

Implications for guideline developers: Collaboration between organizations in primary care can be successful provided that methodological and cultural differences are accepted before starting guideline development.

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P117: Novel Adaptation Process and Taxonomy for Modifying recommendations customized for GRADE Guidelines

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Background: Guidelines frequently require adaptation for successful implementation at the national level. We consider the currently recommended process for adaptation (i.e. ADAPTE) to be of limited value when considering guidelines developed according to GRADE. In SNAP-IT (Smooth Norwegian Adaptation and Presentation of guidelines to Improve Thrombosis Treatment), we will perform a pilot-study of our novel adaptation process.

Objectives: To develop and evaluate a process customized for GRADE-guidelines.

Methods: Using ADAPTE as a starting point, we have developed a 5-step adaptation process and taxonomy for modification based on the GRADE methodology. 60 content experts and methodologists will perform a real life adaptation of an international guideline for publication in Norway in 2012. In parallel we will explore the feasibility of re-writing the recommendations into a new, simplified presentation format.

Results: The 5 steps include: planning, selection of topics and recommendations, guideline adaptation (adapt, modify, translate), publication and evaluation. The taxonomy requires that the guideline members state type (direction or strength) and reason for modification (modified PICO question, new studies, confidence in effect-estimates, magnitude and balance of effect estimates, values and preferences and costs). The results of this process will be quantified according to number of recommendations included, and how and why they were modified.

Discussion: Although only a pilot study, our proposed adaptation process may help to simplify future adaptation projects and thus make them more efficient while maintaining transparency and quality of content.

Implications for guideline developers: This case study will inform further development of adaptation methodology of GRADE guidelines.

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P118: Portuguese Guidelines born out of US independent academic materials: A cross-Atlantic collaboration to improve rational prescribing in Portugal during an economic crisis context

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Background: The May 2011 memorandum of understanding concerning a 78 Billion € loan to Portugal, led by the International Monetary Fund, demanded the 'Establishment of clear rules for prescription of drugs on the basis of international prescription guidelines'. Producing guidelines from scratch is time and resource intensive. Adapting existing materials from a strong US academic group (iDiS) was a solution.

Objectives: To outline the adaption of rational prescribing materials from one country to another, economically and rapidly.

Methods: Translation and adaptation made by an academic Portuguese team in two stages: cultural adaptation using focus groups with 13 family physicians; Public and National Association of Physicians' specialists consultation.

Results: Focus groups led to inclusion of local terminology, changes in format. Consultation uncovered some frailties in evidence appraisal. These originated changes negotiated with original authors. In 10 months and spending 12,000 € to pay the rights for



original materials, three family physicians and two pharmacologists spent an estimated total of 250 hours per guideline pro bono and published 3 guidelines.

Discussion: Cultural and local translation increased acceptability. Adaptation was thorough and extensively peer-reviewed yet faster and less expensive than if original materials had been created. The outside origin made it easier to shield the guidelines from unduly local commercial influences. One guideline alone can improve patient safety and save 12 million € per year.

Implications for guideline developers/users: faced with scarce time and budget, adapting academic materials from recognized international groups may be a good alternative to new guideline creation.

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P119: Clinical guidelines synthesis as a method of guidelines adaptation

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Background: As a country with limited resources, Ukraine develops clinical practice guidelines through adaptation.

Methods: Adaptation of clinical guidelines in Ukraine starts with original guidelines search in Guidelines International Network Library and other resources relevant to medical problem and clinical questions. The next step is an evaluation of selected original clinical guidelines using AGREE methodology. Then guideline development group members are asked to choose among selected and evaluated guidelines the best available evidence and recommendations that correspond to their specialization and prepare comments that show peculiarities of Ukrainian health care system organization and its legal system. The final step is summary of all selected recommendations, guideline development group members' comments and draft finalization.

Results: During 2011 5 clinical guidelines were adapted in Ukraine, 3 of them (Breast Cancer, Ischemic heart disease: stable exertional angina, Acute uncomplicated cystitis in women) were developed through guidelines synthesis. At the beginning of 2012 all adapted guidelines were placed at Guidelines International Network Library.

Discussion: In Ukrainian context, clinical guidelines adaptation through synthesis means selection and summarization of the best available evidence and recommendations taken from different clinical guidelines written on close medical problems, but answer various clinical questions, and addition of guideline development group members' comments that show Ukrainian peculiarities. It makes possible to develop on the basis of different various guidelines one clinical guideline concerning different medical issues.

Implications for guideline developers/users: Experience of clinical guidelines synthesis, applied in Ukraine, could be used in countries with limited resources that use adaptation for guidelines development.

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P120: Guideline adaptation and synthesis of recommendations – a methodological challenge

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Background: The ECDC identifies and assesses current and emerging threats to human health from communicable disease. In July 2010 it asked for evidence-based EU-wide guidance for the prevention and control of norovirus outbreaks in childcare facilities and schools. Guidance to support the implementation of health communication activities in these settings.

Context: Norovirus infections are common and account for 12% of severe gastroenteritis cases among children <5 years old. The virus cause 64,000 episodes of diarrhoea requiring hospitalization and 900,000 clinic visits among children in industrialised countries. About 15% of all reported outbreaks in Germany occur in semi-closed childcare facilities or schools. There are few guidelines available for this setting and the primary research available in the area is known to be sparse.

Description of best practice: An innovative proposal was developed to review, and grade existing primary and secondary research. A process to adapt existing guidelines on the prevention and control of norovirus outbreaks in non-school settings was developed. We will describe using an extension of existing grading systems for public health evidence and the modified ADAPTE process adopted to provide a synthesis of guideline messages.