Methods Continuous interscalene brachial plexus block for the shoulder or humerus surgery patients was assessed using 8 domestic databases including Korea Med and Ovid-MEDLINE, Ovid-EMBASE and Cochrane Library. Through a search strategy, a total of 348 works were identified and total of 21 works were included in the final assessment. Two reviewers screened all references independently, for assessing included articles quality and extracted data.

Results Side effects of the drug were reported to have occurred less or at similar level in the intervention group than the control group, although procedure related complications were reported to have occurred more often in the intervention group compared to the control group. The average pain score following the surgery was reported to be significantly lower or similar for the intervention group compared with the control group. In addition, the intervention group displayed either similar or higher level of satisfaction of patients on the pain control method.

Conclusion Continuous interscalene brachial plexus block was assessed to be a safe and effective technology when used for the purpose of reduction in pain in shoulder or humerus surgery patients since it was found to be relatively safe when compared with the existing procedures, and similar or more effective in terms of pain control and usage of additional analgesics in comparison to the existing pain control methods.

P181  **SNORING, GASPING AND ADAPTE!**

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Background The Netherlands Society of Occupational Medicine (NVAB) has a tradition of guideline development since 1999. The development of a typical monodisciplinary guideline for occupational physicians takes two years. In order to save time and costs the NVAB initiated an ADAPTE process for a monodisciplinary guideline on Obstructive Sleep Apenoma Syndrome (OSAS).

Context OSAS is a major problem in the working population and may attribute to a substantial proportion of work related problems associated with fatigue. Examples are work accidents, work errors and productivity loss. Although a Dutch multidisciplinary guideline on OSAS exists, only a minority of the Dutch occupational physicians actually uses this guideline. To facilitate the implementation of the guideline, the NVAB provided a summary, a PowerPoint presentation, and medical case studies for occupational physicians. However, the guideline was still not implemented in clinical practice. Therefore the NVAB took the initiative to develop a monodisciplinary practice guideline for occupational physicians.

Description The ADAPTE process was used to develop a monodisciplinary practice guideline for occupational physicians based on a Dutch multidisciplinary guideline developed by CBO in 2009. The aim was to develop a monodisciplinary guideline in one year. In the end it took almost 3 years to adapt the guideline.

Lessons ADAPTE is a practical tool to adapt multidisciplinary guidelines into monodisciplinary practice guidelines. However, the use of the ADAPTE process does not guarantee time savings and reduction of development costs.