Shared Decision Making in Multiple Sclerosis DMT Treatment Decisions: Creating an Option Grid for RRMS

Brant J. Oliver, PhD, NP, MSN, MPH, MSCN;[1,2] Karen Winn, RN, MSN, DNP(c);[1] Stuart W. Grande, PhD, MPA[3]

[1] School of Nursing, MGH Institute of Health Professions, Boston, MA [2] Multiple Sclerosis Specialty Care Program, Concord Hospital, Concord, NH [3] Dartmouth Center for Healthcare Delivery Science, Dartmouth College, Hanover, NH

Background

No single DMT treatment is the most effective care choice for all patients.

This makes DMT treatment decisions at least partially ***preference-sensitive.***

Decision support is indicated in preference sensitive decisions and can improve decision quality.

Option Grids (OGs) are a form of decision support called *Point of Care Engagement Tools (POCETs).*

Two multiple sclerosis OGs are in development: (1) injectable DMTs and natalizumab; (2) oral DMTs.

FIGURE 1. **Development Method**

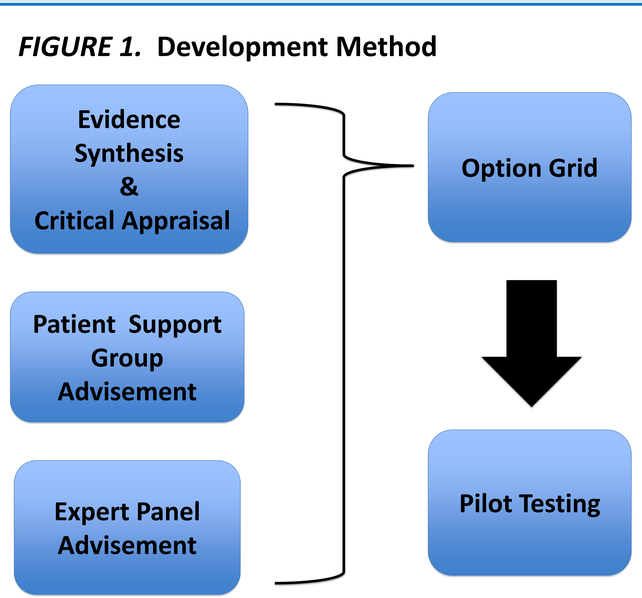

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FIGURE 2. **A DMT Option Grid Prototype (Work in Progress, Pending Expert Panel and Patient Advisory Panel Reviews)**

Frequently Asked Questions (FAQs)	Beta-Interferons (Avonex©, Betaseron©, Rebif©)	Glatiramer Acetate (Copaxone©)	Natalizumab (Tysabri©)
How many people remain relapse free on this medication after 1-2 years of treatment?[1]	Approximately 31 to 44 people out of 100 (31% - 44%) remain relapse free, depending upon the medication.	Approximately 34 people out of 100 (34%) remain relapse free.	Approximately 72 people out of 100 (72%) remain relapse free.
How many people avoid a worsening of their functioning on this medication after 2 years of treatment?[1]	Approximately 77 people out of 100 (77%) do not experience disease progression.	Approximately 78 people out of 100 (78%) do not experience disease progression.	Approximately 83 people out of 100 (83%) do not experience disease progression.
What are the most common side effects?[2]	Common side effects are flu-like symptoms around the time of the injection, which tend to lessen over time. Also injection site reactions can occur.	Injection site reactions are the most common side effect. Some people experience a mild flushing or chest tightness after injection that can last for up to 15 minutes.	Common side effects include headaches and fatigue. There is also an increased risk for infections.
Are there any life-threatening risks associated with this medication?[2]	No	No	A rare but serious risk is the development of PML (Progressive Multifocal Leukoencephalopathy), a viral infection of the brain. The risk increases over time and if you are JCV virus positive.
How is this medication administered?[2]	Avonex© is an intramuscular (IM) injection given once a week. Rebif© is a subcutaneous (SC) injection given three times a week. Betaseron© is a subcutaneous (SC) injection given every other day.	Copaxone© is a subcutaneous injection given every day.	Tysabri© is an intravenous infusion given once a month.
What tests and monitoring are required?	Periodic blood tests	None	Blood tests before starting treatment and periodically,(including JCV antibody tests), MRI scans every 6 months.

[1] Freedman, M.S., Hughes, B., Mikol, D.D., et al. (2008). Efficacy of disease-modifying therapies in relapsing remitting multiple sclerosis: A systematic comparison. *European Neurology, 60*, 1-11.
[2] FDA drug prescription information.

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