Therapeutic Guidelines

Evidence into Action

Mary Hemming, Chief Executive Officer, Therapeutic Guidelines Ltd

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Therapeutic Guidelines Ltd.

- **the organisation**
  not-for-profit, financially self-supporting, intellectually & financially independent of government and pharmaceutical industry
- **its objective**
  to produce, publish and sell, products to promote the quality use of medicines
- **its core activity**
  to produce comprehensive disease-based guidelines for therapy based on the best available evidence integrated with clinical experience

Staffing

- administration, sales (3.0)
- medical/pharmacy editors (6.0)
- information technology (1.0)
- research (1.0)
- evaluation (0.5)
- marketing (0.75)

Expert writing groups

- for each title there is an expert writing group
- expert groups are appointed by the board
- members of the groups provide interest statements
- copyright is assigned to TGL
- sitting payments are offered to members

Development cycle

140 authors in 10 expert groups: consider feedback, determine scope of content, assess evidence, prepare drafts

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6 face-to-face meetings for each manuscript: discuss and challenge content

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6 editors: implement changes, check content, finalise manuscripts

↓

100 reviewers: identify gaps or significant issues

↓

25 endorsing organisations

↓

10 individual titles published as books, or integrated in electronic product

↓

marketing, distribution, sales

↓

150 users (prescribers, pharmacists, students): evaluate & comment

↓

feedback: collated for writing groups to consider for next edition

Guideline characteristics

- **clinically oriented**
  - arranged according to clinical problem
  - clear, practical & succinct advice
- **comprehensive**
  - cover all common areas of care
- **authoritative and credible**
  - expert & independent interpretation of evidence
- **national**
  - national input
  - endorsed by peak professional bodies
- **up-to-dated regularly in iterative cycles allowing**
  - response to feedback, criticism
  - shift in accordance with evidence

What's inside?

Urinary tract infections

A high fluid intake and complete bladder emptying assist antimicrobial therapy of urinary tract infections (UTI).

Acute cystitis

Escherichia coli and *Staphylococcus saprophyticus* are the commonest causative organisms, although other members of the Enterobacteriaceae may be responsible. Some patients require investigation to exclude an underlying abnormality when cystitis is confirmed by a positive urine culture. These patients are males of any age, females under 5 years and premenarcheal females with recurrent UTI.

Nonpregnant women

Any of the following regimens can be expected to cure the majority of acute uncomplicated lower UTI in nonpregnant women. Single-dose therapy is not as reliable as multiple dose therapy in preventing relapse. However, in remote communities treatment with nitrofurantoin 200 mg orally as 1 dose has been found useful. Amoxycillin is only recommended if susceptibility of the organism is proven.

1. *trimethoprim 300 mg orally, daily for 3 days*

   OR

2. *cephalexin 500 mg orally, 12-hourly for 5 days*

   OR

3. *amoxycillin+clavulanate 500+125 mg orally, 12-hourly for 5 days*

   OR

4. *nitrofurantoin 50 mg orally, 6-hourly for 5 days.*

Fluoroquinolones should not be used as first-line drugs as they are the only orally active drugs available for infections due to *Pseudomonas aeruginosa* and other multiresistant bacteria.

If resistance to all the above drugs is proven, a suitable alternative is

norfloxacin 400 mg orally, 12-hourly for 3 days.

Urinary tract infections

condition

non-drug advice

general information

advice for standard case

drug recommendations

special case

Basis for recommendations

- where there is good evidence, it is clear what recommendations can be made ... agreement needed on how evidence should be interpreted
- where there is variable or conflicting evidence, discussion and consensus is needed
- where there is little evidence, statements are based on the best available evidence, and the clinical experience of the experts

Clinical relevance

- dose
- patients
- active comparator or placebo
- end-point
- duration of therapy

Key evidence issues

- publication bias
- relevance to current practice
- availability of evidence may, of itself, distort practice

Localising, contextualising

- availability of therapy
- local regulations, approved indications
- patient characteristics, eg pregnancy, concurrent disease/therapy
- cost of therapy

Utility of guidelines

- problem-based lookup (a second opinion)
  - general practitioners
  - pharmacists
  - hospital clinicians
  - specialists
- basis for teaching in all medical and pharmacy schools

Utility of guidelines

- used as criteria for clinical audits and evaluation
- basis for local development of consensus within healthcare institutions
- basis for adaptation for other countries, e.g., Japan, China, Spain, Russia, Croatia

From print to electronic

≈2500 topics in 10 printed titles

Analgesic

Antibiotic

Cardiovascular

Dermatology

Endocrinology

Gastrointestinal

Neurology

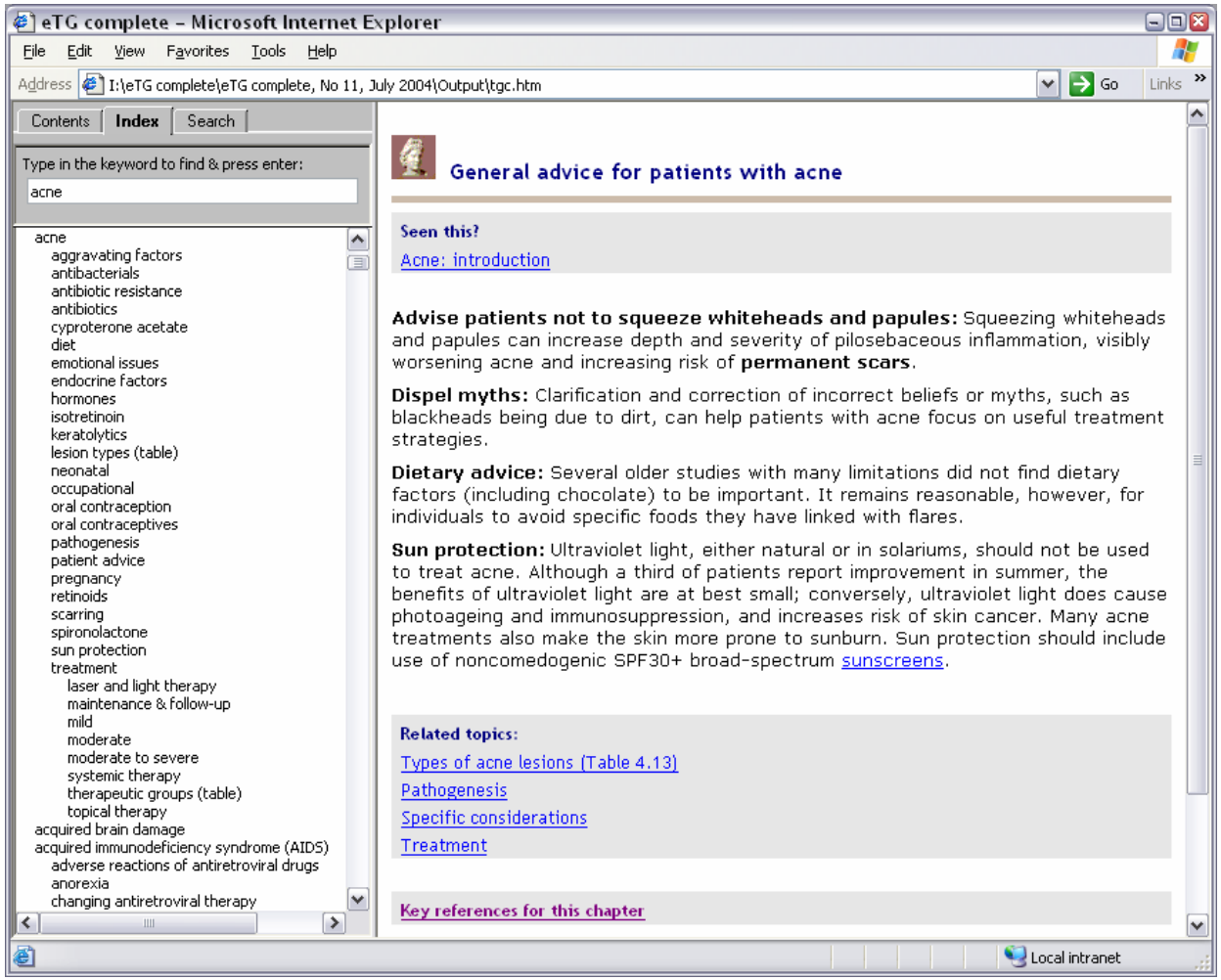
Palliative Care

Psychotropic

Respiratory

a single integrated searchable electronic product

Online version: eTG complete



Sales by purchaser

Purchaser	%
General practitioners	15
Specialists	4
Pharmacists	15
Nurses	1
Students (mainly medicine, pharmacy)	17
Healthcare institutions	32
Pharmaceutical industry	12
Unidentified	3

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Therapeutic Guidelines visit:

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