

Model CARI Guideline

The CARI Guidelines should include the following sections:

The guideline recommendations

The guideline recommendations should be clearly outlined and the supporting evidence grading level stated (refer to ‘What is the evidence?’ section below). These should be enclosed by a text box. Each recommendation should address benefits and harms according to the level of risk in different patient subgroups. If there is insufficient evidence of appropriate quality relevant to the specific question the statement “No recommendations possible based on the available evidence” should be inserted in the text box.

Suggestions for clinical care

This section can be used to list information that is useful for readers of the document to see but which does not warrant the status of an official recommendation. Examples include the intervals at which certain groups of patients should be reviewed, suggestions for patient education and support, and surgical techniques. This is the appropriate place to include data from low quality sources (i.e. evidence from poorly designed RCTs, comparative studies such as cohort studies, case-control studies and evidence from case series).

Implementation and audit

This section should include clear methods of implementation of the guideline, allowing for monitoring of compliance. In doing so, it should provide outcomes that can be measured and the provision for doing so. For example, in peritoneal dialysis, one could suggest that all instances of catheter blockage, catheter leakage and tunnel infection be recorded on a form attached to each patient’s notes and in a unit database, and that the unit be asked to produce quarterly statistics on these events.

Background

The background should describe the condition to be detected, treated or prevented. Management options available for the condition should be stated along with outcomes of interventions that are both beneficial and harmful to the patient. A brief statement about the clinical importance of the problem, what is known about the problem, and the objectives of the guideline should also be included.

Search strategy

The CARI Research Officer will make available to the writer of each guideline details of the search strategy used, databases searched and search dates.

What is the evidence?

This section should list the guideline writers' summaries of included studies; it is not necessary to write a full systematic review. Each relevant study should be summarised in one paragraph (i.e. number of patients, interventions used, results of outcomes measured etc). A brief critical appraisal addressing the quality of evidence, size of effect and relevance of evidence should also be included.

The evaluation of the quality of evidence should follow the GRADE process. Key steps in applying the GRADE process are (see Guyatt et al, 2008a; Guyatt et al, 2008b; Guyatt et al, 2008c and Schunemann et al, 2008):

1. Decide on relative importance of outcomes
2. Identify evidence
3. Develop evidence profiles on basis of assessment made for the individual studies
4. Grade the quality of evidence for each outcome separately
5. Determine the overall quality of evidence across outcomes
6. Decide on strength of recommendation.

The quality of evidence reflects the extent to which one can be confident that an estimate of effect is correct.

RCTs without important limitations constitute high quality evidence, while those with factors present that lower quality are graded as moderate, low or very low quality. Observational studies without special strengths or important limitations constitute low quality evidence. The GRADE process identifies 5 limitations to the evidence base:

1. Study limitations
2. Inconsistent results
3. Indirectness of evidence
4. Imprecision.
5. Publication bias.

Three factors are identified that can increase the quality of evidence:

1. Large magnitude of effect (i.e. a weak study design is unlikely to explain all of the apparent benefit)
2. All plausible confounding would reduce the observed effect.
3. Presence of a dose-response gradient.

Outcomes are classified as:

1. Critical for decision making
2. Important but not critical for decision making
3. Not important for decision making.

The GRADE approach involves making separate ratings for quality of evidence for each patient important outcome.

Critical outcomes determine the overall quality of evidence when there are multiple outcomes. The quality of evidence across outcomes is identified as the lowest quality of evidence associated with a critical outcome. The quality of the body of evidence is rated as being: A (High quality), B (Moderate quality), C (Low quality), or D (Very low quality).

In grading recommendations, the key determinants of the strength (i.e. strong or weak) are:

1. Balance between desirable and undesirable effects
2. The quality of the evidence
3. Variability in values and preferences
4. Costs.

Summary of the evidence

This section should summarise the evidence presented above. The Table templates provided should be used to present the evidence (Table 1 – Characteristics of included studies; Table 2 – Quality of randomised trials; Table 3 – Evidence matrix showing methodological quality and harms; Table 4 – Evidence profile for each outcome which includes summary findings). These should be included as Appendices. The CARI Office will assist with the preparation of these tables.

What do the other guidelines say?

Other guidelines in circulation (e.g. K/DOQI, UK Renal Association, Canadian Society of Nephrology guidelines, etc) that pertain to the subtopic should be included here – the CARI Office can assist with this task. If there is disagreement between these and the CARI guidelines, the conflict should be discussed, and reasons provided.

Suggestions for future research

If the recommendations have identified areas needing further research, the topics should be mentioned here along with suggestions of possible study designs for undertaking the research.

Conflict of interest declaration

Each Guideline Group member and Steering Committee member must read and sign this document and forward it to the Chair of the CARI Steering Committee before commencing work on a CARI guideline/the Steering Committee.

References

This section should contain a list of references from studies included in the Evidence and Background sections.

Appendices

Any relevant tables such as the 'Characteristics of Included Studies' should be included by guideline writers in this section. Sample table templates can be

downloaded from the CARI website (www.cari.org.au) or obtained from the CARI Office (email: DeniseC2@chw.edu.au).

GRADE references:

Guyatt GH, Oxman AD, Kunz R et al. GRADE Working Group (2008a). Going from evidence to recommendations. *BMJ* 336(7652): 1049-51.

Guyatt GH, Oxman AD, Kunz R et al. GRADE Working Group (2008b). What is “quality of evidence” and why is it important to clinicians? *BMJ* 336(7651): 995-98.

Guyatt GH, Oxman AD, Vist GE et al. GRADE Working Group (2008c). GRADE: an emerging consensus on rating quality of evidence and strength of recommendations. *BMJ* 336(7650): 924-26.

Schunemann HJ, Oxman AD, Brozek J et al. GRADE Working Group (2008). Grading quality of evidence and strength of recommendations for diagnostic tests and strategies. *BMJ* 336(7653): 1106-10.