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GUIDELINE WATCH French Health Agency guidelines: separating the good from the bad

The website of the French Health Agency (*Haute Autorité de Santé, HAS*) contains a wide variety of publications, including around a hundred documents that are labeled 'professional recommendations'.

These include four different types of recommendations: clinical practice guidelines, consensus statements, expert consensuses and public hearings. HAS considers clinical practice guidelines to be especially useful in situations in which a number of questions remain unresolved and abundant evidence is available. When they are of high quality, these documents represent a useful tool to improve healthcare standards (1,2).

However, many of the practice guidelines on the HAS website are old, and the site does not clearly state whether they have been revised and updated, or whether they have been assessed and are not considered to be out-of-date. In addition, the rationale and arguments supporting some guidelines are not available online, making it difficult to determine their methodological quality and practical relevance.

This means that the practice guidelines published on the HAS website have to be systematically sorted in order to help prevent healthcare professionals from wasting their time.

This article deals with the guideline for drug treatment of type 2 diabetes (see page 173).

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A detailed description of our methods for evaluating practice guidelines is available on request (in French).

Prescrire's rating system for clinical practice guidelines

Prescrire's evaluation of clinical practice guidelines is presented using a 4-level rating scale: Interesting, Acceptable, Useless, and Not Acceptable.

II

INTERESTING

Health professionals should read these clinical practice guidelines and take them into

account when treating this condition.

Overall, the development of these clinical practice guidelines was based on an acceptable methodology, and the level of evidence supporting each recommendation is clearly stated. The literature search is thorough and well described, and has been developed in response to explicitly stated research questions. Rationales for recommendations are provided coherently and in adequate depth. The benefits and risks of the recommended interventions are clearly presented. Finally, the recommendations can be applied to routine care within the context of the French healthcare system.



As described, the methodology used to draw up these clinical practice guidelines is largely acceptable but in certain cases the rationale provided for recommendations is shaky. Alternatively, the methodology may be inadequate in some areas but the rationales provided are satisfactory, and the benefits and risks of the principal interventions are specified.



USELESS

These guidelines are not helpful for improving healthcare quality and

should not be followed.

The authors of the guidelines have neglected the key questions that are relevant to improvement of healthcare quality. In addition, certain aspects of the methodology are poor. The rationale provided is inadequate (too brief, out of date, or incomplete). The recommendations are difficult to apply and other interventions with better risk-benefit balances could have been recommended.

However, none of the recommendations seems particularly risky.



These clinical practice guidelines are not based on methods that guarantee their quality. The rationale and arguments supporting these guidelines are inadequate, irrelevant or erroneous. There is a major risk of bias; important options are not discussed; and certain real dangers are not taken into account. Alternatively, the recommendations are inconsistent with the rationale provided or with current knowledge. If these guidelines are wholly or partially adopted, they are more likely to lead to harm than benefit.

¹⁻ Prescrire Rédaction "Guides de pratique clinique: faire le tri, et savoir jeter" *Rev Prescrire* 2007; **27** (282): 304.

²⁻ Prescrire Rédaction "Guides de pratique. Les recommandations ne sont pas éternelles" *Rev Prescrire* 2003; **23** (239): 384-387.