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## **Benefits and limitations of the ADAPTE process for guideline adaptation: the experience of developing a venous thromboembolism prevention guideline for Australian hospitals.**

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**Background:** Venous thromboembolism (VTE) is the largest preventable cause of death in hospitalised patients in Australia<sup>1</sup>. Effective VTE prevention measures exist, but are under-utilised<sup>2,3</sup>. In March 2008, the National Institute of Clinical Studies undertook to develop an Australian, evidence-based VTE prevention guideline using the ADAPTE methodology<sup>4</sup>.

**Purpose:** To describe the benefits and the limitations of ADAPTE in producing this Australian guideline.

**Methods:** The ADAPTE methodology was employed for guideline development. At commencement of adaptation, all phases of the ADAPTE methodology were to be followed. Following appraisal of four existing international VTE prevention guidelines<sup>5-8</sup>, using the Appraisal of Guidelines Research and Evaluation instrument (AGREE)<sup>9</sup>, the 2007 NICE VTE prevention guideline<sup>6</sup> was selected as the source guideline as it best fit the criteria of a high quality source guideline.

**Results:** It was expected that all steps of the ADAPTE process would be followed however as guideline adaptation progressed, only evidence tables could be adapted from existing guidelines, not recommendations. The set-up and finalisation phases took three months each, and guideline adaptation took ten months.

**Discussion:** In our experience, the benefits of ADAPTE methodology were the set-up phase; particularly advice on assessment of source guidelines, mapping existing guideline recommendations, establishing an organising committee and establishment of conflicts of interest and consensus processes. The limitations of ADAPTE were that little guidance was given on the development of recommendations once a source guideline has been identified. ADAPTE had limited value in areas where evidence did not exist (e.g. risk of VTE). ADAPTE advises an AGREE assessment to evaluate source guidelines, however AGREE does not evaluate the clinical content of the guideline. We found issues surrounding clinical content to be of great importance to guideline adaptation. The ADAPTE methodology could be strengthened by providing further advice in these areas.