WHO Guidelines – an update

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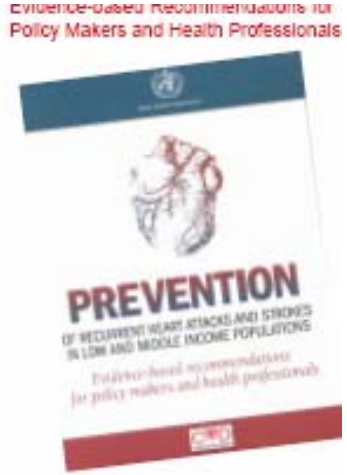

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World Health Organization

'Critical appraisal of the JNC VI, WHO/ISH and BHS guidelines for essential hypertension.'

'These differing recommendations between JNC VI and BHS, and WHO/ISH cannot be reconciled and they are of such magnitude as to carry serious implications for clinical practice, not least among which is that acceptance of the WHO/ISH levels of 'normality' for blood pressure would result in some 45% of the population of all ages and nearly 60% of elderly people being classified as 'hypertensive'.'

O'Brien & Staessen, 2000

Implementation of WHO/ISH Guidelines: role and activities of WHO.

'In order to increase its impact, however, an implementation strategy is needed that includes advocacy, dissemination, training and evaluation as its major components.'

Martin, Clin Exper Hypertens, 2000

'World health organisation-international society of hypertension (WHO/ISH) hypertension guidelines.'

'Since the publication of the 1999 WHO/ISH Guidelines for the Management of Hypertension, WHO determined in 2000 that in future the evidence base for all of its guidelines will be explicitly documented according to a defined methodology. '

Whitworth JA, Chalmers J. Clin Exper Hypertens 2004

Solution

- WHO guidelines for guidelines process:
  - Rigorous systematic reviews of literature relevant to questions in guidelines
  - Extensive guideline development including consultation and peer review
  - Graded recommendations based on formal assessment of quality of evidence, assessment of benefits, harms, costs and values
  - Regular review and update

Solution 2

- Document must contain
  - Description of how it was prepared, how references found and selected for citation
  - List of members of consultation group with record of conflict of interest declarations
  - For key recommendations especially treatment interventions, some statement describing the evidence on which the recommendation is based
- Publish as provisional or interim guideline with specified date for expiry and/or update

Annex C

Checklist for WHO Treatment Guidelines			
This Checklist is intended for the following purposes: (1) As a guide for developing or updating WHO treatment Guidelines (2) As a check-list for Executive and Regional Directors when giving final approval for publication. To qualify for publication and inclusion in the WHO database of treatment guidelines, a tick mark signifying YES must be placed beside all the 24 criteria, except 11a.			
	Yes	Questions	Reference Points
		Origin	
1		Are the Cluster and Department issuing the guidelines clearly identified ?	Introduction
		Objective, target audience	
2		Does the guideline list its objectives, including the patient categories and situation(s) for which the guidelines are intended?	Introduction
3		Does the guideline describe the professional groups to which it is addressed?	Introduction
		Guideline Development Group	
4		Does the Guideline Development Group include all relevant professional groups, public health experts and end users, including individuals from geographic areas where the guidelines will be applied?	List of members of the guideline development group
5		Does the Group include methodological experts in fields such as search methodology, critical appraisal and cost-effectiveness analysis?	List of members of the guideline development group
		Conflict of interest	
6		Are all funding sources named, and is there no conflict of interest?	List of funding sources
7		Have all members of the Guideline Development Group and external reviewers declared their interests, and have these interests been recorded in the guideline document?	Annex on documentation of process
8		Does the document describe the method used to minimize any undue influence on the Guideline Development Group and the external reviewers?	Annex on documentation of process
		Evidence	
9		Was there a systematic comprehensive search for evidence, and has the search strategy been recorded in the guideline?	Annex on documentation of process
10		Has the strength and quality of the evidence on effectiveness been graded?	Annex on documentation of process; evidence table
11a		What percent of recommendations are evidence-based?*	Summary of recommendations
11b		Are the recommendations which are not evidence-based explicitly labelled as "expert opinion" based?	Summary of recommendations
12		Is there explicit consideration of other issues, such as safety and potential misuse in a variety of settings?	Annex on documentation of process; evidence table
13		Is there explicit consideration of issues of cost effectiveness?	Annex on documentation of process; evidence table
14		Is the strength of the recommendation linked to the evidence?	Summary of Recommendations
15		Do the recommendations take into account potential resource constraints?	Implementation issues
		Review	
16		Were the comments by the external peer review adequately addressed?	Annex on documentation of process
17		Did all members of the Guideline Development Group approve the final document?	Annex on documentation of process
18		Did all members of the Steering Group approve the final document?	Annex on documentation of process
19		Is there a plan for reviewing new evidence and updating the guideline?	Introduction
		Presentation, clarity	
20		Are the recommendations clearly formulated?	Summary of Recommendations
21		Does the guideline identify and advise on ineffective practices?	Summary of Recommendations
		Implementation plan	
22		Is there a plan for dissemination and local adaptation of the guideline?	Companion document
23		Are funds available for dissemination and local adaptation for the guideline?	Companion document
24		Are there suggested criteria for monitoring the use in intended settings?	Implementation issues

*These are recommendations based on information other than expert opinion.

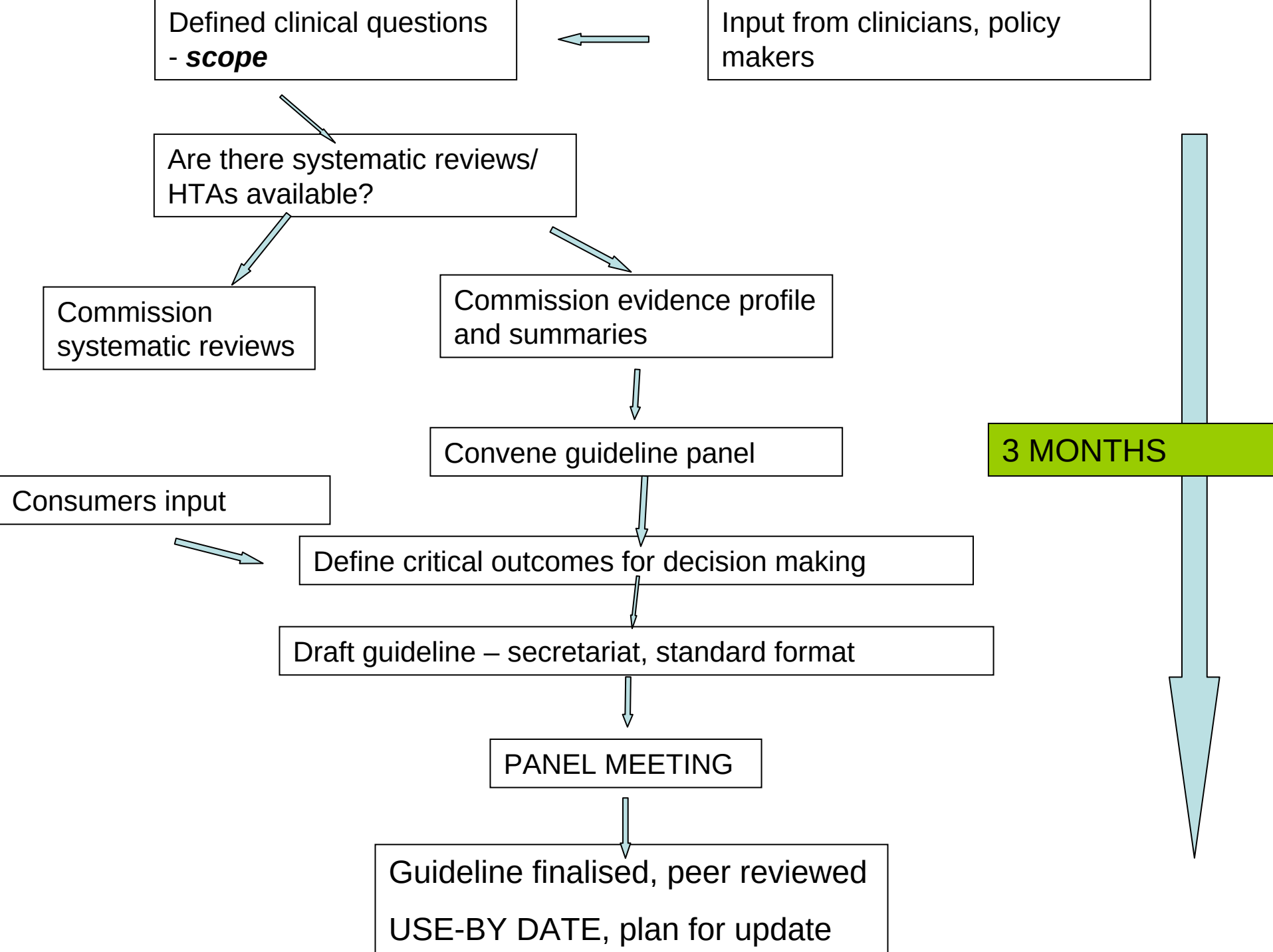
examples

- Malaria
- Cardiovascular prevention
- *But…expensive, slow, difficult to maintain*

- *How can WHO provide rapid evidence based advice to meet global public health needs?*

Avian flu

- Needed in a hurry – clinical uncertainties
- Money available
- Flexible process
- Extensive collaboration


Defined clinical questions - scope
Input from clinicians, policy makers
Are there systematic reviews/ HTAs available?
Commission systematic reviews
Commission evidence profile and summaries
Convene guideline panel
3 MONTHS
Consumers input
Define critical outcomes for decision making
Draft guideline – secretariat, standard format
PANEL MEETING
Guideline finalised, peer reviewed
USE-BY DATE, plan for update

Evidence summaries

Quality assessment						Summary of findings					
						No of patients		Effect			
No of studies (Ref)	Design	Limitations	Consistency	Directness	Other considerations	Oseltamivir	Placebo	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Healthy adults:											
Mortality											
0	-	-	-	-	-	-	-	-	-		9
Hospitalisation (Hospitalisations from influenza – influenza cases only)											
5 (TJ 06)	Randomised trial	No limitations	One trial only	Major uncertainty (-2)[1]	Imprecise or sparse data (-1)	-	-	OR 0.22 (0.02 to 2.16)	-	⊕OOO Very low	6
Duration of hospitalization											
0	-	-	-	-	-	-	-	-	-	-	7
LRTI (Pneumonia - influenza cases only)											
5 (TJ 06)	Randomised trial	No limitations	One trial only	Major uncertainty (-2)[1]	Imprecise or sparse data (-1)[2]	2/982 (0.2%)	9/662 (1.4%)	RR 0.149 (0.03 to 0.69)	-	⊕OOO Very low	8
Duration of disease (Time to alleviation of symptoms/median time to resolution of symptoms – influenza cases only)											
5[3] (TJ 06) (DT 03)	Randomised trials	No limitations[4]	Important inconsistency (-1)[5]	Major uncertainty (-2)[1]	-	-	-	HR 1.30[3] (1.13 to 1.50)	-	⊕OOO Very low	5
Viral shedding (Mean nasal titre of excreted virus at 24h)											
2[6] (TJ 06)	Randomised trials	No limitations	-[7]	Major uncertainty (-2)[1]	None	-	-	-	WMD -0.73[8] (-0.99 to -0.47)	⊕⊕OO Low	4
Outbreak control											
0	-	-	-	-	-	-	-	-	-	-	4
Resistance											
0	-	-	-	-	-	-	-	-	-	-	7
Serious adverse effects (Mention of significant or serious adverse effects)											
0[9]	-	-	-	-	-	-	-	-	-	-	7
Minor adverse effects [10] (number and seriousness of adverse effects)											
3[11] (TJ 06)	Randomised trials	No limitations	-[12]	Some uncertainty (-1)[13]	Imprecise or sparse data (-1)[14]	-	-	OR range[15] (0.56 to 1.80)	-	⊕⊕OO Low	
Cost of drugs											
0	-	-	-	-	-	-	-	-	-	-	4

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Recommendations

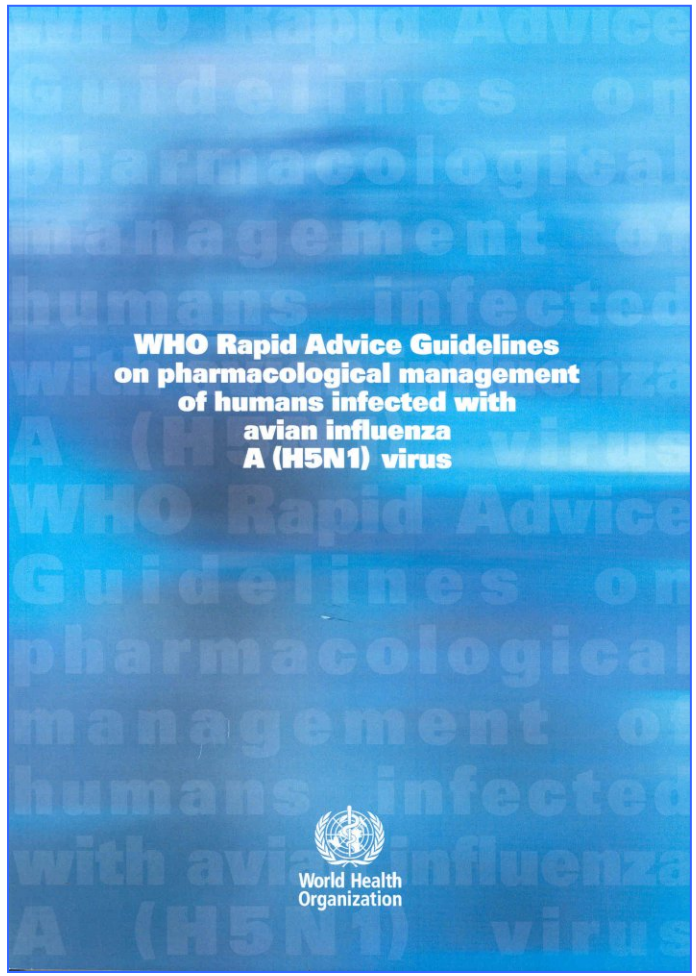
Context: Treatment of patients with confirmed or strongly suspected infection with avian influenza A (H5N1) virus in a non-pandemic situation where neuraminidase inhibitors are available for therapy.

Rec 01: In patients with confirmed or strongly suspected H5N1 infection, clinicians should administer oseltamivir treatment as soon as possible (strong recommendation, very low quality evidence).

Remarks: This recommendation places a high value on the prevention of death in an illness with a high case fatality. It places relatively low values on adverse reactions, the development of resistance and costs of treatment. Despite the lack of controlled treatment data for H5N1, this is a strong recommendation, in part, because there is a lack of known effective alternative pharmacological interventions at this time. The recommendation applies to adults, including pregnant women and children. Until further information becomes available, the current treatment regimen for H5N1 is as recommended for early treatment of adults, special patient groups (e.g. those with renal insufficiency) and children with *seasonal* influenza.

Clinical uncertainty

- Cochrane review in seasonal influenza – reported relative results only
- Clinical evidence in H5N1 accruing on the basis of case reports
- Clinical trials planned but not yet recruiting
- Role of animal studies


WHO Rapid Advice Guidelines on pharmacological management of humans infected with avian influenza A (H5N1) virus
World Health Organization

Local adaptation

- Available drug limited
- Manufacturing gap
- Concern about resistance
- Values and trade-offs

Challenges

- Making global recommendations
- What works for format?
  - Policy makers
  - Clinicians
  - Everyone in between
- How to implement? And adapt at country level?
- And evaluate?
- How to update efficiently? And affordably?

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