

BRAZIL

- POPULATION = 177 MILLION
- PHYSICIANS = 285 THOUSANDS
- B/P = 622



Associação Médica Br



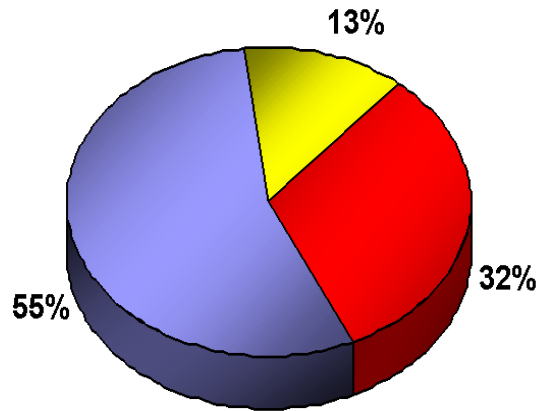
AMB = BRAZILIAN MEDICAL ASSOCIATION

51 MEDICAL SPECIALITIES

SUS - BRAZILIAN NATIONAL HEALTH SYSTEM

INPATIENT

980.282 / MONTH

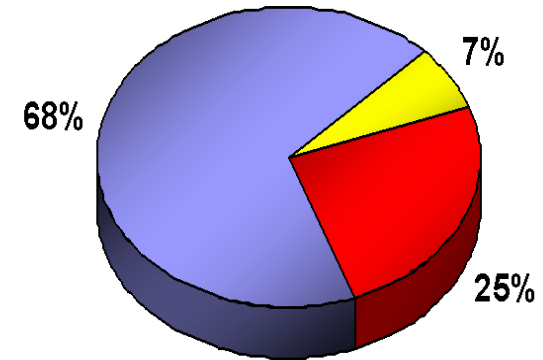


■ PUBLIC HOSPITAL ■ PRIVATE HOSPITAL ■ UNIVERSITY HOSPITAL

■ PRIVATE HOSPITAL
■ PUBLIC HOSPITAL
■ UNIVERSITY HOSPITAL

OUTPATIENT

180.807.636 / MONTH



■ MUNICIPAL ■ PRIVATE ■ OTHERS PUBLIC

■ MUNICIPAL
■ OTHERS PUBLIC
■ PRIVATE

BRAZILIAN MEDICAL ASSOCIATION GUIDELINES - PHASES

**OCT
2000**

**AUG
2002**

**SEP
2003**

**SEP
2004**

- PRO
- COM
- PAT

PROJECT
DIVULGATIO
N

PARTNERSHIP
WITH
SPECIALITIES
SOCIETIES

Projeto Di
cação Médica Brasileira e Con

METHODOLOG
Y REVISION

TRAINING
MEETINGS

EVALUATION
OF DEVELOPED
GUIDELINES

0 GU

VALIDATION
OF
GUIDELINES

INES

AMB

BRAZILIAN MEDICAL ASSOCIATION GUIDELINES

- TEXT = DECLARATIVE, RESTRICT TO DIAGNOSIS & THERAPY
- INDICATE OR CONTRAINDICATE PROCEDURES
- GUIDING INFORMATION BASED ON EVIDENCE
- EVIDENCE WITH REFERENCES CITED IN THE TEXT
- REFERENCES APPRAISED (LEVELS OF EVIDENCE- OXFORD CEBM)
- A, B, C, D GRADES OF RECOMMENDATIONS (OXFORD CEBM)

REFERÊNCIAS BIBLIOGRÁFICAS

1. Schiffman MH, Bauer HM, Hoover RN, et al. Epidemiologic evidence showing that human papillomavirus infection causes most cervical intraepithelial neoplasia. *J Natl Cancer Inst* 1993; 85:958-64.
2. Brønson J, Morin C, Fortier M, et al. Risk factors for cervical intraepithelial neoplasia: differences between low and high-grade lesions. *Am J of Epidemiol* 1994; 140:700-10.
3. Cervical cancer screening: the pap smear. Summary of an NIH consensus statement. *Br Med J* 1980; 281:1264-6.
4. Wright VC, Ruppelle MA. Age at time of first intercourse v. chronologic age as a basis for pap smear screening. *Can Med Assoc J* 1982; 127:127-31.
5. Brinton LA, Tashima KT, Lehman HF, et al. Epidemiology of cervical cancer by cell type. *Cancer Res* 1987; 47:1706-11.
6. Shepherd J, Weston R, Peersman G, et al. Interventions for encouraging sexual lifestyles and behaviours intended to prevent cervical cancer. *Cochrane Database Syst Rev* 2000. CD001035.
7. American College of Obstetricians and Gynecologists. Cervical cytology: evaluation and management of abnormalities. *ACOG Technical Bulletin*. Washington: American College of Obstetricians and Gynecologists; 1984.
8. La Vecchia C, Franceschi S, Decarli A, et al. Pap smear and the risk of cervical neoplasia: quantitative estimates from a case-control study. *Lancet* 1984; 2:779-82.
9. Berrino F, Gatta G, d'Alto M, et al. Efficacy of screening in preventing invasive cervical cancer: a case-control study in Milan, Italy. *IARC Sci Publ* 1986; 76:111-23.
10. Hayward RA, Shapiro MF, Freeman HE, et al. Who gets screened for cervical and breast cancer? Results from a new national survey. *Arch Intern Med* 1988; 148:1177-81.
11. Camacho RR, Cáceres DC, Rodríguez S. Avaluación de algunos aspectos del programa racional de diagnóstico precoz del cáncer cervicouterino en Cuba. *Rev Inst Nac Cancerol (Mex)* 1993; 39.
12. da Costa JS, D'Elta PB, Marzulli P, et al. Cytopathological test coverage in the city of Pelotas, Brazil. *Rev Panam Salud Publica* 1998; 3:308-13.
13. International Agency for Research on Cancer Working Group on Evaluation of Cervical Cancer Screening Programmes. Screening for squamous cervical cancer: duration of low risk after negative results of cervical cytology and its implication for screening policies. *Br Med J* 1986; 293:659-64.
14. Mandelblatt J, Gopaul I, Wistreich M. Gynecological care of elderly women. Another look at papanicolaou smear testing. *JAMA* 1986; 256:367-71.
15. Mandelblatt JS, Fahs MC. The cost-effectiveness of cervical cancer screening for low-income elderly women. *JAMA* 1988; 259:2409-13.
16. Clarke EA, Anderson TW. Does screening by 'Pap' smears help prevent cervical cancer? A case-control study. *Lancet* 1979; 2:1-4.

sexual
por is
para es
ser int
anteri
aparar
rastrea
norma
destas
regula
como
idosas
recom

idade
colo e
mento
pode
ames
losas
do
oram
75%
tidas
B) e
heres
ser

AMB - Associação Médica Brasileira - Microsoft Internet Explorer

Arquivo Editar Exibir Favoritos Ferramentas Ajuda

Endereço http://www.amb.org.br/inst_projeto_diretrizes.php3

AMB Associação Médica Brasileira

Home

Busca: ok

Institucional Profissionais Pacientes

Institucional

- Atividades da AMB
- Federadas
- Sociedades de Especialidade
- Biblioteca
- Institucional
- Legislação
- Pesquisa sobre Planos de Saúde
- Projeto Diretrizes
- Fale Conosco

Profissionais

- Cadastro
- Biblioteca
- Busca Bireme
- Dicas de Livros
- Educação Médica
- Eventos
- Fóruns
- Links
- Medicamentos Genéricos
- Título de Especialista
- Webmail

Pacientes

- Clipping de saúde

Institucional

AMB/CFM

Projeto Diretrizes



- 100 Diretrizes por ordem alfabética
- 100 Diretrizes por Sociedades
- Texto Introdutório

Comentários e Sugestões: diretrizes@amb.org.br

Para visualizar as edições é necessário ter instalado o



Adobe Acrobat Reader

O Projeto Diretrizes da Associação Médica Brasileira e Conselho Federal de Medicina divulgou, no final de setembro de 2000, as seguintes normas básicas à elaboração das diretrizes pelas Sociedades de Especialidades

Leia Mais...

Critério para Classificar o Grau de Recomendação de uma Publicação segundo o Nível de evidência Científica - 04/12/2002

AMB/PROTESTE



CBHPM/2003



Classificação Brasileira Hierarquizada de Procedimentos Médicos 2003

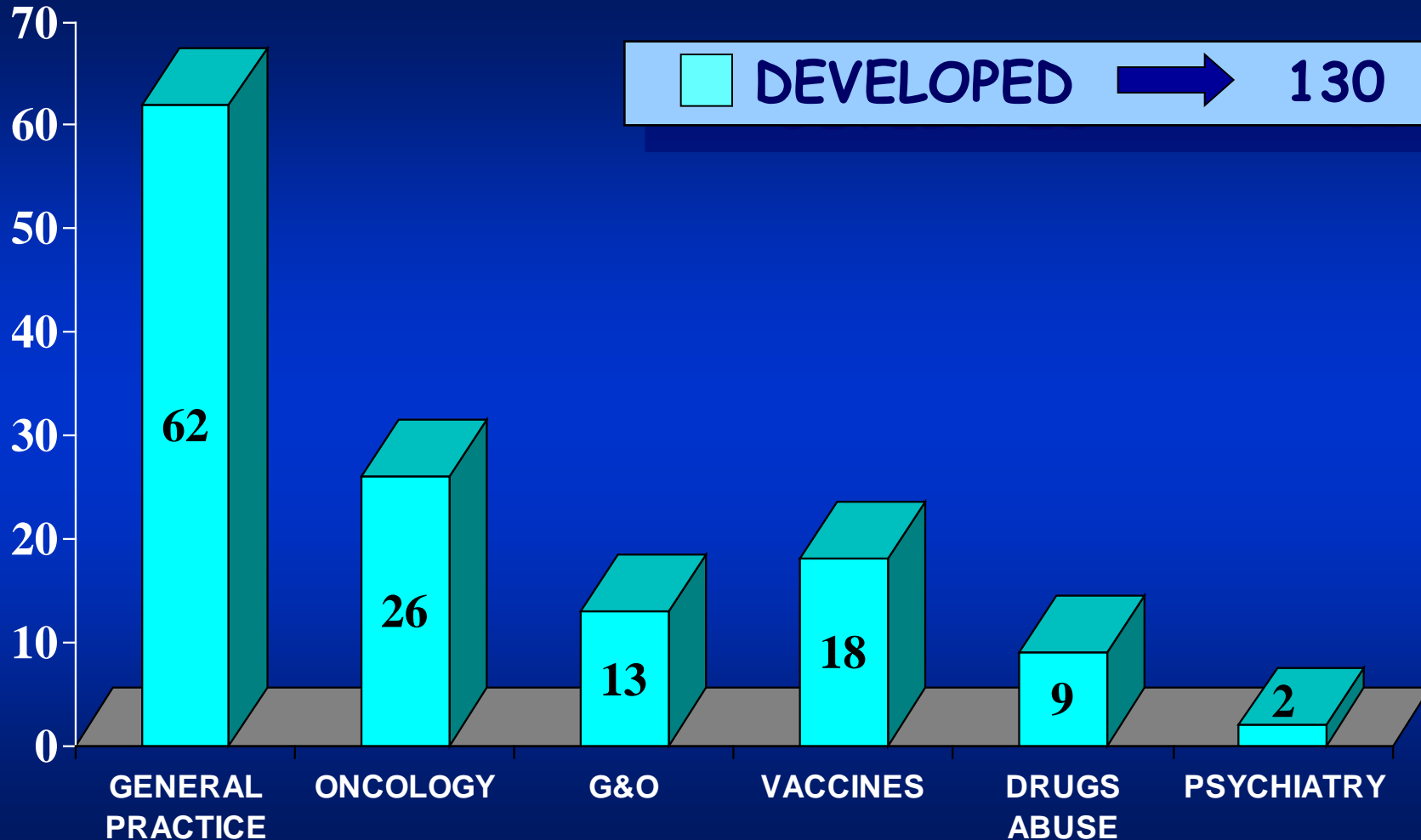
RAMB



11:15

http://www.amb.org.br/inst_projeto_diretrizes.php3

BRAZILIAN MEDICAL ASSOCIATION GUIDELINES - CATEGORIES



**CRITICAL APPRAISAL OF 28 GUIDELINES
DEVELOPED BY BRAZILIAN MEDICAL
ASSOCIATION**

Nobre, MR; Bernardo, WM; Jatene, FB; Paiva, EV

ASSOCIAÇÃO MÉDICA BRASILEIRA

BACKGROUND

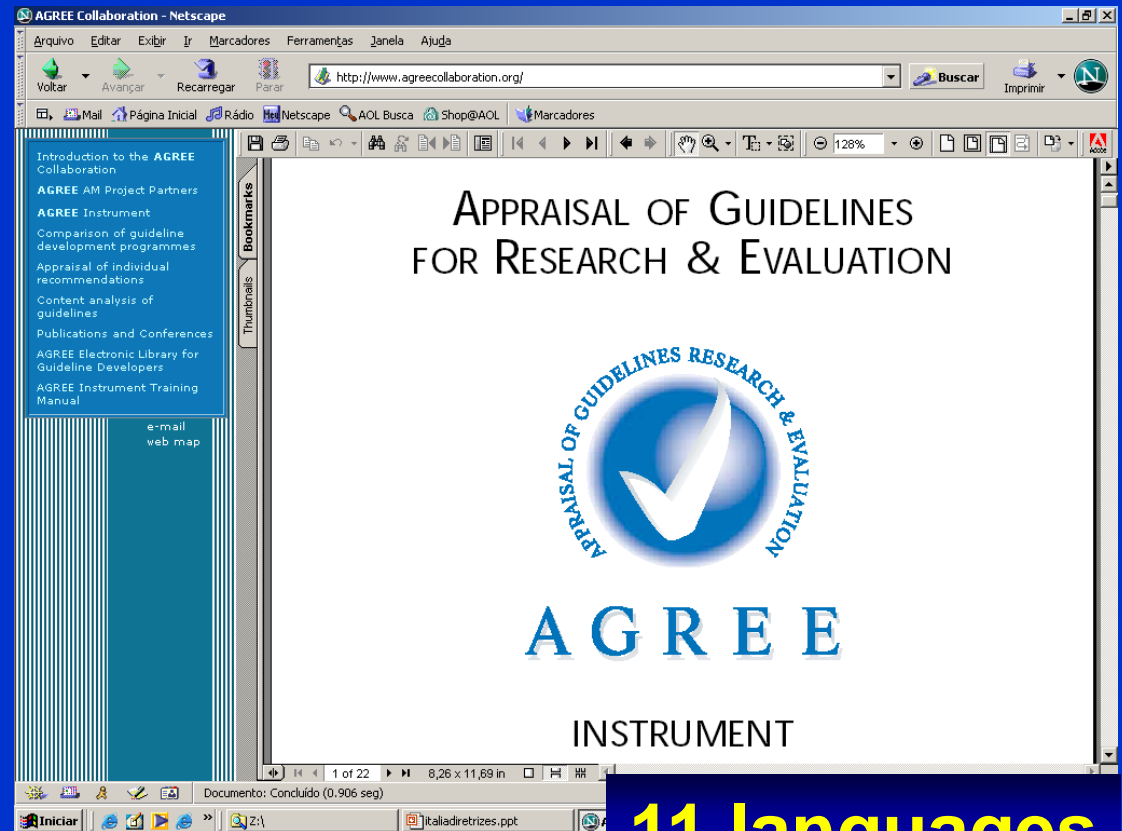
CLINICAL PRACTICE GUIDELINES HAVE BEEN DEVELOPED BY SPECIALISTS COMMITTEE OF THE BRAZILIAN MEDICAL ASSOCIATION, USING THE GRADE OF RECOMMENDATION SUGGESTED BY THE OXFORD CENTRE FOR EBM

AIMS

CRITICAL APPRAISAL OF GUIDELINES
ALREADY DEVELOPED IN ORDER TO
IMPLEMENT THE QUALITY OF THE
PROCESS IN COURSE

METHODS

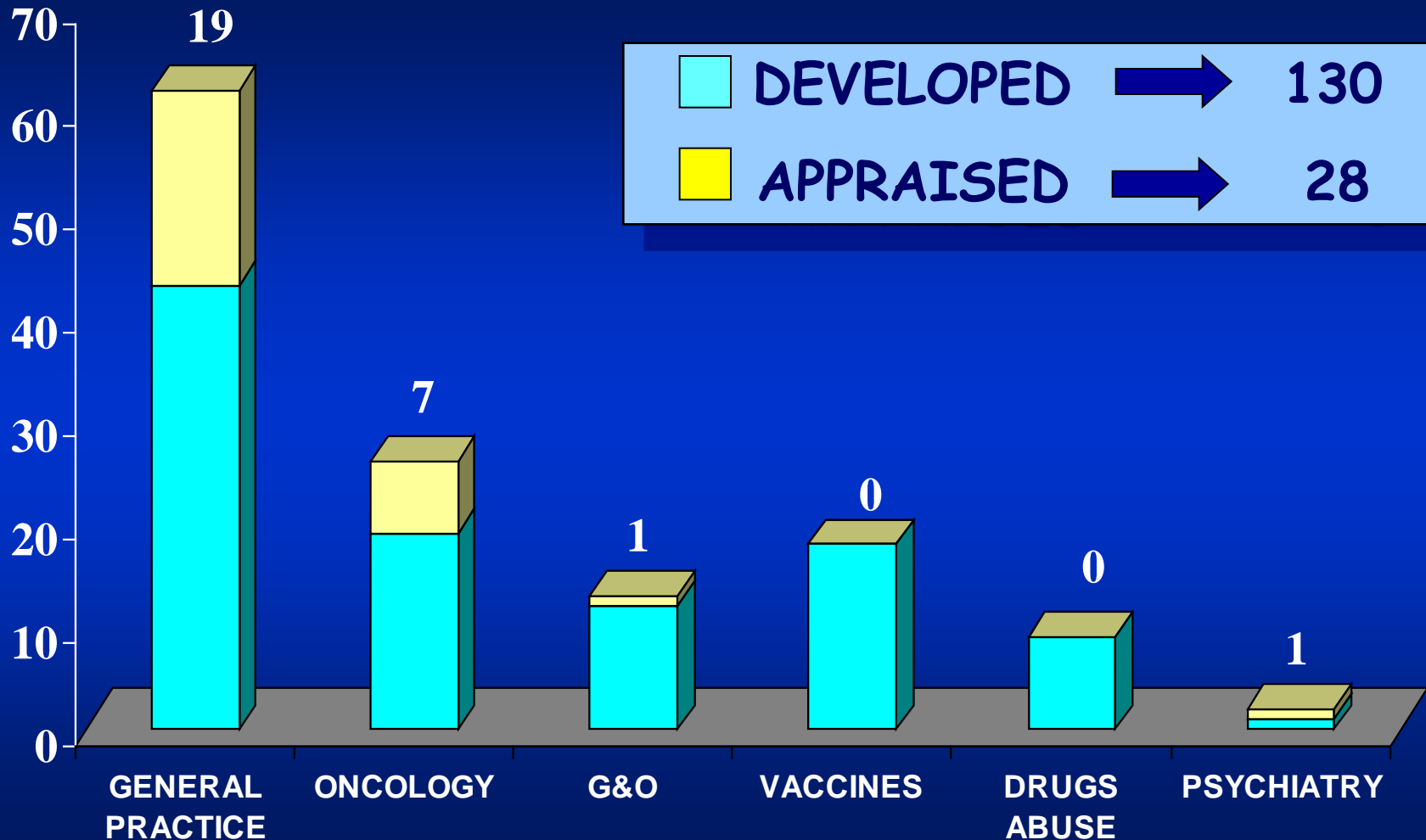
- 28 GUIDELINES WAS SUBMITTED TO THE AGREE INSTRUMENT
- ALEATORY CHOICE
- 2 INDEPENDENT APPRAISERS



11 languages

[http:// www.agreecollaboration.org](http://www.agreecollaboration.org)

BRAZILIAN MEDICAL ASSOCIATION GUIDELINES - CATEGORIES



METHODS

GENERAL PRACTICE

- Acupuncture for nausea e vomiting
- Acupuncture for myofascial pain
- Aplastic anaemia
- Asthma
- Neonate genetic evaluation
- Chronic Obstructive Pulmonary Disease
- Hospital Infection
- Acute renal failure
- Chronic venous insufficiency

METHODS

GENERAL PRACTICE

- Carpal dislocations
- Low back pain
- Community-acquired pneumonia
- Falls in the elderly
- Rhinosinusitis
- Lung function tests
- Genetic predictive tests
- Head injury
- Urticaria
- Allergy

METHODS

ONCOLOGY

- Oral cancer
- Colorectal cancer
- Cervical cancer
- Endometrial cancer
- Laryngeal cancer
- Breast cancer
- Cutaneous melanoma

GYNECOLOGY & OBSTETRICS

- Labor assistance

PSYCHIATRY

- Anxiety disorders

METHODS

THE SIX DIFFERENT DOMAINS SCORED

- SCOPE AND PURPOSE
- STAKEHOLDER INVOLVEMENT
- RIGOUR OF DEVELOPMENT
- CLARITY AND PRESENTATION
- APPLICABILITY
- EDITORIAL INDEPENDENCE

METHODS

SCOPE AND PURPOSE

1. The overall objective(s) of the guideline is (are) specifically described.

Strongly Agree

4

3

2

1

Strongly Disagree

Comments

METHODS

SCOPE AND PURPOSE

- The overall objective of the guideline is specifically described
- The clinical question covered by the guideline is specifically described
- The patients to whom the guideline is meant to apply are specifically described

RESULTS

SCOPE AND PURPOSE - 77%

OVERALL OBJECTIVES AND CLINICAL
QUESTIONS COVERED WAS SPECIFICALLY
DESCRIBED ON THE MAJORITY OF THE
GUIDELINES

RESULTS

STAKEHOLDER INVOLVEMENT-27%

- THE PATIENTS VIEWS AND PREFERENCES HAVE NOT BEEN SOUGHT;
- GUIDELINES HAVE NOT BEEN PILOTED AMONG TARGET USERS

RESULTS

RIGOUR OF DEVELOPMENT - 48%

POSITIVE POINTS

- SYSTEMATIC METHOD TO SEARCH FOR EVIDENCE
- EXPLICIT LINK BETWEEN RECOMMENDATION AND THE SUPPORTING EVIDENCE
- EXTERNALLY REVIEW BY METHODOLOGICAL EXPERTS

RESULTS

RIGOUR OF DEVELOPMENT - 48%

NEGATIVE POINTS

- ABSENCE OF PROCEDURE FOR UPDATING
- CRITERIA FOR SELECTING THE EVIDENCE DESCRIBED

RESULTS

CLARITY AND PRESENTATION - 64%

- THE RECOMMENDATIONS ARE SPECIFICS
- THE OPTIONS FOR MANAGEMENT ARE CLEARLY PRESENTED
- KEY RECOMMENDATIONS ARE EASILY IDENTIFIABLE

RESULTS

APPLICABILITY - 3%

ORGANIZATIONAL BARRIERS, COST
IMPLICATIONS OF APPLYING AND CRITERIA
FOR AUDIT PURPOSES WAS NOT CONSIDERED
IN THE MAJORITY OF GUIDELINES

RESULTS

EDITORIAL INDEPENDENCE - 50%

- BESIDES THE GOVERNMENT FINANCIAL FUNDING DID NOT INFLUENCED THE FINAL RECOMMENDATIONS
- THE CONFLICTS OF INTEREST OF THE DEVELOPERS WAS NOT EXPLICITED

CONCLUSIONS

- THE BRAZILIAN GUIDELINES WAS APPRAISED AS OBJECTIVE AND SUPPORTED BY EVIDENCE
- NONETHELESS, THE APPLICABILITY WAS NOT PRE-TESTED AND PATIENTS PREFERENCE, CRITERIA FOR INCLUDING EVIDENCE AND STATEMENT OF CONFLICTS OF INTEREST WAS NOT PROVIDED

