

# Updating Adapted Guidelines

How to streamline the process  
without losing rigour

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Ann Scott, Carmen Moga, Paul Taenzer,  
Ted Findlay, Christa Harstall

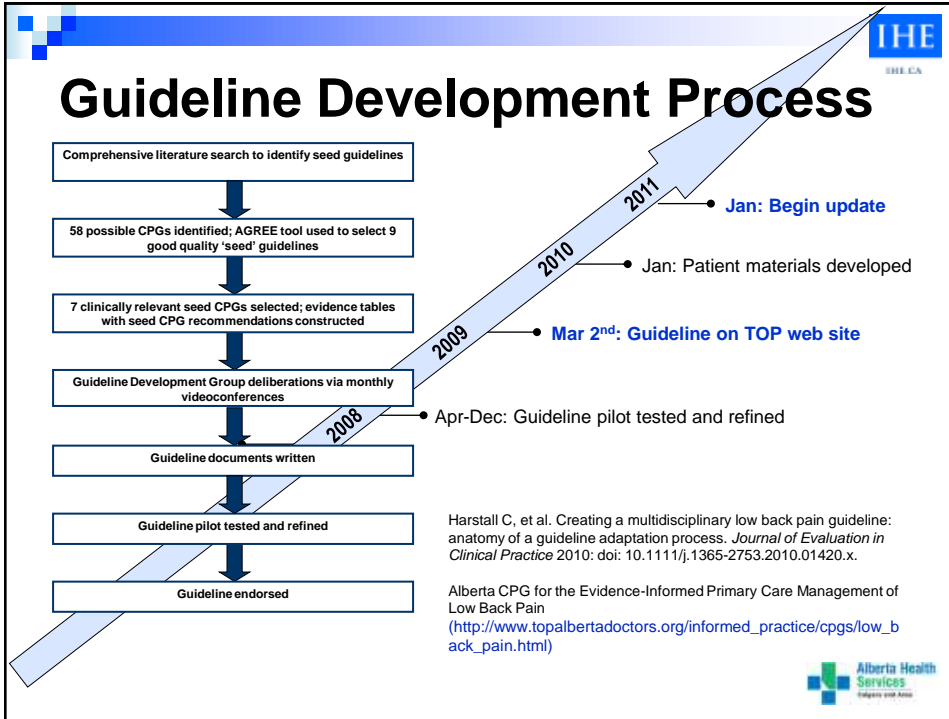


## Presentation Overview



- Overview of Alberta Ambassador Program adaptation process and guideline
- Outline of update process
- Discussion of challenges/solutions and opportunities





**Alberta Guideline for Low Back Pain**



**Prevention**

Summary of Recommendations: Prevention of Occurrence and Recurrence of Low Back Pain

Recommendation	Evidence Source
<p>✓ <b>Patient Education</b></p> <p>Practitioners should provide information on patient education material on back pain prevention and care of the healthy back that emphasizes patient responsibility and workplace ergonomics. (See the companion document - Patient Education)</p> <p>The evidence is unclear on what quantity, intensity, or media is optimal for delivering this information. (See the companion document - Patient Information, sheets [acute low back pain and chronic low back pain] and patient brochures which are available on the TOP website.)</p> <p>Practitioners should emphasize that acute low back pain is rarely always benign and generally resolves within 1 to 6 weeks.</p> <p>Patient information and educational material based on a biomedical or biomechanical model (muscular and "traditional" posture information) can convey negative messages about back pain and is not recommended.</p>	SR (0) & (0)
<p>✓ <b>Physical Activity</b></p> <p>Physical activity is recommended. There is insufficient evidence to recommend for or against any specific kind of exercise, or the frequency/intensity of training.</p>	MR (0)
<p>✗ <b>Shoe Insoles / Orthoses</b></p> <p>The use of shoe insoles or orthoses is not recommended for prevention of back problems.</p>	BCT (0)
<p>? <b>Lumbar Support / Back Belts</b></p> <p>Neckley lumbar supports and back belts appear to be effective in reducing the incidence of low back pain.</p>	BCT (0)
<p>? <b>Manipulative Treatment</b></p> <p>No evidence was found to support or contradict regular manipulative treatment for the prevention of low back pain.</p>	BCT (0)




Alberta CPG for the Evidence-Informed Primary Care Management of Low Back Pain ([http://www.topalbertadoctors.org/informed\\_practice/cpgs/low\\_back\\_pain.html](http://www.topalbertadoctors.org/informed_practice/cpgs/low_back_pain.html))

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## Update Process

- Formation of smaller GDG (n=8)
- Three additional seed guidelines to incorporate
- GDG meetings: face-to-face (n=1); WebEx (n=4)
- GDG subcommittees to resolve uncertainties or disagreements



## WARNING

CHALLENGES AHEAD



# Challenges




**Extract data without duplicating work?**


- Previously used evidence inventory tables to summarize recommendations
- GDG requires tables that are easy to read and uncluttered
- Research Team needs to complete task with maximum efficiency

➔



**Solution**

- Only extract new or discard recommendations from additional seed guidelines





# Challenges



**How to incorporate new information?**


- Older seed guidelines may be 'obsolete', but knowledge forms basis of original adapted guideline
- Need to add new information, while preserving the knowledge from previous seed guidelines

➔



**Solution**

- Retain original citations
- Add new guideline references when they support the original recommendations
- Note when original recommendations are changed/unchanged



# Challenges



**How to address 'new' interventions?**

- What do you do when the GDG identifies new interventions of interest that are not covered in the original guideline or the newfound seed guidelines?


➔

**Solution**



- Search for systematic review evidence
- Assess review quality
- Use ad hoc GDG subcommittees to deliberate on evidence
- Add as expert opinion with appropriate citation

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# Challenges



**How to update 'do not know' recommendations?**

- 'Do not know' recommendations from original guideline potentially have new evidence that is not covered by the new seed guidelines


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**Solution**


- Search for systematic review evidence
- Use ad hoc GDG subcommittees to deliberate on evidence
- Add as expert opinion with appropriate citation
- Document everything!





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# Opportunities





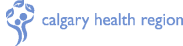
### Ironing out the bugs



- Revisited inclusion criteria and pain definitions
- Inclusion of opinion from radiologists and a spine surgeon
- Revision of medication table




### New and improved

- Increased internal validity
- Buy in from influential practitioner groups
- Strengthened evidence base







# Conclusion

- Update and improve, but avoid reinventing the wheel
- Problems can be overcome if:
  - Original process is sound
  - Clear connection exists between old and new processes
  - Expertise is rationed wisely



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TARNOWSKI



# Guidelines International Network Conference, 2011

