



Therapeutic Guidelines



Evidence into Action

Mary Hemming, Chief Executive Officer, Therapeutic Guidelines Ltd

November 2004



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)

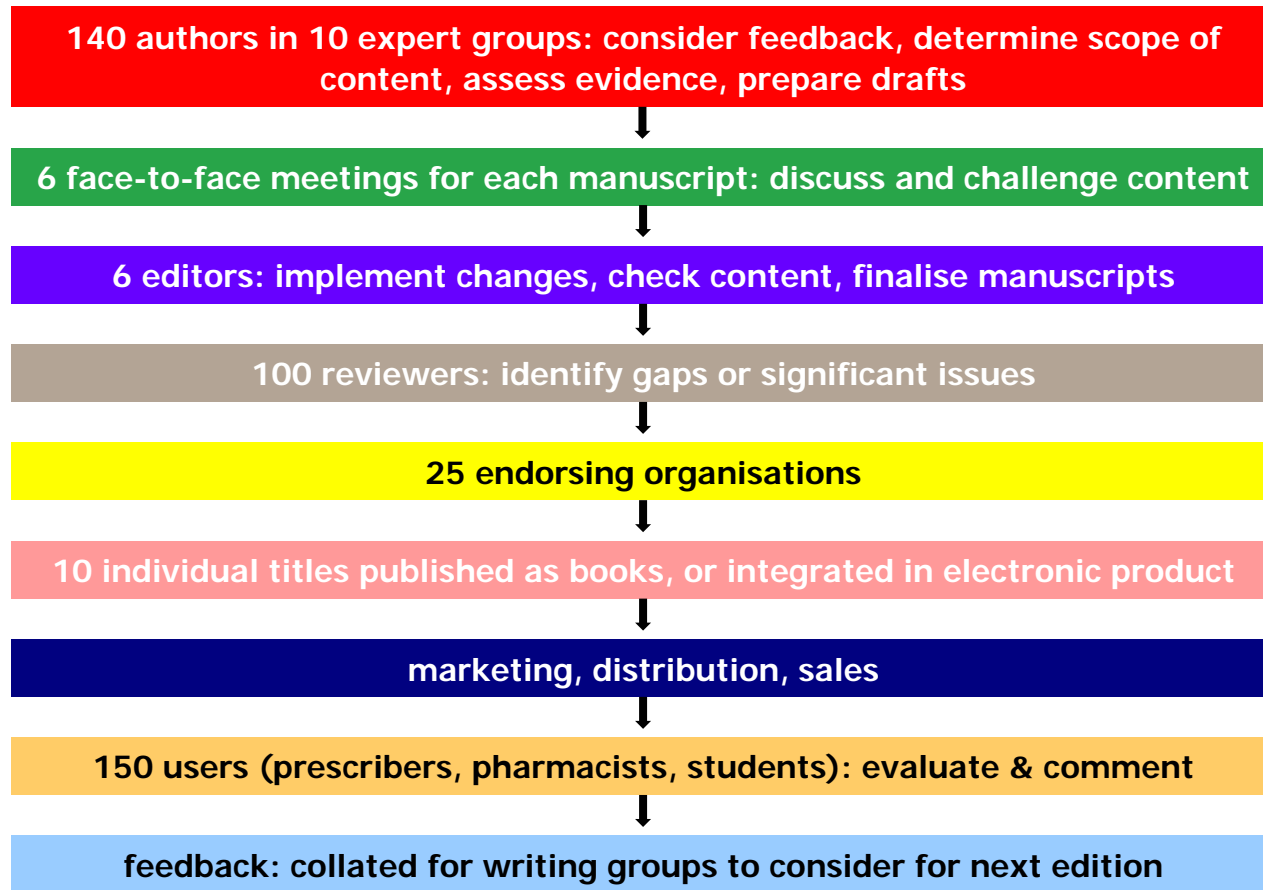


Expert writing groups

- 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





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. Amoxicillin 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 amoxicillin+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.

← condition

← non-drug advice

← general information

← advice for standard case

← drug recommendations

← special case

Urinary tract infections



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



a single integrated searchable electronic product



Online version: eTG complete

eTG complete – Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address I:\eTG complete\Output\lhc.htm

Contents **Index** Search

Type in the keyword to find & press enter:

acne

acne
aggravating factors
antibacterials
antibiotic resistance
antibiotics
cyproterone acetate
diet
emotional issues
endocrine factors
hormones
isotretinoin
keratolytics
lesion types (table)
neonatal
occupational
oral contraception
oral contraceptives
pathogenesis
patient advice
pregnancy
retinoids
scarring
spironolactone
sun protection
treatment
 laser and light therapy
 maintenance & follow-up
 mild
 moderate
 moderate to severe
 systemic therapy
 therapeutic groups (table)
 topical therapy
acquired brain damage
acquired immunodeficiency syndrome (AIDS)
adverse reactions of antiretroviral drugs
anorexia
changing antiretroviral therapy

General advice for patients with acne

Seen this?
[Acne: introduction](#)

Advise patients not to squeeze whiteheads and papules: Squeezing whiteheads and papules can increase depth and severity of pilosebaceous inflammation, visibly worsening acne and increasing risk of **permanent scars**.

Dispel myths: Clarification and correction of incorrect beliefs or myths, such as blackheads being due to dirt, can help patients with acne focus on useful treatment strategies.

Dietary advice: Several older studies with many limitations did not find dietary factors (including chocolate) to be important. It remains reasonable, however, for individuals to avoid specific foods they have linked with flares.

Sun protection: Ultraviolet light, either natural or in solariums, should not be used to treat acne. Although a third of patients report improvement in summer, the benefits of ultraviolet light are at best small; conversely, ultraviolet light does cause photoageing and immunosuppression, and increases risk of skin cancer. Many acne treatments also make the skin more prone to sunburn. Sun protection should include use of noncomedogenic SPF30+ broad-spectrum [sunscreens](#).

Related topics:
[Types of acne lesions \(Table 4.13\)](#)
[Pathogenesis](#)
[Specific considerations](#)
[Treatment](#)

Key references for this chapter

Local intranet



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

For more information about
Therapeutic Guidelines visit:
<http://www.tg.com.au>

