Clinical practice guidelines development: the first Tunisian experience

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Background

**INEAS**

- Public authority
- Scientifically independent
- Ministry of health
Aims

Management of chronic heart failure

- Reduce mortality
- Reduce morbidity
- Quality of life improvement
# Methodology

## Guideline Adaptation: A Resource Toolkit

The AGREE II Instrument is a tool for the critical appraisal of guidelines based on their methodological quality and credibility. It consists of 23 items grouped into six domains:

### Scope and purpose
1. The overall objective(s) of the guideline is (are) specifically described.
2. The clinical question(s) covered by the guideline is (are) specifically described.
3. The patients to whom the guideline is meant to apply are specifically described.

### Stakeholder involvement
4. The guideline development group includes individuals from all relevant professional groups.
5. The patients' views and preferences have been sought.
6. The target users of the guideline are clearly defined.
7. The guideline has been piloted among target users.

### Rigour of development
8. Systematic methods were used to search for evidence.
9. The criteria for selecting the evidence are clearly described.
10. The methods for formulating the recommendations are clearly described.
11. The health benefits, side effects, and risks have been considered in formulating the recommendations.
12. There is an explicit link between the recommendations and supporting evidence.
13. The guideline has been externally reviewed by experts prior to its publication.
14. A procedure for updating the guideline is provided.

### Clarity and presentation
15. The recommendations are specific and unambiguous.
16. The different options for management of the condition are clearly described.
17. Key recommendations are easily identifiable.
18. The guideline is supported with tools for application.

### Applicability
19. The potential organizational barriers in applying the recommendations have been discussed.
20. The potential cost implications of applying the recommendations have been considered.
21. The guidelines present key review criteria for monitoring and/or audit purposes.

### Editorial independence
22. The guideline is editorially independent from the funding body.
23. Conflicts of interest of guideline development members have been recorded.
Results

HAS=33 AHRQ=171 NICE= 73
Pubmed=47 SIGN=1
Dynamed Plus=163 GIN=51
(n =539)

Records after duplicates removed
(n = 519)

Records screened
(n =519)

Full-text Guidelines assessed for eligibility
(n =9)

Studies included for AGREE II assessment
(n = 5)

Guidelines included
(n = 5)

Additional records identified through other sources
(n = 0)

Records excluded
Not in English, French, Not about IC chronic
(n =510)

Full-text articles excluded, with reasons (PIPOH)
Population, outcomes, not about heart failure
diagnosis, treatment, screening and managing
standard quality
(n =9)

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Domain 1. Scope and purpose
Domain 2. Stakeholder involvement
Domain 3. Rigor in elaboration
Domain 4. Clarity and Presentation
Domain 5. Applicability
Domain 6. Editorial Independence

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Europe GPC-1
SIGN GPC-2
Malaysia GPC-3
Canadian GPC-4
Publication & diffusion

- www.ineas.tn
- www.g-i-n.net
Limits

- INEAS resources:
  - Human resources
  - Financial resources
- Resistance to change
  - Some medical associations
  - Some policy makers
- Capacity buildings of healthcare professionals
Clinical Pathways

Clinical pathways are standardised, evidence-based multidisciplinary management plans, which identify an appropriate sequence of clinical interventions, timeframes, milestones and expected outcomes for an homogenous patient group (Queensland Health Clinical Pathways Board definition 2002).
Thank you