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Too many unreliable guidelines

Since the 1990s, clinical practice guidelines and other official recommendations have proliferated in France and other countries.

A US study published in 2012 showed that these documents are not sufficiently reliable (1). The authors analysed 114 clinical practice guidelines selected at random from the list of guidelines approved by the Agency for Healthcare Research and Quality (AHRQ), 46 of which were issued by non-U.S. organisations (1).

Quality criteria. The authors examined how well these guidelines complied with 18 quality criteria defined by the US Institute of Medicine, an advisory organisation (1).

If they are to be credible, guidelines must meet several quality criteria (2,3). In particular, they must be based on a systematic review of the available assessment data; be written by a multidisciplinary panel consisting of both experts and patients; consider important patient subgroups; be based on an explicit and transparent process that limits bias and conflicts of interest; explain the objectives of the different care options; quantify the level of evidence and strength of each recommendation; and be updated when required by new data (3).

Guidelines of inadequate quality. On average, the 114 guidelines analysed met only 8 of the 18 quality criteria. The following major flaws were most common: the criteria used to choose working group members was described in fewer than 1 in 3 guidelines, with failure to incorporate a multidisciplinary approach and include patients or patient representatives (5 out of 6 guidelines); conflicts of interest among panel members were reported in fewer than 1 in 2 guidelines, and, when present, showed that 7 of 10 committee chairpersons had such conflicts; and divergent views were reported in only 1 in 20 guidelines. In addition, fewer than half of the guidelines had been updated in the previous 5 years (1).

The data collection method or the level of evidence was not specified in 23% of guidelines. The reasons for the conclusions were not given in 15% of guidelines, and adverse effects were not included in 27% of guidelines (1).

Be selective. A rigorous approach must be adopted if guidelines are to be credible. As things stand now, guidelines cannot be considered sufficiently reliable for making decisions about health care.

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Selected references from Prescrire's literature search.

1- Kung J et al. "Failure of Clinical Practice Guidelines to Meet Institute of Medicine Standards" *Arch Intern Med* 2012; **172** (21): 1628-1633.

2- Prescrire Rédaction "Les guides de pratique clinique examinés et triés par la revue Prescrire" *Rev Prescrire* 2007: **27** (282): 305-306.

3- Institute of Medicine "Clinical Practice Guidelines We Can Trust" 2011: 266 pages.

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