Background
Gestational diabetes mellitus (GDM) is a frequent complication in pregnancy, however there is lacking agreement on international CPG on the best screening strategy: whom, when and how to screen. Following the HAPO study, the International Association of Diabetes and Pregnancy Study Group (IADPSG) recommended a new strategy consisting on a 1-step 2-hour 75 g. oral glucose tolerance test.

Objectives
To systematically review the evidence that compares alternative tests for diagnosis of GDM, in terms of maternal and infant health and costs.

Methods
MEDLINE, EMBASE, EBM reviews and NHS EED were searched. Studies comparing the IADPSG guidelines with other strategies were retrieved. Besides, recommendations currently in place in different countries were summarised.

Results
Eleven studies were selected. The results showed that the IADPSG criteria nearly tripled the GDM prevalence. Women who fulfilled IADPSG criteria but were normal using other criteria experienced significantly higher adverse outcomes (macrosomia, preterm delivery, neonatal hypoglycaemia and pre-eclampsia). Although the IADPSG screening strategy was more costly, considering the long-term maternal benefits and the neonatal outcomes it might be cost-effective.

Discussion
Implementing the IADPSG criteria will increase GDM diagnosis and this may pose a strain on health care system, but it is also an opportunity to reduce adverse outcomes for mother and child. In fact, the IADPSG strategy appeared to be cost-effective strategy under certain conditions. Further large well-designed trials are needed to determine the best strategy.

Implications for Guideline Developers/Users
Considering the high inconsistency across guidelines the new IADPSG screening strategy may outdated current strategies proposed on CPG.

Background
Although legal and ethical aspects related to the care of people with dementia have been long neglected, current guidelines highlight its importance. Specifically, the advanced directives document (ADs) is a useful instrument in decision-making in non-competent patients. Despite the promotion of guidelines related to the use of ADs, it is claimed that adherence is not as optimal as desired. An analysis of the barriers to implementation is therefore needed.

Objectives
To explore health professionals’ knowledge and attitudes towards the use of ADs in three different health settings and to evaluate their adherence to the established recommendations.

Methods
A cross sectional, descriptive study by means of a self-administered questionnaire was conducted with over 2,000 professionals working in dementia care in the Basque Country. On the other hand, the relevant recommendations from the ADs in cases of dementia are summarised and i is discussed whether professionals comply with them.

Results
Data is currently being analysed and results will be available for presentation at GIN.

Discussion
Adherence to CPG is a long discussed issue. Bringing ethical issues into the debate makes it more complex, since not only the knowledge but the personal values are in place. That may explain why ethical and legal related recommendations and clinical practice differ considerably and why the use of ADs in the real practice remains a taboo.

Implications for Guideline Developers/Users
Knowing the barriers to comply with ADs may help to put the mechanism in place to reduce the gap between theory and practice.