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attitudes toward vaccination; and other determinants. Knowledge scores ranged from 0-18, with scores of ≥10 indicating sufficient decision-relevant knowledge. Rates of informed intention were measured, i.e., an intention that is in line with attitudes and based on sufficient HPV decision-relevant knowledge. An ordinal logistic regression model was used to determine predictors of intended HPV uptake. An interaction between attitude and knowledge was included in the model.

Result: The response rate was 29.8% (1762/5918). Multivariate analyses showed that a higher intention was determined by trust in the HPV vaccine (OR 2.03; 95% CI: 1.64-2.51), anticipated regret in case of no vaccination uptake (OR 1.68; 95% CI: 1.49-1.89), trust in the National Immunization Program (NIP) (OR 1.26; 95% CI: 1.01-1.57), and the belief that according to significant others their daughter should be vaccinated, and the motivation to comply to that (OR 1.05; 95% CI: 1.04-1.08). Higher perceived parental responsibility for their daughter's health was related to a lower uptake intention (OR 0.60; 95% CI: 0.45-0.82). There was a significant interaction between attitude and knowledge (OR 1.07; 95% CI 1.03-1.11), meaning that at higher knowledge levels the relation between attitude and intention was stronger. Demographic characteristics, perceived susceptibility of mother and daughter to contract cervical cancer and severity of cervical cancer were not associated with intention. Less than half of the respondents (48%) made an informed intention.

Conclusion: The present findings suggest that the relation between attitude and intention was stronger at higher knowledge levels. Increasing adequate HPV relevant knowledge may be vital to ensure attitude-consistent informed decision making. Nevertheless, the present study also underscores the role of trust in the vaccine and NIP, and anticipated regret, thus affective feelings may play an even more prominent role in situations of uncertainly.

DEC-68 DECIDEO: INFORMED DECISION AND PARTICIPATION OF WOMEN TO THE NATIONAL SCREENING FOR BREAST CANCER: A QUALITATIVE OVERVIEW

(DEC)—Decision Psychology and Shared Decision Making

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Purpose: The aim of this study was to assess the impact of a new informed decision tool on the decision-making process of women invited to the national screening for breast cancer. This new tool is a document giving a complete, accessible to all, and scientifically based information on both advantages and disadvantages of the national breast cancer screening.

Method: The informed decision tool (called DECIDEO booklet) was sent to 4000 women with the usual invitation to participate to the national breast screening. One month later, a panel of 400 women randomized among those 4000 was interviewed by phone with a questionnaire dealing with: the satisfaction concerning the help to get a decision the DECIDEO booklet brings to them, the level of knowledge about breast cancer and screening the DECIDEO booklet brings to them, the help through the decisional conflict the DECIDEO booklet brings to them, and characteristics of the respondents' women including specific focus on socioeconomic characteristics

Result: 403 women aged between 50 and 74 answered the questionnaire. Among this sample, 30% (121) of them actually read the DECIDEO booklet and 20% kept it. Among the women who read the DECIDEO booklet, 98% of them find the information given satisfactory, of good quality and sufficient to take a decision concerning the participation to national breast cancer screening. Having read the document increases the intention to participate to the national breast cancer screening by 12% (56% v. 44%, $P <$ 0,05) and increases the average knowledge about breast cancer and interest of the screening of 6 % (82,5 % v. 76,5%). Interestingly, the socioeconomic level strongly affects the level of knowledge about breast cancer and screening of the overall sample (71.5% for the women of a lower socioeconomic level versus 80% for the women of a higher socioeconomic level, $P < 0.05$).

Conclusion: The DECIDEO booklet was assessed as a satisfactory help for the decision making process by 98% of the users. It increases the knowledge level about breast cancer and screening, but mainly among the women with a high socioeconomic level. The question raised is: is it the informed decision approach that is not adapted for the women of a lower socioeconomic level or is it the booklet form of the tool?

DEC-69 PATIENT PARTICIPATION IN DECISION MAKING ABOUT DISEASE MODIFYING ANTI-RHEUMATIC DRUGS: PERCEIVED AND PREFERRED ROLES OF PATIENTS

(DEC)—Decision Psychology and Shared Decision Making

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Purpose: This study explores what role patients with rheumatic diseases perceive and prefer to have in decisions about Disease-Modifying Anti-Rheumatic Drugs (DMARDs) and what the concordance between preferred and perceived role in these decisions is.

Method: Patients (n = 519) diagnosed with Rheumatoid Arthritis, Arthritis Psoriatica or Ankylosis Spondylitis from 2 hospitals in the Netherlands filled out a questionnaire. Questions included perceived and preferred role in medical decision making in general, and in 4 specific decision-categories: starting to use traditional DMARDs, starting to inject a DMARD, starting to use biological DMARDs and decrease or stop using DMARDs.

Result: Most respondents perceived that, in current practice, treatment decisions in general were made by the doctor (43%) or by the doctor and patient together (55%). However, the perceived roles varied per decision category: e.g., most patients (72%) felt that the decision to start using a traditional DMARD was made by the doctor, whereas the decision to decrease or stop using DMARD's was more often perceived as being made by the patients themselves (24%) or by doctor and patient together (38%). The preferred roles were, contrary to the perceived roles, consistent across the decision-categories. Most respondents (59%-63%) preferred to share decisions with their doctor. By using a paired sample t test the concordance between the perceived and preferred role was evaluated. Table 1 shows that there was a significant difference in 4 of 5 decision categories. Only the decision to decrease or stop using DMARDs had no significant difference between perceived and preferred role.

For a considerable group, the perceived and preferred participation for decision making in general matched (61%); about one third (29%) perceived less participation than preferred and a minority perceived more participation than preferred. Again, the concordance varied across the decision categories. Especially for the decision to start with a traditional DMARD, many respondents had experienced less participation than they preferred (54%).

Conclusion: Although patients seem consistent in their preference for participation in various DMARD decisions, the amount of perceived participation varied across the different decisions. Patients should especially be more involved in decisions about starting to use a traditional DMARD. Patient Decision aids might be helpful tools to increase patient participation.

Table 1. Perceived and preferred role in medical decision making

	Perceived role			Total		Preferred role			Total		Difference[2]
Decision	Doctor (1)	Shared (2)	Patient (3)	Mean	Valid N	Doctor (1)	Shared (2)	Patient (3)	Mean	Valid N	p
MDM in general	43%	55%	1%	1.6	506	31%	61%	8%	1.8	504	.00
Starting to use traditional DMARD	72%	26%	2%	1.3	368	32%	59%	10%	1.8	491	.00
Starting to inject MTX	43%	40%	17%	1.7	162	25%	60%	15%	1.9	466	.02
Starting to use biological DMARD	44%	50%	6%	1.6	149	26%	63%	11%	1.9	471	.00
Decrease or stop DMARD	38%	38%	24%	1.9	314	30%	61%	9%	1.8	489	n.s.

Perceived role includes respondents who ever faced the decision; Preferred role includes all respondents.

[2] *Difference = difference between preferred and perceived role, tested with paired sample t-test.*

n.s. = not significant

DEC-70 HEALTH CARE MANAGERS' PERSPECTIVE ON SHARED DECISION MAKING IN SPAIN

(DEC)—Decision Psychology and Shared Decision Making

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Purpose: To know the acceptability and appropriateness to the Spanish Health System of 3 American patient decision aids (PtDAs) on type 2 diabetes, breast cancer and herniated disc from the perspective of a group of health care managers, with the aim to promote the shared decision making in Spain.

Method: The 3 PtDAs were developed by the Foundation for Informed Medical Decision Making (FIMDM) and translated into Spanish. The material was delivered in a booklet and DVD format. Thirteen health care managers analyzed the responses of 85 patients and 77 health care professionals in relation to the 3 PtDAs evaluated. The information was obtained in facilities of Governmental Health Departments in Madrid, Barcelona and Tenerife using qualitative methods: focus groups and semi-structured interviews. All sessions were audio taped, transcribed and codified with the Atlas Ti v.5.2. by means of an inductive process. The analysis categories were positive issues, aspects to adapt for its implementation, and context of application in Spain.

Result: The overall assessment of the PtDAs was quite positive, being widely accepted by all participants as a way to improve health care by involving patients in informed medical decisions. More specific comments on the PtDAs focused on the clarity and reliability of the information collected. The inclusion of actual patients sharing their experiences was greatly appreciated by all participants. However, the need for cultural adaptation of the materials was a theme that emerged in all groups, but there was no consensus on the issue. Beyond the specific characteristics that should be revised to implement these PtDAs in Spain, health care professionals stressed the need to assess the sociodemographic characteristics, attitudes, and informational needs of potential users. Finally, the health care managers identified several barriers to the implementation of the PtDAs in Spain: paternalistic view of the doctor-patient relationship, lack of financial resources and some organizational and operational aspects of the Spanish Health System.

Conclusion: The analysis of the information provided by health care managers showed that, after a phase of cultural adaptation, the application of these PtDAs on type 2 diabetes, breast cancer and herniated disc in Spain would mean a change in the patient and caregiver relationship, stimulating the improvement of the sanitary infrastructure in Spain.

DEC-71 "DON'T KNOW" RESPONSES TO RISK PERCEPTION MEASURES: IMPLICATIONS FOR UNDERSERVED POPULATIONS

(DEC)—Decision Psychology and Shared Decision Making

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