Abstracts

SUSTAINING ORGANIZATIONAL CAPACITIES OF FIVE MAJOR AREAS OF RESEARCH OF GRADE SYSTEM EVIDENCE-BASED GUIDELINE ON PHARMACOLOGICAL

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 evidence) 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 package 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.

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

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 SIGH 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.

FIVE MAJOR AREAS OF RESEARCH OF GRADE SYSTEM

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 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
Background Little is known about quality and quantity of traditional Chinese clinical guidelines. We aim to systematically review all of traditional Chinese clinical guidelines.

Methods We searched CNKI (China National Knowledge Infrastructure/Chinese Academic Journals full text Database), VIP (a fulltext database of China), WANFANG (a fulltext database of China) and CBM (China Biomedicine Database Disc). Two groups of review authors independently applied inclusion criteria, assessed trial quality, and extracted data.

Results We identified 75 traditional Chinese clinical guidelines from 2003 to 2012, and only 11(15%) were claimed that an evidence based approach were used in the process of development. From the assessment with the Appraisal of Guidelines for Research and Evaluation II (AGREE II), the mean scores were low for the domains 'clarity of presentation' (28%), 'scope and purpose' (15%) and 'editorial independence' 12%; and very low for the other domains ('stakeholder involvement' 8%, 'rigour of development' 5% and 'applicability' 3%). AGREE II mean scores of traditional Chinese clinical guidelines lower than Chinese clinical practice guidelines and the world average.

Conclusions Traditional Chinese clinical guidelines received lower scores, which indicate a relatively poor quality of the guidelines. However, there was some increase over time. Meanwhile, given the characteristics of Traditional Chinese medicine, CONSORT group has been developing CONSORT for TCM and for Acupuncture, we plan to develop AGREE TCM to be used to inform the development, appraisal and reporting of traditional Chinese clinical guidelines.

Background Occupational Medicine focuses on return to functionality and work, however the overwhelming majority of injuries are musculoskeletal and require very specific clinical situation evidence review. Body part areas addressed include spine, shoulder, elbow, hand/wrist/forearm, hip/groin, knee and ankle/foot. Interventions assessed include diagnostic, therapeutic and medical therapies.

Objectives To assess the theoretical evidence distribution of a comprehensive musculoskeletal guideline and its potential application in practice. Methods: Evidence ratings (A,B,C) were determined by expert data extraction from over 5,000 randomised controlled trials (RCT), non-RCT evidence was designated as insufficient (I). RCT evidence ratings were quantified on an 11 point scale that assessed appropriateness, biases and effectiveness. High quality evidence was defined as 8.0–11 points, moderate 4.0–7.5, and low < 4.0 points. A level evidence (strong) was defined as 2 or more high-quality RCTs, B (Moderate) 1 high-quality or multiple moderate-quality, C (Limited) at least one study of moderate-quality. Low quality, observational or conflicting evidence was designated as Insufficient (I). A similar profile was used for diagnostic evidence recommendations. Evidence ratings were verified by independent writing panels.

Results Only 0% of 2500 recommendations were supported by a Limited (C) or better evidence base. When adjusting for frequency of occurrence from a claims data base, and cost was estimated in only 14% of costs were associated with quality RCT studies.

Conclusions These data suggest that the majority of musculoskeletal clinical decisions do not have a sufficient evidence base for rules-based decision making.

Background Many parents worry that their child is eating either too much or too little. In The Netherlands, Preventive Child Health Care (PCHC) is the main source of advice and information on food and eating behaviour. Yet, evidence on the subject is sparse and scattered. The Dutch Ministry of Health Welfare and Sports, therefore, requested a guideline; the PCHC-guideline should fit together with a guideline for paediatricians on the same subject, which was developed concurrently.

Objectives To develop a national guideline for PCHC-professionals on the subject to enhance uniform, evidence-based practice.

Methods A working group of guideline developers, epidemiologists, and dieticians, together with professionals in PCHC, child psychology and -pedagogics, and a pre-speech therapist developed the guideline, according to the principles of evidence-based medicine. Close collaboration took place with a group of paediatricians developing the new guideline ‘Signalling somatic causes of abnormal nutritional behaviour in children’. Questions were formulated by the working group and evidence was extracted from literature, supplemented by practice-based consensus. The guideline was piloted in several PCHC settings.

Results Together with a group of child psychologists and psychiatrists, referral criteria for eating disorders were agreed on. Paediatricians formulated ‘Somatic alarm symptoms’. Discussion Working with a large, interdisciplinary group of guideline