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Saving money, time and preserving quality of guideline. Italian SNLG experience in using ADAPTE

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Background: The guideline *Physiological pregnancy* has been developed by the Italian *National Guidelines System* (SNLG) adapting the guideline *Antenatal Care* issued by NICE in 2008.

Purpose: The primary purpose was to product recommendations by taking advantage of what is already included in the guidelines recently issued by a number of organizations. The second purpose was to evaluate the feasibility of the ADAPTE approach.

Methods: A Guideline Development Group (GDG) – obstetricians-gynaecologists, guideline methodologists, epidemiologists and information specialists – has been involved in the first steps of the ADAPTE process: definition of the clinical questions, systematic search, evaluation of global content/quality of the guidelines retrieved. Once the guideline was identified, the GDG assessed for each clinical question the update of the literature, the coherence between evidence and recommendations and transferability to the local contexts. Recommendations were then divided into three groups: “adaptable”, “amendable” and “adoptable”. The whole process was submitted to a multidisciplinary panel for approval. The panel was then also involved in adaptation and amendment of recommendations.

Results: *Antenatal Care* (NICE 2008) was the guideline selected, among the three selected from 2188 documents retrieved, on the basis of the high methodological quality, the up to date of the literature and its comprehensiveness. 44 clinical questions were reformulated since they were clearly grounded on local organisational and epidemiological contexts. 25 recommendations, even if considered adoptable by the GDG, were reformulated by the multidisciplinary panel. The recommendations of the “amendable” group were re-elaborated after re-performing the interpretation of the evidence or, when required, the evidence summary or the critical appraisal of the studies.

Discussion: Our experience indicates that ADAPTE approach may help saving time and reducing costs. The quality of the guideline was preserved working on the coherence between recommendation and interpretation of evidence as well as applicability of recommendations to local contexts. Difficulties were mostly related to the retrieval of original search strategies and their reproducibility.