



GUIDELINES IN CONTEXT OF EVIDENCE - AN ANALYSIS OF 2 419 EVIDENCE SUMMARIES IN 64 CLINICAL PRACTICE GUIDELINES

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BACKGROUND AND RATIONALE

It has been variously estimated that between 10 and 20% of health care decisions are based on high grades of evidence. In clinical practice guidelines, the quality of the available evidence is graded according to its reliability and quality.

OBJECTIVE

We aimed to evaluate the available research evidence using the levels of evidence in the evidence summaries of 64 Finnish National Evidence based Guidelines - Current Care.

METHODS

A Descriptive assessment of electronic web-based guidelines in Finland to analyse the proportions of evidence summaries with different levels of evidence (A to D)

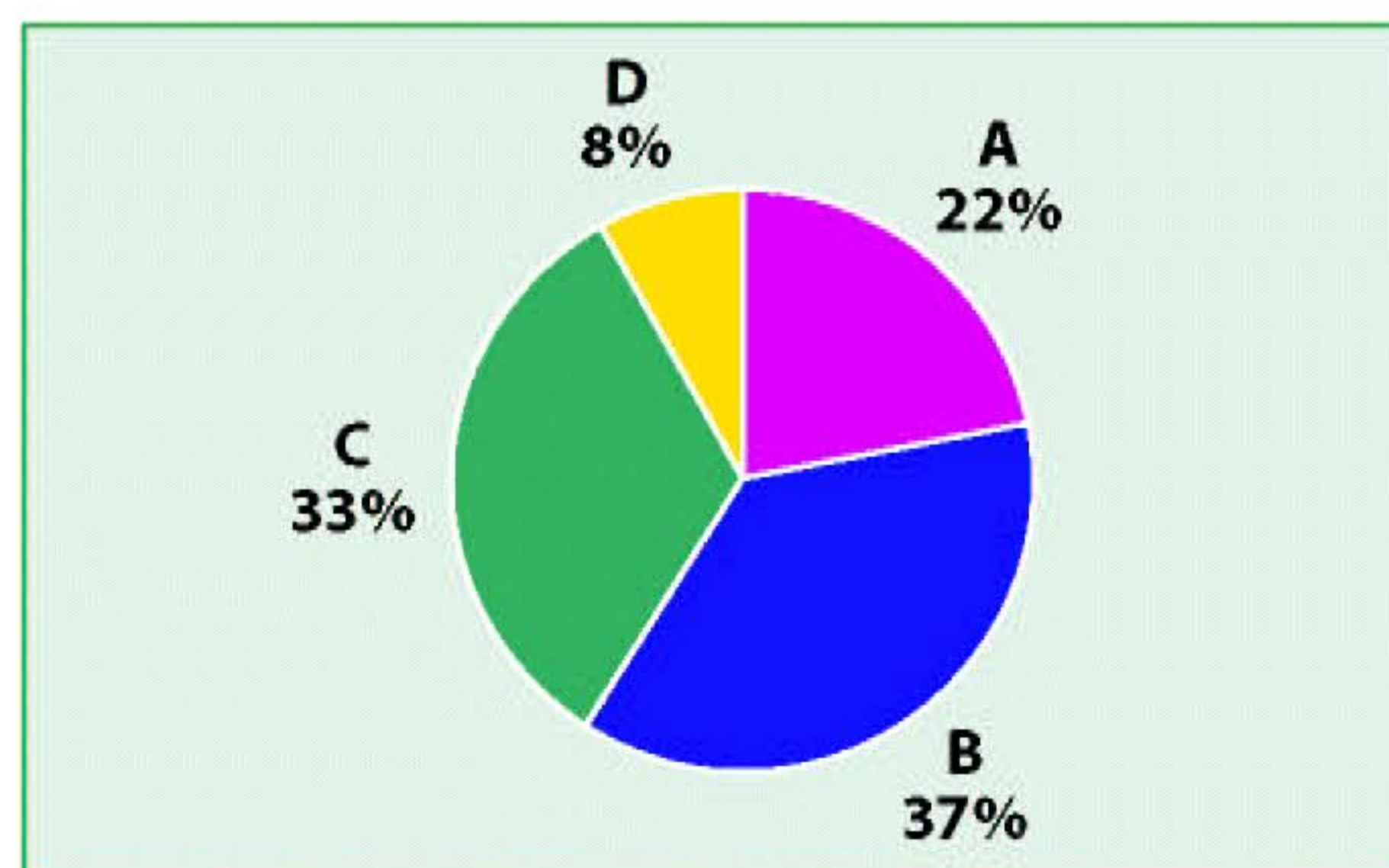
Table: Rules for grading of the evidence in the Current Care Guidelines.

Level A	Strong research-based evidence (multiple, relevant, high-quality studies with homogenous results, e.g. two or more randomised controlled trials, or a systematic review with clearly positive results).
Level B	Moderate evidence (e.g. one randomised controlled trial, or multiple adequate studies)
Level C	Limited research-based evidence (e.g. controlled prospective studies)
Level D	No evidence (e.g. retrospective studies, or the consensus reached in the absence of good quality evidence)

RESULTS

In 64 guidelines there were in total 2 419 evidence summaries. Of these, 532 (22.0%) were of level A, 891 (36.8%) of level B, 808 (33.4%) of level C, and 188 (7.8%) of level D. Most, i.e. 81% of the C- and D-level evidence summaries dealt with diagnosis and treatment. Most of the evidence summaries had been written on treatment (58.2%) and diagnosis (22.4%).

Figure: The percentages of the evidence summaries falling into levels A to D in the 64 Current Care Guidelines.



CONCLUSIONS

High grade evidence (level A) is only available to back up a fifth of the main statements of the 64 guidelines. This is most likely an optimistic estimate, since level D evidence often is left without an evidence summary. It is easier to achieve a unanimous consensus in the guideline development group from A- and B-level evidence and strongly enforce the recommendations based on these. The results support previous estimates that between 10 and 20% of health care decisions are based on high grades of evidence.