

# 077 DEVELOPMENT OF AN EVIDENCE TO RECOMMENDATION TABLE FOR GUIDELINE USERS

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**Background** The DECIDE project aims to improve the dissemination of recommendations using GRADE. Clinical practice guidelines (CPGs) summary tables do not include all the relevant factors for moving from evidence to recommendations: quality of the evidence, balance of benefits and harms, values and preferences and cost.

**Objectives** Development of an optimal presentation table to inform about the evidence to recommendation (EtR) process to healthcare professionals.

**Methods** Iterative process including brainstorming and design, user testing with semi-structured interviews, and stakeholder consultation. We analysed the feedback to our initial prototype, defined barriers and facilitators, and generated alternative formats.

**Results** The table was well rated overall by users. It was found useful to understand in more depth the rationale of the recommendation and of use for teaching sessions. Some users found it potentially useful for shared decision making while others did not find it useful at the point of care. Most frustrations came from misunderstanding some terms, the general purpose of the table or the GRADE system.

**Discussion** This EtR table could be a useful tool for CPGs users and tabulates all the relevant information beneath the EtR process. We are preparing a second round of user testing and stakeholder consultation, and will present a new format at the conference.

**Implications for GL Developers and Users** This table will provide users a concise summary of the factors influencing the EtR process. The efficiency of including an EtR table in real CPGs needs to be further evaluated.

# 078 WHAT DOES AN EVIDENCE-BASED GUIDELINE COMMITTEE DO WHEN THERE IS INSUFFICIENT EVIDENCE TO MAKE A RECOMMENDATION

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**Background** When guidelines are called evidence-based (EBGs) the implication is that there was a transparent and systematic assessment of evidence. However, evidence is often insufficient to draw conclusions. In these cases, what do guideline committees do?

**Objectives** To estimate the proportion of recommendations in a set of EBGs for which there was insufficient evidence and to determine the implications for the guidelines.

**Methods** We reviewed EBGs developed by the Cystic Fibrosis Foundation and classified each recommendation as developed using evidence (i.e., graded) or consensus.

**Results** We identified 143 recommendations from 7 EBGs. More than half of the recommendations were consensus-based

(61%) while 39% were evidence-based. Of those classified as evidence-based, 41% were non-recommendations; these were statements where the committee felt unable to make a recommendation for or against a particular action (insufficient grade). The consensus-based recommendations included 11% adopted from other organisations; only a quarter of the consensus-based statements were developed using an apparent formal method.

**Discussion** Committee members often feel compelled to provide recommendations for the community even in the face of insufficient evidence. This limits the transparency of the EBG. Further research is needed to determine the potential implications for implementation.

**Implications for Guideline Developers/Users** Guidance is needed for guideline developers on best practices for if or when to consider consensus-based recommendations and how to develop such recommendations. The guidelines should clearly outline choices, such as when a consensus-based recommendation was made versus not making a recommendation, and the methods used.

# 079 FORMULATING GUIDELINE RECOMMENDATIONS ABOUT IMPORTANT CLINICAL QUESTIONS WITH LOW OR VERY LOW QUALITY EVIDENCE: THE CASE OF OPIOIDS FOR CHRONIC PAIN

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**Background** Deaths from prescription opioids now exceed those from street drugs or motor vehicle injuries in the US. Morbidity in has greatly increased as well. Rapid acceleration of opioid prescription for chronic non-cancer pain (CNC) began in the mid-1990s with heavy marketing and support by opioid manufacturers. Some current recommendations advocate increased use of opioids despite a lack of quality evidence of long-term efficacy, considerable evidence of harms, and a tenuous understanding of CNC.

**Objectives** To review the recommendation methodology used in cases of low quality evidence; to describe the process of recommendation development for opioid use for CNC.

**Methods** The American College of Occupational and Environmental Medicine updated its systematic reviews and clinical practice guideline for the use of opioids for CNC using critical appraisal and explicit panel methods. Panels consider population and clinical risk and benefit.

**Results** Critical appraisal revealed low quality evidence. Most studies and many guideline panellists were funded by pharmaceutical companies. Harms were identified in observational studies.

**Discussion** Available guidelines tended to make vague recommendations that depended on clinician judgement. This panel therefore used methods to formulate recommendations that protect patients and the public, and a conservative and function-based approach to patient management.

**Implications for Guideline Developers** Guidelines for areas in which evidence is low quality and the benefit to risk relationship is unclear should exercise caution in making recommendations, provide patient information, and recommend informed consent and careful patient management.