EDITORIAL

Clinical practice guidelines: What is their actual usefulness?∗,∗∗

Guías de práctica clínica: ¿cuál es su utilidad real?

Since 2014, the library of the Clinical Practice Guidelines of the National Health System of Spain defines clinical practice guidelines (CPGs) as a set of recommendations based on a systematic review of evidence and the evaluation of the risks and benefits of the different alternatives, for the purpose of optimizing the healthcare given to patients. In Mexico, the Department of Health considers CPGs an element of management in medical care. Their purpose is to establish national guidelines to aid in clinical and administrative decision-making, based on recommendations supported by the best possible evidence, thus contributing to the quality and effectiveness of healthcare.1

Without a doubt, CPGs are needed to order, evaluate, and adjust the available knowledge about a specific clinical entity and consequently reduce the variability in medical practice due to uncertainty. Unlike the Mexican Official Regulations (NOM is the Spanish acronym), they are not obligatory, but are useful for helping health professionals make quality clinical decisions to improve the results of patient health, the information provided them, and their ability to make choices. The guidelines also aid in improving the overall efficiency of the health systems and the quality of patient care.2

Once the aims and scope of the CPG are defined, the ensuing process for completion is complex. It includes selecting the experts that will work on them, formulating the clinical questions, carrying out a search, evaluation, and synthesis of the literature published exclusively in the last 5 years, suggesting recommendations and submitting them to internal and external auditing for their validation, and finally editing and promoting them.

The recommendations of the CPGs must be explicit and contain the bibliographic sources that support them. Likewise, the benefits and possible risks of the different evaluated options should be kept in mind when formulating the recommendations.3

In 2007, the Asociación Mexicana de Gastroenterología began developing CPGs for the most frequent gastrointestinal pathologies, and currently has 17. The sum of the efforts of healthcare personnel and authorities has resulted in the Master Catalog of Clinical Practice Guidelines of the General Healthcare Council, which has grouped 763 CPGs into 22 thematic categories.

And this leads to the following question: What has been the actual usefulness of these guidelines in clinical practice?

In this issue, the article by Velasco-Zamora et al. evaluates the degree to which the recommendations of the clinical guidelines on gastroprotection are followed, by conducting a descriptive and cross-sectional study on patients referred to a National Health Institute that are taking nonsteroidal anti-inflammatory drugs (NSAIDs).

It is quite discouraging to find that NSAIDs were inadequately employed in 69% of the sample studied, 15% received the drugs when they were not indicated, and only 30.8% of the at-risk population received gastroprotection.4

As can be observed in the study by Romero et al. published in the Revista Española de Cardiología, CPGs in general, not only those in regard to NSAIDs, tended to be ignored or observed very little in daily practice, disregarding the joint effort made by the medical groups and authorities in formulating them.5

The tools that the physician possesses should not only be a way of achieving quality and safety in healthcare, but also a means of protection. Adherence to CPGs and the NOM does not exempt healthcare personnel from responsibility, but it does contribute to the reduction of risk for error in medical practice, and finally, lawsuits and/or medical legal conflicts.

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