

Netherlands Society of Occupational Medicine

Centre of Excellence

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practice guidelines
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implementation



Nederlandse
Vereniging voor **nvab**
Arbeids- en Bedrijfsgezondheid



Why practice guidelines?

- **Professionalization (scientific rationale)**
 - *keep up with fast scientific development*
 - support Evidence Based Medicine
 - science → practice; efficacy → effectiveness

- **Accountability (→ transparency)**

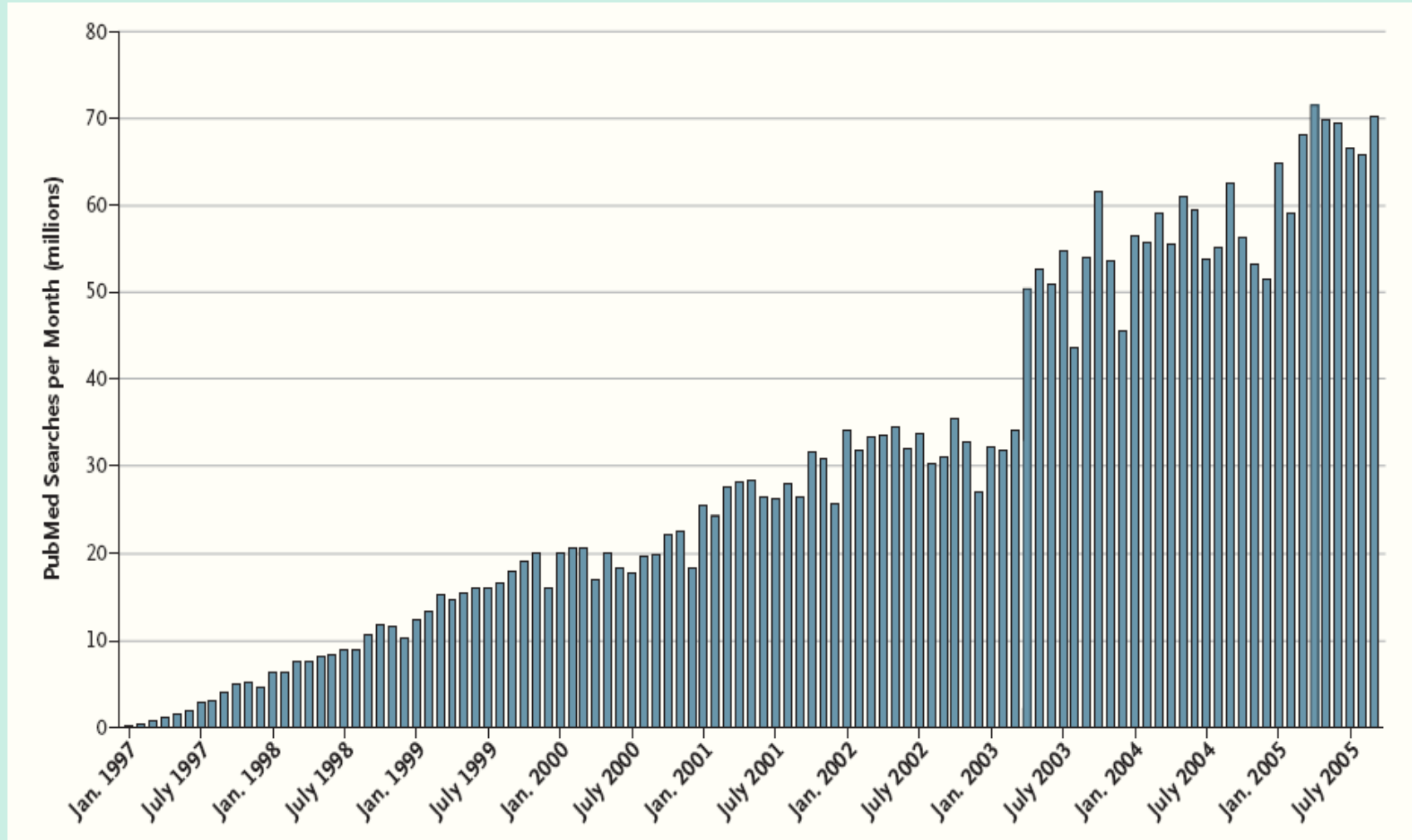
- **Efficiency**





Searches in PubMed 1997-2005

(Steinbrook R. N Engl J Med 2006;354:4-7)





Why practice guidelines?

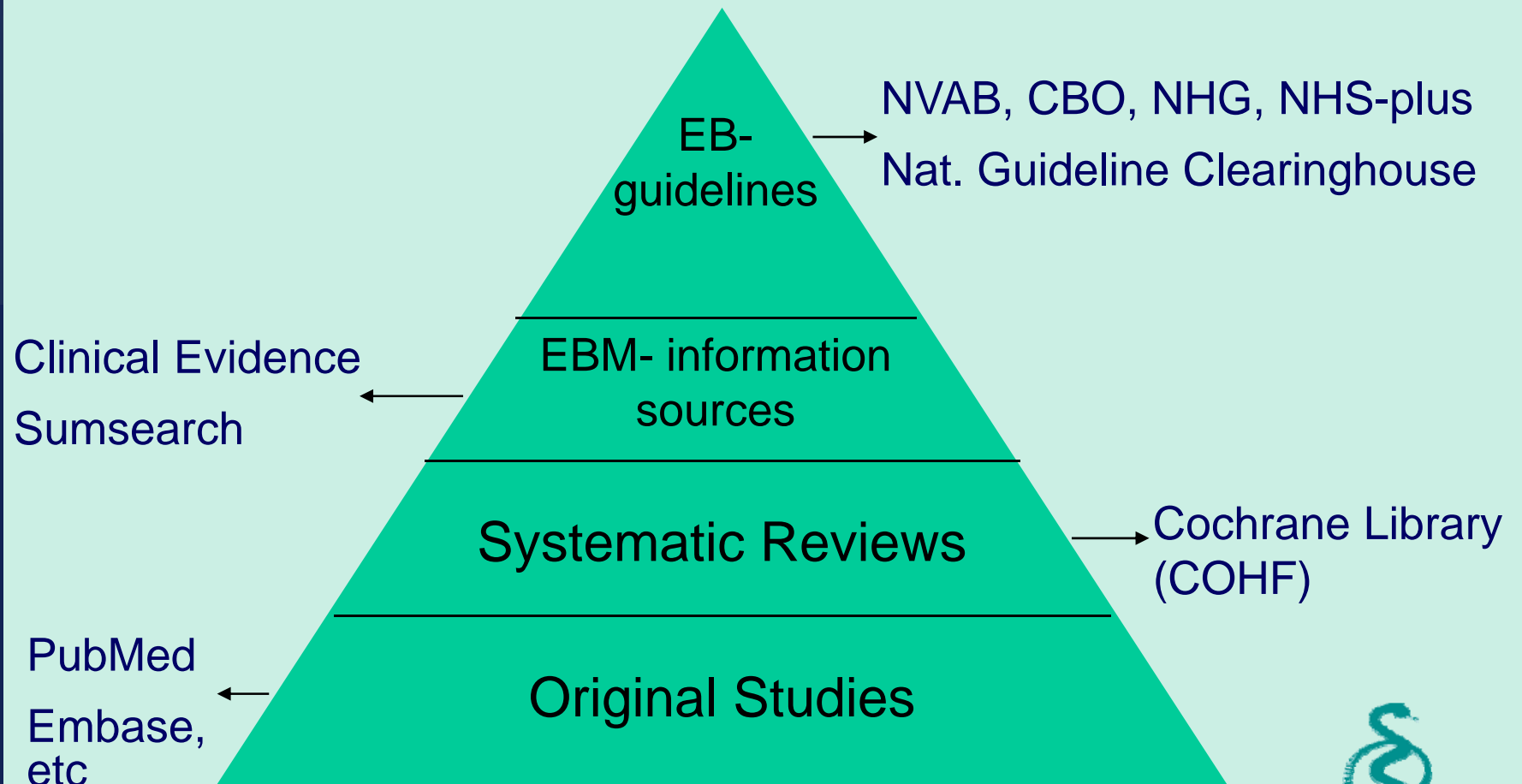
- **Professionalization (scientific rationale)**
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- **Accountability (→ transparency)**

- **Efficiency**



Efficiently searching for evidence





What are practice guidelines?

- **Systematically developed statements designed to assist practitioner decisions about appropriate health care for specific clinical circumstances**

(Grimshaw JM, Russell IT. Lancet 1993;342:1317-22.)





Basis of practice guidelines

- Scientific evidence (EBM, systematic reviews)
- Professional opinions and ethical principles
- Consensus (peer group)
- Practical experience





Guideline development: the process

Initiation

1. selection of topic
2. draft of a projectplan
3. formation project team

Development

4. research phase (liter.)
5. draft phase → draft guideline

6. commentary phase
7. practice test → practitioners

Application

8. autorisation
9. publication
10. support with implementation





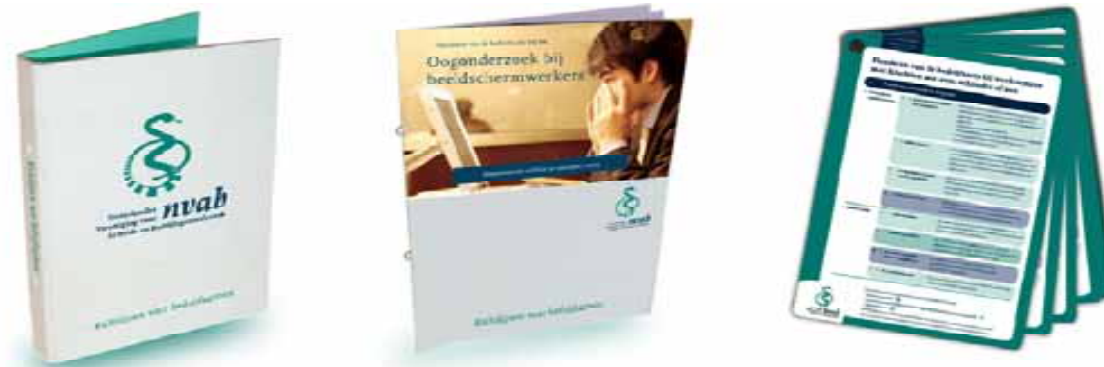
Levels of evidence

<i>level</i>	<i>support</i>	<i>expression in guideline text</i>
A	≥ 2 independent RCT's of high quality or 1 meta-analysis	'there is evidence that...' 'one ought to.....'
B	≥ 2 independent RCT's of moderate quality or cohort/case-control studies	'it is plausible that...' 'one should.....'
C	uncontrolled studies or not enough support as in level 1 or 2	there are indications that...' 'one may.....'
D	opinion of members project team	to the opinion of.....'



Publication of NVAB-guidelines

Ringband
Brochures met oognietjes
Samenvattingskaarten verzameld met hersluitbare knop/schroef



- Background document only at the website



NVAB-guidelines (monodisc.)

Published or authorized:

- Low back pain
- Mental health disorders
- Visual acuity of VDU-workers
- Workability of workers in sheltered workshops
- Complaints of Arm, Shoulder, or Neck ('RSI')
- Work-related asthma / COPD
- Contact dermatitis
- Noise-induced hearing loss (→ multidisciplinary)*
- Ischemic Heart disorders
- Pregnancy and Work
- Influenza

In preparation:

- Cancer and Work



Occ Health Clin Effect Unit (NHS, UK)

Published:

- Low back pain
- Workplace interventions for common mental health problems
- Care of contact dermatitis
- Occupational asthma
- Return to work following elective surgical procedures
- Chronic fatigue syndrome
- Latex allergy

In preparation:

- Alcohol
- New and expectant mothers (shiftwork, material handling)
- Identification and management of infected food handlers
- Upper limb disorders
- Dermatitis and fitness for work





Integration of work-related aspects in clinical practice guidelines

- ❑ In 2004 NVAB and CBO published a first outline ('Blueprint') on how to integrate work and work-related aspects in clinical guidelines
- ❑ Based on answering three questions:
 - are work-related disorders or disability related to the subject of this guideline? ("doctor, can I work with this?")
 - are work-related interventions possible and effective?
 - what is the role of occupational health care?'





Involvement NVAB in clinical guidelines

- Carpal tunnel syndrome
- COPD
- Alcohol abuse
- Inflammatory bowel diseases
- Whiplash
- Obesity
- Cystic fibrosis
- Early interventions after disasters
- Obstr. sleep apnoe syndr.
- Atopic dermatitis
- Herniated lumbar disk
- Somatoform disorders
- Problematic use of drugs
- Needle stick injuries
- Lyme's disease
- Low back pain
- Anxiety disorder
- Depressive disorder
- Chronic fatigue syndrome
- Cardiovascular risk management
- Heart failure
- Adjustment disorder/burnout
- Complex regional pain syndrome
- Chronic rhino sinusitis
- Sub fertility
- Rheumatic arthritis





Guidelines: how to make them work?

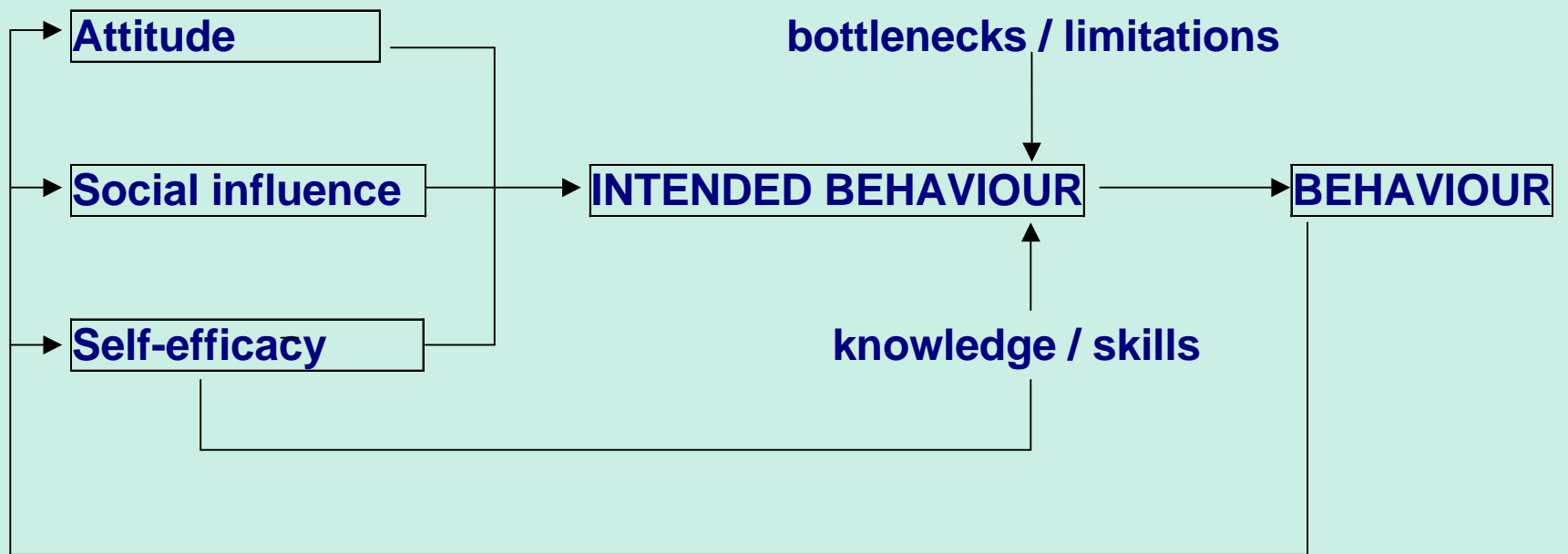
prerequisites for implementation:

- ❑ A theory on how to change medical practice
- ❑ Implementation strategies
- ❑ Process and outcome evaluation





Model for implementation



The ASE-model on determinants of behaviour



Implementation of research findings

Consistently effective

- multifaceted intervention, interactive meetings
- educational outreach visits, reminders

Variable effectiveness

- audit and feedback, use of local opinion leaders
- local consensus process, patient mediated interventions

Little or no effect

- distribution of educ.material (incl. practice guidelines!)
- lectures

(Bero LA et al BMJ 1998;317:465-8)





Evaluation of practice guidelines

□ Process evaluation

- input: knowledge or attitudes towards the guideline
- process: performance / compliance / barriers
- output: advice given

□ Outcome evaluation

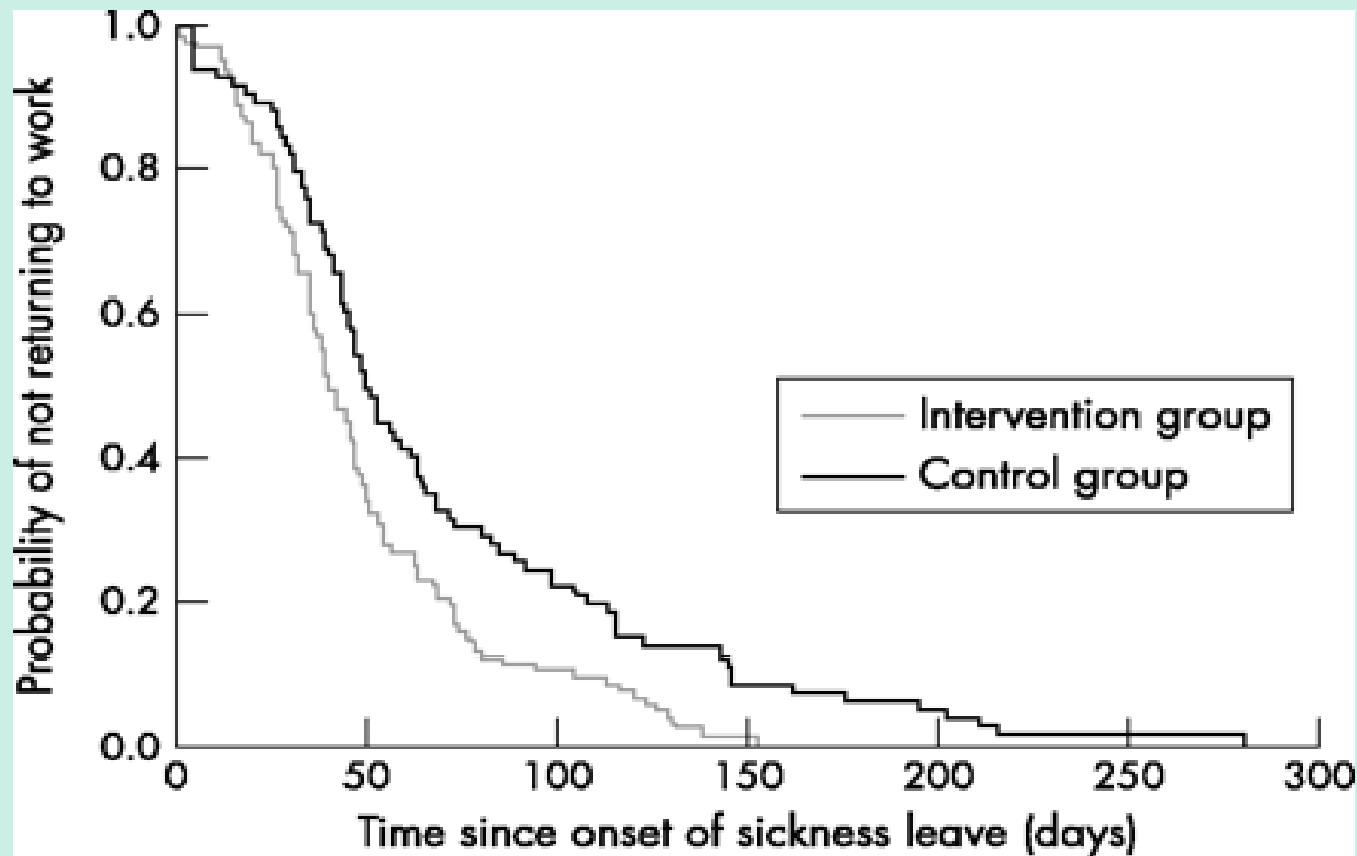
- satisfaction of patients and doctors
- intermediate: use of guidelines → change medical practice
- long term: outcome on patient level





Cumulative probability of not returning to work for work-related mental health disorders

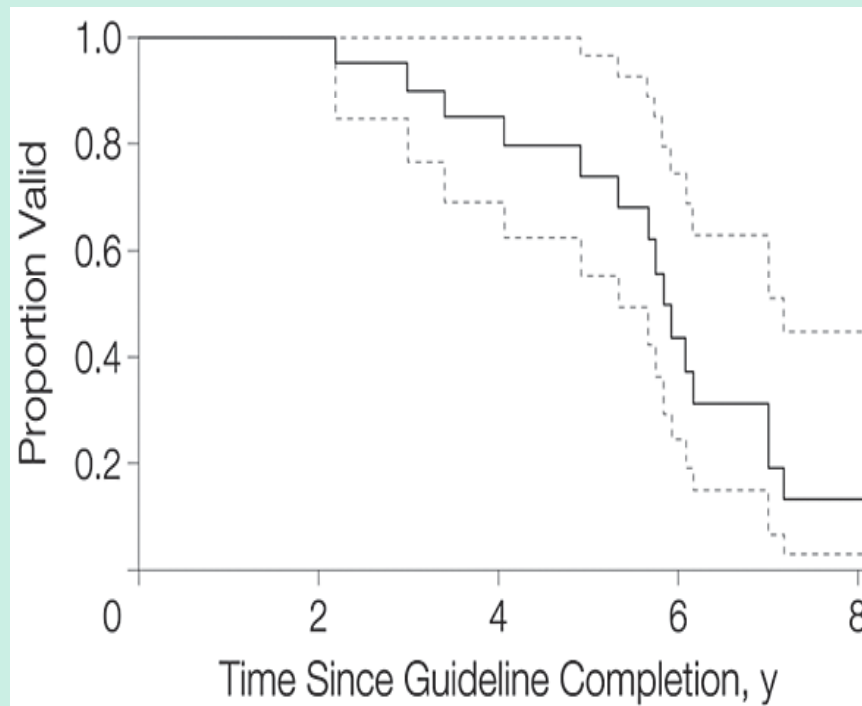
(van der Klink et al. Occup Environ Med 2003;60:429-437)





Updating of practice guidelines

Shekelle et al. JAMA 2001;286:1461-7.



- **evaluation 17 guidelines:**
 - 7 needed major update; 6 minor
- **half of the guidelines outdated in 5,8 year**
- **advice for updating: every three-four year**