

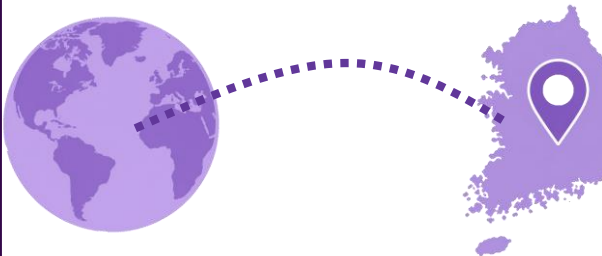
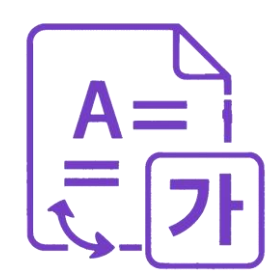
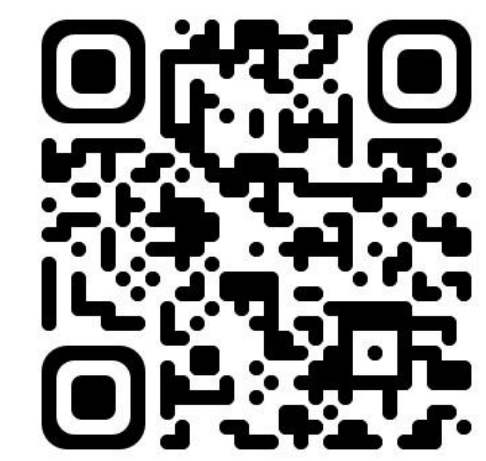
User Experiences With A Decision Aid For Alzheimer’s Disease Medication Choices

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A Korean-adapted Alzheimer’s medication decision aid improved clarity and family discussions, but requires simpler wording, shorter sections, and more visual support.

INTRODUCTION	METHODS	RESULTS	REFERENCES	
Why this study matters  - Shared decision-making is essential in dementia care - Medication decisions are complex and often involve family members. - Decision aids can support clearer communication Knowledge gap  - Most tools were developed in Western contexts - Korean users' experiences remain underexplored Study aim - Explore comprehensibility, usefulness, emotional/cognitive burden, family involvement, and clinical applicability 	Decision aid adaptation  - Translated and culturally adapted an Alzheimer's medication decision aid for Korean clinical contexts Participants & Data collection  Used the decision aid in clinical practice  Conducted focus group interviews after tool use Topics: comprehensibility, usefulness, emotional and cognitive burden, family involvement, and clinical applicability Participants  10 Patients Family members  10 Healthcare Professionals Analysis - Interview transcripts were analyzed to identify recurring patterns and key themes.	A. Patients & Families Clarity & reassurance  Structured options, benefits, and risks increased clarity, reduced uncertainty. Cognitive load  Terminology, long text, and numerical risks increased the burden. Joint decision-making  Helped organize questions and reconcile family preferences. 6 key themes identified 3 themes per group B. Healthcare Professionals Practical communication aid  Standardized explanations and supported dialogue. Best fit for outpatient/follow-up care  More applicable outside highly time-pressured encounters. Best with brief clinician coaching  Independent use alone was less feasible without clinician guidance.	Themes overlapped across groups, but each group emphasized different priorities. CONCLUSIONS The decision aid improved understanding of medication options and supported patient–family communication, but users needed simpler wording, shorter sections, and more visual support. Implications for refinement  Simplify content Use plain language and shorter sections.  Add visual support Replace dense text and numerical risks with visual summaries.  Support guided use Use the tool with brief clinician coaching Future studies should evaluate decisional preparedness, question-asking, and the quality of patient–family–clinician communication.	1. Barry, M. J., & Edgman-Levitan, S. (2012). Shared decision making—The pinnacle of patient-centered care. <i>New England Journal of Medicine</i>, 366(9), 780–781. 2. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. <i>Qualitative Research in Psychology</i>, 3(2), 77–101. 3. Mattos, M. K., Gibson, J. S., Wilson, D., Jepson, L., Ahn, S., & Williams, I. C. (2023). Shared decision-making in persons living with dementia: A scoping review. <i>Dementia</i>, 22(4), 875–909. 4. McCaffery, K. J., Holmes-Rovner, M., Smith, S. K., Rovner, D., Nutbeam, D., Clayman, M. L., Kelly-Blake, K., Wolf, M. S., & Sheridan, S. L. (2013). Addressing health literacy in patient decision aids. <i>BMC Medical Informatics and Decision Making</i>, 13(Suppl. 2), S10. 5. Stacey, D., Lewis, K. B., Smith, M., Carley, M., Volk, R., Douglas, E. E., Pacheco-Brousseau, L., Funderup, J., Gunderson, J., Barry, M. J., Bennett, C. L., Bravo, P., Steffensen, K., Gogovor, A., Graham, I. D., Kelly, S. E., Légaré, F., Lewis, C. L., Lyddiatt, A., ... Trevena, L. J. (2024). Decision aids for people facing health treatment or screening decisions. <i>Cochrane Database of Systematic Reviews</i>, 2024(1), CD001431. CONTACT  Scan to access the researcher's contact information. 