




“GRADE” BASED METHODS TO ASSIST IN THE DEVELOPMENT OF EVIDENCE-BASED CLINICAL GUIDELINES FOR IMMIGRANTS AND REFUGEES

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EVIDENCE BASED GUIDELINES



Objectives

- Selection of priority conditions
- Evidence review process
- GRADE approach to appraising quality of evidence and formulating recommendations
- Provide examples of CCIRH evidence-based recommendations



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CCIRH EVIDENCE BASED GUIDELINES



Canadian Collaboration for Immigrant and Refugee Health Team

Community Participants

Edmonton Multicultural Health Brokers Co-operative (Lucenia Ortiz, Yvonne Chiu- 30 workers), Sara Torres and LAZO

43 Delphi (primary care) participants from across Canada

Steering Committee Members:

Kevin Pottie (co-chair), Peter Tugwell (co-chair), Chris Greenaway, John Feightner, Vivian Welch, Erin Euffing, Laurence Kirmayer, Helena Swinkels, Meb Rashid, Lavanya Narasiah, Noni MacDonald

Collaborating Partners

Public Health Agency of Canada, Citizenship and Immigrant Canada, International Organization of Migration (IOM), Calgary Refugee Program, Champlain Local Integrated Health Network, Canadian Institutes for Health Research.



Photo Credit: Red Cross (Sri Lanka)



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CCIRH EVIDENCE BASED GUIDELINES



Canadian Collaboration for Immigrant and Refugee Health Authors (87)

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CCIRH EVIDENCE BASED GUIDELINES



Canadian Collaboration for Immigrant and Refugee Health Delphi (43)

Jessica Audley (Toronto), Rolando Barrios (Vancouver), Denis Bedard (Québec), Glenn Campbell (Halifax), Juan Carlos Luis Chirgwin (Montréal), Tyler Curtis (Toronto), Gilles de Margerie (Montréal), Pierre Dongier (Montréal), Lynn Farrales (Vancouver), Susanne Fremming (Vancouver), Carol Geller (Ottawa), Doug Gruner (Ottawa), Reka Gustafson (Vancouver), Elisabeth Harvey (London), Susan Hoffman (Toronto), Lanice Jones (Calgary), Marie-Jo Ouimet (Montréal), Val Krinke (Edmonton), Kay Lee (Ottawa), Marie Munoz (Montréal), Bill Pegg (Toronto), Eva Purkey(Kingston), Leslie Rourke (St John's), Millaray Sanchez (Ottawa), Kerry Telford (Vancouver), Patricia Topp (Ottawa), Gail Webber (Ottawa), Ed White (Charlottetown), Lise Loubert (Vancouver), Kathie McNally (Charlottetown), Angela Carol (Hamilton), Mike Dillon (Winnipeg).



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CCIRH EVIDENCE BASED GUIDELINES



Canadian Collaboration for Immigrant and Refugee Health

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CCIRH PROJECT OBJECTIVE

- To develop evidence-based clinical preventive guidelines for immigrants and refugees new to Canada (focus on first 5 years) for primary care practitioners.



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PRIORITY SETTING: DELPHI SELECTION PROCESS

- **Importance**
- **Usefulness**
- **Disparity**



Photo Credit L. Narasiah

Swinkels H, Pottie K, Tugwell P, Rashid M, Narasiah L. Development of guidelines for recently arrived immigrants and refugees to Canada: Delphi consensus on selecting preventable and treatable conditions. CMAJ 2010 DOI: 10.1503/cmaj.090290)

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CMAJ EVIDENCE BASED CLINICAL GUIDELINES FOR IMMIGRANTS AND REFUGEES (500 + PAGES IN PRESS)

Infectious Diseases

- MMR/DPTP-HIB
- Varicella (Chicken Pox)
- Hepatitis B*
- Tuberculosis*
- HIV/ AIDS*
- Hepatitis C
- Intestinal Parasites*
- Malaria

Mental Health and Maltreatment

- Depression *
- Post Traumatic Stress Disorder*
- Child Maltreatment*
- Intimate Partner Violence *



Other Chronic Disease

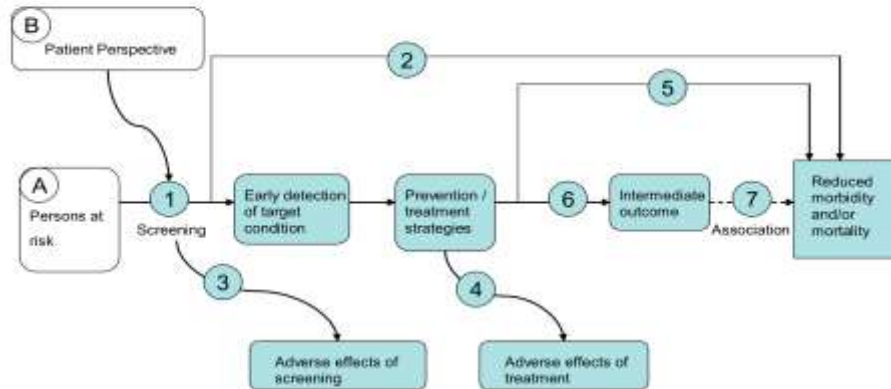
- Diabetes*
- Dental disease*
- Contraception
- Cervical Cervix/HPV
- Iron Deficiency Anemia*
- Vision Disorders
- Pregnancy Care

Pottie K, Greenaway C, Feightner J, et al . Evidence Based Clinical Guidelines for Immigrants and Refugees. CMAJ in press

CCIRH 14 STEP METHODS PROCESS

- Logic model approach developed by the (U.S. and Can Task Forces)
- Search strategies and summary of findings tables and equity considerations (Cochrane Equity)
- Review Appraisals (NICE; AGREE, EPOC)
- Quality assessment (GRADE collaboration)

DEVELOPING A LOGIC MODEL



Tugwell P, Pottie K, Welch V, Ueffing E, Chambers A, Feightner J. Evaluation of evidence-based literature and formation of recommendations for the Clinical Preventive Guidelines for Immigrants and Refugees in Canada. CMAJ 2010 DOI:10.1503/cmaj.090289

EXTRAPOLATION (COCHRANE EQUITY)

- Baseline risk
- Clinically important outcomes
- Genetic and cultural factors (diet, lifestyle)
- Compliance variation (patient and physician adherence)

VALUE-ADDED EVIDENCE-BASED APPROACH

- emphasis on making clinically relevant recommendations
- establish a supplement or extension to current guidelines rather than a replacement or revision
- synthesis of implementation issues

GRADE APPROACH



- Balancing Desirable and Undesirable Effects
- Quality of the Evidence
- Values and Patient Preferences
- **Cost (Resource Allocation)**

GRADE: The Grades of Recommendation, Assessment, Development, and Evaluation

POST-TRAUMATIC STRESS DISORDER

Do not conduct routine screening for exposure to traumatic events, because pushing for disclosure of traumatic events in well-functioning individuals may result in more harm than good.

Be alert for signs and symptoms of post-traumatic stress disorder (unexplained somatic symptoms, sleep disorders or mental health disorders such as depression or panic disorder).

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POST-TRAUMATIC STRESS DISORDER

Category	Recommendation	Basis of recommendation			Clinical considerations
		Balance of benefits and harms	Quality of evidence	Values and preferences	
Post-traumatic stress disorder	Do not conduct routine screening for exposure to traumatic events, because pushing for disclosure of traumatic events in well-functioning individuals may result in more harm than good. Be alert for signs and symptoms of PTSD, especially in the context of unexplained somatic symptoms, sleep disorders or mental health disorders such as depression or panic disorder, and perform clinical assessment as needed to address functional impairment.	Many persons who have been exposed to trauma do fine once they find safety and social supports. Brief screening instruments overestimate the rate of disease because they focus on symptoms and do not measure functional impairment. Detailed inquiry and pushing for disclosure without indications of distress or disorder could be harmful. There are no clinical trials demonstrating the benefits of routine screening for PTSD.	Low	The committee attributed more value to preventing potential harms from routine screening in the absence of clear evidence of benefits and determined that PTSD was best dealt with through primary care practitioners remaining alert for signs and symptoms of this condition and performing clinical assessment to address functional impairment.	The majority of those who experience traumatic events will heal spontaneously after reaching safety. However, ~44% of those who do have PTSD are likely to have depression simultaneously. Empathy, reassurance and advocacy are key clinical elements of the recovery process. Pushing for disclosure of traumatic events by well-functioning individuals could be harmful.

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VARICELLA (CHICKEN POX)

Category	Recommendation	Basis of recommendation			Clinical considerations
		Balance of benefits and harms	Quality of evidence	Values and preferences	
Varicella	<p>Ensure that immigrants and refugees of all ages are immune to varicella.</p> <p>Vaccinate all immigrant children < 13 years of age with varicella vaccine without prior serologic testing.</p> <p>Screen all immigrants and refugees from tropical countries ≥ 13 years of age for serum varicella antibodies, and vaccinate those found to be susceptible.</p>	<p>Varicella vaccination programs have substantially decreased ambulatory care visits (NNV 794, 95% CI 688–990) and mortality (NNV 3 031 773) due to varicella.</p> <p>The adverse effects of vaccination are minimal and include minor pain and redness at the injection site, rashes and fevers.</p> <p>A large proportion (> 30%) of adolescents and adult immigrants from tropical countries are susceptible to varicella because it occurs at an older age in tropical countries and because most of these countries do not have a varicella vaccination program.</p> <p>As a result, immigrants from tropical countries are at increased risk of developing severe varicella after arrival in Canada, as varicella develops at an older age and there are no systematic catch-up varicella vaccination programs for immigrants.</p>	Moderate	<p>The committee attributed high value to reducing morbidity and mortality from varicella, which has a high burden of disease in adolescent and adult immigrant populations.</p> <p>For children < 13 years of age, it is cost-saving to vaccinate all without prior serotesting. In adults, different varicella vaccination strategies are cost-saving depending on the expected seroprevalence.</p> <p>If serologic testing results in extra costs or presents a barrier to completion of the vaccination series, vaccination without prior serologic testing should be offered.</p>	<p>Among adults, different varicella vaccination strategies are cost-saving, depending on the expected seroprevalence:</p> <ul style="list-style-type: none"> - Vaccinate all if < 84% - Serotest all if 84%–92% - No intervention if > 95% <p>Pregnant women are at highest risk for complications.</p> <p>Varicella vaccine is contraindicated for immunocompromised patients but can be given to those with mild or moderate HIV if the CD4 is > 200 cells/mL.</p>

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CCIRH GUIDELINES



Thank You!



CCIRH Website

<http://www.ccirhken.ca/>
(for podcasts, decision aids and e-learning)

Complete CCIRH guideline paper series at www.cmaj.ca

Questions?

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INFECTIOUS DISEASES

- Screen high risk immigrants and refugees for latent TB (Mantoux) and treat with Isoniazid (9 months).
- If from HIV endemic region, Screen for HIV.
- If from Hepatitis B endemic countries, Screen for Chronic Hepatitis B.
- Screen for Hepatitis C if from endemic region
- Serology for refugees: strongyloides if from SSA and Asia, schistosomiasis (SSA) (stool if symptomatic)
- Be alert for malaria if fever, do not routinely screen

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MENTAL HEALTH AND MALTREATMENT

- If linked to an integrated treatment program, screen adults for depression
- Be alert for signs of Post Traumatic Stress Disorder, do not routinely screen
- Be alert for intimate partner violence, if 1 night in shelter refer for empowerment program
- Be alert for child maltreatment, do not routinely screen, rather offer high risk mothers nurse visitation program to prevent childhood injuries

Pottie K, Greenaway C, Feightner J, et al . Evidence Based Clinical Guidelines for Immigrants and Refugees. CMAJ in press

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CHRONIC NON-COMMUNICABLE DISEASES

- Screen immigrants > 35 years of age from ethnic groups at high risk for type 2 diabetes (South Asian, Latin American and African) with fasting blood glucose
- Screen for iron def anemia in children (1-4) and women (15-50) hemoglobin and follow-up ferritin.
- Screen children and adults for visual impairment. (not tropical eye diseases)
- Screen for obvious dental pathology, treat dental pain with NSAIDS, and refer to dental specialist.

Pottie, Greenaway et al . Evidence Based Clinical Guidelines for Immigrants and Refugees. CMAJ in press

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WOMEN'S HEALTH

- Screen adolescent females and women for unmet contraceptive need, soon after arrival
- Screen for iron deficiency anemia in women of childbearing age.
- Screen for cervical cancer (pap test) and offer HPV vaccination for 9-26 year old females.
- Remain alert for intimate partner violence, do not routinely screen
- Research needed for interventions for social isolation in pregnancy

Pottie, Greenaway et al . Evidence Based Clinical Guidelines for Immigrants and Refugees. CMAJ in press

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