Implications for Guideline Developers/Users RE-AIM framework is a useful tool to evaluate the effect of using guidelines and develop strategies to disseminate them.

MANAGEMENT OF PATIENTS WITH BIPOLAR DISORDER: AN ADAPTED CLINICAL PRACTICE GUIDELINE FROM KING SAUD UNIVERSITY, KING KHALID UNIVERSITY HOSPITAL, CLINICAL PRACTICE GUIDELINES COMMITTEE, FACULTY OF MEDICINE, DEPARTMENT OF PSYCHIATRY

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P282 MANAGEMENT OF PATIENTS WITH BIPOLAR DISORDER: AN ADAPTED CLINICAL PRACTICE GUIDELINE FROM KING SAUD UNIVERSITY, KING KHALID UNIVERSITY HOSPITAL, CLINICAL PRACTICE GUIDELINES COMMITTEE, FACULTY OF MEDICINE, DEPARTMENT OF PSYCHIATRY

Abstracts

P282 MANAGEMENT OF PATIENTS WITH BIPOLAR DISORDER: AN ADAPTED CLINICAL PRACTICE GUIDELINE FROM KING SAUD UNIVERSITY, KING KHALID UNIVERSITY HOSPITAL, CLINICAL PRACTICE GUIDELINES COMMITTEE, FACULTY OF MEDICINE, DEPARTMENT OF PSYCHIATRY

Background Intravenous therapy is one of the most frequently used interventions in health care, with increasing complexity and duration of treatments. A clinical practice guideline (CPG) on this topic was developed within the framework of the Spanish programme (National Health System) aimed to provide recommendations on intravenous therapy best practice.

Objective To describe CPG development process, considering methodological issues, such as updating and adapting existing guidelines and expert inputs.

Methods Using the GRADE approach, an evidence synthesis was developed for each clinical question, including adoption or update of valid recommendations from selected guidelines. Expert panel followed methodology proposed by Jha et al with predefined consensus criteria to categorise recommendations.

Results After assessment with AGREE II instrument, 3 guidelines were considered highly recommended and selected for adaptation/updating. Evidence synthesis and recommendations for each 63 initial clinical question were drafted and sent to the expert panel who voted individually. Disagreements were identified and discussed in a face-to-face meeting. After the second voting round 55 recommendations remained, of which 27 were rated as strong, 12 as weak and 14 as good practice recommendations. Six of them were adopted/updated from previous guidelines. In 2 cases there was no agreement in the panel and no recommendation was issued.

Discussion GRADE proved to be a useful method to develop a complex guideline, incorporating evidence from previous guidelines and expert opinion. The method was well accepted and followed by the panel and improved the elaboration of recommendations.

P283 DEVELOPMENT OF A CLINICAL PRACTICE GUIDELINE ON INTRAVENOUS THERAPY USING GRADE: INTEGRATING AVAILABLE EVIDENCE AND EXPERT OPINION

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P284 A SURVEY OF THE UPDATING OF CLINICAL PRACTICE GUIDELINES IN CHINA

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Background Clinical Practice Guidelines (CPGs) should be updated when new evidence suggests the need for modification of clinically important recommendations. Some guideline handbooks suggest that CPGs should update every 2 to 5 years. Little is known about the updating of CPGs in China.

Objective To investigate the current situation of the updating of CPGs in China.

Methods We searched WangFang, VIP, Chinese National Knowledge Infrastructure (CNKI) and Chinese Biomedical Literature Database (CIBM) up to December 2012. And then we screened all included papers.

Results A total of 380 Chinese CPGs were included. There were 345 of guidelines (91%) had not been updated, 35 (9%) were updated and the average update cycle of them was 5.6 years (from 1 to 9 years). No guideline described the details of methods of upodate.

Conclusions Updating the CPGs is important for the better dissemination and utilisation. But in China, most of the CPGs had never been updated, and the average update cycle (5.6 years) of the updated is longer than international standard (5 years). We suggest Chinese guideline developers should pay more attention to the updating the guideline in time.