Side effects considered as severe



DISCUSSION

- CATEGORIZATION:** EMA Occurrence labels are often more in line with 'real-life' risk communication
- LABELING:** Respondents' severity perception may not fully align with researchers' or clinicians'
- BEHAVIORAL IMPLICATIONS:** Only changing the label already alters risk preference estimates - effects may increase when categorization is affected
- APPLICATION:** DCE studies predicting uptake or market shares may prefer using occurrence-based labels