



A complex intervention to improve informed choice in PSA testing in Scottish Primary Care: pilot study

Researchers

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Aim

The number of prostate cancers diagnosed in Scotland in men has risen over the last two decades – one reason for this rise may be increased testing for Prostate Serum Antigen (PSA). The risks and benefits of PSA testing in men without symptoms suggest a complex balance for and against. Little is known about the rates of PSA testing in Scotland, or the extent to which decisions to test are based on an informed choice.

The aims of this study were to examine the current rates of PSA test requests from general practitioners (GPs), find out the reasons given in GP notes for PSA tests, and discuss with men and GPs their attitudes, beliefs and knowledge about PSA testing.

Project Outline/Methodology

Laboratories across Scotland provided PSA test data for 1) two years of PSA test requests from all practices in their region, and 2) a further more recent six months of PSA test requests for a sub-set of 87 practices: the reasons for these tests were obtained from GP records.

Seventeen male and three female GPs were interviewed: their ages were between 35-60 years, representing a range of experience and practice settings. Thirty seven men over the age of 50 were either interviewed individually, or took part in a focus group: all had either had the PSA test, or had considered the test but declined it after discussion with their GP.

Key Results

Patterns of PSA testing in Scotland show wide variation by region, and by socio-economic

status. Rates of testing appear to be showing a slow but consistent rise.

GPs felt that PSA testing should not be offered to asymptomatic men except where there was strong family history or other specific reasons for concern. Men thought of the PSA test as a rather unimportant decision for a straightforward procedure with little risks and most men had a very positive attitude to screening.

Conclusions

There is little evidence that decisions over PSA testing result from informed choice processes.

What does this study add to the field?

This study provides evidence of increasing PSA testing activity in Scotland, with differing patterns across the country.

Implications for Practice or Policy

PSA testing is costly for the NHS, in terms of both diagnosis and follow up. The study provides important information about rates of testing, and attitudes. These will inform future patient and GP information materials, and other studies designed to promote informed choice around PSA testing.

Where to next?

We will use these results in planning a trial to help both patients and GPs address the difficulties and challenges highlighted in the decision making process around PSA testing in primary care in Scotland.

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