**Patient Decision-Aids for Pain Medication Management: A Scoping Review**

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**Introduction**. Analgesics are commonly used to manage pain; however, patients may find it challenging to assess the potential benefits and risks within the context of their clinical circumstances, goals, and preferences. Patient Decision Aids (PtDAs) can improve knowledge and engagement in health decisions, yet the nature, content and quality of PtDAs for pain medication management have not been systematically evaluated.

**Aims**. To identify and appraise PtDAs for pain medication management and evidence of their evaluation.

**Methods**. A systematic search was conducted across four databases, eight decision aid repositories, and Google. Screening and data extraction were performed in duplicate, capturing target conditions, decision options, format, and outcomes. PtDAs were appraised using the International Patient Decision Aid Standards instrument (IPDASi) and evaluation studies with the Standards for UNiversal reporting of patient Decision Aid Evaluations (SUNDAE) checklist.

**Results**. Thirty-nine PtDAs and 17 evaluation studies were included. PtDAs most commonly addressed osteoarthritis (49%) and back pain (21%), with nonsteroidal anti-inflammatory drugs (77%), corticosteroid injections (74%), and paracetamol (56%) the most frequently included medications. Although all PtDAs included medication-related content (e.g., role in therapy), information on safety, effectiveness, and cost were often limited, with most PtDAs emphasising non-pharmacological strategies (e.g., exercise, surgery) as the primary decision. The majority of PtDAs met IPDASi qualifying criteria, however, few achieved higher certification standards due to inconsistent reporting of outcome probabilities and limited evidence transparency. Despite this, evaluation studies generally reported improved knowledge and reduced decisional conflict following PtDA use. Medication-related outcomes were rarely reported.

**Discussion**. There was substantial variability in PtDA content and format, though core principles of balanced information, transparency, and patient-centred functionality appeared universally important. PtDA certification rates could be strengthened through simple measures such as citing evidence and reporting publication dates. Future research should assess whether higher-quality PtDAs can better support shared decision-making in pain management and guide appropriate analgesic use, particularly for high-risk medicines, across the continuum of care.