Abstracts

Background Manuals and Toolkits (MT) are standards for developing Clinical Practice Guidelines (CPG). Most developers have their own MT. There isn’t enough information about characteristics of MT in other languages than English.

Objectives To assess the characteristics of MT for developing CPG from different developers in English and Spanish.

Methods We searched electronic databases, national clearing-houses and non-electronic sources such as guidelines developer’s sites. Epidemiologists independently assessed MT retrieved. Information about scoping, development group, Conflict of Interests (COI), updating, evidence systems among others, were extracted.

Results Twenty MT were retrieved, 8 in Spanish, and 12 in English. It is not clear how COI is declared and handled in most of the MT. GRADE and SIGN were the most recommended systems for assessment of quality of evidence, nevertheless many didn’t recommend any system. Only 2 MT had a complete explanation about patient’s participation. Three years is the most common recommendation for updating CPG. Only a few include an economic component. There isn’t clarity in how recommendations are reported and how should be the external review of MT.

Discussion There is heterogeneity in CPG development. Spanish MT are less specific than English ones. It is important to improve quality of Spanish-language MT’s, in order to enhance quality of Spanish CPG. There is an important lack of information about patient’s participation and drafting of recommendations.

Implications for Guideline Developers/Users It’s important to improve the contents and quality of MT in order to achieve high quality standards on CPG development for both developed and developing countries.

Results Twelve grading systems were included. Process characteristics least often addressed were whether the system was piloted (3/12) and funder information (3/12). Methodologically, developing a clinical scenario, care pathway and/or analytical framework, having explicit criteria for appraising and linking indirect evidence, and having explicit methodologies for translating evidence into recommendations were least frequently addressed. Five systems at most addressed these to varying degrees of completeness.

Implications for Guideline Developers There is a need for standardisation of basic guideline features a grading system should address. No one system adequately addressed the complexity of gathering, assessing and linking different bodies of evidence. There is a need for critical appraisal of these features in each system and for targeted user testing among guideline developers.

Methods We used a systematic search to identify grading systems specific to medical tests in PubMed, professional guideline websites and handsearching back references of key articles. Using the AGREE instrument as a starting point, we defined two sets of characteristics to describe these systems: process and methodological ones. Process characteristics were features related to the guideline development process. Methodological characteristics were defined as features relating to how evidence is gathered, appraised and recommendations development. Data was extracted in duplicate and differences resolved through discussion.

Results Twelve grading systems were included. Process characteristics least often addressed were whether the system was piloted (3/12) and funder information (3/12). Methodologically, developing a clinical scenario, care pathway and/or analytical framework, having explicit criteria for appraising and linking indirect evidence, and having explicit methodologies for translating evidence into recommendations were least frequently addressed. Five systems at most addressed these to varying degrees of completeness.

Implications for Guideline Developers There is a need for standardisation of basic guideline features a grading system should address. No one system adequately addressed the complexity of gathering, assessing and linking different bodies of evidence. There is a need for critical appraisal of these features in each system and for targeted user testing among guideline developers.
review of clinical guideline implementability. Two analysts independently evaluated each PEM to determine how design principles were applied.

**Results**

Though the sample consisted of PEMs designed and developed to influence care, no single PEM scored well across all categories. Some PEMs failed to differentiate major recommendations and did not present them in a stepwise fashion. Most used clear and easy to read text, but highlighting was often inappropriate. Some algorithms lacked logic and consistency. Images were poorly designed and used, which may distract and confuse the reader.

**Discussion**

Design principles are not consistently applied in the development of PEMs and improvements are needed to images, presentation of recommendations, and usability of algorithms. Improvements to the design of PEMs may influence their uptake by combating information overload and increasing their perceived ease of use and perceived usefulness.

**Implications for Guideline Developers/Users**

Those who create guidelines and other PEMs consider some design principles, but do not implement them consistently. Our checklist can assist guideline developers in employing a range of design principles.

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**PO82**

**ADHERENCE TO RECOMMENDATIONS OF CLINICAL PRACTICE GUIDELINES**

J Sosa-Garcia, S Martinez-Aldana, D Hernandez-Santillan. National Center for Health Technology Excellence (CENETEC), Mexico

10:1136/bmjqs-2013-002293.151

**Background**

The use of the recommendation of clinical practice guidelines (CPGs) by health professionals, depends on the diffusion process and local strategies of implementation of a particular guide in a specific service of the institution.

**Objectives**

Assess the adherence to the recommendations of CPGs by health professionals internationally.

**Methods**

A systematic review of the literature in PubMed was conducted (MeSH term ‘Guideline Adherence’, filters: published in the last 5 years, meta-analysis).

**Results**

Out of 33 documents that were obtained, seven were selected, one systematic review and one document in google academic (Mexico). The percentage of adherence differs markedly depending on the directory in question and on the professionals involved from 61.1 to 72.2%. The median adherence was 45%. The professionals with the greatest adherence were dentists, whereas cardiologists and surgeons did not change their behaviour due to the recommendations of a CPG.

**Discussion**

The degree of adherence to the recommendations of the CPG is influenced by different factors, related to the efforts of professional associations, the management of health care organisations, the professionals themselves involved in the care of the patient and the patient himself.

**Implications for Guideline Developers/Users**

The key elements for adherence to the recommendations of the CPG are: involvement of the professionals with the strategy, occupational type, and suggested recommendations.

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**PO84**

**EXPERIENCES WITH THE NOVEL POLICY FOR MANAGING CONFLICTS OF INTEREST IMPLEMENTED IN THE 9TH EDITION OF THE AMERICAN COLLEGE OF CHEST PHYSICIANS ANTIITHROMBOTIC GUIDELINES (AT9)**

1,2,3 Neumann, R Karl, A Rajpal, A E AK, G Guyatt. 1Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Canada; 2Department of Medicine, Pontificia Universidad Catolica de Chile, Santiago, Chile; 3Department of Family Medicine, State University of New York at Buffalo, Buffalo, USA; 4Department of Internal Medicine, Drexel School of Medicine, New Jersey, USA; 5Department of Internal Medicine, American University of Beirut, Beirut, Lebanon; 6Department of Medicine, State University of New York at Buffalo, Buffalo, USA

10:1136/bmjqs-2013-002293.152

**Background**

The executive committee of the American College of Chest Physicians 9th edition of the Antithrombotic Guidelines (AT9) developed a novel policy for managing conflicts of interest (COI): methodologists bore primary responsibility for each chapter; there was equal emphasis on intellectual and financial COI; and content experts with COI participated, but the intent was to exclude them from the final decisions on recommendations on which they had conflicts.

**Objectives**

To explore the experiences of the AT9 methodologists and content experts with the COI policy.

**Methods**

A descriptive qualitative study: We conducted two rounds of semi-structured interviews with 15 participants and presented the results to the remaining 4 for verification.

**Results**

Methodologists were more positive about the policy than content experts. Six of 10 content experts expressed a more positive view than prior to participation in the AT9 process. The other 4 content experts remained sceptical, especially regarding the emphasis on intellectual COI. It was not possible to completely exclude conflicted panelists from the final decisions of the recommendations on which they had COI.

**Discussion**

After its implementation, some content experts were more favourable to the policy, but some retained major reservations. The influence of the policy on recommendations may have been more through the leading role of the methodologists than exclusion of conflicted participants in making recommendations.

**Implications for Guideline Developers/Users**

The leading role of methodologists was a positive innovation. However, restrictions to conflicted panelists were difficult to fully implement.

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**PO86**

**DESCRIBING GUIDELINE DEVELOPMENT PROCESS: RESPONDING TO NEW CHALLENGES AND ENSURING TRANSPARENCY**

The Finnish Medical Society Duodecim/Current Care

10:1136/bmjqs-2013-002293.153

**Background**

Evidence-based guidelines should be developed with rigorous methodological standards such as described by AGREE, G-I-N and IOM. One of the main aims is that the development process is repeatable and transparent. To follow these principles, process descriptions and methodological handbook are needed to enable appraisal.

**Context**

Our organisation has developed EBM guidelines for two decades. A methodological handbook was first published in 1998, with the latest (6th) revision published in 2012. Until 2012, processes have been described as simple flowcharts, covering mainly the work phases, not the whole process.

**Description of Best Practice**

Handbook was revised in co-operation with other national EBM organisations. It describes composition of guideline development group, methods for developing a guideline, consensus methods and decision-making process, patient involvement, peer review methods, and updating procedure. The process description was initiated in a workshop where all work phases and activities of guideline development process were written down and placed on a process flow diagram (swimlane) in chronological order. At the same time, the performer for each