international collaboration and building capacity in guideline development methodology and implementation.

**P196 UPDATING THE EVIDENCE FOR CPGS: THE USEFULNESS OF RSS FEEDS**

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Background Scientific knowledge is in constant evolution and even if Clinical Practice Guidelines (CPGs) get out of date in five years time, there is a lack of standardised method for an efficient updating process.

Context A proposal used to update efficiently the bibliographic searches during the development of a CPG on childhood asthma management is described.

Description of Best Practice Bibliographic searches were performed in Medline, Embase and All EBM databases using Ovid, and in BMJ update database. Search strategies and RSS-feeds were created and saved when possible. E-mail alerts for those searches carried out in databases with no RSS services were also created. All the RSS-feeds were centralised in a Netvibes web portal and organised into tabs (one tab by clinical question). New alerts were revised periodically during the guideline development process and new references incorporated in the guideline when relevant. RSS-feeds could be created for Medline and Embase searches. The centralization of RSS-feeds in a Netvibes portal facilitated the reviewing process of the latest published articles by clinical question. The review of the email-alert services generated for those sources with no RSS services was more time-consuming.

Lessons-for-Guideline-Developers-Adaptors-Implementers-and/or-Users The management of RSS-feeds is considered as a more effective tool to check and follow all the new references published during the guideline development process, being useful also after the CPG publication. Nevertheless, not all databases allowed the creation of RSS feeds, an issue that should be considered by their managers, and in all cases, the updating process has to be supported by professionals.

**P198 ADHERENCE TO INFERTILITY GUIDELINES WITH REGARD TO TREATMENT POLICY**

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Background Nowadays, prognostic models are increasingly being used in reproductive medicine. One of these models calculates the chances of conception for couples with unexplained infertility and subsequently indicates the right treatment policy. The Dutch national network guideline on infertility recommends the use of this prognostic model to prevent unnecessary treatment. This strategy is supported by international guidelines on the management of infertility (ESHRE and NICE).

Objectives The aim of this study is to evaluate guideline adherence regarding treatment policy for couples with unexplained infertility in 25 Dutch clinics.

**Methods** In this retrospective study, we assessed guideline adherence with regard to 1) the use of the prognostic model and 2) the right treatment decision. Data were collected from medical records.

**Results** In this abstract we present the preliminary data of ten clinics. At the GIN conference we will have the results of all 25 participating clinics. So far we included 208 couples with unexplained infertility. In 54% of the couples the prognostic model was used. In 69% of the couples the right treatment decision was primarily made. However, ultimately, 41% of all couples received unnecessary treatment.

**Discussion** This study shows that adherence to the guideline regarding treatment policy is not optimal. Despite the guideline recommendations, more than one third of couples are exposed to unnecessary treatment and risks.

**Implications for Guideline Developers/Users** Implementation of the guideline is not optimal. To improve guideline implementation a multifaceted strategy has to be developed and evaluated.

**P199 THE CHALLENGES FOR AN ALCOHOL AND DRUG EDUCATION GUIDELINE FOR COMMUNITY HEALTH WORKERS**

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Introduction There is a need to train and develop a guideline for Community Health Workers (CHW) on how to tackle alcohol and drugs problem.

Objective To identify the profile and mental health problems of CHW and how they manage drug problem.

Methodology A descriptive study was performed and data collected from all CHW who work at Primary Health Care of Passo Fundo (Brazil). A Self Report Questionnaire (SRQ) was collected to screen mental health on CHW and scores higher than 7 were identified as positive for mental health problem. Their knowledge about drugs was also collected using a standard questionnaire. The Project was approved by the Passo Fundo University IRB. Descriptive statistics were applied.

Results All 78 CHW were women, age 41.1 ± 9.6 years old, 57.7% have completed high school level, 69.2% were married and 98.7% were from lower social class. Half of the CHW were sedentaries, 32% were smokers, 93.6% did not report alcohol dependency, although 59% reported to have a member of their family as having drug or an alcohol problem. They reported that alcohol and drug is a major problem in the community. There were 29.5% of CHW who have SRQ score higher than 7. The mean grade of the knowledge test was 34%.

Conclusion There is a need to develop a guideline on alcohol and drugs for CHW. The profile of CHW had shown a high level of psychiatric problems and lack of basic information.

**P200 SUICIDE RISK ASSESSMENT ACCORDING TO BEST PRACTICE GUIDELINES: THE DEVELOPMENT OF A CHART AUDIT PERFORMANCE MEASURE**

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Background Suicide is the third leading cause of death in young people; 15-24 years old, and the second leading cause of death in people aged 25-34 years. The health care setting is a unique setting for suicide prevention. Research shows that nurses play an important role in suicide prevention because they have the opportunity to identify, assess and intervene.

Objective The aim of this study was to develop a tool for nurses to use when assessing suicide risk.

Methods A chart audit was conducted using a newly developed tool (the Suicidality Assessment Tool, SAT) that was developed based on the best practice Suicide Risk Assessment Guidelines.

Results The SAT was found to be feasible and effective in assessing suicide risk. It was also found to be user-friendly and easy to use. The tool was found to be effective in identifying and assessing suicide risk.

Conclusion The SAT is a useful tool for nurses when assessing suicide risk. It is recommended that it be used in all health care settings.

Abstracts