Implications for Guideline Developers/Users This study identified the performance and utility of the scoring guide as a useful guidance to Korean-AGREE II instrument users.

P274 NEW NATIONAL GOVERNMENTAL GUIDELINE PROGRAM IN HUNGARY

E Kis, E Nagy, E Dobos, E Karpati. *National Institute for Quality- and Organizational Development in Healthcare and, Budapest, Hungary*

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Background In Hungary officially 493 clinical practice guidelines (CPGs) were released by the Ministry of Health. Since most of the published guidelines were developed in 2005 and 2006, the updating process is necessary. In Hungary traditionally, professional associations develop guidelines. In lack of a dedicated guideline clearinghouse with an evidence-based methodological support function, mostly non-systematic, non-evidence-based or traditional methods were used when formulating recommendations.

Context To solve these anomalies, the National Institute for Quality- and Organisational Development in Healthcare and Medicines (NIQODHM) set up an expert group of evidence based methodologists to systematically revise the existing clinical guidelines and support the updating process. The expert group assessed the methodological quality of 90% of the existing CPGs by the AGREE instrument: most CPGs scored rather low on the stakeholder involvement, rigour of development, applicability, and editorial independence domains. Therefore our aim is to encourage the professional associations to improve these shortcomings.

Description of Best Practice The NIQODHM developed a web-based application to support this project and coordinates the participation of all relevant professional groups in the development teams. User-friendly tools for adaptation of evidence-based guidelines, based on internationally published methods and materials are developed and personal consultations are provided by the expert group of methodologists. To guarantee the independence of national guidelines, a regulated declaration process for Conflict of Interest is also introduced.

Lessons for Guideline Developers, Adaptors We do believe that methodological support tools will contribute to the development of higher quality and more applicable recommendations.

P275 GUIDELINE-BASED QUALITY INDICATORS FOR CARDIAC REHABILITATION OF PATIENTS WITH ISCHEMIC HEART DISEASE IN JAPAN: USE OF A MODIFIED DELPHI TECHNIQUE FOR INDICATOR DEVELOPMENT

¹S Ohtera, ²K Ueshima, ¹T Nakayama. *¹Graduate School of Medicine/School of Public Health Kyoto University, Kyoto, Japan; ²EBM Research Center Graduate School of Medicine Kyoto University, Kyoto, Japan*

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Background Cardiac rehabilitation improves quality of life and mortality in patients with ischemic heart disease, but it is underutilised and quality in practice is unknown. Quality indicators are increasingly used to quantify healthcare quality. In Japan, however, such indicators for cardiac rehabilitation have not been developed yet.

Objectives The purpose of this study was to develop quality indicators considering clinical circumstances in Japan.

Methods To determine quality indicator candidates, we systematically searched electronic databases and reviewed existing related guidelines indicators. Using a modified Delphi technique, a domestic multidisciplinary panel of ten experts was assembled for a face-to-face meeting. After panel members rated the candidates individually on a questionnaire, a final consensus was determined for each measure.

Results A literature search identified 894 clinical guidelines and 38 existing quality indicators. Some of them were excluded due to inconsistency with a priori criteria. Then, 26 guidelines and 16 indicators were selected to create a list of indicator candidates. The panel discussed 27 candidates: six indicators were adopted, one indicator was not adopted, 20 indicators were reconstituted into four indicators, and three new additional indicators were suggested. Consequently, 13 indicators were chosen.

Discussion Guideline-based quality indicator development may be time-efficient and resource saving, but further methodology research is needed. We are planning a pilot test of these indicators at multiple facilities.

Implications for Guideline Developers/Users Guideline developers should take potential use as quality indicators into account for making recommendations.

P281 APPLYING THE RE-AIM FRAMEWORK TO EVALUATE DISSEMINATION AND IMPLEMENTATION OF CLINICAL PRACTICE GUIDELINE FOR SEXUALLY TRANSMITTED INFECTIONS IN KOREA

^{1,2}H Jo, ^{2,3}S Chang, ^{2,4}Y Lee, ²E Shin, ¹M Oh, ¹H Oh. *¹Department of Health Management and Policy, Kangwon National University, Chuncheon, South Korea, ²The Korean Academy of Medical Sciences, Seoul, South Korea; ³Department of Urology, Kyung Hee University School of Medicine, Seoul, South Korea; ⁴Department of Laboratory Medicine and Genetics, Soonchunhyang University College, Bucheon, South Korea*

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Background Clinical practice guideline for Sexually Transmitted Infections were developed in 2011 by The Korean Urological Association supported financially by the Korean government. It is necessary to establish the theory-based strategy to disseminate and implement guideline more effectively.

Objectives To evaluate dissemination and implementation of clinical practice guideline for Sexually Transmitted Infections in primary health care in Korea.

Methods The RE-AIM framework in terms of reach, effectiveness, adoption, implementation and maintenance was applied. Structured questionnaire was formulated. Survey was performed by e-mailing to physicians working at primary health care clinics from 1st Nov – 30th Nov 2012 and 305 physicians responded.

Results Of the total respondents, 37.5% answered 'Reach'- no problem for the accessibility of clinical guidelines, cognitive level, and adoption. For Effectiveness measurement, the use of practice guidelines would help the determination of the direction of treatment and communication with patients (52.2%). For the Adoption-environment to apply clinical practice guidelines, there were no problems (50.6%). For Implementation-the degree of application with Practice Guidelines, 17.8% of respondents frequently used the guidelines and, 91.0% of respondents are willing to use them in the future. For Maintenance, 54.8% of respondents used the clinical practice guidelines for more than 6 months.

Discussion The reach has been low and even in the respondents with the guideline, the rate of clinical application has been low as well.

Implications for Guideline Developers/Users RE-AIM framework is a useful tool to evaluate the effect of using guidelines and develop strategies to disseminate them.

P282 MANAGEMENT OF PATIENTS WITH BIPOLAR DISORDER: AN ADAPTED CLINICAL PRACTICE GUIDELINE FROM KING SAUD UNIVERSITY, KING KHALID UNIVERSITY HOSPITAL, CLINICAL PRACTICE GUIDELINES COMMITTEE, FACULTY OF MEDICINE, DEPARTMENT OF PSYCHIATRY

^{1,2,4}E Abahussain, ^{2,4,5}S Fatani, ^{1,2,4}M Altuwarigi, ^{2,4,6}L Al-Ansary, ^{2,3,4}Y Amer. ¹Psychiatry Department, College of Medicine, King Saud University, Riyadh, Saudi Arabia; ²CPGs Committee and subcommittee, KSUHs, Riyadh, Saudi Arabia; ³Quality Management Department, KSUHs, Riyadh, Saudi Arabia; ⁴King Khalid University Hospital, Riyadh, Saudi Arabia; ⁵Pharmacy Department, Riyadh Saudi Arabia Shaikh Bahamdan Chair for Evidence-Based Healthcare & Knowledge Translation, Riyadh Saudi Arabia

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Objectives Adaptation of CPGs for Treatment of Bipolar disorder in King Khalid University Hospital, Psychiatry Department
Methods The ADAPTE process for CPGs adaptation. Results: the final decision of the panel after full assessments of 3 source CPGs was full acceptance (adoption) of the Canadian Network for Mood and Anxiety Treatments (CANMAT) and International Society for Bipolar Disorders (ISBD) collaborative update of CANMAT guidelines for the management of patients with bipolar disorder (updated 2009).

Results Examples of Recommendations Lithium, valproate, and several atypical antipsychotics monotherapy is recommended to be used as first line treatments for acute mania, combination pharmacology with antipsychotics and mood stabiliser can be used as first line option. Paliperidone monotherapy and asenapine alone or in combination with lithium or divalproex can be used as a second line treatment; tamoxifen is suggested as a third line augmentation option. For the Management of bipolar depression, lithium, lamotrigine, and quetiapine monotherapy, olanzapine plus selective serotonin reuptake inhibitor (SSRI), and lithium or divalproex plus SSRI bupropion are first-line options. Adjunctive modafinil is recommended as a second-line option. lithium, lamotrigine, valproate and olanzapine are first-line options for maintenance treatment of bipolar disorder.

Conclusion New data support the use of quetiapine monotherapy and adjunctive therapy for the prevention of manic and depressive events, aripiprazole monotherapy for the prevention of manic events, and risperidone long-acting injection monotherapy and adjunctive therapy, and adjunctive ziprasidone for the prevention of mood events.

P283 DEVELOPMENT OF A CLINICAL PRACTICE GUIDELINE ON INTRAVENOUS THERAPY USING GRADE: INTEGRATING AVAILABLE EVIDENCE AND EXPERT OPINION

¹E Briones, ²I Marín-León, ³M Buzón, ⁴R García-Aguilar, ⁵A Romero-Tabares, A, Romero-Alonso⁶, J. Medrano⁷, E. Calderón⁸, L. López, ⁹. ¹Public Health Unit. SAS, Sevilla, Spain; ²Virgen del Rocío Hospital. SAS, Sevilla, Spain; ³FISEVI. Virgen del Rocío Hospital. SAS, Sevilla, Spain; ⁴Agencia de Evaluación de Tecnologías Sanitarias (AETSA), Sevilla, Spain; ⁵Agencia de Evaluación de Tecnologías Sanitarias (AETSA), Sevilla, Spain; ⁶Valme Hospital. SAS Sevilla, Spain; ⁷Virgen del Rocío Hospital. SAS Sevilla Spain Virgen del Rocío Hospital. SAS Sevilla Spain Virgen del Rocío Hospital. SAS Sevilla Spain

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Background Intravenous therapy is one of the most frequently used interventions in health care, with increasing complexity and duration of treatments. A clinical practice guideline (CPG) on this topic was developed within the framework of the Spanish programme (National Health System) aimed to provide recommendations on intravenous therapy best practice.

Objective To describe CPG development process, considering methodological issues, such as updating and adapting existing guidelines and expert inputs.

Methods Using the GRADE approach, an evidence synthesis was developed for each clinical question, including adoption or update of valid recommendations from selected guidelines. Expert panel followed methodology proposed by Jaescke *et al* with predefined consensus criteria to categorise recommendations.

Results After assessment with AGREE II instrument, 3 guidelines were considered highly recommended and selected for adaptation/updating. Evidence synthesis and recommendations for each 63 initial clinical question were drafted and sent to the expert panel who voted individually. Areas of disagreement were identified and discussed in a face-to-face meeting. After the second voting round 55 recommendations remained, of which 27 were rated as strong, 12 as weak and 14 as good practice recommendations. Six of them were adopted/updated from previous guidelines. In 2 cases there was no agreement in the panel and no recommendation was issued.

Discussion GRADE proved to be a useful method to develop a complex guideline, incorporating evidence from previous guidelines and expert opinion. The method was well accepted and followed by the panel and improved the elaboration of recommendations.

P284 A SURVEY OF THE UPDATING OF CLINICAL PRACTICE GUIDELINES IN CHINA

^{1,2}Y Chen, ^{1,2}X Wang, ^{1,2}Q Wu, ^{1,2}Q Wang, ^{1,2}D Wei, ^{1,2}L Yao, ^{1,2}F Liang, ³M Wang, ^{1,2}K Yang. ¹Evidence-Based Medicine Center of Lanzhou University, Lanzhou, China; ²Chinese GRADE Center, Lanzhou, China; ³The First Hospital of Lanzhou University, Lanzhou, China

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Background Clinical Practice Guidelines (CPGs) should be updated when new evidence suggests the need for modification of clinically important recommendations. Some guideline handbooks suggest that CPGs should update every 2 to 5 years. Little is known about the updating of CPGs in China.

Objectives To investigate the current situation of the updating of CPGs in China.

Methods We searched WangFang, VIP, Chinese National Knowledge Infrastructure (CNKI) and Chinese Biomedical Literature Database (CBM) up to December 2012. And then we screened all included papers.

Results A total of 380 Chinese CPGs were included. There were 345 of guidelines (91%) had not been updated. 35 (9%) were updated and the average update cycle of them was 5.6 years (from 1 to 9 years). No guideline described the details of methods of uptodate.

Conclusions Updating the CPGs is important for the better dissemination and utilisation. But in China, most of the CPGs had never been updated, and the average update cycle (5.6 years) of the updated is longer than international standard (5 years). We suggest Chinese guideline developers should pay more attention to the updating the guideline in time.