



Clinical Practice Guidelines

What are CPG?

Statements (recommendations) developed to help practitioners and patients make decisions about healthcare for a specific situation. These statements are based on best current research evidence.

Need for CPG

The need for CPG evolved from the realization of the gap between current and optimal practice and of the variability in clinical practice between practitioners in the same speciality. The rising demand for quality and safe care by policy makers and wider community has hastened the need for CPG.

Who needs CPG?

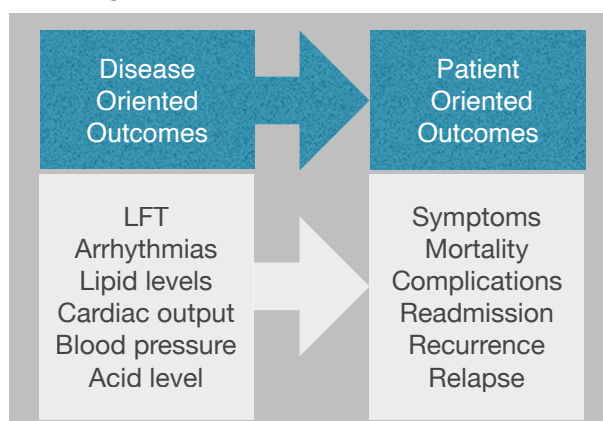
All healthcare stakeholders need guidelines. Doctors, nurses, pharmacists, decision-makers, patients, and the public need to have access to best current knowledge in order to collectively understand their responsibilities and play their roles in the most effective and efficient manner.

CPG domains

CPG should contain recommendations related to disease diagnosis and prognosis, treatment options, complications, resource implications, implementation strategies for recommended interventions, clinical practice audit criteria, patient information, and lastly a section on how the CPG was developed.

CPG evidence content

The recommendation within a CPG should be related to clinical and cost effectiveness of the relevant interventions whether diagnostic or therapeutic. In doing so, a shift from disease-oriented outcomes to patient-oriented outcomes is expected when formulating recommendations.



Furthermore, these patient-oriented outcomes should be differentiated according to their criticality when making clinical decisions by clinicians or choices by patients (mortality versus major complications versus minor complications).

CPG benefits

CPG are expected to improve care through avoiding outdated practices and offering current practices that are both clinically and economically effective. CPG are educational tools for both practitioners and patients, especially when they are updated regularly. They give providers confidence in their decisions and empower patients to engage in the decisions related to their care.

CPG harm

CPG can lead to suboptimal treatment if not well developed by competent specialists or when applied in a carpet manner, not taking into consideration patient circumstances, values and preferences. CPG can lead to an increase in the utilization of the recommended interventions and cost of health care. CPG can hinder further research and progress if their recommendations are never revisited.

Reacting to CPG

Healthcare providers react to CPG in a variety of ways. They either just read their recommendations or work towards adopting them in practice. Strong recommendations that are based on high level evidence, pose minimum risk, and are applicable should be followed and recommended to patients. On the other hand, weak recommendations should be discussed with patients in the context of a shared decision-making. Sometimes, healthcare providers prefer to adapt or even develop their own guidelines (*see next page*).

Where to find CPG

Valid CPG are usually produced by dedicated agencies such as NICE in England and SIGN in Scotland. Their guidelines are methodologically sound and contain, or are accompanied by, supporting material such as decision aids, patient-oriented material and audit criteria. Professional societies also produce CPG related to their field of work but it is your responsibility to make sure that their methodology is sound and recommendations valid.

Reading Material

- National Institute of Clinical Excellence (NICE).
www.nice.org.uk
- Scottish Intercollegiate Guideline Network (SIGN).
www.sign.org.uk
- Grading of Recommendations, Assessment, Development and Evaluations (GRADE).
www.gradeworkinggroup.org
- Appraisal of Guideline Research and Evaluation in Europe (AGREE).
www.agreetrust.org

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Guidelines Development

Developing and updating CPG is hard work requiring multidisciplinary teams working under guidance of dedicated agencies. Therefore, CPG should be developed within a macro context of healthcare system strengthening. CPG are usually developed through the following steps:



Topic Selection

Clinical conditions with a high disease burden, a gap between current and optimal practice, with abundance of evidence are ideal topics.

Team Selection

CPG are developed by multidisciplinary teams influenced by the topic selected and scope of the guideline. Teams include topic experts, end users, patients and carers, methodologist, statistician, health economist, writer/editor. Naturally the team should appoint a chair to co-ordinate work and ensure an adequate outcome.

Scope and content

The scope of the CPG should be defined using PIPPOH method (population, intervention, professions, outcomes, health setting). The specific evidence questions that their answers will form the guideline recommendations should be constructed using the PICO method.

Search for evidence

Terms from the evidence questions are used to develop a search strategy to find relevant primary and secondary research in relation to the selected topic and scope of the guideline.

Recommendations formation

Recommendations are developed using a valid method. GRADE methodology is recommended nowadays and depends on the strength of evidence, balance of desirable and undesirable effects, and applicability of the recommendations. Recommendations are usually classified as strong or weak in favor or against an intervention.

Peer review

The guideline development process and resultant recommendations should be peer reviewed to ensure validity of recommendations and adherence to stated methodology.

Dissemination

After the guideline has been approved, it should be disseminated and made accessible to end users over the internet.

Implementation

Implementation should be facilitated through clinician and patient behavioral change and providing decision aids and interventions recommended in the CPG.

Practice review

A review of practice through audit criteria should verify whether the recommendations of the CPG have been implemented by end users.