

Working Group on Appraisal of Guidelines

Dror Dicker
President Elect EFIM



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Agenda

- Approve the "FRAMING PROCESS PAPER"
- Approve the "CHECK LIST "
- Appoint the panel:
 - For the Atrial Fibrillation CPG
 - For the Community Acquired Pneumonia CPG
- Set The Timeline for the PICO suggestions and decision.
- Set The Timeline for finalize the Guidelines



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Background

- Most of our medical practice relies upon Guidelines.
- However Guidelines are far from being “exact and flexible” tools while instead suffers from major limitations.
- These limitations are even more accentuated when we try to use them within our Internal medicine setting.



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14. Diabetes Care in the Hospital: *Standards of Medical Care in Diabetes—2018*

American Diabetes Association

Diabetes Care 2018;41(Suppl. 1):S144-S151 | <https://doi.org/10.2337/dci.18-004>

ESC/ESH Guidelines

2018 ESC/ESH Guidelines for the management
of arterial hypertension

*The Task Force for the management of arterial hypertension
of the European Society of Cardiology and the European Society
of Hypertension*

Authors/Task Force members: Bryan Williams (ECS Chairperson) (UK), Giuseppe Marida (ESH Chairperson) (Italy), Wilko Spiering (The Netherlands), Enrico Agabio Rossi (Italy), Michel Azizi (France), Michel Burnier (Switzerland), Denis L. Clement (Belgium), Antonio Costa (Spain), Giovanni de Simone (Italy), Anna Dominkovic (UK), Thomas Khan (Sweden), Felia Mahfoud (Germany), Joseph Rodon (Spain), Luis Ruilope (Spain), Alberto Zanchetti (Italy), Mary Kerins (Ireland), Sve E. Kjeldsen (Norway), Peter Kjekshus (Norway), Stephane Laurent (France), Gregory Y. H. Lip (UK), Richard McManus (UK), Krzysztof Narkiewicz (Poland), Frank Ruschitzka (Switzerland), Roland E. Schmieder (Germany), Evgeny Shlykhtov (Russia), Costas Tsioufis (Greece), Victor Aboyans (France), and Ilana Desormais (France).

Care in Diabetes" intended to provide guidelines, and tools for the Practice Committee, and the Standards of Medical Care for Diabetes Mellitus. The ADA's system for ADA's of Care Introduction is to do so at

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Journal of Aggression 2018, 36:1923–2041

ESC Committee for Practice Guidelines (CPG), European Society of Hypertension (ESH) Council, ESC National Cardiac Societies having participated in the review process, ESC National Hypertension Societies having participated in the review process listed in the Appendix.

Associations: European Association of Cardiovascular Imaging (EACVI), European Association of Preventive Cardiology (EAPC), European Association of Resistant Cardiovascular Interventions (EARCI), European Heart Rhythm Association (EHRA), Heart Failure Association (HFA).

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DOI: 10.1097/JLIP.00000000000000940

Journal of Hypertrichosis

www.hypertension.com 195

Diabetologia
<https://doi.org/10.1007/s00125-018-4729-5>

CONSENSUS REPORT

Management of hyperglycaemia in type 2 diabetes, 2018. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD)

Melanie J. Davies^{1,2} • David A. D'Alessio³ • Judith Fradkin⁴ • Walter N. Kernan⁵ • Chantal Mathieu⁶ • Geltrude Mingrone^{7,8} • Peter Rossing^{9,10} • Apostolos Tsapas¹¹ • Deborah J. Wexler^{12,13} • John B. Buse¹⁴

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Abstract

The American Diabetes Association and the European Association for the Study of Diabetes convened a panel to update the prior position statements, published in 2012 and 2015, on the management of type 2 diabetes in adults. A systematic evaluation of the literature since 2014 informed new recommendations. These include additional focus on lifestyle management and diabetes self-management education and support. For those with obesity, efforts targeting weight loss, including lifestyle, medication and surgical interventions, are recommended. With regards to medication management, for patients with clinical cardiovascular disease, a sodium-glucose cotransporter-2 (SGLT2) inhibitor or a glucagon-like peptide-1 (GLP-1) receptor agonist with proven cardiovascular benefit is recommended. For patients with chronic kidney disease or clinical heart failure and atherosclerotic cardiovascular disease, an SGLT2 inhibitor with proven benefit is recommended. GLP-1 receptor agonists are generally recommended as the first injectable medication.

Keywords Cardiovascular disease · Chronic kidney disease · Costs · Glucose-lowering therapy · Guidelines · Heart failure · Hypoglycaemia · Patient-centred care · Type 2 diabetes mellitus · Weight management

Abbreviations			
ARR	Absolute risk reduction	DKA	Diabetic ketoacidosis
ASCVD	Atherosclerotic cardiovascular disease	DPP-4	Dipeptidyl peptidase-4
		DPP-4i	Dipeptidyl peptidase-4 inhibitor
CANVAS	Canagliflozin Cardiovascular Assessment Study	DSM-5	Diabetes self-management education and support
CKD	Chronic kidney disease	EMPA-REG OUTCOME	Empagliflozin, Cardiovascular Outcome Event Trial in Type 2 Diabetes Mellitus Patients
CVD	Cardiovascular disease		End-stage renal disease
CVOT	Cardiovascular outcomes trial	ESRD	Exenatide Study of Cardiovascular Event Lowering
		EXSCEL	Glucagon-like peptide-1 receptor agonist
			Heart failure
		GLP-1	Lingulate Effect and Action in Diabetes: Evaluation of Cardiovascular Outcomes Results
		GLP-1 RA	Major adverse cardiac events
			Myocardial infarction
		HF	Medical nutrition therapy
		LEADER	Randomised clinical trial
			SGLT2
		MACE	Sodium-glucose cotransporter-2
		MI	
		NT	
		RCT	
		SGLT2	

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Extended author information available on the last page of the article

M. J. Davies and J. B. Buse were co-chairs for the Consensus Statement Writing Group. D. A. D'Alessio, J. Fradkin, W. N. Kernan and D. J. Wexler were the writing group members for the ADA. C. Mathieu, G. Mingrone, P. Rossing and A. Tsapas were writing group members for the EASD.

This article is being simultaneously published in *Diabetes Care* and *Diabetologia* by the American Diabetes Association and the European Association for the Study of Diabetes.

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Aim

To adapt the existing European Guidelines that relate to our work in the Internal Medicine departments and outpatient services to our daily clinical practice.



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List of representatives			
Chair	Dror	Dicker	ISRAEL
Co-Chair	Nicola	Montano	ITALY
Dr.	Francisco	Araújo	PORTUGAL
Prof.	Cecilia	Becattini	ITALY
Prof.	Jan	Bergman	SWEDEN
Prof.	Sebastjan	Bevc	SLOVENIA
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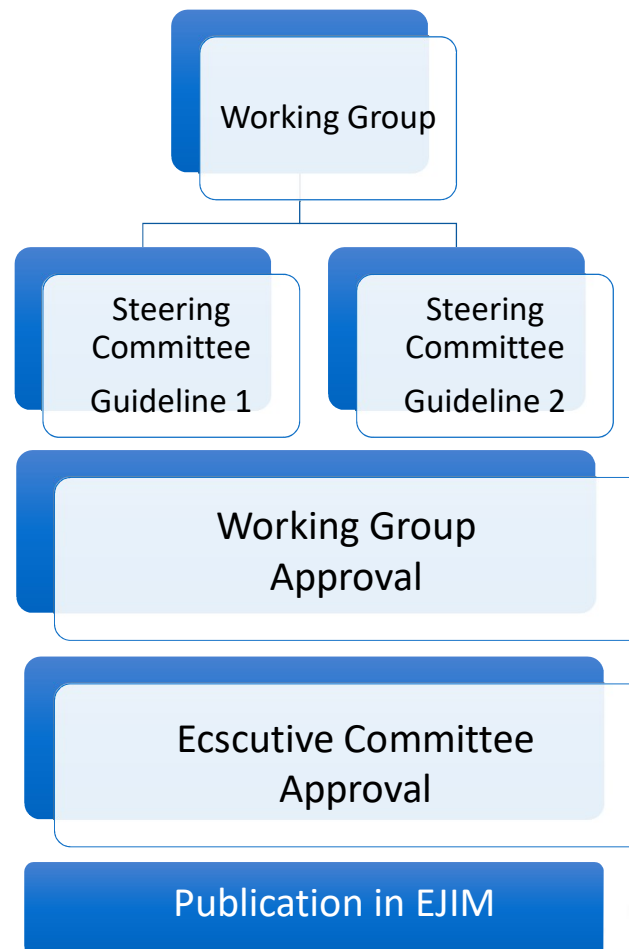
Proposed WG work flow

- WG decision on the 2 Guideline Appraisal Issues yearly
- WG nominate a Steering Committee for the GA.
 - 2-3 Members from WG
 - 2-3 European expert on the GA issue.
- The proposed GA will discussed and approved in the WG meeting.
- The proposed GA will discussed and approved in the EC meeting.
- The approved GA will be present YEARLY at ECIM & ESIM in a special session of Guideline Appraisal
- Publication in EJIM



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Proposed WG work flow



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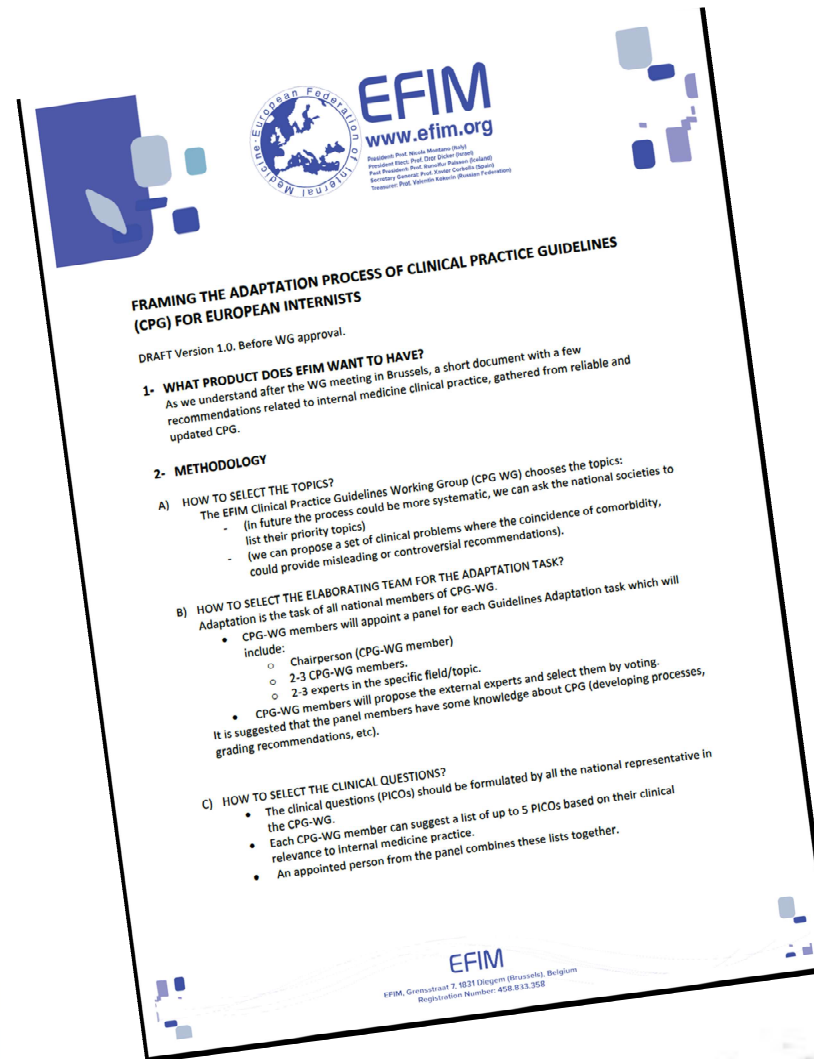
Method of Appraisal the Guideline

- Developing a methodological tool:
 - Sub Committee:
 - Prof. Wiktorja Lesniak.
 - Prof. Laura Morbidoni
 - Prof. Ignacio Marin



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Method of Appraisal the Guideline



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Method of Appraisal the Guideline

CHECK LIST FOR THE SUMMARIZING PANEL AND REVIEWERS OF EJIM
DRAFT: Version 1.0 Before WG approval
Please verify following 19 items:

Item 1: Internal medicine clinical practice is related to the topic of the document
YES ☐ NO ☐

Item 2: Recommendations are based on at least one clinical practice guidelines (CPG) of good quality and up-to-date
YES ☐ NO ☐

Item 3: Details concerning panel members are available AND at least two of them are experts in the field of elaborated CPG
YES ☐ NO ☐

Item 4: Panel members' potential conflicts of interest are openly declared
YES ☐ NO ☐

Item 5: Methods used to "manage" any potential conflict of interest have been explained
YES ☐ NO ☐

Item 6: The structured PICO clinical questions are listed
YES ☐ NO ☐

Item 7: Criteria used for PICO selection are clearly reported
YES ☐ NO ☐

Item 8: A guideline search strategy is fully reported and is complete (i.e. The search has been performed in NICE, SIGN, PubMed)
YES ☐ NO ☐



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Method of Appraisal the Guideline

- Developing a methodological tool
- Nominate the steering committee for 2 Topics:
 - **Community Acquired Pneumonia** - Chair : Prof Serat Unel
 - **Atrial Fibrillation**- Chair: Dr. Alberto Mara
- Develop the PICO – January 2020
- Decide on the 5 PICO – May 2020
 - Present the Appraisal of the Guidelines in ECIM 2020



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