

(evidence based) guidelines for oncological and palliative care. we use the unique combination of data from our national cancer registry, our knowledge and experience as well as the knowledge and experience of medical professionals and patient representatives available through national and regional networks. As part of this process, each evidence based guideline is evaluated with the objective: 1. to get insight in the adherence; 2. to get insight in possible bottlenecks for the implementation in daily practice; 3. to stimulate further implementation by giving feedback.

Description of Best Practice The case of the guideline renal cell carcinoma will be presented. This includes the following steps: 1. selection of recommendations (based on the new guideline) by the guideline working group; 2. definition of indicators; 3. registration by trained registration staff of our national cancer registry; 4. analysis of the results; 5. presentation of results to professionals; 6. specific promotion of expertise and skills to further implement the guideline.

Lessons for Guideline Developers/Users The combination of development, implementation and evaluation of guidelines 'in one hand' offers special opportunities for quality improvement. During guideline development it already becomes clear which recommendations will need extra attention during implementation. These recommendations are very interesting to evaluate, so that the feedback about these recommendations can help the professionals to further implement the guideline.

P041 SUSTAINING ORGANIZATIONAL CAPACITIES OF KNOWLEDGE UTILIZATION: A COMPLETE TOOLBOX FOR THE HEALTH AND SOCIAL SERVICES ORGANIZATIONS

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Background Despite research and funding, the understanding of organization's capacities of knowledge utilisation remains incomplete in health and social field.

Objectives To better understand organisational determinants of research result utilisation.

Method Between 2009 and 2012, managers (n = 75) from health and social services organisations (N = 8) have actively contributed in a participative research action process. Additionally professionals and managers (N = 2161) have answered questionnaires. Qualitative and quantitative data gathered on the organisational outcomes as well as on the process of using our tool provided empirical validation. This iterative process led to the creation of a complete toolbox designed to help organisations raise to the knowledge transfer and utilisation challenge.

Results The toolbox includes a conceptual framework, a user's guide and two questionnaires to establish a diagnostic of the organisation's capacities of knowledge utilisation and to identify the main strategies to improve them. At the root of our toolbox is a theoretical model of organisational capacities to use knowledge, specific to health and social services organisations, that we have developed. Our model includes eight components: organisational culture, vision and leadership, knowledge acquisition, reflexivity, integration, creation and dissemination, adaptation, and relationships.

Discussion The results demonstrate that the toolbox helps decision makers to develop a common understanding of their organisation's strengths and weaknesses in terms of research knowledge utilisation capacities. Implications: The research and

toolbox developed by our team provide a first step in unveiling the intricacies of knowledge utilisation in the social services sector. Eight key organisational capacities were found to be essential in facilitating and promoting knowledge utilisation in health and social services.

P042 EVIDENCE-BASED GUIDELINE ON PHARMACOLOGICAL MANAGEMENT OF OSTEOARTHRITIS OF KNEE IN PRIMARY CARE SETTINGS IN HONG KONG

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Background Osteoarthritis (OA) is a common degenerative joint condition. Family physician plays an important role in the management.

Objectives The guideline seeks to assist primary health care professionals to help patients with OA knee to improve quality of life using pharmacological measures to relieve symptoms, improve drug use and reduce adverse drug incidents.

Methods The guideline is based on evidence-based literature review and was synthesised in accordance with SIGN methodology. A systematic review of literature was carried out using an explicit search strategy devised by a SIGN Information Officer. Each of the selected papers was evaluated using standard SIGH methodological checklists and the articles were subsequently reviewed. The guideline was synthesised by adaptation recommendations using the AGREE Tool. The recommendations were then modified based on the latest best available evidence. The guideline was finally reviewed internally and externally.

Results The first line drug treatment of OA knee is paracetamol in regular divided doses to a maximum of 4g/day. There is good evidence to prescribe NSAID or COX-2 NSAID for reducing pain in short term. Family physician may consider prescribing weak or strong opioids with caution for moderate or severe pain. Intra-articular corticosteroid injections for short term relief can be considered. Family physician may also consider use of topical NSAIDs and hyaluronic acid.

Conclusions Use of appropriate pharmacological measures can effectively relieve symptoms, improve functions and reduce adverse drug incidents.

P043 FIVE MAJOR AREAS OF RESEARCH OF GRADE SYSTEM

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Background Over the past 10 years, more and more guideline developers and systematic review authors adopt the GRADE method. Also, many researchers and groups become interested in discussing, studying and developing it.

Methods We searched and analysed all GRADE papers published in academic journals from 2004 to 2012, abstracts in Cochrane colloquium from 2000 to 2012 and G-I-N Conferences from 2003 to 2012, attended GRADE workshops and meeting in GIN and Cochrane colloquium.

Results We found the following five major areas of research of GRADE system: 1. Comparison and Trend Analysis between GRADE and other different rating systems 2. Reasons analysis for downgrading and upgrading the quality of evidence and

agreement test for different raters in systematic reviews 3. How to from evidence to recommendations in guidelines 4. Exploration of the application of GRADE in clinical stage (e.g. whether the guideline covers prevention, screening, assessment, treatment, rehabilitation or monitoring); Exploration of the application of GRADE in different areas such as public health, health policy and system. 5. The establishment and development of GRADE centre such as the Chinese GRADE centre and Spanish GRADE centre and how to promote the implementation of GRADE.

Conclusion As a new paradigm, the GRADE approach provides a comprehensive, explicit, and transparent methodology for grading the quality of evidence and strength of recommendations about the management of patients, however, GRADE is not a perfect system and still need to develop itself and been disseminated widely.

P044 QUALITY ASSESSMENT OF TRADITIONAL CHINESE CLINICAL GUIDELINES: 2003–2012

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Background Little is known about quality and quantity of traditional Chinese clinical guidelines. We aim to systematically review all of traditional Chinese clinical guidelines.

Methods We searched CNKI (China National Knowledge Infrastructure/Chinese Academic Journals full text Database), VIP (a fulltext database of China), WANFANG (a fulltext database of China) and CBM (China Biomedicine Database Disc). Two groups of review authors independently applied inclusion criteria, assessed trial quality, and extracted data.

Results We identified 75 traditional Chinese clinical guidelines from 2003 to 2012, and only 11(15%) were claimed that an evidence based approached were used in the process of development. From the assessment with the Appraisal of Guidelines for Research and Evaluation II (AGREE II), the mean scores were low for the domains ‘clarity of presentation’ (28%), ‘scope and purpose’ (15%) and ‘editorial independence’ 12%; and very low for the other domains (‘stakeholder involvement’ 8%, ‘rigour of development’ 5% and ‘applicability’ 3%). AGREE II mean scores of traditional Chinese clinical guidelines lower than Chinese clinical practice guidelines and the world average.

Conclusions Traditional Chinese clinical guidelines received lower scores, which indicate a relatively poor quality of the guidelines. However, there was some increase over time. Meanwhile, given the characteristics of Traditional Chinese medicine, CONSORT group has been developing CONSORT for TCM and for Acupuncture, we plan to develop AGREE TCM to be used to inform the development, appraisal and reporting of evidence-informed traditional Chinese clinical guidelines.

P049 EVIDENCE DISTRIBUTION OF A COMPREHENSIVE MUSCULO-SKELETAL GUIDELINE

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Background Occupational Medicine focuses on return to functionality and work, however the overwhelming majority of injuries are musculoskeletal and require very specific clinical situation evidence review. Body part areas addressed include spine, shoulder, elbow, hand/wrist/forearm, hip/groin, knee and ankle/foot. Interventions assessed include diagnostic, therapeutic and medical therapies.

Objectives To assess the theoretical evidence distribution of a comprehensive musculoskeletal guideline and its potential application in practice. **Methods:** Evidence ratings (A,B,C) were determined by expert data extraction from over 5,000 randomised controlled trials (RCT), non-RCT evidence was designated as insufficient (I). RCT evidence ratings were quantified on an 11 point scale that assessed appropriateness, biases and effectiveness. High quality evidence was defined as 8.0–11 points, moderate 4.0–7.5, and low < 4.0 points. A level evidence (Strong) was defined as 2 or more high-quality RCTs, B (Moderate) 1 high-quality or multiple moderate-quality, C (Limited) at least one study of moderate-quality. Low quality, observational or conflicting evidence was designated as Insufficient (I). A similar profile was used for diagnostic evidence recommendations. Evidence ratings were verified by independent writing panels.

Results Only 0% of 2500 recommendations were supported by a Limited (C) or better evidence base. When adjusting for frequency of occurrence from a claims data base, and cost was estimated in only 14% of costs were associated with quality RCT studies.

Conclusions These data suggest that the majority of musculoskeletal clinical decisions do not have a sufficient evidence base for rules-based decision making.

P050 ‘FOOD AND EATING BEHAVIOUR’ – DEVELOPMENT OF A GUIDELINE FOR DUTCH PREVENTIVE CHILD HEALTH CARE

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Background Many parents worry that their child is eating either too much or too little. In The Netherlands, Preventive Child Health Care (PCHC) is the main source of advice and information on food and eating behaviour. Yet, evidence on the subject is sparse and scattered. The Dutch Ministry of Health Welfare and Sports, therefore, requested a guideline; the PCHC-guideline should fit together with a guideline for paediatricians on the same subject, which was developed concurrently.

Objectives To develop a national guideline for PCHC-professionals on the subject to enhance uniform, evidence-based practice.

Methods A working group of guideline developers, epidemiologists, and dieticians, together with professionals in PCHC, child-psychology and -pedagogy, and a pre-speech therapist developed the guideline, according to the principles of evidence-based medicine. Close collaboration took place with a group of paediatricians developing the new guideline ‘Signalling somatic causes of abnormal nutritional behaviour in children’. Questions were formulated by the working group and evidence was extracted from literature, supplemented by practice-based consensus. The guideline was piloted in several PCHC settings.

Results Together with a group of child psychologists and psychiatrists, referral criteria for eating disorders were agreed on. Paediatricians formulated ‘Somatic alarm symptoms’. Discussion Working with a large, interdisciplinary group of guideline