Introduction to guidelines

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WHO guidelines



NEWS

£5m wasted on 'needless' wisdom tooth surgery

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.

Association said that the institute was using old fig-

By Celia Hall, Medical Editor

ures. 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 recommenda-But the British Dental tions 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	œ
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Evidence not retrieved, appraised, synthesised, and interpreted using systematic and transparent methods.

Processes rely heavily on experts

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Guideline development principles



Handbook [™]Guideline Development

2nd edition



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



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



Child Maltreatment

World Health Organization

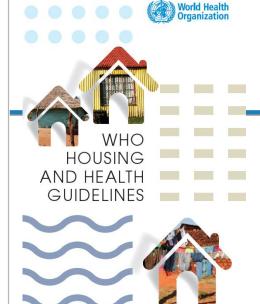
Worldwide.

The Health Sector Responds

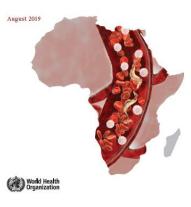
World Health Organization

1 in 4 adults were

physically abused as children.



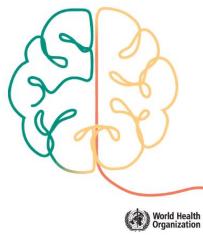
WHO interim guidelines for the treatment of gambiense human African trypanosomiasis



RISK REDUCTION OF COGNITIVE DECLINE AND DEMENTIA

World Health Organization

WHO GUIDELINES



WHO recommendations non-clinical interventions to reduce unnecessary caesarean sections

World Health Organization

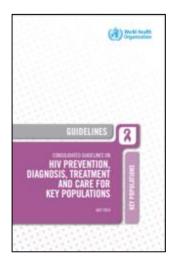
Types of WHO guidelines



Standard guideline

Full systematic review and guideline development process

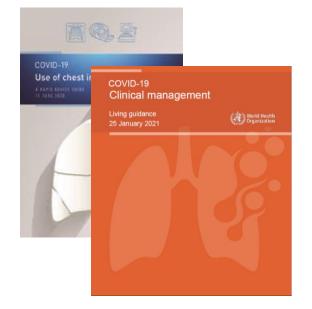
Timeframe: 6 months - 2 yrs



Rapid advice guidelines

Compressed and abbreviated process in response to public health emergency

Timeframe: 1 - 3 months



Emergency interim guidelines

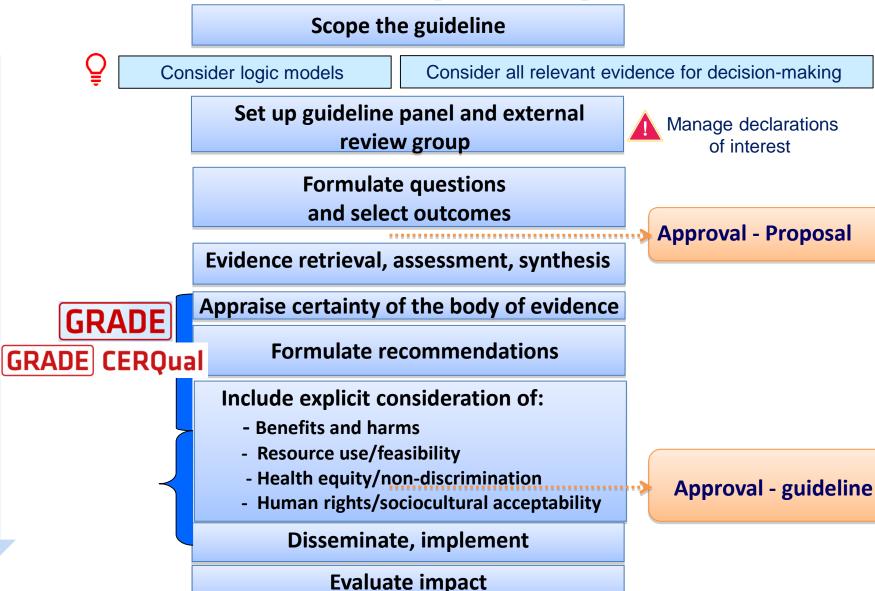
Narrow scope, short shelf-life

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

Timeframe: days - weeks

Considerations for implement	enting and adjusting public
health and social measures	in the context of COVID-19
Interim guidance	World Health
4 November 2020	Organization
Key points: Public health and social measures (PHSM) have proven entical to limiting transmission of COVID- 19 and reducing database. The decision is methode, adapt or till PHSM should be based primarily on a situational assessment of the intendoy. A granulation and the database of the second strategies and the database of the second strategies of the effects these measures may have on the percent avefare of use (transmission) and the second strategies of the second strategies of the second strategies of the adjustment of PHSM. Measures are indicative and need to be landed to local centrates. 	mot be weighed quint the impacts these measures have on occurrent and the second second second second second second human rights, characterization and the second second human rights, characterization and second second second second second second second second second second second human rights, characterization and second second second human rights, characterization and second second human rights, characterization and second second human rights, second human results, and and human rights and well human results and human human rights, and human results and human human rights and human rights and human human results and human results and human results human results and human results and human results and human results and human results and human human results and human results and human results and human results and human results and human results human results and h

Guideline development process



Secretariat support

GRC

Contributors to WHO guidelines

WHO Steering Group

- **<u>Support</u>** 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 (Dols) of external contributors

WHO policy (2014)

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

Dols 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

WHO guidelines

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

World Health Organization

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.



World Health

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

