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Evaluation of Japanese clinical practice guidelines based on Kampo descriptions



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1

Background and Aims

The number of clinical practice guidelines (CPG) is increasing, and Kampo (Traditional Japanese Medicine) is used by more than 80% of medical doctors in Japan.

However, there is no data on the description of Kampo in Japanese CPG.

This prompted us to search all the Japanese CPG and we aimed to elucidate how Kampo is handled in the CPG.

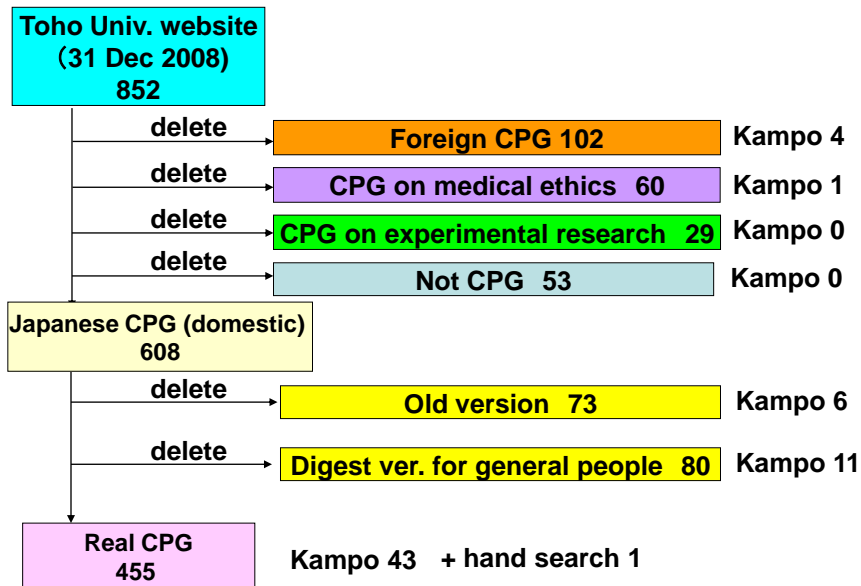
2

Materials and Methods

1. Extraction of CPG and search the description on Kampo
2. Classification of the descriptions
3. Comparison with evidence reports of JSOM

3

Extraction of CPG



4

Results (1)

Kampo description: 44 of 455 CPG (9.6%)



5

Results (2) Classification of CPG

- **Type A: with references and grading of evidence and recommendation**
- **Type B: with references but without grading of evidence or recommendation**
- **Type C: without any reference or grading of evidence/recommendation**

Type A: 7

Type B: 16

Type C: 21

6

Examples of type A

- 1) Guidelines for psycho-somatic disorders (2006) : **rikkunshito** (六君子湯) was recommended for **functional dyspepsia** with recommendation grade B and evidence level II.
- 2) Guidelines for cataract (2004): **hachimijiogan** (八味地黄丸) and **goshajinkigan** (牛車腎氣丸) were recommended for **cataract** with recommendation grade C and evidence level III.

7

7 type A CPGs

1. CPG for allergic rhinitis (2001): **shoseiryuto** (小青竜湯) grade A
2. CPG for bronchial asthma (2004): **bakumondoto** (麦門冬湯) : grade A and **saibokuto** (柴朴湯) : grade B
3. CPG for chronic headache (2006): **goshuyuto** (呉茱萸湯), **keishininjinto** (桂枝人參湯), and **chotosan** (釣藤散) : grade B
4. CPG for psychosomatic disorders (2006): **Rikkunshito** (六君子湯) for FD: grade B
5. CPG for hepatocellular carcinoma (2005): **shosaikoto** (小柴胡湯) : grade C
6. CPG for cataract (2004): **hachimijiogan** (八味地黄丸) and **goshajinkigan** (牛車腎氣丸) : grade C
7. CPG for acne (2008): **keigairengyoto** (荊芥連翹湯), **seijobohuto** (清上防風湯), **keishibukuryogan** (桂枝茯苓丸), etc: grade C

8

Examples of type B and C

1) type B:

Guidelines for respiratory diseases (2005): shimpito (神秘湯): with reference, but without grading of recommendation/evidence

2) type C:

Guidelines for urticaria/vascular edema (2005): Kampo (漢方) was mentioned as alternative therapies, but without references

9

Results (3)

- **There were only a few high-quality, evidence-based CPG on Kampo.**
- **Some RCTs on Kampo were missing, compared with Evidence Report (ER) of JSOM (1986-2010), which consists of 345 RCTs (EKAT 2010).**
- **There were misunderstandings on Kampo such as “Western herbs are equal to Kampo”.**

10

Problems in the descriptions on Kampo in Japanese CPGs

CPGs in general

- It is unknown what is CPG (there is no definition.)
- Not all the medical fields have CPGs.
- Authors' opinions affect recommendations in evidence-unbased CPGs.

11

Problems in the descriptions on Kampo in Japanese CPGs

Problems in descriptions on Kampo

- Sometimes Kampo itself is not correctly understood, such as misunderstanding as Western herbs.
- "Described in CPG" is not equal to "highly evaluated".
- Even evidence-based RCTs are not picked-up in CPG (the CPG developers do not know the presence of Kampo itself).
- Whether the CPG developers like Kampo or not could affect the descriptions in CPG.

12

CPG PDF can be downloaded from the JSOM website

<http://www.isom.or.jp/medical/ebm/cpg/index.html>

漢方製剤の記載を含む診療ガイドライン 2010

ガイドライン検索

GoogleTMカスタム検索

検索

漢方製剤の記事を含む診療ガイドラインのTable (漢方CPG Table) は、日本の診療ガイドラインから漢方製剤に関する記述を引用したものです。診療において漢方製剤を使用される場合には、必ず、CPG全体をお読みになり、その位置づけを正しく理解された上で行ってください。

• タイプA

引用論文が存在し、エビデンスと推奨のグレーディングがあり、その記事を含むもの (8CPGs)

A-01 心身症 診断・治療ガイドライン 2006

A-02 科学的根拠 (evidence) に基づく白内障診療ガイドライン

A-03 アレルギー性鼻炎の科学的根拠に基づく医療 (Evidence Based Medicine) によるガイドライン策定に関する研究

A-04 EBMに基づいた喘息治療ガイドライン 2004

A-05 尋常性疥癬治療ガイドライン

A-06 男性下部尿路症状診療ガイドライン

A-07 夜間頻尿診療ガイドライン

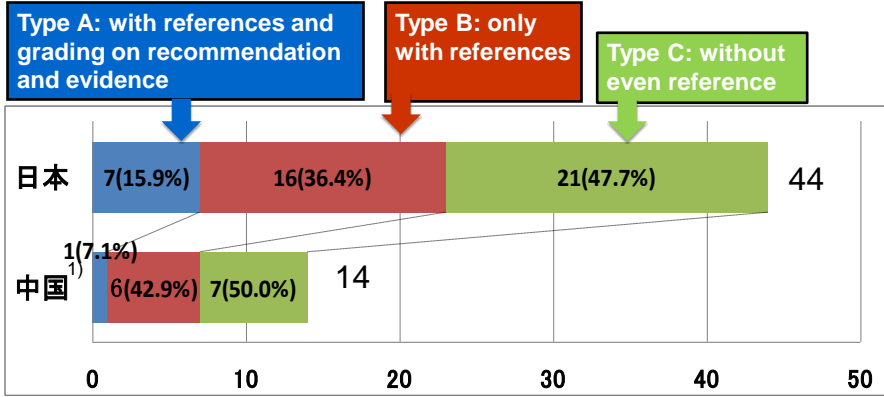
A-08 慢性頭痛の診療ガイドライン

As of 31 March 2010
Toho Univ.: 528;
Kampo-containing 52;
Type A 8, Type B 19,
Type C 25

Discussion (1)

- This study revealed the correct number of CPGs, especially Kampo-related CPGs in Japan for the first time.
- The result that there was approximately 10% CPGs on Kampo seems beyond our anticipation, but evidence-based CPGs were only 7 (1.5%)!

Comparison of the description on Kampo/TCM in CPGs between Japan and China



1) 陈可冀, 蒋跃绒: 中医和中西医结合临床指南制定的现状与问题. *中西医结合学报* 2009; 7(4): 301-5

Discussion (2)

- High-quality articles on Kampo from Japan have been published in basic research, but very few in clinical studies, and CPGs can not pick them up.
- We should think about effective key-word settings and the unified alphabetical expression of Kampo formula according to the JSOM recommendation in 2005*.

* Ex) Hochu-ekki-to → hochuekkito (補中益気湯)

参考文献: Motoo Y, Arai I, Hyodo I, and Tsutani K: Current status of Kampo (Japanese herbal) medicines in Japanese clinical practice guidelines. *Complementary Therapies in Medicine* 2009 Jun;17(3):147-54.



available at www.sciencedirect.com



journal homepage: www.elsevierhealth.com/journals/ctim



Current status of Kampo (Japanese herbal) medicines in Japanese clinical practice guidelines

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Available online 14 November 2008

Conclusions

From now on, it would be important to “generate” clinical evidence on Kampo as well as “transmit” and “utilize” it, reflecting evidence on Kampo to CPGs.