086 GUIDELINES ADAPTATION IN LOW AND MIDDLE INCOME COUNTRIES (LMIC): RESULTS AND LESSONS LEARNT FROM AN 8-YEAR-CAPACITY BUILDING (CB) EXPERIENCE IN ARGENTINA (2005–2012)

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Background Capacity building (CB) is an essential element for guideline adaptation in the context of LMIC.
Objectives To describe the approach and results from a CB process for guidelines adaptation implemented by the National Academy of Medicine (NAM) in Argentina between 2005 and 2012.
Methods The CB process is described on the basis of the matrix of capacity-building strategies. Duration, objectives, entities targeted and results through the different stages of the CB process are provided.
Results The CB process has been supported on a "learning by doing" approach, and comprised 2 stages: a local capacity development stage (2005–2008) and a knowledge transfer (KT) stage (2008–2012). As a result of the 1st stage, 120 health professionals were involved during the adaptation process; 3 guidelines were produced and a guide to adapt guidelines was published. KT started in 2008 and was initially performed through e-learning courses targeted to individuals. In 2009, a strategy based on continuous online support through a virtual campus and workshops and targeted to institutions was adopted. Four institutions were involved: 1 did not progress; 1 completed the whole process and published an evidence-based guideline and 2 are ongoing.
Implications for Guideline Developers/Users In the context of LMIC, CB processes based on the "learning by doing" approach and focused to institutions seem to be more appropriate although challenging: not only technical capacities have to be built, but also those related to human resources management, group-working and use of Internet resources. Different level of achievement of these capacities could explain the results observed alongside the CB process implemented by NAM.

087 CAPACITIES, PRACTICES AND PERCEPTIONS OF EVIDENCE-BASED PUBLIC HEALTH IN EUROPE

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Evidence-based methodologies are used to synthesise systematic high-quality evidence and were first applied in clinical practice. Evidence-based public health, however, is still in its early stages. The European Centre for Disease Prevention and Control sought the insight of European organisations working in the field of public health on current practices, capacities, perceptions and predictions of evidence-based public health. A survey was sent to 76 organisations. A response rate of 36% was achieved, representing 27 organisations from 16 countries. Systematic reviews were the most commonly offered service, followed by health technology assessments and rapid assessments. Fifty-four per cent of respondents believed that evidence-based methodologies were poorly integrated into public health. The main perceived barriers to the further development of evidence-based public health included 'lack of formalised structure or system', 'resource constraints' 'lack of understanding of evidence-based methodologies by policy makers' and 'lack of data'. Nevertheless, 81% of respondents believed that evidence-based methodologies will play an increasingly important role in public health in future. However, several barriers need to be overcome. Consistent frameworks and consensus on best practices were identified as the most pressing requirements. Steps should be taken to address these barriers and facilitate integration and ultimately public health policies.

088 COHORT OF CLINICAL PRACTICE GUIDELINES FROM THE SPANISH NATIONAL GUIDELINE PROGRAMME: A SURVIVAL ANALYSIS

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Background Clinical Practice Guidelines (CPGs) recommendations need to be updated to maintain their validity.
Objectives To provide empirical estimates of the average time after which CPGs recommendations become obsolete.
Methods We developed a strategy to assess the validity of CPG recommendations, which included assessing their validity by surveying clinical experts, updating the literature search, screening references by pertinence and matching them with recommendations, and identifying pertinent, relevant and key references, and potential changes in each recommendation. A convenience sample of four CPGs was selected. We piloted our strategy in 20% of the recommendations from these CPGs (feasibility test) and we estimated our sample size. We performed a survival analysis and considered a CPG outdated when more than 20% of recommendations needed to be updated.
Results The four CPGs included 250 recommendations. A total of 39.133 (range 3.343–14.784) references were identified in the exhaustive literature search in a time frame of 3–5 years. The feasibility test identified 16 key references updating 8 recommendations. The number of recommendations required for the study was 113. A total of 674 references were marked as pertinent to these recommendations.
Discussion We developed a rigorous, replicable evaluation strategy to assess the validity of recommendations and estimate CPG obsolescence. Full final results will be present at the GIN meeting.
Implications for Guideline Developers/Users Our work is relevant for guideline developers because it provides information about the expected validity of CPGs recommendations.

089 AN INTERNATIONAL COMPARISON OF OCCUPATIONAL GUIDELINES FOR THE MANAGEMENT OF MENTAL DISORDERS

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