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10:1136/bmjqs-2013-002293.120

Background To address the problem of sickness absence due to mental disorders, guidelines have been developed in various countries.
Objectives To assess available guidelines on the management of mental disorders in an occupational health care setting on their quality and to compare recommendations.
Methods Guidelines were selected by systematically searching PubMed, Guidelines International Network Library, and National Guideline Clearinghouse. In addition, members of the International Commission on Occupational Health were consulted. Quality of guidelines was assessed with the AGREEII instrument and recommendations were compared.
Results Fifteen guidelines were included: 1 Japanese, 1 Danish, 2 Finnish, 2 South-Korean, 2 British and 7 Dutch. The quality of the guidelines varied. Barriers and facilitators for implementation (Applicability), competing interests (Editorial independences), and the process to gather and synthesise evidence (Rigour of Development) were poorest described. The domain Scope and Purpose scored highest. Recommendations concerning assessment refer to diagnostic classification, inventory of performance problems, causal factors and barriers for recovery. Specific workplace factors are often mentioned. Guidelines agree on work adaptation if necessary, psychological treatment and communication about treatment plan between involved actors.
Discussion Guidelines are difficult to find since they are commonly exclusively available in local languages. Therefore probably more guidelines exist then found. To learn from each other, guidelines should be translated into world languages and be accessible via international databases.
Implications Guideline developers can use AGREEII to increase quality. Although social context may differ among countries and can influence guideline recommendations, developers can learn from each other through reviews of this kind.

090 N OF ONE GUIDELINES - A NEW METHOD TO MANAGE MULTIMORBIDITY?

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10:1136/bmjqs-2013-002293.121

Background Adherence to current monomorbidity-focused, mono-disciplinary guidelines may result in undesirable effects for persons with several comorbidities, in adverse interactions between drugs and diseases, conflicting management strategies, and polypharmacy. As yet no satisfactory approaches exist to address multimorbidity (MM) in clinical guidelines since this patient group is too heterogeneous as to be met by guideline recommendations.
Objectives to develop a set of case-based (N=1) guidelines for common disease combinations identified through epidemiological research and expert (GP) consultations.
Methods We followed a new 5-step, mixed methods approach comprising: (1) review of epidemiological data on MM patterns; (2) interdisciplinary focus groups developed case vignettes according to both internal evidence and the results of step 1; (3) development of case-based recommendations according to case vignettes (N of one guidelines); (4) informal consensus of recommendations; (5) formal consensus.
Results Step one revealed three different approaches for the selection criteria of case vignettes: first, cases addressing MM disease patterns from epidemiological studies (MM clusters); second, cases addressing triads of the 6 most prevalent chronic conditions; third, cases according to a problem-oriented prioritisation of focus group participants. All in all 10 N-of-one guidelines according to 10 cases could be developed according to the new 5-step-process.
Discussion We present a new approach in order to capture the complex and heterogeneous problems of MM through evidence-based and case-based recommendations. This set of N-of-one-guidelines may serve as a framework of evidence-based recommendations for MM patients as the base for the development of meta-tools for both guideline developers and clinicians.

091 IF WE BUILD IT, WILL YOU SEARCH FOR IT? FINDING MULTIPLE CHRONIC CONDITION GUIDELINES IN THE NATIONAL GUIDELINE CLEARINGHOUSE

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10:1136/bmjqs-2013-002293.122

Background In the US, it is estimated more than 25% of Americans have multiple chronic conditions (MCCs) and their care accounts for approximately 66% of total health care spending. Few clinical practice guidelines address MCCs.
Objectives Determine the number and scope of guidelines represented in the National Guideline Clearinghouse (NGC), funded by the Agency for Healthcare Research and Quality, addressing MCCs and provide strategies to identify these guidelines and facilitate quick retrieval by NGC users.
Methods We searched for guidelines within NGC to identify those that address MCCs. We characterised these guidelines defining the number and type of MCCs addressed, the number of recommendations addressing MCCs, whether they addressed treatment, diagnosis, prevention or counselling, whether they graded the level of evidence, and whether the MCCs were concordant/discordant with the guideline's primary disease/condition.
Results Final analysis of information collected and recommendations and strategies for facilitating retrieval of this content in NGC will be completed by June 2013.
Discussion Traditionally, guidelines focus on individual diseases so their application to the growing MCC population is limited. At the same time, evidence supporting recommendations for MCCs is lacking. Although our preliminary findings indicate that there are some guidelines addressing MCCs, there has been no obvious way to locate them on NGC.
Implications for Guideline Developers/Users Guideline developers need to create guidelines addressing MCCs. NGC aims to create ways to highlight MCC guidelines and make them easier to find and use.