DEVELOPMENT OF AN EVIDENCE TO FORMULATING GUIDELINE RECOMMENDATIONS ABOUT

**Background** The DECIDE project aims to improve the dissemination of recommendations using GRADE. Clinical practice guidelines (CPGs) summary tables do not include all the relevant factors for moving from evidence to recommendations: quality of the evidence, balance of benefits and harms, values and preferences and cost.

**Objectives** Development of an optimal presentation table to inform about the evidence to recommendation (EtR) process to healthcare professionals.

**Methods** Iterative process including brainstorming and design, user testing with semi-structured interviews, and stakeholder consultation. We analysed the feedback to our initial prototype, defined barriers and facilitators, and generated alternative formats.

**Results** The table was well rated overall by users. It was found useful to understand in more depth the rationale of the recommendation and of use for teaching sessions. Some users found it potentially useful for shared decision making while others did not find it useful at the point of care. Most frustrations came from misunderstanding some terms, the general purpose of the table or the GRADE system.

**Discussion** This EtR table could be a useful tool for CPGs users and tabulates all the relevant information beneath the EtR process. We are preparing a second round of user testing and stakeholder consultation, and will present a new format at the conference.

**Implications for Guideline Developers and Users** This table will provide users a concise summary of the factors influencing the EtR process. The efficiency of including an EtR table in real CPGs needs to be further evaluated.

FORMULATING GUIDELINE RECOMMENDATIONS ABOUT IMPORTANT CLINICAL QUESTIONS WITH LOW OR VERY LOW QUALITY EVIDENCE: THE CASE OF OPIOIDS FOR CHRONIC PAIN

**Background** Deaths from prescription opioids now exceed those from street drugs or motor vehicle injuries in the US. Morbidity in has greatly increased as well. Rapid acceleration of opioid prescription for chronic non-cancer pain (CNCP) began in the mid-1990s with heavy marketing and support by opioid manufacturers. Some current recommendations advocate increased use of opioids despite a lack of quality evidence of long-term efficacy, considerable evidence of harms, and a tenuous understanding of CNCP.

**Objectives** To review the recommendation methodology used in cases of low quality evidence; to describe the process of recommendation development for opioid use for CNCP.

**Methods** The American College of Occupational and Environmental Medicine updated its systematic reviews and clinical practice guideline for the use of opioids for CNCP using critical appraisal and explicit panel methods. Panels consider population and clinical risk and benefit.

**Results** Critical appraisal revealed low quality evidence. Most studies and many guideline panelists were funded by pharmaceutical companies. Harms were identified in observational studies.

**Discussion** Available guidelines tended to make vague recommendations that depended on clinician judgement. This panel therefore used methods to formulate recommendations that protect patients and the public, and a conservative and functional based approach to patient management.

**Implications for Guideline Developers** Guidelines for areas in which evidence is low quality and the benefit to risk relationship is unclear should exercise caution in making recommendations, provide patient information, and recommend informed consent and careful patient management.