contained the 9-item Shared Decision-Making Questionnaire (SDM-Q-9) about satisfaction with decision-making processes, and questions on DES. Data were analyzed with cluster analysis, correlation analysis, multivariate logistic regression, and multivariate linear regression.

RESULTS:

One hundred and seventy-nine patients with coronary heart disease from 15 hospitals in the three regions completed the questionnaire. There were good validity and reliability for SDM-Q-9, with Cronbach's alpha as 0.96 and intra-class correlations 0.59–0.79 (all $P < 0.01$). Among these respondents, 42.1 percent adopted DES, 83.4 percent were supportive of SDM and 61.33 percent thought they had better communication with physicians regarding decision-making. Patients' level of SDM involvement was found to be positively associated with their satisfaction with the decision-making process ($P < 0.001$) and their adoption of DES ($P < 0.05$). Also, satisfaction with shared decision-making regarding treatment was positively associated with adoption of DES ($P < 0.001$).

CONCLUSIONS:

Most of the patients with coronary heart disease preferred SDM, and SDM was found to be an important predictor of patients' satisfaction with decision-making processes and adoption of DES. Better communication between physicians and patients is needed in order to improve patients' satisfaction and promote the appropriate use of DES technology in China.

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OP128 Evaluating The NPS MedicineWise Medicines Information Phone Service

AUTHORS:

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INTRODUCTION:

The NPS MedicineWise pharmacist-delivered phone service, Medicines Line, aims to provide evidence-based medicines information to consumers. We evaluated outcomes of the Medicines Line, including common consumer inquiries and resultant decision-making, and explored consumer motivations for seeking medicines information.

METHODS:

The evaluation involved conducting paper-based and telephone surveys of a sample of 200 Medicines Line callers, and semi-structured telephone interviews of a subset of twenty callers. Quantitative data were analyzed using SPSS software. Qualitative data were analyzed using content analysis.

RESULTS:

Preliminary analysis found that the majority of callers thought the Medicines Line had improved their knowledge (ninety-six percent), confidence (eighty-two percent) and decision-making (eighty-nine percent). The most common reasons for calling the Medicines Line were inquiries about side effects or medicine compatibility. The medicines most commonly asked about were antidepressants (twenty percent), analgesics (thirteen percent) and antibiotics (nine percent). Questions about sertraline accounted for thirty-six percent of antidepressant inquiries. Interview themes regarding motivations for using the service included: trust; efficiency and convenience; specialized drug knowledge; and reporting adverse drug reactions to protect others from medicine-related harm. Medicines Line was perceived to be especially useful as an alternative to family physician or specialist consultations when consumers had a non-urgent inquiry about a medicine, and as a service to provide medicines information in remote communities.

CONCLUSIONS:

These results indicate that pharmacist-delivered medicines information telephone services are an effective and efficient way of handling medicines inquiries. Medicines information telephone services are effective in improving health literacy, by increasing callers' knowledge and confidence to source evidence-based medicines information and improving their ability to make informed decisions about medicine use. This evaluation identified knowledge gaps in medicine side effects and antidepressant use. Identifying such knowledge gaps may be useful in informing future health professional education programs, community campaigns, and shared decision-making resources.

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