Clinical Guidelines appraised with the AGREE instrument

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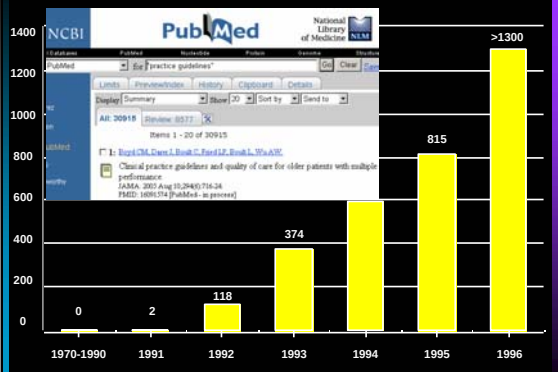
PRACTICE GUIDELINES IN MEDLINE



Quality & characteristics of guidelines?

- Evidence based Guidelines
- Good Practice guidelines by consensus
- Guidelines produced by individual experts
- Standards
- Protocols

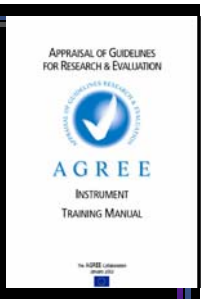
How should guidelines be appraised?

- Appraisal instrument for clinical guidelines
- Translated into 13 European languages & Japanese
- Recommended for use by most European HTAs

AGREE APPRAISAL INSTRUMENT

23 criteria within 6 domains

1. SCOPE AND PURPOSE (3)
2. STAKEHOLDER INVOLVEMENT (4)
3. RIGOUR OF DEVELOPMENT (7)
4. CLARITY AND PRESENTATION (4)
5. APPLICABILITY (3)
6. EDITORIAL INDEPENDENCE (2)

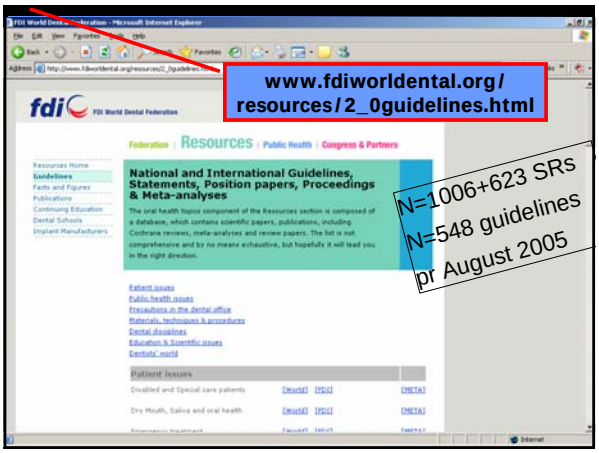


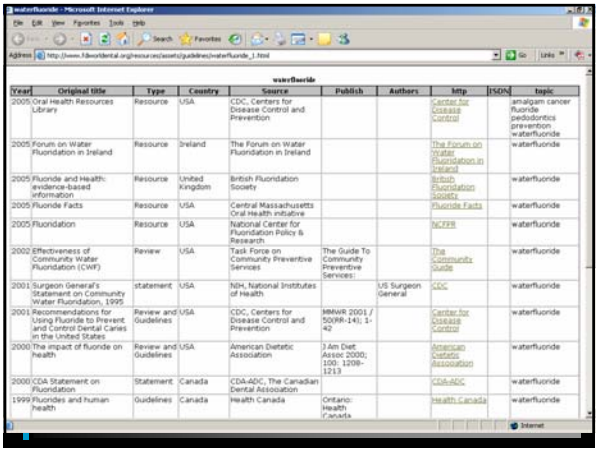
Each criteria ranked on a scale:
Strongly Agree 4 3 2 1 **Strongly Disagree**

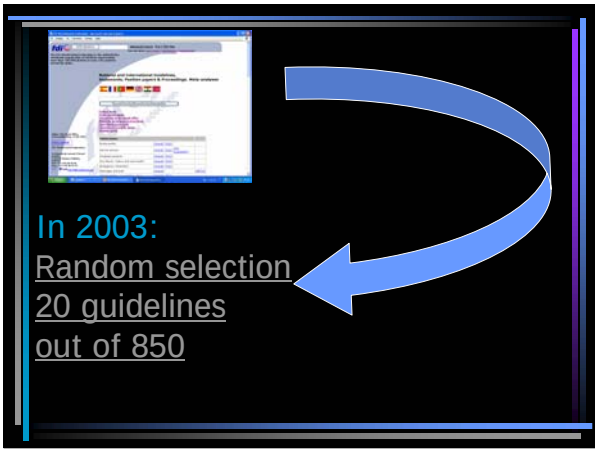
OVERALL ASSESSMENT

- ☐ Would you recommend these guidelines for use in practice?
- ☐ Strongly recommend
- ☐ Recommend (with provisos or alterations)
- ☐ Would not recommend
- ☐ Unsure

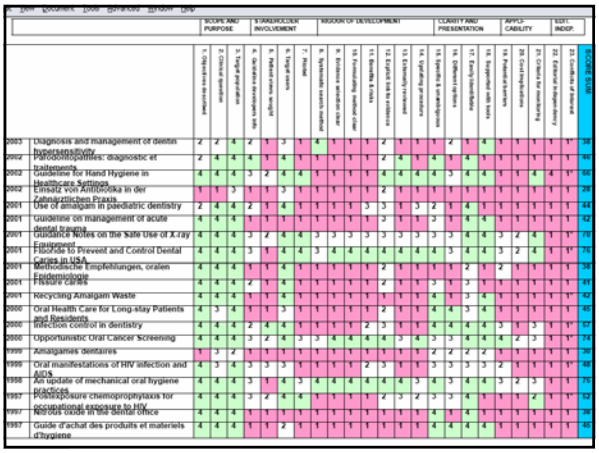
Quality of clinical guidelines in dentistry?

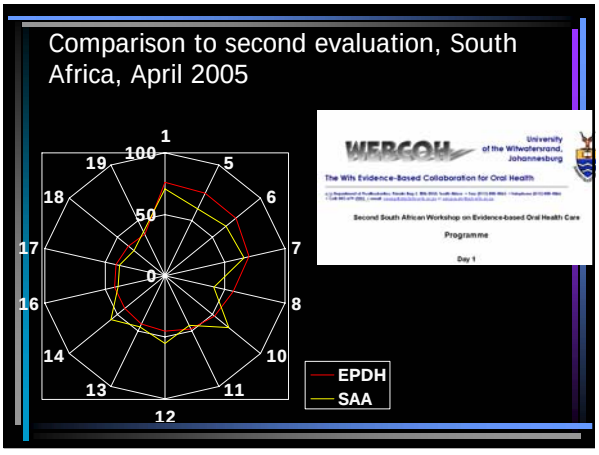

www.fdiworldental.org/
resources/2_0guidelines.html
N=1006+623 SRs
N=548 guidelines
pr August 2005

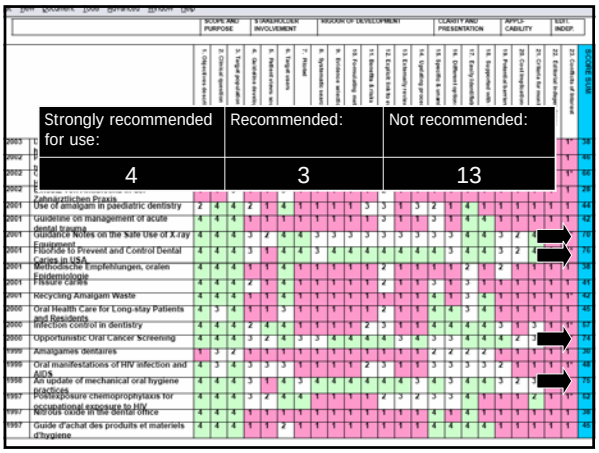


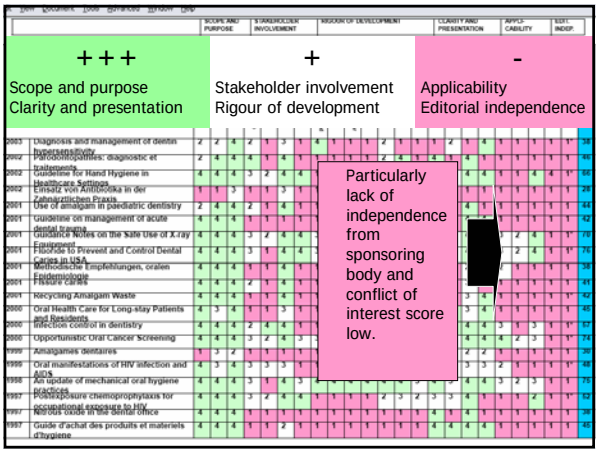

In 2003:
Random selection
20 guidelines
out of 850

1	2003	Consensus-based recommendations for the diagnosis and management of dentin hypersensitivity	Canada	Canadian Advisory Board on Dentin Hypersensitivity
2	2002	Guideline for Hand Hygiene in Healthcare Settings	USA	CDC, Centers for Disease Control and Prevention
3	2002	Einsatz von Antibiotika in der Zahnärztlichen Praxis	Germany	DGZMK, Deutsche Gesellschaft für Zahn-, Mund- und Kieferheilkunde.
4	2001	Recycling Amalgam Waste and other best management practices for your dental office	USA	New York State Dental Association & Western Lake Superior Sanitary District
5	2001	Recommendations for Clinical Practice	International	Academy of Operative Dentistry
6	2001	The use of amalgam in paediatric dentistry	United Kingdom	British Society of Paediatric Dentistry
7	2001	Methodische Empfehlungen und Forschungsbedarf in der oralen Epidemiologi	Germany	DGZMK, Deutsche Gesellschaft für Zahn-, Mund- und Kieferheilkunde
8	2001	Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States	USA	CDC, Centers for Disease Control and Prevention
9	2001	Management alternatives for the Carious Lesion. International Symposium, 9.2000	International	Symposium proceedings
10	2000	Infection control in dentistry	United Kingdom	BDA, British Dental Association
11	2000	Guidelines for Oral Health Care for Long-stay Patients and Residents	United Kingdom	British Society for Disability and Oral Health
12	2000	Opportunistic Oral Cancer Screening. A management strategy for dental practice	United Kingdom	BDA, British Dental Association
13	2000	Caries preventive strategies	International	ILSI Europe Oral Health Task Force
14	1999	UK National Clinical Guidelines in Paediatric Dentistry. Stainless steel preformed crowns for primary molars	United Kingdom	British Society of Paediatric Dentistry
15	1999	Amalgames dentaires. Donnes scientifique, recommendations et information des patients	France	Conseil National De L'ordre des Chirurgiens Dentistes
16	1999	Guidelines for the diagnosis and management of the oral manifestations of HIV infection and AIDS	South Africa	WHO Collaborating Centre for Oral Health
17	1999	Guidance on the assessment of efficacy of toothpastes	International	FDI Science Commission
18	1998	An update of mechanical oral hygiene practices: evidence-based recommendations for disease prevention	Canada	
19	1997	Guide d'achat des produits et materiels d'hygiene et asepsie au cabinet dentaire	France	ADF, Groupe de travail Hygiene et Asepsie
20	1997	Nitrous oxide in the dental office	USA	ADA, American Dental Association Council on Scientific Affairs
21	1997	Postexposure chemoprophylaxis for occupational exposure to HIV in the dental office	USA	









AGREE APPRAISAL INSTRUMENT

1. SCOPE AND PURPOSE (1-3)
2. STAKEHOLDER INVOLVEMENT (4-7)
3. RIGOUR OF DEVELOPMENT (8-14)
4. CLARITY AND PRESENTATION (15-18)

5. APPLICABILITY (19-21)

6. EDITORIAL INDEPENDENCE (22-23)

Pertains to the likely organisational, behavioural and costs implications of applying the guideline.

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1. SCOPE AND PURPOSE (1-3)
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6. EDITORIAL INDEPENDENCE (22-23)

Is concerned with the independence of the recommendations and acknowledgement of possible conflict of interest from the guideline development group

Clinical guidelines in dentistry

- Very few guidelines today contain explicit links to the scientific evidence
- The strength of recommendations are seldom presented
- Many existing guidelines should be improved according to an AGREE format
- NDAs should become involved being well qualified to address likely organisational, behavioural and costs implications of applying guidelines

That's' it folks!

1. SCOPE AND PURPOSE (1-3)

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

Comments?

2. The clinical question(s) covered by the guideline is(are) specifically described.

Comments?

3. The patients to whom the guideline is meant to apply are specifically described.

Comments?

2. STAKEHOLDER INVOLVEMENT (4-7)

4. The guideline development group includes individuals from all the relevant professional groups.

Comments?

5. The patients' views and preferences have been sought.

Comments?

6. The target users of the guideline are clearly defined.

Comments?

7. The guideline has been piloted among target users.

Comments?

3. RIGOUR OF DEVELOPMENT (8-14)

8. Systematic methods were used to search for evidence

Comments

9. The criteria for selecting the evidence are clearly described

Comments

10. The methods used for formulating the recommendations are clearly described

Comments

11. The health benefits, side effects and risks have been considered in formulating the recommendations

Comments

12. There is an explicit link between the recommendations and the supporting evidence

Comments

13. The guideline has been externally reviewed by experts prior to its publication

Comments

14. A procedure for updating the guideline is provided

Comments

4. CLARITY AND PRESENTATION (15-18)

15. The recommendations are specific and unambiguous

Comments

16. The different options for management of the condition are clearly presented

Comments

17. Key recommendations are easily identifiable

Comments

18. The guideline is supported with tools for application

Comments

5. APPLICABILITY (19-21)

19. The potential organisational barriers in applying the recommendations have been discussed

Comments

20. The potential cost implications of applying the recommendations have been considered

Comments

21. The guideline presents key review criteria for monitoring and/or audit purposes

Comments

6. EDITORIAL INDEPENDENCE (22-23)

22. The guideline is editorially independent from the funding body

Comments

23. Conflicts of interest of guideline development members have been recorded

Comments