

What makes a good clinical guideline?

- Tool provides a range of quality indicators for clinical guidelines



AGREE II

Guidelines



Review

+

Recommendations

AGREE Quality Indicators

- Individuals from all relevant disciplines included in development group - multidisciplinary
- Clearly described objectives / questions
- Patient/public involvement
- Systematic methods used to search for evidence
- Recommendations clearly linked to evidence
- Guideline has undergone external review prior to publication

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Management of Wolfram syndrome: a clinical guideline



[Current Version](#) | [Status and Details](#) | [Guideline Evaluation](#) | [Guideline Development](#) | [Associated Information](#) | [Historic Versions](#) | [Print](#)

This guideline has been subjected to an evaluation conducted applying the AGREE II methodology. The details of the evaluation including the number of evaluators and their individual responses to each review question.

Note that the response range is: Strongly Disagree (1) (2) (3) (4) (5) (6) (7) Strongly Agree.

Question

Evaluators: 2

Stakeholder Involvement	Response	Comments
4. The guideline development group includes individuals from all relevant professional groups.		In the Introduction, The panel of experts is composed only by referring physicians, although they declare that multidisciplinary interventions are required.
		No clear. Experts who participated in the guideline development (25) are listed. Only names, institutions and geographical locations are included. Discipline/content expertise and description of the role played in the development process are not provided

<http://www.orpha.net/national/data/IE-EN/www/uploads/Wolfram2014.pdf>

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Management of congenital aniridia

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Question	Evaluators: 2	
Scope and Purpose	Response	Comments
1. The overall objective(s) of the guideline is (are) specifically described.		Clearly described in the foreword, the guideline aims to provide clinical indicators and material on practical aids, organisational solutions and advice primarily to facilitate integration into the schooling system for children. It also covers
		In the Aims and target of the guideline (pag. 16) it is reported: The main objective of this guideline is to define recommendations for the management of ophthalmologic, rehabilitation and social problems related to aniridia
2. The health question(s) covered by the guideline is (are) specifically described.		Clearly outlined in the table of contents at the start of each section
		20 key clinical questions that the guideline intends to answer are reported and clearly formulated. Questions cover the management of ophthalmology, rehabilitation and social problems

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- Consultation with patient representative groups
- Patient literature searches
- Patients as full members of and / or key stage advisors to guideline development groups
- Patients as peer reviewers

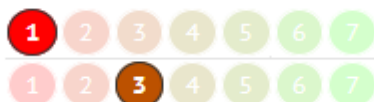
Bone cancer

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5. The views and preferences of the target population (patients, public, etc.) have been sought.



Not mentioned



Guideline development page of NCCN website suggests each guideline development group has a patient advocate but no indication of this for bone cancer document.

Guidelines for treatment of autoimmune neuromuscular transmission disorders

5. The views and preferences of the target population (patients, public, etc.) have been sought.



Guideline states that information from patient and other voluntary organisations was reviewed. EFNS process recommends involvement of patient advocate on guideline group.



Patient organisation listed amongst the authors and patient information examined as part of the literature search.

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Systematic Review





- Review of the literature done in a series of steps
 - Systematic reviews, meta analyses
 - Randomised controlled trials
- And for some questions
 - Observational studies

Guidelines on male infertility

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Rigour of Development	Response	Comments
7. Systematic methods were used to search for evidence.		Systematic search of Medline, Embase and CENTRAL using thesaurus terms and keywords. Search current to 2013.
		None

European Association of Urology Guidelines

http://uroweb.org/wp-content/uploads/17-Male-Infertility_LR1.pdf

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Linking recommendations with evidence



British Thoracic Society guideline for respiratory management of children with neuromuscular weakness

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12. There is an explicit link between the recommendations and the supporting evidence.	1	2	3	4	5	6	7	None
	1	2	3	4	5	6	7	None
	1	2	3	4	5	6	7	None
	1	2	3	4	5	6	7	None

Evidence statements

Clinical assessment in isolation is a poor predictor of sleep-disordered breathing in children with DMD (evidence level 3).

Clinical assessment in isolation is a poor predictor of survival in children with DMD (evidence level 3).

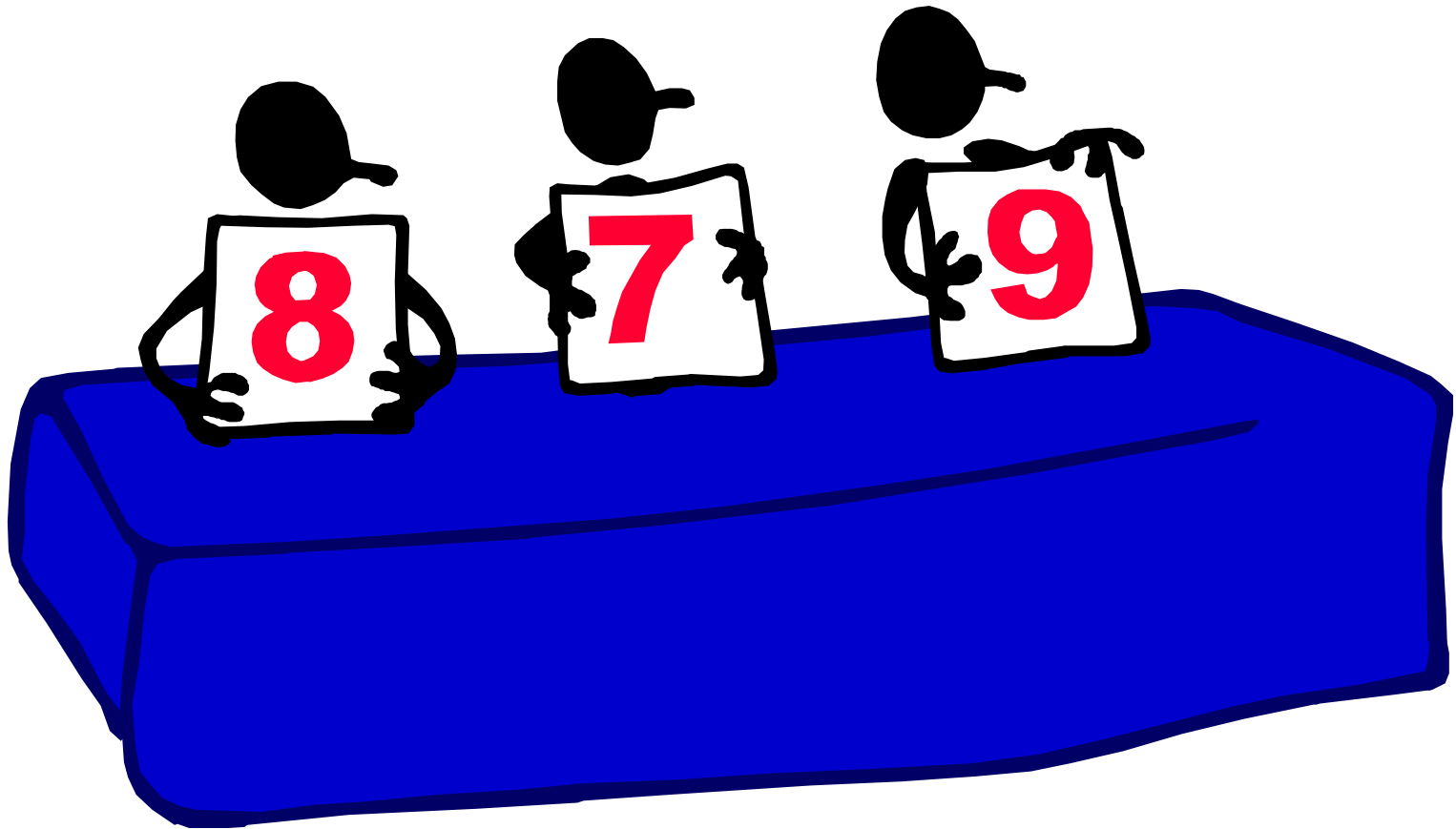
Recommendation

- ▶ Clinical assessment of respiratory health should be part of every medical consultation for children with NMW and should be directed towards identifying progressive muscle weakness, ability to cope with respiratory infection, aspiration, progression of scoliosis and sleep-disordered breathing. [D]

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Peer Review



Care guidelines for SMA children with acute respiratory illness

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13. The guideline has been externally reviewed by experts prior to its publication.

