

Is there any interest in providing recommendations for the management of rheumatic disorders?

M. Dougados

Maxime Dougados, MD, René Descartes University, AP-HP Cochin Hospital Rheumatology B Department, 27 rue du Faubourg Saint-Jacques, 75014 Paris, France. E-mail: maxime.dougados@cch.ap-hop-paris.fr

Received on February 27, 2004; accepted on March 4, 2004.

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Key words: Recommendations, guidelines, osteoarthritis.

Xavier Chevalier and collaborators report in this issue (1) the results of an exercise aimed at comparing the current management and prescriptions of general practitioners in knee osteoarthritis with the recommendations provided by the EULAR 2000 Task Force (2). The main conclusions are that on the one hand there is reasonable agreement between the results of this survey and the EULAR 2000 recommendations, but on the other hand that the potential of non-pharmacological approaches has been underestimated by practitioners and their awareness should be reinforced.

This article raises the question of the inherent interest not only in the nature of the exercise permitting us to provide recommendations, but also of the exercise of comparing such recommendations with health professionals' current practice. Because of the huge amount of scientific literature and because of the high level of complexity of the interpretation of data coming from sophisticated clinical studies and/or clinical trials, scientific societies have deemed it useful to provide recommendations for the management of specific disorders commonly observed in daily practice.

This was the main argument prompting the EULAR Standing Committee for Clinical Studies to set up a task force to provide recommendations in the field of osteoarthritis. These recommendations were proposed on the basis of both an evidence-based medicine approach (including a systematic literature search) and an experts' opinion approach (including application of the Delphi technique).

The form of presentation of the recommendations obtained is important to consider. The EULAR recommendations are summarized in ten brief sentences. Such simplicity in the presentation of its recommendations was deliberately chosen by the EULAR Task Force because the objectives of the recommendations were not only publication in a journal primarily read by rheumatologists, i.e. the EULAR journal, but also the broader dissemination of these recommendations to the different categories of health professionals who

have in their care knee osteoarthritis patients (rheumatologists, orthopaedists, general practitioners, physiotherapists, etc.).

In other words, when a scientific society sets the goal of providing recommendations, the task force in charge of the project must consider from the very outset the following steps:

- Elaboration
- Evaluation
- Dissemination
- Implementation

While there is no debate concerning the meaning of "elaboration", the other steps need to be more clearly defined in order to avoid any misunderstanding. "Evaluation" refers to the "relevance" of the proposed recommendations. In order to check the relevance of the proposed recommendations, two distinct approaches can be taken. An "external" evaluation such as one using the AGREE instrument (3) can be carried out. This evaluation scores the quality of the recommendations – for example, checking whether the objectives, target population, scoring of the level of evidence, etc. have been adequately performed. Evaluation can also be performed at the level of the target population. For example, the study reported in this issue by Chevalier *et al.* checks whether the proposed EULAR 2000 recommendations are in accordance with the daily practice of the target population (in this case, the general practitioners).

The "dissemination" step is also easy to understand, but must be planned from the beginning. Apart from presentation at different scientific meetings and publication in the EULAR journal, the EULAR Task Force for recommendations of management of knee osteoarthritis made clear from the beginning that all initiatives permitting the dissemination of their recommendations would be welcome. "Dissemination" and "evaluation" can be performed simultaneously. For example, the study coordinated by Chevalier *et al.* itself permitted the dissemination of the EULAR 2000 recommendations among a large group of general practitioners.

“Implementation” of a set of recommendations consists in the evaluation of the potential impact of the proposed recommendations on daily practice. One could consider that any project aimed at either evaluating and/or disseminating proposed recommendations will have an impact on daily practice, but many remain sceptical and consider that the impact of any recommendation on “senior” health professionals who have their own established experience is very low or even non-existent. This is the reason why other techniques such as audit feed-back, reminders, etc. have been proposed in order to implement proposed recommendations (4).

Moreover, it should be noted that the evaluation of recommendations would allow the detection of discrepancies between the current daily practice of health professionals and the recommendations proposed by scientific societies. In the study coordinated by Chevalier *et al.*, there was a discordance between the EULAR recommendations and current daily practice with regard

to the prescription of non-pharmacological therapies.

Since the amount of evidence pertaining to such non-pharmacological therapies is quite high, it would appear reasonable to agree with the conclusion proposed by Chevalier *et al.* in their article that the “non-pharmacological approach by general practitioners needs to be reinforced by medical education”. This latter declaration by the authors is also interesting. Even if recommendations fail to have an impact on the current daily practice of health professionals, such recommendations serve as useful tools in educational programs for both under-graduate and post-graduate medical students.

In conclusion, it seems that there is immense interest in providing recommendations for the management of rheumatic disorders. However, such recommendations have to be carefully designed and all the different steps (elaboration, evaluation, dissemination, and implementation) must be anticipated. Moreover, because of the rapid and con-

stant improvements to our knowledge of the natural history of diseases and/or new therapies, the updating of such recommendations should also be anticipated. Indeed, the EULAR recommendations for the management of knee osteoarthritis were updated in 2003 (5).

References

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