

CLINICAL GUIDELINE DEVELOPMENT

for the management of osteoporosis

in postmenopausal women in primary care in Belgium

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AIM

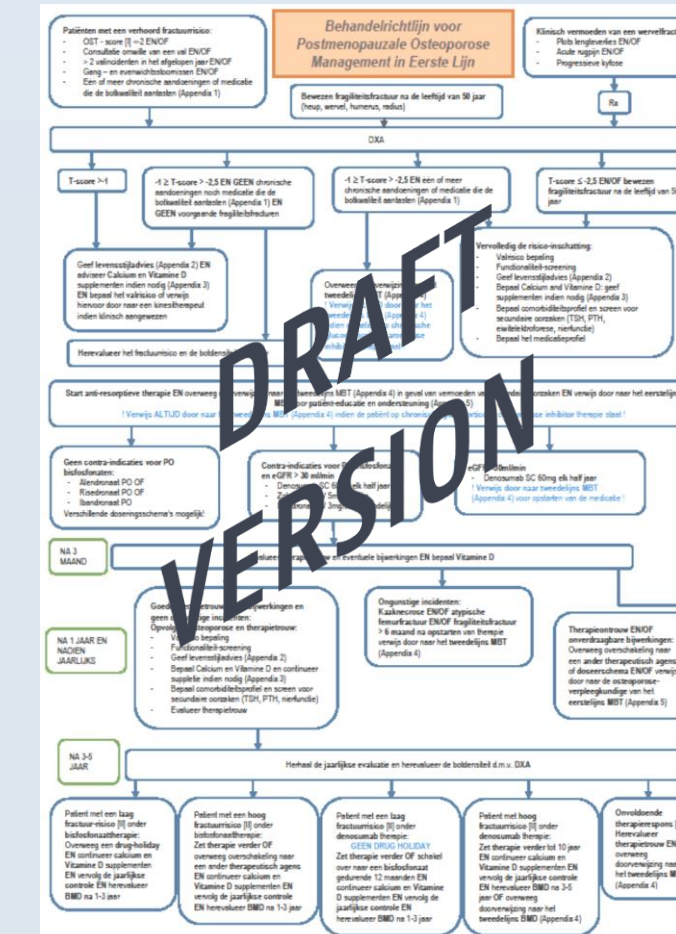
Developing a guideline for the management of osteoporosis in postmenopausal women that is:

1. Evidence based
2. Feasible
3. Unambiguous
4. According to the Belgium reimbursement criteria for DXA and anti-osteoporotic treatment
5. Accepted by all stakeholders in osteoporosis care

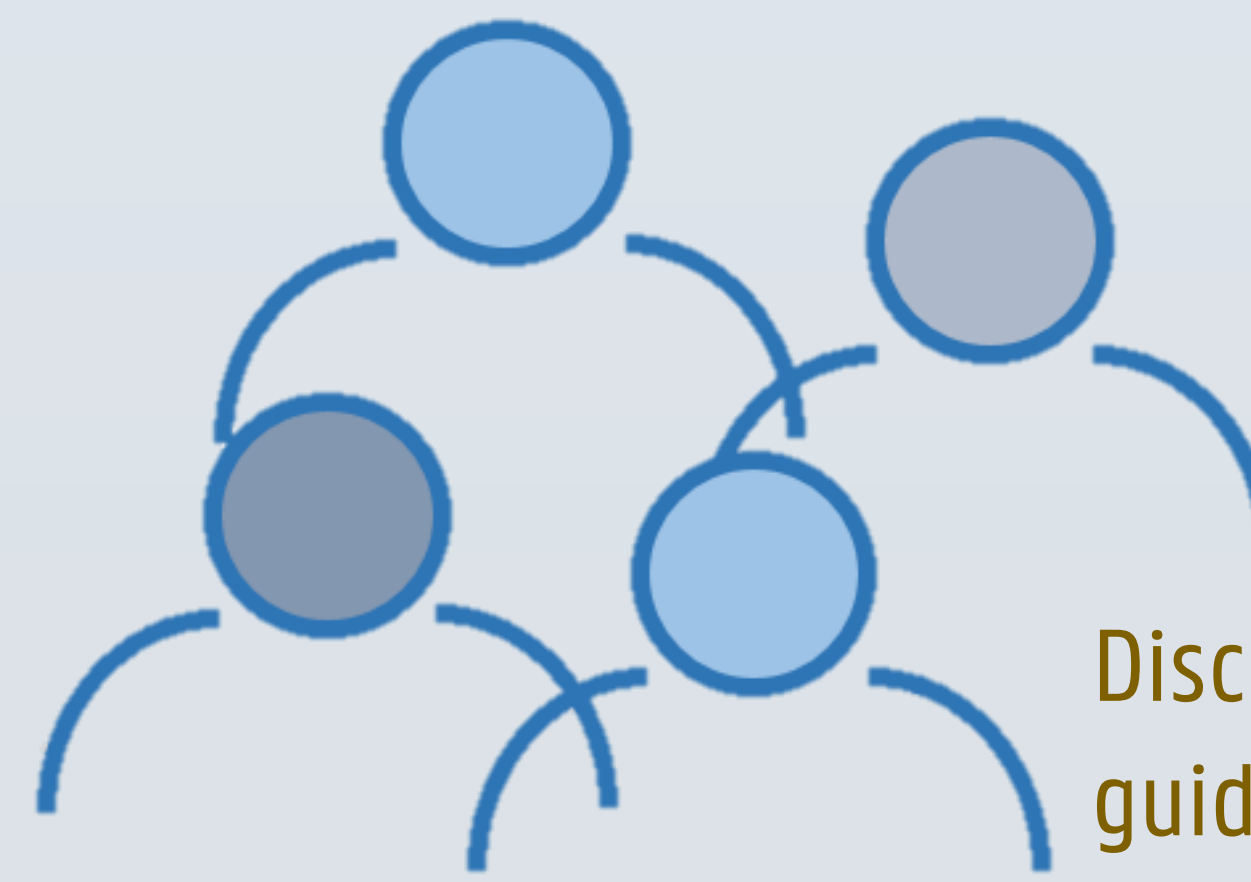
1 Literature search on latest evidence on osteoporosis screening and management, Belgian reimbursement criteria for diagnostic, and therapeutic agents.



2 Development of a draft guideline for the management of osteoporosis in postmenopausal women in primary care for presentation to a Scientific Steering Committee (SSC).



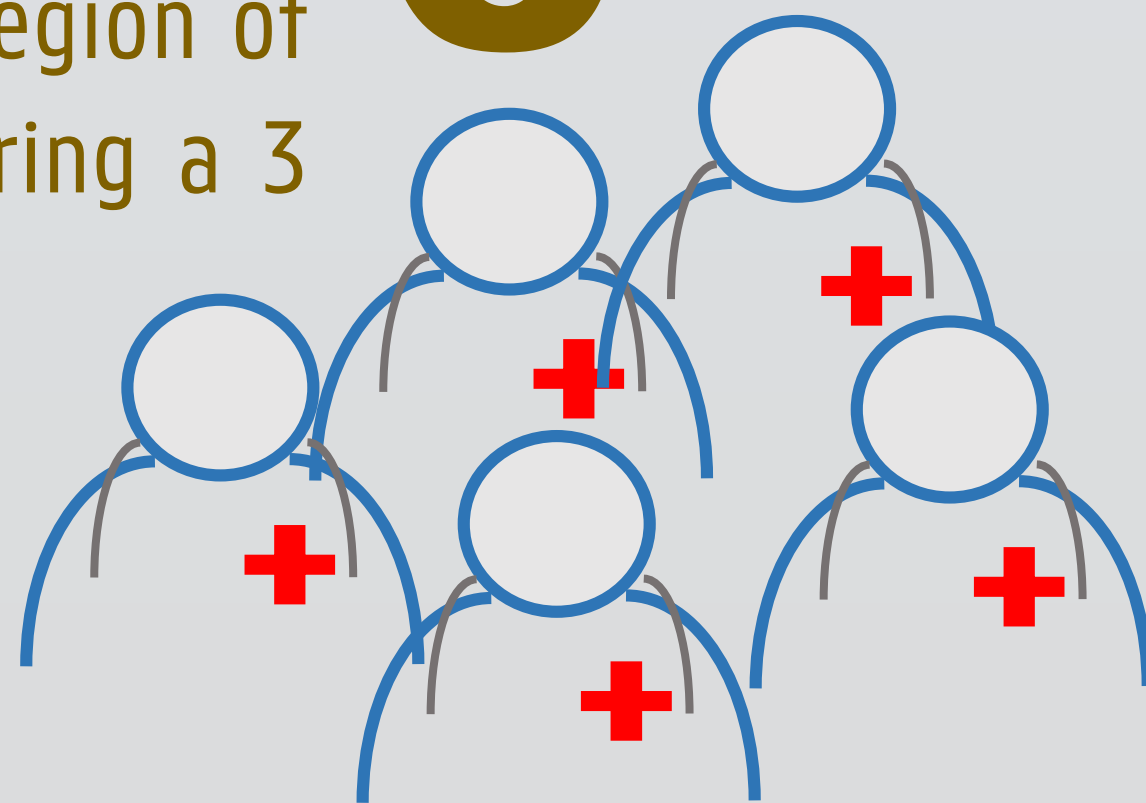
3 Discussion and adaptation of the guideline by the SSC, representing stakeholders in osteoporosis care from the primary and secondary care level.



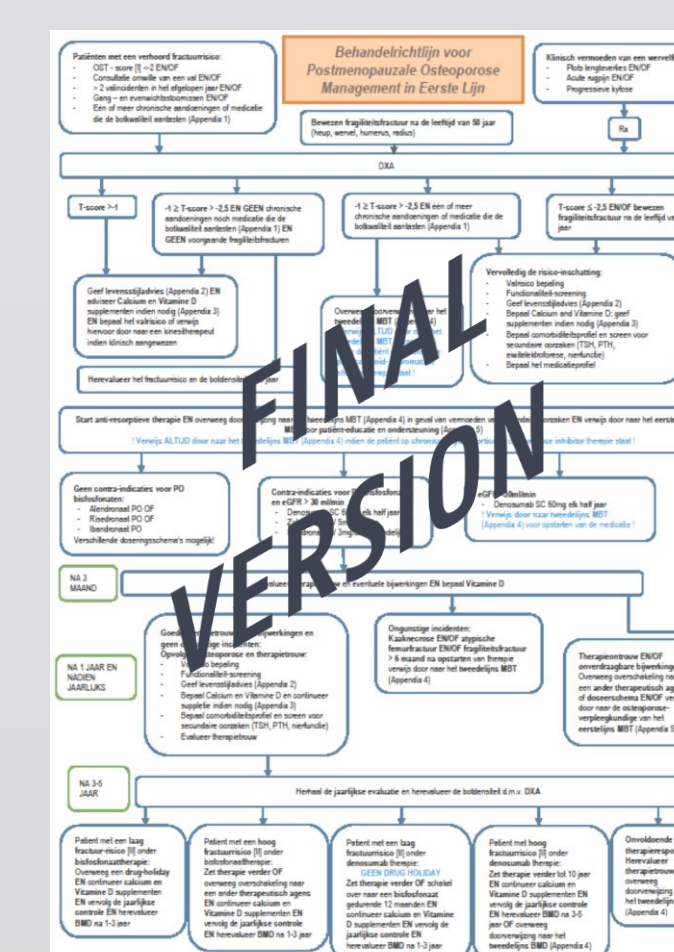
4 Issues for which no consensus was found within the SSC due to limited scientific evidence, were presented to external experts specialised on the specific aspect to provide guidance and insight, after which the guideline was again presented to the SSC. This sequence was repeated until final consensus of all members of the SSC.



6 Pilot testing of the guideline in 27 family physicians within the greater region of Ghent (Belgium) during a 3 month period.



5 Finalisation and production of the guideline.



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GUIDELINE EVALUATION

Evaluation of the guideline using 3 domains of the AGREE II* questionnaire in family physicians participating in the pilot project in which the guideline was released.

*AGREE II is the new (2010) international tool to assess the quality and reporting of practice guidelines. Brouwers et al. for the for the AGREE Next Steps Consortium. AGREE II: Advancing guideline development, reporting and evaluation in healthcare. Can Med Assoc J. 2010. Available online July 5, 2010. doi:10.1503/cmaj.090449

AGREE II - Item	Mean score (I7) - (SD)	Domain score (%)
Domain I - Scope and purpose		66,7
The overall objective(s) of the guideline is specifically described.	4,07 (1,751)	
The health question(s) covered by the guideline is specifically described.	5,4 (1,121)	
The population to whom the guideline is meant to apply is specifically described.	5,53 (1,125)	
Domain IV - Clarity of presentation		72,2
The recommendations are specific and unambiguous.	5,73 (0,961)	
The different options for management of the condition or health issue are clearly presented.	5,4 (1,242)	
Key recommendations are easily identifiable.	4,87 (1,246)	
Domain V - Applicability		53,7
The guideline describes facilitators and barriers to its application.	4,29 (1,326)	
The guideline provides advice and/or tools on how the recommendations can be put into practice.	5 (1,414)	
The potential resource implications of applying the recommendations have been considered.	3,67 (1,291)	
The guideline presents monitoring and/or auditing criteria.	3,93 (1,033)	
Overall Appraisal of the guideline	5,27 (0,884)	62,2

CONCLUSIONS

1. Overall, the guideline has been accepted for practice in our pilot group of family physicians (overall Quality Appraisal = 62,2%).
2. All evaluated domains have been evaluated positively by participating family physicians.
3. 33,3% (N = 5/15) of family physicians would recommend the guideline without any alteration; whereas 60% (N = 9/15) would with some adaptations. Only one family physician would not recommend the guideline for use in primary care practices.