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PROGRAM NAME

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCME curriculum.

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Dr. Thorpy:

This is CME on ReachMD, and I'm Dr. Michael Thorpy. Here with me today is Dr. Anne Marie Morse. Studies have shown that shared decision-making has a lot of benefits for our narcolepsy patients. Anne, how do you incorporate shared decision-making into your patient counseling and treatment selection?

Dr. Morse:

Shared decision-making is a critical component, and really is a foundation of how I interact with my patients. One of the mottos that I very typically employ is telling a patient, "You're the driver of this," or "You're the captain of this ship. And the reality is, is that I'm just your first mate, trying to give you some direction and guidance." When we're talking about shared decision-making, it's really having a shared understanding of what is the burden of the symptoms the person is experiencing and then having a shared conversation around which drugs should we select that'll be most optimal for your particular situation. It is really important that when we're looking at shared decision-making, that we're incorporating all of the factors in a person's life that are including not only the symptoms that they're experiencing, but also all the other social factors that may drive the decision of one medication being more superior to another for that one individual.

Dr. Thorpy:

So, Anne, shared decision-making is obviously very important, but how do we apply it to our treatments that we have available to us now?

Dr. Morse:

With all of the medications that we have available, it is really important to get preferences from the patient. It also is important, just in the clinical practice in general, to understand what are some of the things that physicians are encountering that may lead to some of their preferences in guiding their patients to what type of medications may be best for a situation. So for instance, at World Sleep in 2022, there were 2 posters that were presented involving discrete choice experiments for the oxybate family of medication. Most typically, the oxybate family of medications are twice-nightly-delivered medications, with a new once-nightly medication now clinically available. Now when looking at these discrete choice experiments, what's interesting is both physicians and patients alike have said that, when taken appropriately, can be a very effective medication for them.

However, the problem that frequently was encountered was difficulty in being able to take that second dose or just the inconvenience, a frustration factor of having to wake up for a second dose. Both the physicians as well as patients tended to have the comment that a once-nightly solution would be optimal for them. It's important to recognize that none of these treatments are one-size-fits-all, but it is important to incorporate some of the considerations of what will be most optimal for the patient who is sitting there in front of you.

Dr. Thorpy:

So shared decision-making is an important part of the management of patients. As we do have a number of treatment options available to us, it's really important that we discuss those options with the patient and see what fits best with their life and their style of living. And

as you mentioned, I mean, for some patients taking medications once a day or twice a day or once at night, twice at night – they make a big difference to their quality of life, so it's important that we involve the patient in these discussions so that we get the optimum treatment for our patients.

Well, this was a brief but great discussion. Unfortunately, our time is up. Thanks for tuning in.

Announcer:

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