Introduction to guidelines

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NEWS

£5m wasted on 'needless' wisdom tooth surgery

By Celia Hall, Medical Editor

A TOTAL of £5 million a year is wasted on unnecessary surgery to remove wisdom teeth, according to a Government monitoring agency.

The National Institute of Clinical Excellence (Nice) said yesterday that a survey had found that 44 per cent of the operations to extract wisdom teeth had discovered no evidence of disease.

Nice, the organisation that advises on good practice, said that there was no reason to remove healthy teeth and that surgery exposed patients to needless risks and complications.

But the British Dental Association said that the institute was using old figures. It did not agree that £5 million would be saved and said that significantly smaller numbers of wisdom teeth were being removed than previously.

Nice said the risks to patients included nerve damage, damage to other teeth, bleeding and sometimes death.

It also said in its advice to the Department of Health: "After surgery to remove wisdom teeth patients may have swelling, pain and be unable to open their mouths fully."

But despite recommendations from dental surgeons three years ago, large numbers of adults were still being referred for surgery. In 1998-99 50,000 operations to remove impacted wisdom teeth were carried out in England. Another 3,000 were conducted in Wales. The estimated cost to the National Health Service was £12 million.

Only patients with diseased wisdom teeth and other oral conditions should have the teeth removed, Nice said. The organisation is advising patients who are on waiting lists for surgery to seek their dentist's advice.

Andrew Dillon, the chief executive of Nice, said: "We have suggested to the NHS that patients who are waiting to have their wisdom teeth removed are reviewed by their dentist or surgeon."

John Lowry, the chairman of the BDA committee for hospital dental services, said: "Nowadays dentists generally remove a wisdom tooth only when there is a problem so the Nice guidelines are only confirming current advice."

A spokesman for the BDA said in a statement: "It is interesting to note that Nice has chosen to use old figures especially when a survey — the largest of its kind in the UK — was published in 1998." He added that as most operations took place in NHS hospitals there was no financial advantage to dentists.

Why Develop Guidelines?

- To provide policy makers, practitioners and patients with clear guidance
- To guide decisions on an appropriate course of action (whether an intervention, practice, policy, medical device, diagnostic)
- Based on best available evidence that has been critically appraised
- Transparent consideration of other relevant information

Establishing WHO's Guidelines Review Committee

Use of evidence in WHO recommendations

Summary

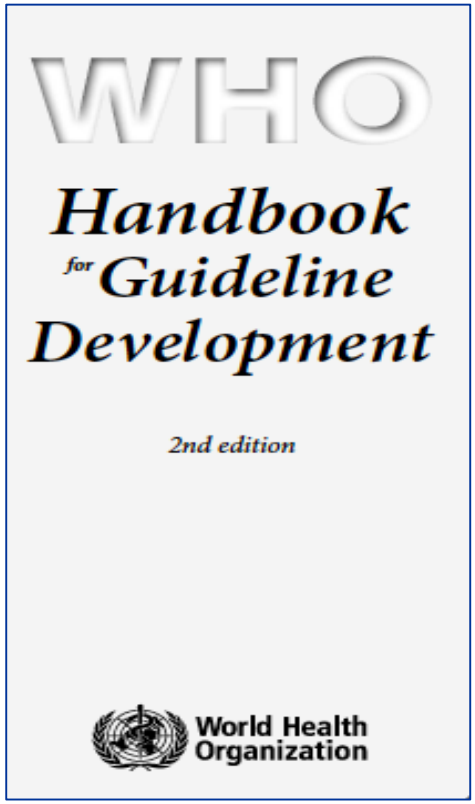
Introduction

Oxman, *Lancet* 2007

Evidence not retrieved, appraised, synthesised, and interpreted using systematic and transparent methods.

Processes rely heavily on experts

Guideline development principles



Guideline development processes must be:

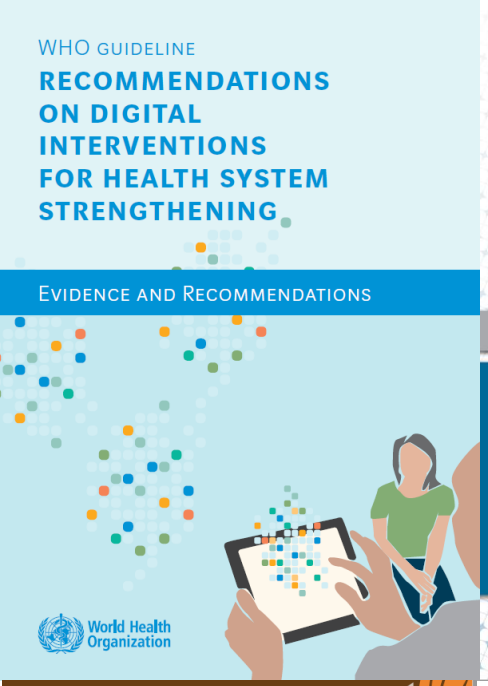
- Explicit and transparent
- Clear scope, objectives and target audience;
- Multidisciplinary: all relevant expertise and perspectives
- Detailed funding sources
- Adhere to WHO reporting standards

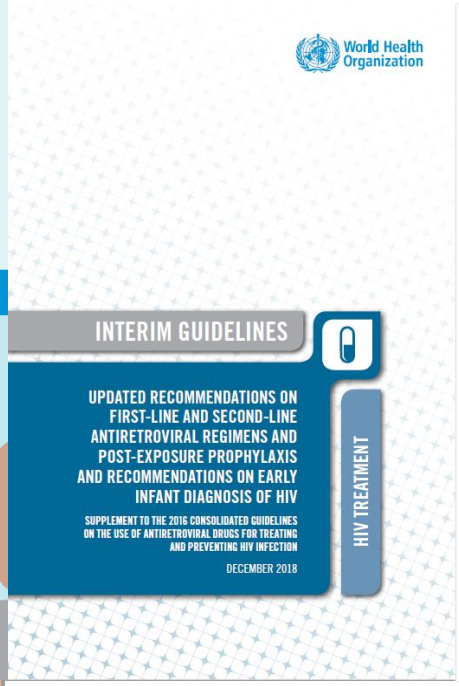
Relevant contributors must:

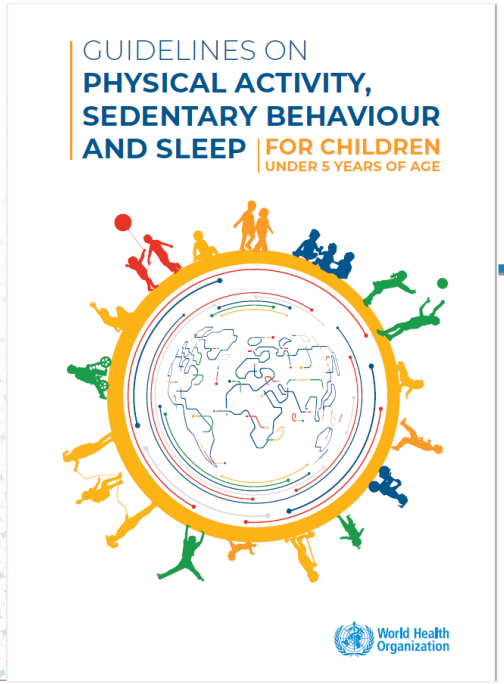
- Disclose and manage relevant interests

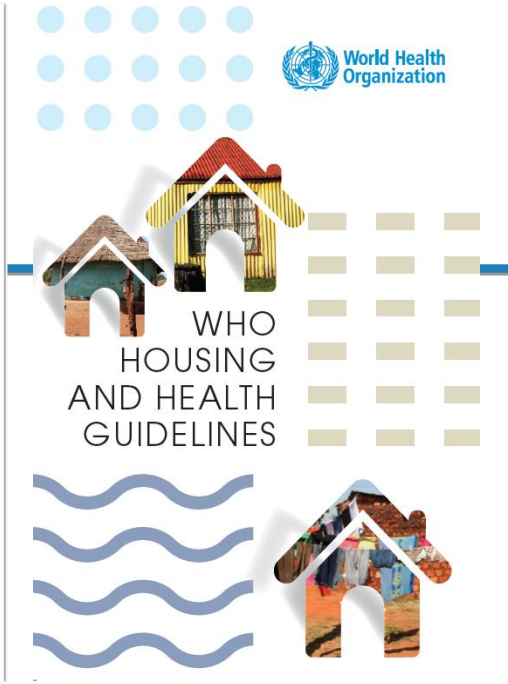
Recommendations should be:

- Actionable: clearly articulated and precise
- Informed by the best available evidence.
- Supported by a rationale, assessment of the evidence

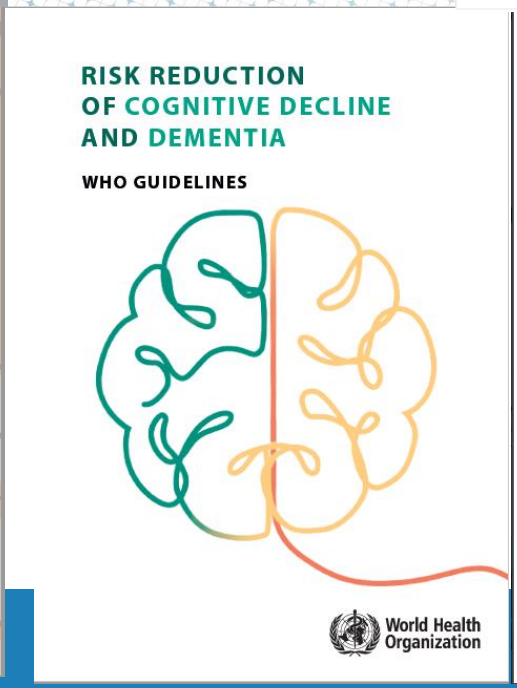

WHO GUIDELINE
RECOMMENDATIONS ON DIGITAL INTERVENTIONS FOR HEALTH SYSTEM STRENGTHENING
EVIDENCE AND RECOMMENDATIONS
World Health Organization


World Health Organization
INTERIM GUIDELINES
UPDATED RECOMMENDATIONS ON FIRST-LINE AND SECOND-LINE ANTIRETROVIRAL REGIMENS AND POST-EXPOSURE PROPHYLAXIS AND RECOMMENDATIONS ON EARLY INFANT DIAGNOSIS OF HIV
SUPPLEMENT TO THE 2016 CONSOLIDATED GUIDELINES ON THE USE OF ANTIRETROVIRAL DRUGS FOR TREATING AND PREVENTING HIV INFECTION
DECEMBER 2018
HIV TREATMENT

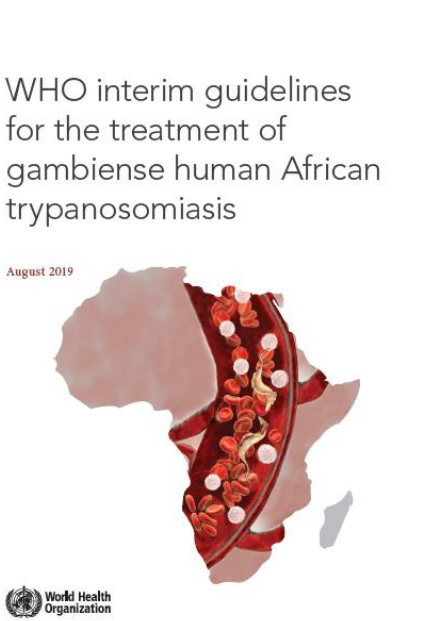

GUIDELINES ON
PHYSICAL ACTIVITY, SEDENTARY BEHAVIOUR AND SLEEP
FOR CHILDREN UNDER 5 YEARS OF AGE
World Health Organization


World Health Organization
WHO HOUSING AND HEALTH GUIDELINES


WHO recommendations non-clinical interventions to reduce unnecessary caesarean sections
World Health Organization


RISK REDUCTION OF COGNITIVE DECLINE AND DEMENTIA
WHO GUIDELINES
World Health Organization


Child Maltreatment
Worldwide, 1 in 4 adults were physically abused as children.
The Health Sector Responds
World Health Organization


WHO interim guidelines for the treatment of gambiense human African trypanosomiasis
August 2019
World Health Organization

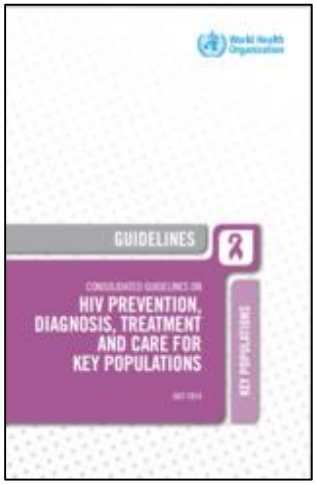
Types of WHO guidelines

World Health Organization

Standard guideline

Full systematic review and guideline development process

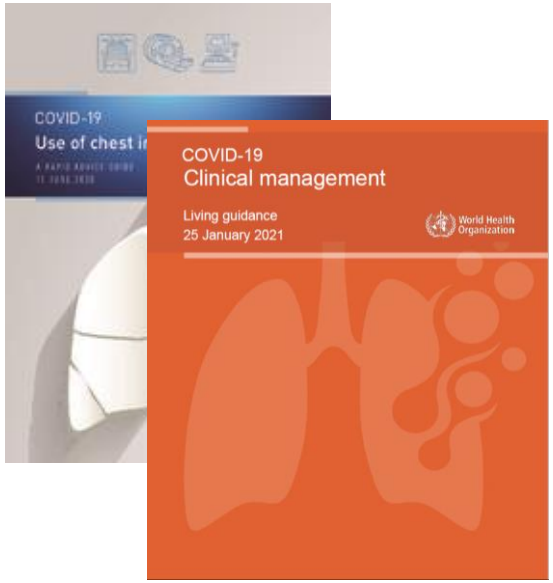
Timeframe: 6 months - 2 yrs



Rapid advice guidelines

Compressed and abbreviated process in response to public health emergency

Timeframe: 1 - 3 months

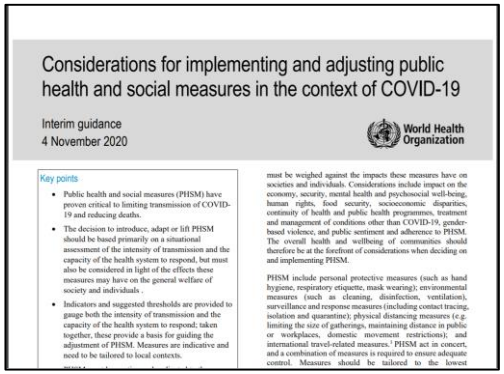


Emergency interim guidelines

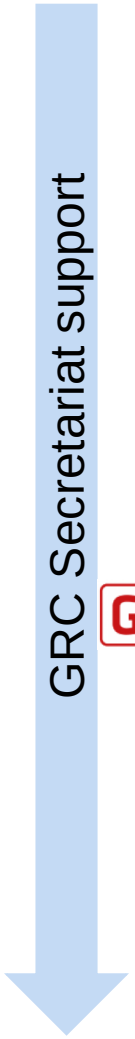
Narrow scope, short shelf-life

Can be based on indirect evidence, existing WHO guidelines or expert opinion

Timeframe: days - weeks



Guideline development process



Scope the guideline

Consider logic models

Consider all relevant evidence for decision-making

Set up guideline panel and external review group

Manage declarations of interest

Formulate questions and select outcomes

Approval - Proposal

Evidence retrieval, assessment, synthesis

GRADE

GRADE CERQual

Appraise certainty of the body of evidence

Formulate recommendations

Include explicit consideration of:

- Benefits and harms
- Resource use/feasibility
- Health equity/non-discrimination
- Human rights/sociocultural acceptability

Approval - guideline

Disseminate, implement

Evaluate impact

Contributors to WHO guidelines

WHO Steering Group

- **Support** development of recommendations by the GDG

Guideline Development Group

- **Formulate** recommendations; approve the final guideline
- COI assessed and managed
- Participate as individuals; do not represent institutions
- Balanced in terms of gender, geographically, and perspective

Guideline methodologists

- **Help** the GDG to develop recommendations

Other

- Meeting Observers
- External review team
- Systematic review team

Declaration of interests (DoIs) of external contributors

WHO policy (2014)

- Employment, consulting
- Research support
- Investment interests
- Intellectual property
- Intellectual interests
- Public statements and positions

DoIs required from

- The Guideline Development Group
- The Methodologist
- The Evidence Review Team

Public comment period (biographies posted for 14 days)

Internet search (due diligence)

Evidence retrieval, assessment and synthesis and formulation of recommendations

*A **common, sensible, transparent** approach to establishing 1) quality of evidence and 2) strength of recommendations."*

Certainty of evidence

Certainty of evidence based on assessment of:

1. limitations in detailed design and execution *(risk of bias criteria)*
2. Inconsistency *(or heterogeneity)*
3. Indirectness *(PICO and applicability)*
4. Imprecision *(number of events and confidence intervals)*
5. Publication bias

3 factors can increase quality

1. Large magnitude of effect
2. All plausible residual confounding may be working to reduce the demonstrated effect or increase the effect if no effect was observed
3. Dose-response gradient

Strength of a recommendation

"The strength of a recommendation reflects the extent to which we can be confident that desirable effects of a management strategy outweigh undesirable effects."

Strong recommendations: the desired consequences of adherence most likely outweigh potential undesired ones.

Conditional recommendations: the panel is less confident with regard to their judgement.

Implications

Implications of a strong recommendation

Most people in the situation would want the recommended course of action and only a small proportion would not

Implications of a conditional recommendation

The majority of people in your situation would want the recommended course of action, but many would not. Requires shared decision-making and involvement of stakeholders

Factors affecting the strength of recommendations

- **Balance between benefits and harms**
  - The larger the relative benefit the more likely a strong recommendation
- **Certainty of the evidence**
  - Higher certainty (quality) evidence more likely to result in a strong recommendation
- **Values and preferences**
  - Decisions for which patient preferences or values are highly important or uncertain more likely to be graded as weak
- **Costs and resource allocation**
  - More costly/less cost-effective interventions less likely to receive a strong grade
- **Other factors**
  - Equity (how would recommendation impact equity)
  - Acceptability
  - Feasibility/ease of implementation

Rules of Procedure: Group decision making

WHO recommendations should be based on consensus

- Defined as general agreement among the decision makers
- Minor disagreements can be addressed in the Remarks Section of the guideline
- Voting can be used as a tool to achieve consensus

If consensus cannot be reached, voting can be used

- 2/3 majority, anonymous or hand-raising, Chair's discretion

Recommendation format

Recommendation

"At primary health-care facilities, health workers should provide general nutrition counselling to caregivers of overweight children aged less than 5 years (strength of recommendation: conditional; very low quality evidence)."

Justification remarks

Implementation consideration

Research priority

Supported by:

GRADE Evidence profile

Quality assessment of the body of evidence.

Evidence to decision framework

Strength assessment of the recommendation.

Summary: WHO Guidelines…

- Meet the highest quality standards for evidence-based guidelines
- Focus on UN Member States' and end-users' needs
  - Address the right questions
  - Optimize usability
  - Diverse stakeholder input into key development steps
- Are based on high-quality systematic reviews of all relevant evidence
- Use GRADE, which provides an explicit approach to:
  - Assessing the quality of the evidence across studies and outcomes
  - Translating evidence to recommendations
- Incorporate multiple processes to minimize bias
- All judgments and decision-making are transparent and explicit