Objective This systematic review was performed to summarise RCTs assessing the efficacy and safety of ginseng treatment in the Korean literature.

Method The study involved systematic searches conducted in eight Korean Medical databases. The methodological quality of all of the included studies was assessed using the Cochrane ROB tool. We included all RCTs on any type of ginseng compared to placebo, active treatment or no treatment in healthy individuals or patients regardless of conditions.

Results In total, 30 randomised clinical trials were included. Nine RCTs assessed the effects of ginseng on exercise capacity, cognitive performance, somatic symptoms, quality of life, and sleeping in healthy persons. Six RCTs tested ginseng compared with placebo for erectile dysfunction, while another four studies evaluated the effects of ginseng against no treatment for gastric and colon cancer. Two RCTs compared the effect of red ginseng on diabetes mellitus with no treatment or placebo, and the other nine RCTs assessed the effects of ginseng compared with placebo or no treatment on various conditions. However, the 20 newly added trials may provide useful information for future trials.

Discussion Most RCTs published in the Korean literature have not been included in up-to-date systematic reviews. Although the quality of RCTs published in the Korean literature was generally poor, this review is useful for researchers to access studies that were originally published in languages that they would otherwise be unable to read and due to the paucity of evidence on this subject.

P023 OBSERVATIONAL DRUG THERAPY TRIALS ADD UP USEFUL INFORMATION AS COMPARED WITH RANDOMISED CONTROLLED TRIALS: CASE MULTIPLE SCLEROSIS

S Atula, L Lodenius, J Komulainen. *Finnish Medical Society Duodecim, Current Care, Helsinki, Finland*

10:1136/bmjqs-2013-002293.132

Background Clinical practice guidelines (CPG's) are predominantly based on randomised controlled trials (RCT's). However, the number of published observational, non-randomised trials is high and yet, the information they contain is often excluded while compiling CPG's.

Objectives We compared randomised and observational clinical treatment trials, published within one year, using multiple sclerosis (MS) as a model. The aim was to find out whether valuable information for CPG's can be discovered by using observational studies.

Methods We collected all publications of MS treatment in Medline during year 2012, using Scottish Intercollegiate Guidelines Network (SIGN) search filters for randomised and observational trials for making a systematic literature review. The clinical drug trials on adults with MS, published in English were included. Case reports and symptomatic treatment trials were excluded.

Results A total of 24 RCT's and 45 observational trials were found. The median number of participants in RCT's was 430 (range 66 to 2244) and in observational trials 118 (range 5 to 22255). Twenty RCT's were efficacy trials, 2 evaluated health economics and one each safety and pharmacology. Twenty-eight observational trials had efficacy as a primary end-point, 10 addressed safety, 5 treatment adherence and one each pharmacology and health economics.

Discussion Most trials addressing safety or compliance issues were observational, therefore important safety and adherence data could be lost by omitting them.

Implications for Guideline Developers/Users Observational trials should be considered while compiling CPG's.

P030 E-TOOL FOR PATIENTS WITH NON-HODGKIN'S LYMPHOMA TO IMPROVE GUIDELINE ADHERENCE

¹J Stienen, ¹R Hermens, ²H van Krieken, ³S van de Schans, ⁴H Dekker, ⁵R van der Maazen, ¹L Wennekes, ⁶N Blijlevens, ⁷N Ottevanger. ¹Scientific Institute for Quality of Healthcare, Radboud University Medical Centre, Nijmegen, Netherlands; ²Department of Pathology, Radboud University Nijmegen Medical Centre, Nijmegen, Netherlands; ³Department of Cancer Registry and Research, Comprehensive Cancer Centre the Neth, Utrecht, Netherlands; ⁴Department of Radiology, Radboud University Nijmegen Medical Centre, Nijmegen, Netherlands; ⁵Department of Radiotherapy, Radboud University Nijmegen Medical Centre, Nijmegen, Netherlands; ⁶Department of Hematology, Radboud University Nijmegen Medical Centre Nijmegen Netherlands; ⁷Department of Medical Oncology, Radboud University Nijmegen Medical Centre Nijmegen Netherlands

10:1136/bmjqs-2013-002293.133

Background Patient education should be part of improvement strategies to increase guideline adherence by professionals.

Objectives This study evaluates an e-tool designed in response to patients' need for more complete information regarding diagnostics, therapy and after-care (based on previous research). The e-tool aims to inform patients about non-Hodgkin's lymphoma (NHL)-care and gives patients the possibility to check their own care pathway and register personal experiences.

Methods The e-tool was developed in consultation with the Dutch Lymphoma Patients Organization and evaluated by NHL-patients, professionals and laymen. Feedback was asked concerning lay-out, user convenience, information provision and general strengths and weaknesses of the e-tool. The effect of the e-tool is now tested in 9 Dutch hospitals. Patients are included from November 2012 to November 2013. All patients receive patient information and an informed consent form. The process of inclusion is continuously monitored.

Results In the development phase, 18 out of 26 feedback forms were filled out. Information needs were satisfactory and clearness of navigation and information on new therapies were improved after feedback. In the first 3 months of the testing phase, 25 of the historically estimated 50 patients received patient information, 12 consented and 8 used the e-tool.

Discussion The e-tool seems feasible to empower patients regarding their NHL-care pathway. However, distribution of patient information is not yet optimal. Patients' experiences with the e-tool and possible effects on quality of care is tested in a randomised controlled trial.

Implications Educational e-tools for patients may help to improve guideline development and adherence.

P038 COMPLETING THE PDCA CIRCLE FOR GUIDELINES WITHIN ONE ORGANISATION

¹D Stemkens, ¹K Aben, ²S Osanto, ¹J de Groot, ¹E Verhoof. ¹IKNL, Comprehensive Cancer Centre The Netherlands, Utrecht, Netherlands; ²Leiden University Medical Center, Leiden, Netherlands

10:1136/bmjqs-2013-002293.134

Background Our organisation is closely involved in the continuous process of developing, implementing and evaluating

(evidence based) guidelines for oncological and palliative care. we use the unique combination of data from our national cancer registry, our knowledge and experience as well as the knowledge and experience of medical professionals and patient representatives available through national and regional networks. As part of this process, each evidence based guideline is evaluated with the objective: 1. to get insight in the adherence; 2. to get insight in possible bottlenecks for the implementation in daily practice; 3. to stimulate further implementation by giving feedback.

Description of Best Practice The case of the guideline renal cell carcinoma will be presented. This includes the following steps: 1. selection of recommendations (based on the new guideline) by the guideline working group; 2. definition of indicators; 3. registration by trained registration staff of our national cancer registry; 4. analysis of the results; 5. presentation of results to professionals; 6. specific promotion of expertise and skills to further implement the guideline.

Lessons for Guideline Developers/Users The combination of development, implementation and evaluation of guidelines 'in one hand' offers special opportunities for quality improvement. During guideline development it already becomes clear which recommendations will need extra attention during implementation. These recommendations are very interesting to evaluate, so that the feedback about these recommendations can help the professionals to further implement the guideline.

P041 SUSTAINING ORGANIZATIONAL CAPACITIES OF KNOWLEDGE UTILIZATION: A COMPLETE TOOLBOX FOR THE HEALTH AND SOCIAL SERVICES ORGANIZATIONS

¹F Chagnon, ¹C Bardon, ¹N Houffort, ²R Proulx, ¹P Labelle, ¹M Gervais. ¹Université du Québec à Montréal, Montreal, Canada; ²Centre Réadaptation Déficience Intellectuelle Montréal (CRDI), Montreal, Canada

10:1136/bmjqs-2013-002293.135

Background Despite research and funding, the understanding of organization's capacities of knowledge utilisation remains incomplete in health and social field.

Objectives To better understand organisational determinants of research result utilisation.

Method Between 2009 and 2012, managers (n = 75) from health and social services organisations (N = 8) have actively contributed in a participative research action process. Additionally professionals and managers (N = 2161) have answered questionnaires. Qualitative and quantitative data gathered on the organisational outcomes as well as on the process of using our tool provided empirical validation. This iterative process led to the creation of a complete toolbox designed to help organisations raise to the knowledge transfer and utilisation challenge.

Results The toolbox includes a conceptual framework, a user's guide and two questionnaires to establish a diagnostic of the organisation's capacities of knowledge utilisation and to identify the main strategies to improve them. At the root of our toolbox is a theoretical model of organisational capacities to use knowledge, specific to health and social services organisations, that we have developed. Our model includes eight components: organisational culture, vision and leadership, knowledge acquisition, reflexivity, integration, creation and dissemination, adaptation, and relationships.

Discussion The results demonstrate that the toolbox helps decision makers to develop a common understanding of their organisation's strengths and weaknesses in terms of research knowledge utilisation capacities. Implications: The research and

toolbox developed by our team provide a first step in unveiling the intricacies of knowledge utilisation in the social services sector. Eight key organisational capacities were found to be essential in facilitating and promoting knowledge utilisation in health and social services.

P042 EVIDENCE-BASED GUIDELINE ON PHARMACOLOGICAL MANAGEMENT OF OSTEOARTHRITIS OF KNEE IN PRIMARY CARE SETTINGS IN HONG KONG

M Ng, W Lam, Y Hui.

10:1136/bmjqs-2013-002293.136

Background Osteoarthritis (OA) is a common degenerative joint condition. Family physician plays an important role in the management.

Objectives The guideline seeks to assist primary health care professionals to help patients with OA knee to improve quality of life using pharmacological measures to relieve symptoms, improve drug use and reduce adverse drug incidents.

Methods The guideline is based on evidence-based literature review and was synthesised in accordance with SIGN methodology. A systematic review of literature was carried out using an explicit search strategy devised by a SIGN Information Officer. Each of the selected papers was evaluated using standard SIGN methodological checklists and the articles were subsequently reviewed. The guideline was synthesised by adaptation recommendations using the AGREE Tool. The recommendations were then modified based on the latest best available evidence. The guideline was finally reviewed internally and externally.

Results The first line drug treatment of OA knee is paracetamol in regular divided doses to a maximum of 4g/day. There is good evidence to prescribe NSAID or COX-2 NSAID for reducing pain in short term. Family physician may consider prescribing weak or strong opioids with caution for moderate or severe pain. Intra-articular corticosteroid injections for short term relief can be considered. Family physician may also consider use of topical NSAIDs and hyaluronic acid.

Conclusions Use of appropriate pharmacological measures can effectively relieve symptoms, improve functions and reduce adverse drug incidents.

P043 FIVE MAJOR AREAS OF RESEARCH OF GRADE SYSTEM

^{1,2}Y Chen, ^{1,2}L Yao, ^{1,2}Q Wang, ^{1,2}Q Wu, ^{1,2}X Wang, ^{1,2}K Yang. ¹Evidence-Based Medicine Center of Lanzhou University, Lanzhou, China; ²Chinese GRADE Center, Lanzhou, China

10:1136/bmjqs-2013-002293.137

Background Over the past 10 years, more and more guideline developers and systematic review authors adopt the GRADE method. Also, many researchers and groups become interested in discussing, studying and developing it.

Methods We searched and analysed all GRADE papers published in academic journals from 2004 to 2012, abstracts in Cochrane colloquium from 2000 to 2012 and G-I-N Conferences from 2003 to 2012, attended GRADE workshops and meeting in GIN and Cochrane colloquium.

Results We found the following five major areas of research of GRADE system: 1. Comparison and Trend Analysis between GRADE and other different rating systems 2. Reasons analysis for downgrading and upgrading the quality of evidence and