

222: Considered judgement in evidence-based guidelines development

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Objective:

The objective of this study is to achieve consensus among experts on issues, apart from the scientific evidence, that should be considered in formulating the recommendations in clinical practice guidelines.

Methods:

The study was conducted from July 2003 until February 2004. An initial list of items was generated from relevant literature. The items were grouped into nine domains:

- (1) Clinical relevance,
- (2) Safety,
- (3) Patient perspective,
- (4) Availability of resources,
- (5) Costs,
- (6) Organisation of care,
- (7) Professional perspective,
- (8) Legal consequences AND
- (9) Industrial conflicts of interest.

Experts in the field of guidelines development validated this list in a two round Delphi procedure. All items were scored using a 4-point Likert scale. Presenting the results of the participants, the calculation of the percentage of each score, the mean score and the domain score were used. In the second round, the participants were also asked to determine whether an item should be considered in the formulation of recommendations in guidelines using the answering options "yes" or "no". Using the threshold of 60% consensus on the value of "yes", would indicate that an item can be used during the guideline development beside the methodological quality.

Results:

A total of 28 Dutch experts participated in the first Delphi round and 21 of them participated in the second round. The high scoring domains were 'clinical relevance', 'safety', 'availability of resources' and 'costs'. The domain 'patient perspective' was considered as important, but not all the items in this domain had a high score. The opinions varied most in the domain 'costs'. The items in the domain 'professional perspective' had relatively low scores. Using the threshold of 60% consensus on the value of "yes", the initial pool of 49 items was reduced to 36 items grouped into 8 domains. The domain 'industrial conflicts of interest' was excluded due to low scores.

Conclusions:

This is the first systematic approach to explore other considerations apart from the evidence relevant in formulating the recommendations in clinical guidelines. The resulting 36 items can easily be used as a checklist during the process of guideline development. The next step is to test its validity and use in practice.