P162 RIGOR OF DEVELOPMENT OF CLINICAL PRACTICE GUIDELINES IN DENTISTRY

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Background Some reports have shown the varying quality of clinical practice guidelines (CPGs), but this aspect has not been explored in the field of dentistry. With a growing number of guidelines in dentistry being published every year, and an increase in dentist's interest to inform their practice with such documents, it is relevant to learn whether their development process has been appropriate.
Objectives To assess the rigour of development of evidence-based CPG's in dentistry.
Methods We searched Pubmed, EMBASE, and the National Guideline Clearinghouse among others. We included all evidence-based CPGs with explicit clinical recommendations, published since 2004 in English. Two independent evaluators assessed the guidelines using the "Rigour of development" domain of AGREE II.
Results A total of 73 CPGs were assessed. The mean score of the rigour of development domain across all guidelines was 34.54% (SD=19.18%). The items that scored the lowest were the description of a procedure for updating the guideline and the strengths and limitations of the evidence; whereas the items best rated were the explicit link between the evidence supporting the recommendations and the pondering of benefits, harms and risk for formulating the recommendations.
Discussion CPGs aim to support clinical decision-making, and thus they can impact the quality of health-care. Thus, the rigour in their development is a relevant aspect to consider. There is a lot of room for improvement in this regard in CPGs in dentistry.
Implications for Guideline Developers Guideline developers in dentistry should enhance the methodology when creating new guidelines or updating existing ones.

P164 THE ABYSS BETWEEN RCTS AND GUIDELINES; AND THE BRIDGING ROLE OF COCHRANE SYSTEMATIC REVIEWS

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Background Randomised trials (RCTs) and Cochrane systematic reviews (CRs) are mainstays of most clinical practice guidelines (CPGs). It is important that all relevant high level evidence is included in CPGs.
Objective To determine rates of RCT inclusion in perinatal CPGs, either directly or via CRs.
Methods We used a database of all known Australian perinatal RCTs with findings released between 1986–2010 (n = 303), compiled for a project addressing impact of evidence. International and national perinatal CPGs were manually searched for cites of any of the 303 RCTs, or perinatal CRs including the RCTs, as at January 2013.
Results 59/303 RCTs (19%) were cited in at least one perinatal CPG. Ninety per cent of the 59 RCTs (n = 53) were included in CRs; and in 25/59 cases the RCT was only included in a CPG via the CR. All 59 included RCTs had a maternal/perinatal rather than a neonatal focus.
Discussion Over 80% of RCTs in this dataset were not included in relevant CPGs. The chance of a trial being in a CPG increased if was included in a CR and if it had a maternal/perinatal focus. Possible ways to close the RCT-CPG abyss will be presented.
Implications for Guideline Developers/Users While translation from RCT to CR is common, we need to better understand the reasons why high level RCT and CR evidence is often missing from CPGs and what the impact is on quality of CPG recommendations.

P168 PRACTICE GUIDELINES AND PROFESSIONAL MINDLINES. QUALITATIVE RESEARCH ON SYSADOAS FOR OSTEOARTHRITIS

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Background There is still a gap between what good quality CPGs recommend and real practice. For osteoarthritis, although best quality CPGs do not recommend SYSADOAS, a high degree of variability in prescription rates has been observed.
Objectives To explore the reasons that explains SYSADOAS prescription for osteoarthritis.
Methods A qualitative research was performed including one focus group to explore what General Practitioners (GPs) thought about this topic, and two in-depth interviews with specialised care. 8 GPs, one orthopaedic surgeon and one reumatologist participated. Focus group and interviews, previous consent recorded, were transcribed and analysed using MAXQDA software.
Results GPs were aware of the lack of evidence about SYSADOAS efficacy, but they did not know which CPGs they should trust in. Prescription was mainly initiated by specialists, but GPs admitted that they also started it, being the respect for their colleagues and patients' pressure the main reasons. Specialists did not use CPGs on this issue, but partially admitted that SYSADOAS had no effect. For them, health care pressure, high ratio of patients and a rapid way to discharge them were the main reasons.
Discussion Clinician's knowledge about CPGs and quality standards is scarce. The lack of communication among health care levels and the inadequate management of the disease are, among others, the reasons explaining SYSADOAS prescription.
Implications for Guideline Developers/Users Provide clinicians skills and tools to empower them about which is considered good evidence and how to critically appraise CPGs, and promote the communication between levels to improve patient management.

P172 CHALLENGES OF MEASURING THE UPTAKE OF NATIONAL PUBLIC HEALTH GUIDANCE IN THE UK: A NEW METHODOLOGY

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Background We use published evidence to measure the uptake of national public health guidance recommendations. Available sources of uptake include national audits and reports, and peer reviewed journal articles. These are summarised and uploaded to an online database. This database is used to inform several streams of work in our organisation, including an internal review decision process for public health guidance. Identifying sources of uptake information in this area is challenging.
Objectives To assess the existing information on the database, and report on the effectiveness of a new approach to identifying potential sources of uptake information.
Methods An evaluation of public health uptake sources on the database was conducted, and a stakeholder mapping tool developed, which was used to systematically search for sources of uptake information. Stakeholders were contacted to provide information. Existing literature search strategies were reviewed and revised. Following these actions, the database was updated with the new sources and the impact of the exercise assessed.
Results The evaluation of the current database highlighted significant gaps regarding information relating to the uptake of public health guidance. Use of the methods outlined above identified a substantial amount of new information and a large number of potential sources of uptake for future reference.
Discussion The uptake of public health guidance is increasingly in the spotlight for the NHS, and knowing if recommendations have been implemented is helpful when deciding if guidance needs to be reviewed and updated. It is therefore important to have an accurate picture of uptake.

P174 A SYSTEMATIC REVIEW OF TRANSCATHETER AORTIC VALVE IMPLANTATION

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Background Transcather Aortic Valve Implantation (TAVI) was developed as an alternative to surgical aortic valve replacement (AVR) for patients with severe symptomatic aortic stenosis (AS) and high or unacceptable surgical risk.
Objectives To evaluate the safety and effectiveness of TAVI compared with AVR or standard therapy.
Methods The searches were conducted via electronic databases including MEDLINE, EMBASE and the Cochrane Library and retrieved 1537 non-duplicate citations. Total 17 studies (2 RCT, 5 non-RCT, 10 cohort studies) were included for this review.
Results Compared with standard therapy, TAVI significantly increased major stroke (risk ratio, 3.91; 95% CI, 1.16-13.22) in two studies, although rate of major stroke was not significantly different in the TAVI compared with surgical AVR. Compared with standard therapy in inoperable patients, TAVI significantly reduced the all-cause mortality (risk ratio, 0.045, 95% CI, 0.26-0.77) at 1 year and improved functional status (NYHA functional classification). Among high-risk patients, the mortality was not significantly different in the TAVI compared with surgical AVR. However, a RCT of 699 high-risk patients who were randomised to treatment either by TAVI or by surgical AVR reported that the all-cause mortality at 1 year was 24.2% and 26.8%, respectively and TAVI was non-inferior to surgical AVR ($p = 0.44$).
Conclusion On the basis of current data, we recommend that TAVI is possible treatments as an alternative to surgical AVR for patients with AS who are considered to be inoperable or high risk for surgical AVR.

P179 FACILITATING IMPLEMENTATION OF GUIDELINES FOR THE PREVENTION OF VASCULAR DISEASE IN GENERAL PRACTICE

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Background Although evidence based guidelines have been developed and disseminated, up to a half of patients do not receive guideline based preventive care.
Objectives This study aims to evaluate a model for the implementation of preventive care guidelines in general practice.
Methods Following a development process for the intervention involving a mixed method study and a pilot carried out in three practices a cluster randomised controlled trial is being conducted in 31 practices across four states. The intervention involves training, preventive care audit, and visits from a facilitator based in the local primary care support organisation. The facilitator assists practices to review their clinical audit and implement a practice plan structured around the 5As to improve the reach and quality of preventive care. Quantitative and qualitative evaluation methods are being used to assess impact on planned change within the practice, recalled and recorded preventive care, and patient behaviours and risk factors for cardiovascular disease.
Results Baseline data collection has been completed from practice staff and patients and the intervention is now complete. The recorded and patient recalled preventive care varied within and between practices resulting in a varied set of priorities for improvement. Early findings suggest that facilitation visits to review and plan improvements to the implementation of preventive guidelines are feasible, acceptable and can support organisational strategies to address gaps in care.
Discussion Our results may provide a model for local primary care support organisations to assist practices to improve their quality of preventive care.

P180 SYSTEMATIC REVIEW OF CONTINUOUS INTERSCALENE BRACHIAL PLEXUS BLOCK FOR THE SHOULDER OR HUMERUS SURGERY PATIENTS

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Objective The safety and effectiveness of continuous interscalene brachial plexus block for the shoulder or humerus surgery.