Clinical Guidelines appraised with the AGREE instrument

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Quality & characteristics of guidelines?
- Evidence based Guidelines
- Good Practice guidelines by consensus
- Guidelines produced by individual experts
- Standards
- Protocols
How should guidelines be appraised?

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

http://www.agreecollaboration.org

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?

N=778
N=391 guidelines
pr July 2003

www.fdiworldental.org

N=915
+323 SRs
N=433 guidelines
pr July 2004
In 2003:
Random selection
20 guidelines
out of 850
<table>
<thead>
<tr>
<th>No.</th>
<th>Title</th>
<th>Author(s)</th>
<th>Year</th>
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<tbody>
<tr>
<td>1</td>
<td>Recommendations for the diagnosis and management of dental caries</td>
<td>CDC, Centers for Disease Control and Prevention</td>
<td>2000</td>
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<td>Guidelines for the diagnosis and management of dental caries</td>
<td>DGZMK, Deutsche Gesellschaft für Zahn-, Mund- und Kieferheilkunde</td>
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<td>The use of amalgam in paediatric dentistry</td>
<td>British Society of Paediatric Dentistry</td>
<td>2001</td>
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<td>4</td>
<td>Management alternatives for dental cavities</td>
<td>Academy of Operative Dentistry</td>
<td>2001</td>
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<td>5</td>
<td>Recycling Amalgam Waste and other best management practices for your dental office</td>
<td>New York State Dental Association &amp; Western Lake Superior Sanitary District</td>
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<td>6</td>
<td>Guidelines for the diagnosis and management of the oral manifestations of HIV infection and AIDS</td>
<td>EPDH &amp; South African Aids Foundation</td>
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<td>Recommendations for the diagnosis and management of dental caries</td>
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<td>2021</td>
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Comparison to second evaluation, South Africa, April 2005

![Comparison Diagram](image-url)
Not recommended:

Recommended:

Strongly recommended for use:

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Particularly lack of independence from sponsoring body and conflict of interest score low.

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.
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

AGREE APPRAISAL INSTRUMENT
1. SCOPE AND PURPOSE (1-3)
2. STAKEHOLDER INVOLVEMENT (4-7)
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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

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