The evaluation of a question prompt list for attention-deficit/hyperactivity disorder in paediatric care: A pilot study

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Abstract

Background
Of the available treatment options for attention-deficit/hyperactivity disorder (ADHD), the use of medications remains the most controversial and it is often difficult for parents to make decisions about treatment. Provision of relevant, reliable information about treatment during consultations may help address parents’ concerns about treatment options. Question prompt lists are structured lists of disease and treatment-specific questions intended for use by patients during consultations to encourage communication with clinicians. They may prove useful in empowering parents to ask questions during consultations and to make informed decisions about treatments for ADHD.

Objectives
To evaluate the acceptability and usefulness of a question prompt list (QPL) for attention-deficit/hyperactivity disorder (ADHD) during consultations between parents of diagnosed children and their paediatricians.

Methods
Parents of children recently diagnosed with ADHD (n=17) received a copy of the QPL 7 days before their child’s appointment and completed questionnaires before and after their consultations to elicit: satisfaction with the consultation and QPL; situational anxiety levels; achievement of decision-making and information preferences. Paediatricians (n=3) completed questionnaires after each consultation to determine the impact of the QPL on consultation flow and to ascertain their willingness to incorporate the QPL into their practice.

Results
All parents reported that the QPL helped them to ask more questions, was easy to understand and would be useful to them in future. After receiving the QPL and seeing the paediatrician, parents’ anxiety decreased significantly. All described their decision-making roles as ‘just right’ and were satisfied with the information obtained during their consultations. All paediatricians agreed that the QPL was helpful for parents, made communication easier, and helped parents to initiate discussion about difficult topics. The QPL was not found to impede flow of the consultation. All agreed QPL provision was feasible as part of routine clinical care.

Conclusions
The QPL received strong support from parents and paediatricians and may be a useful tool in facilitating communication and shared decision-making in this setting. The findings warrant further investigation in a larger randomized controlled study.