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Background Traditionally patients are not involved in the development of clinical guidelines, and most current panels include only clinical and methodological experts. We therefore know little about what patients (or healthy lay people) would have recommended if they were provided with the same evidence as experts.

Objectives Develop a prototype ‘Recommendation-making game’ which can be used for: (1) Exploring patients and lay people’s reasoning when facing the same evidence as an expert guideline panel; (2) assess whether they give similar value to the outcomes or burdens if the decision of making a recommendation for a patient group was up to them; (3) determine whether their recommendation concur with what they would have decided for themselves.

Methods We used game technology to make a generic prototype of an online “Recommendation-making game”, based on structured guidelines published in the MAGIC (Making Grade the Irresistible Choice) application. This approach will enable us to automatically make online surveys out of any guideline/recommendation in the system. In making it into a game we believe people would want to participate, and we can potentially harvest information from a large group of people. The game can also be used in small focus groups for qualitative data collection.

Results We will display the prototype at the conference.

Discussion Does clinical experts reasoning effects that of patient representatives in a guideline panel?

Implications for Guideline Developers/Users GAME-IT explores a new way of harvesting information from patients (or healthy lay people) regarding treatment recommendations.

P353

THE CURRENT STATUS OF EVIDENCE-BASED CLINICAL PRACTICE GUIDELINES ON STROKE

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Background Stroke is one of the main causes of death. It is important not only treating acute state after stroke event, but managing patients with disability.

Objectives To examine current status of evidence-based CPGs for stroke.

Methods We were systematically examined CPGs of stroke since 2000. We searched Korean DB and PubMed, NGC, GIN using ‘stroke’. Data were extracted on types of treatment, management and rehabilitation, and level of evidence (LOE), grade of recommendation (GOR), and the included CPGs was evaluated though AGREE II.

Results Finally 24 CPGs were selected, and 20 were since 2006. 9 CPGs were from academic societies or agencies in USA, 7 from Europe, and 8 from others. The number of CPGs wrote by academic institutes 24, and 14 published in the medical journals. On both hemorrhage and infarction were 15, on infarction 5, and on hemorrhage 4. Major issues of 6 CPGs were from treatment and management of acute stage to rehabilitation of chronic stage, 10 were only treatment and management of acute phase, and 8 were about stroke rehabilitation. All CPGs didn’t present the LOE and GOR. It is various that criteria for LOE and GOR.

Discussion Although all CPGs were ‘evidence-based’, there was not equal. When developing new CPGs from other regions, it is necessary to consider taking into account the diversity of these.

Implications for Guideline Developers Recently there are many cases of ‘adaptation’ from existing CPGs, but it could be seen the diversity of contents and level of CPGs in this study.