



DOES CLINICAL PRACTICE GUIDELINES TAKE INTO ACCOUNT EPIDEMIOLOGY RESEARCH?

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BACKGROUND

- **INCREASING AMOUNT OF CPG**
- **GREAT VARIABILITY IN RECOMMENDATIONS**
- **POOR QUALITY: 50-75 % (AGREE)**
- **HUGES INITIATIVES FOR IMPROVEMENT**

Analysis of the quality of clinical practice guidelines on established ischemic stroke

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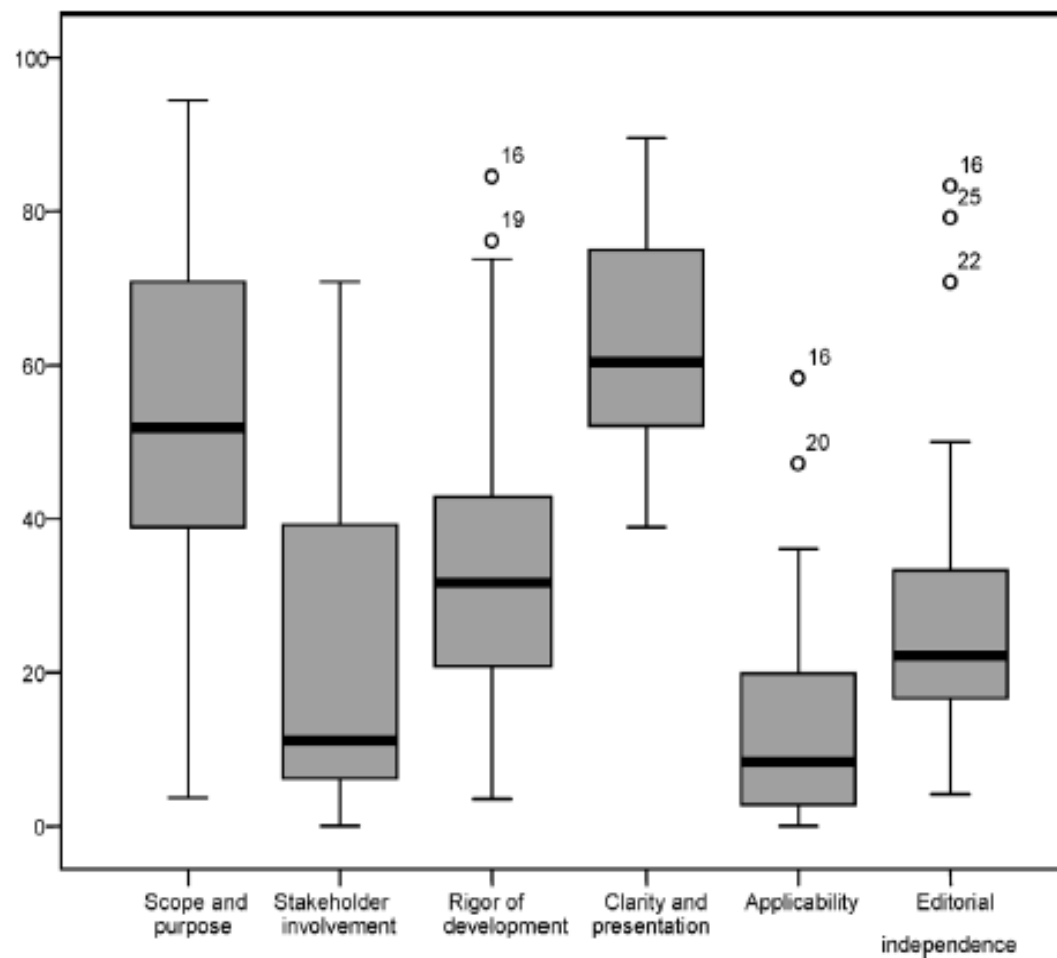


Figure 1. Results of the analysis of the guidelines on the six Appraisal of Guidelines Research & Evaluation (AGREE) domains. Numbers represent outliers guidelines references

DO CPG QUALITY RELAY ON EPI METHODS AND KNOWLEDGE?

- Do consider burden of disease?
- Do apply to community prevalent problems?
- Do address prevention?
- Do use standard EPI methods for literature review?
- Do assess rigorously the outcomes?

OBJECTIVES

To **explore** the quality of
the clinical practice guidelines on
established ischemic stroke
in terms of their **epidemiological foundation**

CPG EVALUATION

- Development process: AGREE
- Format: CPP
- Technical Approach to Intervention:
 - Effectiveness
 - Efficiency
- Social Approach (“Equity Lens”)
 - Equity
 - Local Appropriateness
 - Public Health

AGREE: <http://www.agreetrust.org/>

Changing Professional Practice (CPP)

<http://www.dsi.dk/projects/cpp/Monograph/DSI9905.pdf>

SOCIAL DOMAIN IN CPG ASSESSMENT

ARE THE RECOMMENDATIONS FAIR?

- **EQUITY:**
 - Address health disparities?
- **LOCAL:**
 - Attention to barriers and impact in disadvantaged population?
- **PUBLIC HEALTH:**
 - Consider the burden of the disease?
 - Focus on prevention?

TECHNICAL APPROACH TO INTERVENTIONS ASSESSMENT

- **EFFECTIVENESS:**

- HOW SOUND ARE THE MEASUREMENT METHODS?
- HOW THEY COMPARE GOODS AND HARMS?
- DO THEY MEASURE QUALITY OF LIFE?
 - i.e.: Function in Stroke
- DO THEY MEASURE SATISFACTION? Preferences

- **EFFICIENCY:**

- Local / Population based Cost-Effectiveness analysis of recommendations

APPRAISAL TOOL

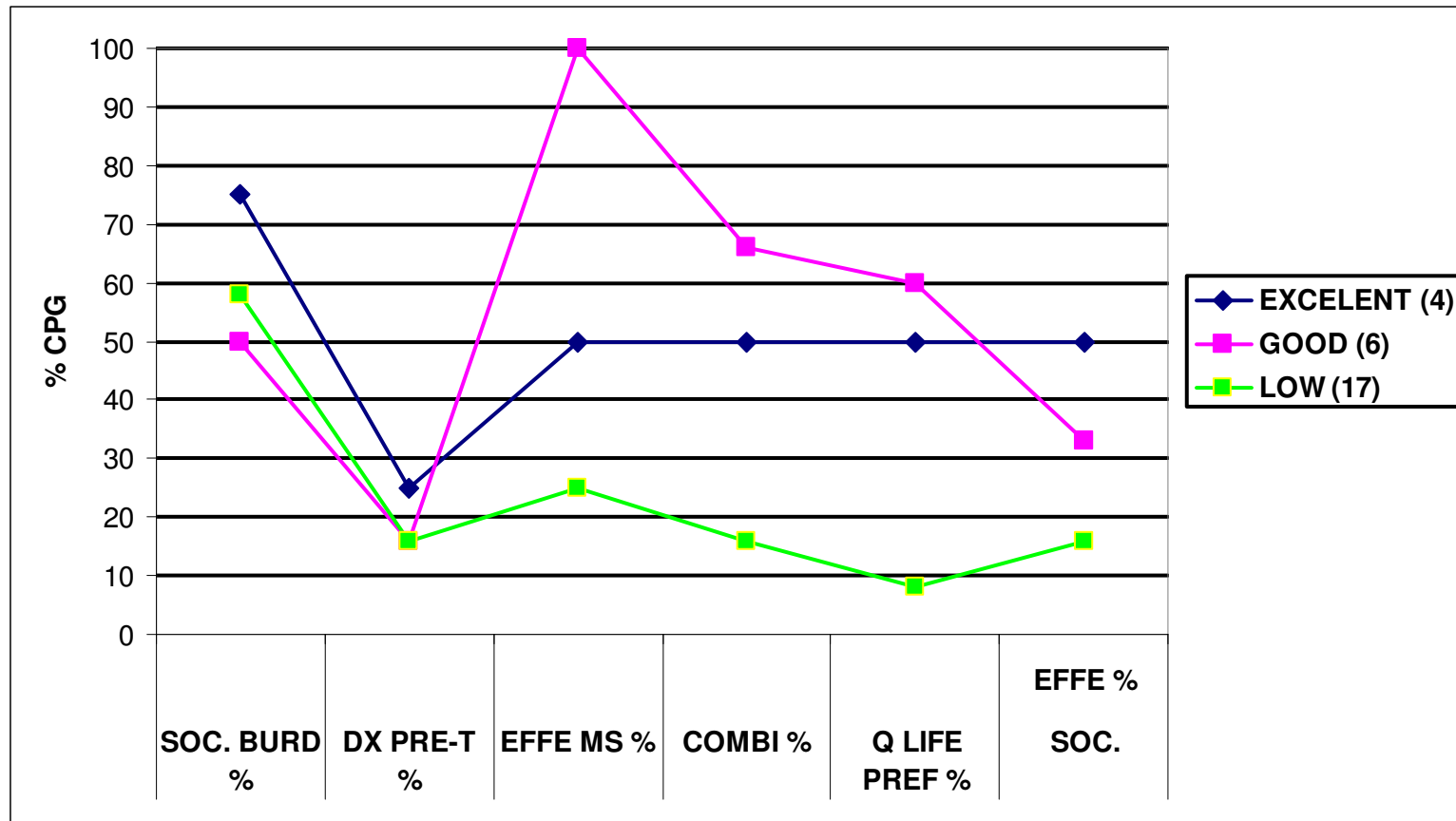
- **SOCIAL BURDEN OF DISEASE**
- **PRE-TEST PROBABILITY (FOR DX)**
- **SPECIFIC MEASURES OF EFFECT**
 - ARR: RR: NNT
 - COMORBIDITY; SUBGROUPS ANALYSIS
 - ADVERSE EVENTS
- **COMBINATION OF EVIDENCE**
 - FORMAL; NAIVE
 - NO COMBINATION
 - DIRECT / INDIRECT COMPARISON OF EFFECT
- **QUALITY OF LIFE**
- **SOCIAL EFFECT OF RECOMMENDATION**
 - RESOURCES UTILIZATION
 - PRIMARY AND SECONDARY PREVENTION
 - LOCAL ADAPTATION

STROKE CPG

AGRE E Q*	SOC. BURD %	DX PRE-T %	EFFE MS %	COMB I %	Q LIFE PREF %	SOC. EFFE %
EXCE LENT (4)	75	25	50	50	50	50
GOO D (6)	50	16	100	66	60	33
LOW (17)	58	16	25	16	8	16

* Navarro A. Intl J Tech Assessment in Health Care, 2008; 24:333.

CORRELATION EPI METHODS / CPG QUALITY



COMMENTS

- IT IS AN EXPLORATORY STUDY
- BETTER **EPI APPROACH** CORRELATES WITH **BETTER CPG**
- CONSIDERING THE SOCIAL **BURDEN OF DISEASE**, ARE NOT RELATED WITH SOCIAL **EFFECT OF RECOMMENDATION**
- METHOD FOR **DIAGNOSTIC TEST** HAVE LOW DIFFUSION
- A LARGE WAY TO WALK

RESEARCH NEEDS

- **VALIDATED TOOLS TO ASSESS EQUITY AND APPLICABILITY OF CPG**
- **DISSEMINATION OF STANDARD MEASURES OF EFFECT (NNT, etc)**
- **STANDARDS FOR COMBINATION OF**
 - RCT AND NON-R
 - OBSERVATIONAL STUDIES
- **STANDARDS FOR CRITICAL APPRAISAL OF**
 - QUALITATIVE RESEARCH
 - OBSERVATIONAL STUDIES