



Listening not shouting: designing versions of guidelines for the public that take account of what people want

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Content and presentation

Providing information is good but the people you intend to use that information must:

- a) want it**
- b) be able to understand it**

DECIDE



Developing and Evaluating
Communication strategies to support
Informed Decisions and practice based
on Evidence



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User testing

- **Get feedback from potential users on the thing you are developing**
- **Can compare several things at once**
- **Structured; tried one-to-one, pairs and groups**
- **Fairly quick**

So, what did we do?

- **Focused on Breast Cancer, Depression, Diabetes and Obesity**
- **We used sample 'patient versions' of guidelines covering topics relevant to these**
- **Prepared booklets to structure the user testing**
- **Went on an around Scotland tour (not me, Dr Margaret Callaghan..)**

Who did we talk to?

- **People who had been affected by a condition (eg. Depression)**
- **Older (70-80)/younger (15-17) people**
- **English as second language**
- **People with disabilities**
- **Homeless people**

Obesity in adults - how to lose weight

This document includes information on:

- What is obesity?
- Key messages about managing obesity
- What can you do yourself?
- Things your doctor will suggest
- Things you and your doctor need to talk about
- Where can you go for help and support?
- How guidelines are produced

3. What can you do yourself?

There's a lot you can do yourself to prevent obesity, or to lose weight.

Preventing obesity and losing weight	Will it help?	Where to go for more help
Eat fewer foods like high fat food, sugary drinks, chocolates and sweets and eat foods like cereals, fruit and vegetables instead.	 Recommended	Have a look at http://www.nhs.uk/livewell/healthy-eating/Pages/Healthyeating.aspx
Eat less fast food and drink less alcohol.	 Recommended	
Be more physically active and reduce things like watching TV.	 Recommended	Being active doesn't mean you need to be sporty, you could simple walk a little more (try getting off the bus a stop early, or walking rather than driving to the shops). Have a look at http://www.nhs.uk/livewell/fitness/Pages/Fitnesshome.aspx for more ideas.
Weigh yourself regularly.	 Recommended	You just need a set of scales.

Question 5

- a. Is this information understandable and helpful?
- b. What do you make of the middle column (the one with green ticks)?
- c. Is the 'Where to go for more help' necessary/useful?
- d. Anything you would add, remove or change?

(please discuss...)

Answer (a):

Answer (b):

Answer (c):

Answer (d):

Diabetes and depression

5. Checking blood glucose levels

Controlling the glucose level in your blood is a really important part of managing your diabetes.

Benefits of controlling your blood glucose

You and your health care professional can adjust your diet (such as reducing sugar) or medication to keep your blood glucose at a target level.

This helps to reduce the risk of developing long term complications of diabetes such as heart disease and stroke

Things to remember when you are controlling your blood glucose

It is important that you do not reduce your blood glucose too much as this could result in hypoglycaemia (low blood sugar which can make you have blurry vision, shake, feel aggressive, or faint).

Your healthcare professional will help you with this.

The NICE guideline recommends that:

- Your doctor or nurse should take a blood sample every 2 to 3 months to keep a check on the levels of a substance called HbA1c (the more HbA1c in your blood, the higher your blood glucose level). Your doctor or nurse should agree an HbA1c target with you.
- You should be offered advice, support, and medication if you need it, to help you reach and stay at your HbA1c target.
- If you have a blood disorder that means an HbA1c test would be unreliable, you should be offered an alternative.

Diabetes and depression

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The NICE guideline recommends

➤ Your doctor or nurse should take regular checks on the levels of a substance called HbA1c (which is higher your blood glucose level). They should discuss this target with you.

➤ You should be offered advice, support and encouragement to reach and stay at your HbA1c target.

➤ If you have a blood disorder that means an HbA1c test would be unreliable, you should be offered an alternative.

Self-help

You may feel that it would be helpful to speak to people in similar situations who will know what you are going through. You may also find that combining some kind of informal support along with use of CBT works better than either on its own.

There is no research evidence to tell us how useful **self-help support groups** are as a treatment for people with depression. This does not mean that there has not been success for some people just that there is not enough research evidence to demonstrate its success.

What themes emerged #1?

- **Context: how would I get this?**
- **What can I do myself?**
- **How is information from guidelines different from other information?**
- **Concept of 'research evidence' is tricky, as is how to express uncertainty**
- **Does guideline suggest more choice than I really have?**

What themes emerged #2?

- **Language too technical**
- **More visuals but need to present something useful**
- **Photos and colours could have unintended impacts**
- **Some graphs really difficult to understand**

Conclusions

- **People are interested in information from guidelines but can't assume that people think this is better than other information**
- **Think carefully about what goes in your material**
- **Tailor to your audience**
- **User testing - probably best one-on-one**

Thank you!

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