

# the **ENGINE**

The newsletter of the Guidelines International Network

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## Editorial

Every year, my car needs to undergo a check-up to ensure that its engine continues to function well.

Currently, G-I-N's enGINE is undergoing a similar check-up. In fact, this will probably be the last enGINE in the current format.

The Board of Trustees is rethinking the best ways to communicate with our members and e.g. how to include social media in our communication strategy or how to optimise the use of the website.

A transformation of enGINE is part of that process. The results of the Website User Survey are extremely helpful in this context, and are reported in this issue of enGINE. We will keep you informed through the right channels.

This enGINE is again fuelled with lots of news from the Board and the Executive, news about the conference and membership profits, etc. I will let it speak for itself. Or, as Plato – a famous Greek philosopher – once said: "Wise men speak because they have something to say; fools because they have to say something."

*Joan Vlayen*  
*Editor*



# Chair's Report



Dear Friends and Colleagues,

G-I-N had a very active spring time and I am very pleased to update you on recent accomplishments.

After a period of staff changes, our Executive Officer (Elaine Harrow) established a sustainable internal staff and process management system to accompany and support our strategic and networking activities. Therefore, we are now in the position to state that internal processes are smooth and we can rely on strong support by our secretary (Anne Docherty), communications administrator (Jenna McEwan) and webmaster (Richard Howe).

G-I-N, in its 13th year after foundation, has grown to be not only the global network for guideline developers and implementers, but also for experts in EBM, knowledge management, knowledge transfer and quality improvement. This is confirmed by the fact that we currently align approximately 107 organisational and 138 individual members from 6 continents, 4 G-I-N Regional Communities (RCs), 13 G-I-N Working Groups (WGs) and we have established 8 partnerships, e.g. with the Cochrane Collaboration, the GRADE Working Group and the International Network of Agencies for Health Technologies Assessment (INAHTA).

RCs and WGs form the backbone and engine of the G-I-N community through activities and the provision of networking opportunities for members, resulting in products such as guideline tools, research publications, regional events and new guideline methodologies. Therefore, the G-I-N Board of Trustees decided to increase support for these groups (see the Executive Officer report).

Looking back at previous minutes of our Annual General Meetings, even those from our first meeting in 2003, we can state that one of the core strategic goals of G-I-N has always been engagement with low and middle income countries (LMIC). This networking activity is now visible through the establishment of the [G-I-N LMIC Working Group](#) and the [G-I-N African Regional Community](#) (see report of Okwen Patrick Mbah in this enGINE). However, the biggest issue for researchers in LMIC countries still is to find evidence and guidelines applicable to their demands. Therefore, the G-I-N board decided to pilot the provision of open access to the G-I-N library for LMIC countries and to allow for uploading of guidelines to the G-I-N library provided by non- G-I-N members in LMIC.

Furthermore, the Board decided to build up the G-I-N library as *the* most comprehensive guideline library in the world. It was decided to pilot uploading of guidelines from non- members around the world – especially regarding guidelines from LMIC and guidelines addressing rare diseases. Potential benefits and risks of these pilots will be evaluated after one year.

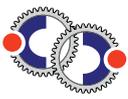
In addition, I am pleased to let you know that a G-I-N Board position paper on the declaration of interests and management of conflicts of interest (COI) has been accepted for publication in the *Annals of Internal Medicine*. This paper reflects the need for transparency as well as the need for fair and judicious management of potential COI. The G-I-N Board has consented to implement an internal policy to enhance transparency of declarations of interests and management of potential conflicts.

Finally, G-I-N 2015 in Amsterdam is just around the corner with a core strategic theme – how to engage all stakeholders (see report by Sonja Kersten in this edition of enGINE). I hope to meet you there!

*Best Regards*

**Ina Kopp**

**Chair**



# Executive Officer Report



The board had its' mid-term meeting in Rome at the end of March, kindly hosted by the Italian National Centre for Rare Diseases at the Istituto Superiore di Sanità, Rome. We were extremely grateful for the unrivalled hospitality given to us by Domenica Taruscio and her team, who are co-ordinating the RARE-Bestpractices project – a project to which G-I-N contributes.



The board spent two days together and came away with much progress and some significant decisions. The budget for 2015 – 16 was agreed and some funds were set aside, along with a new policy in order to better financially support the outputs of the working groups. The policy can be found in the portlet on the [Working Groups overview page](#) on our website.

There was further focus given to the Working Groups and Regional Communities in the form of policies for establishing new groups and a document to give guidance around the role of the board liaison for each group. With the rapid growth we have experienced in new groups in the last 18 months, we wanted to provide fuller guidance and a framework to ensure consistency in the governance of the groups and to avoid the chairs having too onerous a workload.

The board discussed future conferences and the rotational model and took the decision to move away from a strict 3 year cycle with regard to location, as this is proving to be a barrier for local host organisations. Full details will be communicated by the launch of the bids for the 2018 conference in Amsterdam.

A change was also discussed for planning the AGM and elections and it was decided to open up this process earlier than normal, in order to avoid holiday conflicts and allow for the greatest amount of participation in the process from our members. We will therefore increase the nomination period for Trustees from two to four weeks during the month of June and the voting period will last for five weeks, shortly thereafter.

The other significant area, where the board has collaborated along with some former Trustees, to write a paper and a policy, can be found in the Chair's report, along with a big decision regarding the library and how it can help others.



## The 2015 Trustee election process

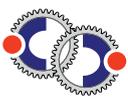
As confirmed in my report from the mid-term board meeting, the election process is underway. There are 3 openings for Organisational Trustees; the position of Individual Trustee will also be available. Potential Organisational Trustees must be nominated by two member organisations, whilst candidates for the role of Individual Trustee may nominate themselves.

Once the nomination period is closed, the details of all nominees will be put on the website and all members will be able to vote for their chosen candidates on our website this year. It was suggested by a member at the AGM in Melbourne that we should consider online voting to make the election process quicker and simpler for all members. We took this idea and worked with our developers to produce an online voting system, so we will look forward to opening this up to you for the 2015 elections.

Full details, including a document which covers the role of Trustee and important dates for the coming Board year, can be found on the [website](#).

*Elaine Harrow*

*Executive Officer*



# Partnership/Collaboration Reports

## HDL: DynaMed Plus available for G-I-N members

DynaMed™, the evidence-based point-of-care clinical information resource, continues to collaborate with G-I-N to support the development and dissemination of evidence-based guidelines. The mission of DynaMed is to provide the most useful information to health care professionals at the point of care, and thus help to improve patient care and outcomes.

We recently released *DynaMed Plus*™– the next-generation clinical information resource.

*DynaMed Plus* features:

- ◆ Overviews and recommendations for hundreds of the most commonly used topics
- ◆ Advanced semantic search algorithms focused on reducing the “time to answer”
- ◆ An expanded network of expert reviewers and increased breadth and depth of specialty content
- ◆ Drug and lab topics featuring Micromedex evidence-based content
- ◆ Over 4,000 images, including illustrations, clinical photos, and flow charts
- ◆ Over 1,000 images provided through DynaMed’s partnership with the American College of Physicians
- ◆ Robust medical app available for both IOS and Android devices

*DynaMed Plus* will continue to reduce the effort needed for initial guideline creation by providing clinically relevant summaries of critically appraised evidence. *DynaMed Plus* also includes listings of 14,000 guidelines, so can serve as a way to identify related guidelines and a dissemination strategy to make guidelines accessible at the point of care.

Many G-I-N members have activated their complimentary subscriptions to DynaMed. We’re now pleased to offer complimentary access to *DynaMed Plus* for G-I-N members with up to 5 subscriptions for each G-I-N member organisation.

To take advantage of your *DynaMed Plus* access for please contact [dynamedcommunity@ebscohost.com](mailto:dynamedcommunity@ebscohost.com).



# Conference Report

## News about the next G-I-N conference!

G-I-N is about guidelines. It is about networking, sharing knowledge, learning and preventing unnecessary duplication of effort around the globe.

This year's conference host is different to previous years, because there is a whole consortium of Dutch G-I-N members that are ready to welcome you to the Netherlands. This consortium discusses the venue (*beautiful and inspiring*), the pre-conference courses (*learning and networking*), the scientific (*the reason why!*) and social (*party time*) programme. We are discussing bags, coffee, sponsorship, hotels, audiovisual, PR and many more things. The fun part is that when we discuss these items, we also share information about developments in guideline methodology, implementation strategies, innovations, and stakeholder involvement. And THAT is what you will notice when you meet us in Amsterdam. A large group of Dutch and Belgian 'guideliners', that joined forces, experienced this as a benefit and is committed to continue the collaboration after the conference.



We hope this kind of networking will be contagious to you. The theme of the conference "Engaging all stakeholders - Guidelines from a societal perspective" will appeal to a varied audience and if the large amount (389!) of submitted abstracts is indicative for the number of attendees, we expect to welcome many people!

Last year, when the conference was held in the beautiful Melbourne, we were confronted with the question why the press was absent from the conference. The plenary speaker stated that guidelines have a crucial role in improving the efficiency and efficacy of healthcare and the only 'force' to stop money driven (over)diagnosis and (over)treatment.

This year's theme will definitely allow for newsworthy information. That's why we invite you to share your experiences. Use twitter (@GINconference, #GIN2015) and let the world know now what your abstract is about, what the impact of your work is on improving healthcare, saving cost, or diminishing variation in care. At the conference share what touches you, dare to ask and dare to share! It's all too big to keep small.



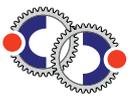
**Sonja Kersten**

**Member of Dutch consortium of G-I-N members**

**G-I-N Member Board of Trustees, member conference committee, vice-chair membership committee**

**Director of oncological care, IKNL**

**Twitter @Sonjakersten**



## G-I-N Grants 2015

G-I-N is once again proud to be able to support some of our members from low and lower middle income countries to travel to and attend the conference.

A small panel assessed all of the applications from our members and selected three who are all extremely engaged with the network. Congratulations to the following:

[Brian Kanahe Mwebaze – Uganda](#)

[Okwen Patrick Mbah – Cameroon](#)

[Joseph L Mathew – Chandigarh, India](#)

Click on the individual names above to find out more about our grant recipients.

## Website update

The 2015 MeSH tree has been implemented on the website without any major issues. As you review and update your guidelines in the library, you will also be able to update the MeSH terms, to improve the search function over time. All new guidelines must of course be indexed with MeSH 2015.

Richard Howe, our webmaster is continuing to contact our organisational members to ensure that the information we hold in the library remains current. This project is progressing well, with our member organisations engaging in the process and finding out that it is easier than anticipated to keep their information up to date. Please help him by reviewing the content that you have in the guideline library to ensure it is current and correct. If you don't already update the library as you publish guidelines, Richard will be pleased to offer assistance and support to do this.



# Regional communities / Working Group updates

## *G-I-N/North America*

G-I-N/North America, in collaboration with the New York Academy of Medicine's Section on Evidence-based Health Care, held the second "Evidence-Based Guidelines Affecting Policy, Practice, and Stakeholders (E-GAPPS II)" conference in New York City on March 2015.

More than 200 people attended representing medical specialty societies, healthcare organisations, academic medical centres, government agencies and consumers.

The conference focus was on guideline implementation and was organised around four main subthemes: (1) stakeholders that drive guideline development; (2) guideline collaboration and harmonisation; (3) adaptation of guidelines to specific settings; and (4) point-of-care access to and implementation of guideline recommendations. Funding for the conference was made possible by grants from the U.S. Agency for Healthcare Research & Quality (AHRQ) and Kaiser Permanente's Community Benefit Program, with additional support provided by Doctor Evidence, Elsevier Health Sciences and Indico Solutions.

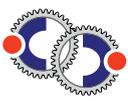
Of note, more than 20 consumers interested in evidence-based medicine were able to attend and participate in E-GAPPS II. Some served as moderators of panel discussions, and all contributed to the important conversation on what they bring to guideline panels that would otherwise be missing – the voice of those at the receiving end of health care. In response to efforts to build collaboration among medical specialty societies, health care organisations, consumer representatives and other guideline stakeholders, a new G-I-N/NA workgroup, comprised of representatives from multiple stakeholder groups, will also be forming in response to interest from conference participants in developing a set of standards for multi-stakeholder guideline collaboration.

The E-GAPPS II Conference recordings are now available at: <http://www.nyam.org/events/2015/evidence-based-guidelines-conference.html>. (Click on the link for "Conference Materials." on the above website.)

There is a one-time registration necessary to view the conference recordings, but there is no charge and it is only for purposes of tracking for the grant reconciliation reports. The G-I-N/NA webinar series also continues in 2015, with topics focused on advancing the agenda and discussions from the E-GAPPS II Conference -- all G-I-N members worldwide are invited to attend or view the recordings of these webinars at <http://www.g-i-n.net/library/webinars>. A G-I-N/NA interest group on LinkedIn is also in place to facilitate discussion among all stakeholders in the North American guideline community.



***Marguerite Koster***  
***GIN/NA Working Group Chair***



## G-I-N Africa

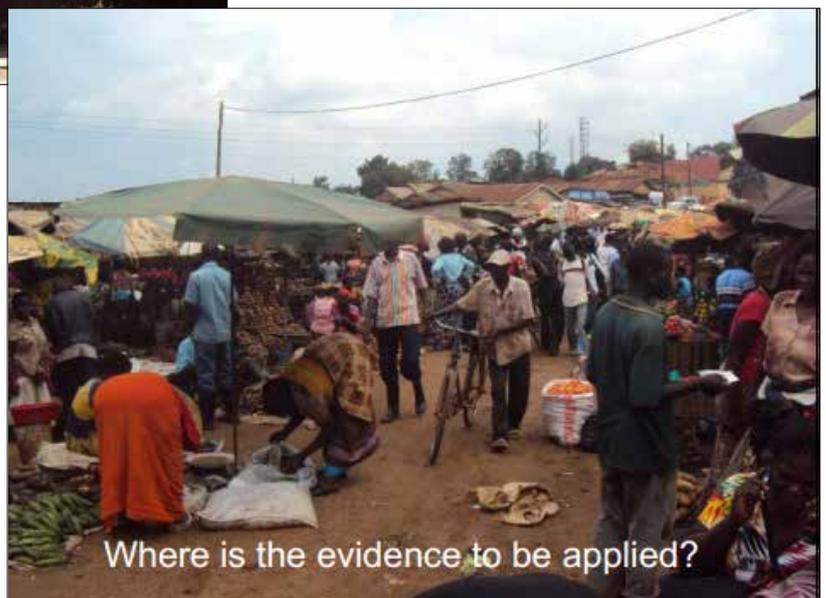
### *From the African Cochrane Indaba to the G-I-N African Community*

An 'Indaba' is an African term meaning a 'council of the wise'. In 2013, the South African Cochrane Centre, based at the South African Medical Research Council, organised an African Cochrane Indaba in Cape Town. Apart from showcasing grounds gained by African authors within the Cochrane collaboration, it also stimulated thought about the great need for knowledge translation. The Indaba showcased evidence that systematic review authors of African origin had sharply increased over a 5 year period from 15 to 450 lead African authors of Cochrane systematic reviews. In addition the demand for systematic reviews as seen from downloads from servers located in Africa had shown even bigger growth.

Guidelines are helpful and a cost-effective clinical tool in resource poor settings where healthcare workers and opportunities for continuing medical education are limited. Guidelines can provide high quality and updated evidence to healthcare systems.

The World Health Organisation provides guidelines to the African region, but these guidelines are not usually tailored to local needs. Although these guidelines are usually of excellent scope and purpose, they tend to have unclear involvement of stakeholders. It is therefore perfect timing for leadership and coordination of guidelines with contextualisation to local needs.

*Pictures are courtesy of Frode Forland of Collaboration for Evidence Based Healthcare in Africa (CEBHA)*



The G-I-N African community can be considered the brainchild of the 'Indaba'. The workshop on guidelines lead by both local



and international facilitators provided an exposé on the process of guideline development and implementation. This drove the call for knowledge translation advocates in Africa. The workshop also provided insight into the global world of guideline activity, including sharing links to the G-I-N newsletter, website and conferences. This is an indication of the strong link between Cochrane and G-I-N.

***Okwen Patrick Mbah***



***G-I-N African Community***

### ***LMIC update***

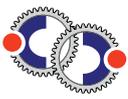
The LMIC working group pages have been updated to show all current members of the Working Group. More information about the group members including biographies and photographs are being added on an ongoing basis. Click [here](#) to find out more about the group including how you can get involved.

### ***Accelerated Guidelines Development***

AGD Working Group pages are now live on the G-I-N website. Click [here](#) to view the details and find out how to get involved.

### ***G-I-N Tech***

The G-I-N Tech Working Group pages have been updated with some exciting new resources. Thank you to Linn Brandt for developing these. Click [here](#) to view what's available.



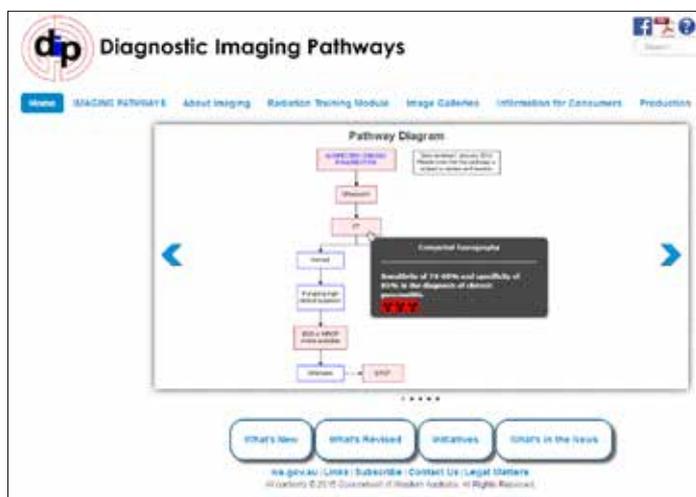
# Publications from around the network

## Diagnostic Imaging Pathways

Diagnostic Imaging Pathways is an education and decision support resource for diagnostic imaging that is freely available [here](#).

The website has a wealth of information that has been developed for:

- ◆ current and future referrers to and providers of diagnostic imaging services
- ◆ clinical educators
- ◆ patients and their carers



At the core of the website is a suite of flowchart diagrams like the one above that guide the choice of the most appropriate diagnostic imaging examinations in the correct sequence. Recommendations in the flowcharts are supported by the best available evidence and broad clinical consensus. They aim to:

- ◆ prevent examinations that are not needed
- ◆ ensure that appropriate examinations are provided

There are over 160 flowcharts covering all of the major organ systems and many clinical conditions that are seen in general and specialist clinical practice.

A [Facebook page](#) has been established for the website to help keep followers up-to-date with frequent changes as well as relevant news and initiatives.

A smartphone version of DIP has been released in response to a growing need among health professionals for portable and convenient tools to help guide clinical decision-making. It can be obtained via iTunes by clicking [here](#). Once the freely available application is downloaded it is fully accessible without the requirement for an internet connection. Access to the internet is required for periodic updates.





# Committee Focus

## G-I-N Website User Survey Update

In January 2015, the Web Development Task Force sent a survey to the G-I-N membership to better understand the information needs of the G-I-N community and to determine ways to improve the usefulness and usability of the G-I-N Web site. Thank you to everyone who participated in the survey!

We had 51 survey respondents—30 were employees of a G-I-N organisational member and 21 were individual G-I-N members. The two geographical areas with the most participation were Europe (28 respondents) and North America (11 respondents). About 60% of respondents primarily browse or navigate the Web site while about 40% of respondents primarily use the search function to find the information they seek. Likewise, about 60% of respondents were LinkedIn participants while 40% were not. 75% of LinkedIn participants indicated a willingness to share LinkedIn profiles via the G-I-N Web site. The main information types available at the G-I-N Web site have been the following:

- ◆ General G-I-N information
- ◆ Annual Conference
- ◆ Working Groups
- ◆ International Guideline Library
- ◆ Health Topics Collection
- ◆ Regional Communities (i.e., NA, ANZ, Nordic)
- ◆ Discussion Boards (i.e., “Have Your Say”)
- ◆ Project Boards

Annual conference information was the most frequently accessed type of information with 50% of respondents indicating use “very frequently” or “frequently.” More than 50% of respondents indicated that they “never” accessed information from the health topics collection, regional communities, discussion boards, and project boards. Information in the G-I-N website generally, annual conference, and working groups sections was noted to be “moderately useful” to “extremely useful” by more than 60% of participants. For the health topics collection, discussion boards, and project boards, more than 30% of people noted that these sections were “not at all useful.” Survey respondents offered suggestions for improvement of the G-I-N Web site particularly around the following ideas:

- ◆ Keeping the information more up to date
- ◆ Indicating guideline quality and currency more consistently in the library
- ◆ Improving interaction with social media

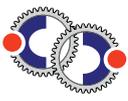
The G-I-N Web site is a resource that offers great potential for communication and collaboration across the G-I-N community. While there is a great deal of useful information on the Web site, there remains a significant opportunity to continuously

improve its usability. The G-I-N Board of Trustees and the Web Development Task Force are committed to improving the G-I-N Web site to better meet your needs. As we continue on this journey together, please continue to provide your feedback to us on what is working and what needs to be improved.



***Craig Robbins MD, MPH***

***Guidelines International Network--Board of Trustees***



# Introducing new members

## Individuals

### *Dr. Nishant Jaiswal*

Dr. Nishant Jaiswal is working as a Scientist (medical) at ICMR Centre for Advanced Research in Evidence Based Child Health established at PGIMER, Chandigarh. He has completed a MBBS and has interests in child health. He has worked in both public and private hospitals in India and feels that use of medical research is necessary to improve health care in India. He is pursuing a PhD at the department of pediatrics, PGIMER and has special interests in evidence-based medicine and has been acting as a tutor in various courses on "How to practise evidence-based child health". He has research papers, published in peer-reviewed journals, to his credit.



### *Zipporah Iheozor-Ejiofor*



Zipporah Iheozor-Ejiofor is a health researcher based at the Cochrane Oral Health Group (COHG) who over the last 4 years has been involved in systematic reviewing and the development of national and international guidelines. She has a life sciences background and after completing an MPH at the University of Sheffield she went on to work for the National Collaborating Centre for Women's and Children's Health (NCC-WCH) where she was involved in the development of different NICE guidelines. She then moved to the University of Manchester where she was initially involved in the development of a CDC (Centers for Disease Control

and Prevention) oral health community guide. She is currently based at the COHG editorial base and is mostly involved in preparing Cochrane systematic reviews as well as offering methodological support to COHG review authors in different parts of the world. Her research interest is centred on evidence-based practice and guideline development in LMIC's.

## Organisations

### *NSW Kids and Families*



NSW Kids and Families was established as a board-governed statutory health corporation of NSW Health on 1 July 2012 to help shape the way we care for the health and wellbeing of, and the healthcare delivered to mothers, babies, children and young people now and in the future. NSW Kids and Families has four broad functional areas in:

- ◆ Maternal, child and family health
- ◆ Paediatric healthcare
- ◆ Child protection and violence prevention
- ◆ Youth health and wellbeing



## The Moldovan Public Association of Perinatal Medicine



The Moldovan Public Association of Perinatal Medicine (APM RM) is a professional association, which participated since 1998 in the implementation of reforms aimed at improving perinatal health in the Republic of Moldova. APM RM has 174 members that number obstetrician-gynecologists, neonatologists, pediatricians, geneticists, ultrasound diagnosis specialists, midwives and others.

APM RM has implemented 18 projects aimed at improving the quality of maternal and perinatal care in the country, which have resulted in the largely improved medical care for mothers and newborns, as well as in the improved maternal health indicators, especially newborns health indicators. As a result, yet in 2012, the Republic of Moldova reached the medium and the final indicators of the fourth Millennium Development Goal – reduction of child mortality. Thanks to the implementation of numerous projects, APM RM has accumulated great experience in conducting various activities: training and seminars, elaboration of protocols, implementation of a system for monitoring maternal and perinatal health, as well as in perinatal mortality audit. APM RM is a member of the European Association of Perinatal Medicine since 2006.

## American College of Occupational and Environmental Medicine (ACOEM)



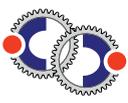
ACOEM ([www.acoem.org](http://www.acoem.org)), an international society of 4,500 occupational and environmental medicine physicians and other healthcare professionals, provides leadership to promote optimal health and safety of workers, workplaces, and environments by educating health professionals and the public; stimulating research; enhancing the quality of practice; guiding workplace and public policy; and advancing the field of occupational and environmental medicine.

ACOEM has published *OEM Practice Guidelines* since 1997, using a rigorous, peer-reviewed, and published methodology to develop these evidence-based guidelines.

The *Guidelines* are intended to improve the efficiency and accuracy with which the diagnostic process is conducted; improve the effectiveness of individual treatments and treatment plans in relieving symptoms and achieving functional improvement and return to work; improve or restore the health of workers with occupationally related illnesses or injuries; and improve the quality of occupational medical care and disability management. ACOEM Guidelines cover diagnostic and treatment options for cervical and thoracic spine, low back, shoulder, elbow, hand, wrist, and forearm, hip and groin, knee, ankle and foot, occupational interstitial lung disease, and occupational asthma. The College has also developed guidance on chronic pain and the use of opioids.

## Membership News and Updates

This year, we are pleased to report that 66% of our member organisations and 49% of our individual members paid their invoices within 28 days, thus qualifying them for a 10% discount on their fees next year. Our income is already up over 15%, compared to the end of May last year. Thank you for helping us to achieve this – the impact is that the funds are available earlier in order to support the work of our working groups.



# New data in guideline library

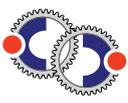
## International Guideline Library

New Publications published in the International Guideline Library – 24<sup>th</sup> Feb 2015 to 25<sup>th</sup> May 2015

Organisation	Title
AAOS (USA)	AAOS Evidence-Based Clinical Practice Guideline on Diagnosis and Treatment of Acute Achilles Tendon Rupture. NGC:007580
AAOS (USA)	AAOS Evidence-Based Clinical Practice Guideline on Diagnosis of Periprosthetic Joint Infection of the Hip and Knee. NGC:007976
AAOS (USA)	AAOS/ADA Collaborative Evidence-Based Clinical Practice Guideline on Prevention of Orthopaedic Implant Infection in Patients Undergoing Dental Procedures. NGC:009564
AAOS (USA)	AAOS Evidence-Based Clinical Practice Guideline on Management of Anterior Cruciate Ligament Injuries. NGC:010527
AAOS (USA)	AAOS Evidence-Based Clinical Practice Guideline on Management of Hip Fractures in the Elderly. NGC:010528
AAOS (USA)	AAOS Evidence-Based Clinical Practice Guideline on Detection and Nonoperative Management of Pediatric Developmental Dysplasia of the Hip in Infants up to Six Months of Age. NGC:010526
AAOS (USA)	AAOS Evidence-Based Clinical Practice Guideline on Treatment of Osteoarthritis of the Knee. NGC:009911
AAOS (USA)	AAOS Evidence-Based Clinical Practice Guideline on Preventing Venous Thromboembolic Disease in Patients Undergoing Elective Hip and Knee Arthroplasty. NGC:008887
AAOS (USA)	AAOS Evidence-Based Clinical Practice Guideline on Treatment of Pediatric Supracondylar Humerus Fractures. NGC:008886
AAOS (USA)	AAOS Evidence-Based Clinical Practice Guideline on Diagnosis and Treatment of Osteochondritis Dissecans. NGC:008267
AAOS (USA)	AAOS Evidence-Based Clinical Practice Guideline on Treatment of Symptomatic Osteoporotic Spinal Compression Fractures. NGC:008195
AAOS (USA)	AAOS Evidence-Based Clinical Practice Guideline on Treatment of Pediatric Diaphyseal Femur Fractures. NGC:007298
AAOS (USA)	AAOS Evidence-Based Clinical Practice Guideline on Treatment of Glenohumeral Joint Osteoarthritis. NGC:007581
AAOS (USA)	AAOS Evidence-Based Clinical Practice Guideline on Treatment of Distal Radius Fracture. NGC:007579
AAOS (USA)	AAOS Evidence-Based Clinical Practice Guideline on Optimizing the Management of Rotator Cuff Problems. NGC:008268
ACP (US)	Risk Assessment and Prevention of Pressure Ulcers: A Clinical Practice Guideline From the American College of Physicians
ACP (US)	Treatment of Pressure Ulcers: A Clinical Practice Guideline From the American College of Physicians
AWMF (DE)	Intraaortale Ballongegenpulsation in der Herzchirurgie. S3-LL (DGTHG)
AWMF (DE)	Gastrointestinale Infektionen und Morbus Whipple. S2k-LL (DGVS)
AWMF (DE)	Myasthenia gravis und Lambert-Eaton-Syndrom, Diagnostik und Therapie. S2k-LL (DGN)
CC (FI)	Stabiili sepelvaltimotauti
HTA DoH (MY)	Management of Neonatal Jaundice (Second Edition)
HTA DoH (MY)	Management of Acute ST Segment Elevation Myocardial Infarction (STEMI) [3rd Edition]



HTA DoH (MY)	Management of Heart Failure (3rd Edition)
IACS (ES)	Guía de Práctica Clínica sobre el Manejo de la Enfermedad Meningocócica Invasiva
KCE (BE)	Oncogenetic testing, diagnosis and follow-up in Birt-Hogg-Dubé syndrome, familial atypical multiple mole melanoma syndrome and neurofibromatosis 1 and 2
KCE (BE)	Oncogenetic testing for persons with hereditary endocrine cancer syndromes
MoH (UA)	Депресія. Адапована клінічна настанова
MoH (UA)	Хронічні неінфекційні гепатити: Алкогольний гепатит. Адапована клінічна настанова
MoH (UA)	Хронічні неінфекційні гепатити: Аутоімунний гепатит. Адапована клінічна настанова
MoH (UA)	Хронічні неінфекційні гепатити: Неалкогольний стеатогепатит. Адапована клінічна настанова
MoH (UA)	Хронічний лімфоїдний лейкоз. Адапована клінічна настанова
MoH (UA)	Хронічний панкреатит. Адапована клінічна настанова
MoH (UA)	Ко-інфекція (туберкульоз/ВІЛ-інфекція/СНІД). Адапована клінічна настанова
MoH (UA)	Мукополісахаридози. Адапована клінічна настанова
MoH (UA)	Цукровий діабет тип 1. Адапована клінічна настанова
MoH (UA)	ВІЛ-інфекція у дітей. Адапована клінічна настанова
MoH (UA)	Загальноваріабельний (первинний) імунодефіцит. Адапована клінічна настанова



# New literature in library

*Here are the new articles retrieved during the period 24<sup>th</sup> February 2015 – 25th May 2015:*

[The GRADE system: a change in the way of assessing the quality of evidence and the strength of recommendations.](#)

Neumann I, Pantoja T, Peñaloza B, Cifuentes L, Rada G. Rev Med Chil 2014; 142(5):630-5.

[Anesthesia information management systems: imperatives for nurse anesthetists.](#)

Peterson JJ, White KW, Westra BL, Monsen KA. AANA J 2014; 82(5):346-51.

[Conflicts of interest and clinical recommendations: comparison of two concurrent clinical practice guidelines for primary immune thrombocytopenia developed by different methods.](#)

George JN, Vesely SK, Woolf SH. Am J Med Qual 2014; 29(1):53-60.

[European perioperative  \$\beta\$  blockade guidelines must be changed immediately to safeguard patients.](#)

Bolsin SN, Colson M. BMJ 2014; 349:g5768.

[Evidence into practice: how do we get past the roadblocks?](#)

Smyth AR. Paediatr Respir Rev 2014; 15(1):45-6.

[Evidence-based guidelines in labor management.](#)

Millen KR, Kuo K, Zhao L, Gecsi K. Obstet Gynecol Surv 2014; 69(4):209-17.

[Evidence-based recommendations for the diagnosis and treatment of paediatric acne.](#)

Lee KC, Lio PA. Arch Dis Child Educ Pract Ed 2014; 99(4):135-7.

[Grading of evidence for bladder pain syndrome: a comparative review of study quality assessment methods.](#)

Tirlapur SA, Khan KS. Int Urogynecol J 2014; 25(8):1005-13.

[International evidence-based recommendations for focused cardiac ultrasound.](#)

Via G, Hussain A, Wells M, Reardon R, ElBarbary M, Noble VE et al. J Am Soc Echocardiogr 2014; 27(7):683.e1-683.e33.

[Moving forward towards implementation science.](#)

Khalil H. Int J Evid Based Healthc 2014; 12(2):63.

[Principles of medicating children with neurodevelopmental and sleep disorders--a review.](#)

Nunn K. Paediatr Respir Rev 2014; 15(1):86-91.

[Quality of dementia clinical guidelines and relevance to the care of older people with comorbidity: evidence from the literature.](#)

Damiani G, Silvestrini G, Trozzi L, Maci D, Iodice L, Ricciardi W. Clin Interv Aging 2014; 9:1399-407.

[Registry in Germany focusing on level-specific and evidence-based decision finding in the treatment of heart failure: REFLECT-HF.](#) Tebbe U, Tschöpe C, Wirtz JH, Lokies J, Turgonyi E, Bramlage P et al. Clin Res Cardiol 2014; 103(8):665-73.

[Surgical site infection and prevention guidelines: a primer for Certified Registered Nurse Anesthetists.](#)

Diaz V, Newman J. AANA J 2015; 83(1):63-8.

[Triage, treatment, and transfer: evidence-based clinical practice recommendations and models of nursing care for the first 72 hours of admission to hospital for acute stroke.](#)

Middleton S, Grimley R, Alexandrov AW. Stroke 2015; 46(2):e18-25.



*The following literature has been added to our library recently. For a good read, see the following Editors Picks.*

We have more than 450 entries in the list of relevant literature on the G-I-N website. As we are updating this list regularly we encourage G-I-N members to subscribe to the feeds available on the pages:

[www.g-i-n.net/library/relevant-literature](http://www.g-i-n.net/library/relevant-literature)

and

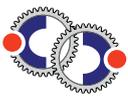
[www.g-i-n.net/library/literature-updates](http://www.g-i-n.net/library/literature-updates)

(note: you have to be logged in to be able to do so).

As Ina Kopp already proudly announced, a G-I-N Board position paper on the declaration of interests and management of conflicts of interest (COI) has been accepted for publication in the *Annals of Internal Medicine*.

Within this context, a recent publication in the *American Journal of Medical Quality* by [George et al.](#) is of particular interest. Researchers from the Department of Biostatistics & Epidemiology of the University of Oklahoma Health Sciences Center compared two guidelines for primary immune thrombocytopenia (ITP). One guideline (International Consensus Report [ICR]) was supported by pharmaceutical companies that produce products for ITP.

The ICR panel members were selected for expertise in ITP and 16 (73%) of these reported associations with pharmaceutical companies. The other guideline was sponsored by the American Society of Hematology (ASH); panel members were selected for lack of conflicts and for expertise in guideline development as well as for ITP. Discrepancies in recommendations were conspicuous when they addressed treatment. In contrast to the ASH guideline, the ICR gave stronger recommendations for agents manufactured by companies from which the ICR or its panel members received support.



## External events

For information on external events that may be of interest, please click [here](#). If your organisation has an event that you would like to publicise, please email the details to: [admin@g-i-n.net](mailto:admin@g-i-n.net)



## Important dates!

<b>G-I-N 2015</b>	
End of Early Bird Registration	8 July 2015
Online Registration Closes	30 September 2015
Conference, Amsterdam, The Netherlands	7 – 10 October 2015
<b>Trustee Voting</b>	
Trustee Nominations submissions	26 June 2015
Voting opens	2 July 2015
Voting deadline	10 August 2015
<b>G-I-N 2016</b>	
Philadelphia, USA	28 September – 30 September 2016

## Watch for the next issue

Articles to be included in the next edition of enGINE should be emailed to Jenna McEwan at [admin@g-i-n.net](mailto:admin@g-i-n.net)



### **Newsletter Production Team**

*Joan Vlayen (editor) • Stuart Neville • Jenna McEwan*

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