Developing a standardised and efficient procedure for guideline monitoring

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Background and problem

Consideration of actual gains in knowledge in guidelines is possibly delayed for several years!
Possible Strategies

Seeking current information through an active process

Staying „up to date“ through various automatically performed passive information services
Systematic search as an active process

Regular comprehensive update searches during period of validity (e.g. every 6 months)

<table>
<thead>
<tr>
<th>Advantage</th>
<th>Disadvantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Search strategy and sources of information are already established</td>
<td>• Much effort for searching and analysing the results</td>
</tr>
<tr>
<td>• Little effort for preparation</td>
<td>• Significant time periods with no information</td>
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</table>
Using an automated alert service consisting of information from periodicals, guideline and literature databases

<table>
<thead>
<tr>
<th>Advantage</th>
<th>Disadvantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous information flow; No effort for searching, only appraisal</td>
<td>At the beginning some effort in setting up the alerts</td>
</tr>
</tbody>
</table>
Methods – Sources of information

Weekly alert from data bases using a sensitive search strategy
Medline
www.pubmed.org

Newsletter from guideline databases
AWMF; G-I-N; NGC; NHMRC; NZGG

Newsletter from guideline organisations
CKS; NICE; SIGN

Core Journals
Alerts, tables of content, e-publications
Methods – Reviewing for Relevance

Depending on source of information, emails arrive once a week to every three months.

Reviewed by an information specialist on a weekly basis.

Inclusion criteria:
1. Asthma and/or COPD as main subject
2. Publication Type: RCT, (Systematic) Review, MA, G
Relevant data compiled for the *guideline coordinator*

Classification of publications according to
- Relevance for guideline topic
- Quality of the evidence

→ Dissemination within the expert group
Consideration if adequate and important enough to induce changes in guideline recommendations
Results

February 2008 to August 2008 email alerts concerning Asthma
267 emails

Hits according to a first screening performed by information specialist
99 abstracts

Potentially relevant literature identified by guideline coordinator
52 papers chosen for further assessment
13 guidelines and consensus statements;
21 systematic reviews;
12 nonsystematic reviews;
5 RCTs;
1 others (e.g. editorial)
Perspective I

• Validation of Core Journals through further analysis (e.g. comparison with references in NDMG Asthma)
• Extension to further sources of information (e.g. further literature databases such as Cochrane Library)
• Use of RSS-Feeds instead of alerts (advantage: no registration required, better overview, in a RSS-Reader, not every message has to be opened; disadvantage: not yet offered for all sources of information)
• Further process for analysis of results in cooperation with experts has to be defined
Perspective II

• Possible new subjects for guideline („collection bin“)
  – Homeless patients
  – Interaction with comorbidities
  – Minorities with asthma
  – Interaction with nonasthma medication
  – Management strategies for difficult asthma
  – Palliative measures (COPD)
  – Sleeping disorder as „new“ complication
Thank you for listening!
Methods – Core Journals

a) Search in Medline for general indication (Asthma, COPD)
b) Retrieved number of guideline publications (guidelines and articles about guidelines)

→ Core Journals defined by: most hits in a) and b)

**Core Journals Asthma:**

- Allergy
- Ann Allergy Asthma Immunol
- BMJ
- Chest
- CMAJ
- J Allergy Clin Immunol
- Med Klin (Munich)
- Respir Med
- Thorax

**Core Journals COPD:**

- Ann Intern Med
- BMJ
- Can Respir J
- Chest
- Circulation
- Eur Respir J
- J Cardiopulm Rehabil
- Pneumologie
- Respir Med
- Thorax
### Results by topic

<table>
<thead>
<tr>
<th>Topic</th>
<th>Asthma</th>
<th>Asthma &amp; COPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive</td>
<td>7</td>
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<tr>
<td>Prevention</td>
<td>6</td>
<td></td>
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<tr>
<td>Diagnosis / Monitoring</td>
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<td></td>
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<tr>
<td>Pharmacological Management</td>
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<td>1</td>
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<tr>
<td>Non-pharmacological Management</td>
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<td>2</td>
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<tr>
<td>Asthma in Pregnancy</td>
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<tr>
<td>Pediatric Asthma</td>
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<tr>
<td>Occupational Asthma</td>
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<tr>
<td>Economic Aspects</td>
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<tr>
<td>Organisation and Delivery of Care</td>
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<td>2</td>
</tr>
<tr>
<td>Quality Indicators</td>
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<td></td>
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