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USE OF SYSTEMATIC REVIEWS IN CLINICAL PRACTICE GUIDELINES: CASE STUDY OF DEVELOPMENT OF CLINICAL PRACTICE GUIDELINE BY A PROFESSIONAL ORGANIZATION IN INDONESIA



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Background: Indonesia

- Archipelago of 17,000 islands (6,000 inhabited)
- Population: 231,328,092 (2002 estimate)
- 40 million below poverty level
- HDI 2005: 0.697 (rank 100/177 countries)
- 2002-2003 IDHS:
 - IMR: 43.5/1,000 live births
 - MMR: 307/100,000 live births

Objective

 To examine the extent to which recommendations in the proposed guidelines for hypertension in pregnancy by The Indonesian Society of Obstetrics and Gynecology (ISOG) are based on evidence from systematic reviews of controlled trials



 Retrospective analysis of recommendations for the ISOG guidelines for hypertension in pregnancy

Material



2005 4200A

GLER : KELOMPOK RERJA PENTUSUNAN "PEDOMAN PENGELDLAAN HEPERTENSE DALAM REMANDIAN DE INDONESIA" HEMPUNAN REDOKTERAN FETO MATERNAL POGI. ISOG guidelines in clinical practice on hypertension in pregnancy, 2nd ed., 2005

Material

- The guideline was developed by The Section on Maternal Fetal Medicine, Indonesian Society of Obstetrics and Gynecology
- 1st edition of guidelines in clinical practice on hypertension in pregnancy was published in 1985

Main Outcome Measures

- The type of evidence (systematic review of controlled trials, individual trials, other studies, expert opinion) used to support each recommendation
- Assessment whether a Cochrane systematic review was available and could have been used in formulating the recommendation

Result: Development of the Guideline

- Consensus by working group
- No explicit and sensible process was used to identify, select, and combine evidence

Result: References cited

References	N (%)
Journals	10 (27.8)
Books	20 (55.5)
CPGs	6 (16.7)
Total:	36 (100.0)

Result: Age of reference cited in guideline

References	Median Age (Range)	
	in years	
Journals	6 (0-13)	
Books	6 (1-53)	
CPGs	13.5 (3-20)	

Result: Journal's Publication Type

Publication Type	N (%)
Review	6 (60.0)
Editorial	2 (20.0)
RCT	1 (10.0)
Guideline	1 (10.0)
Total:	10 (100)

Result:

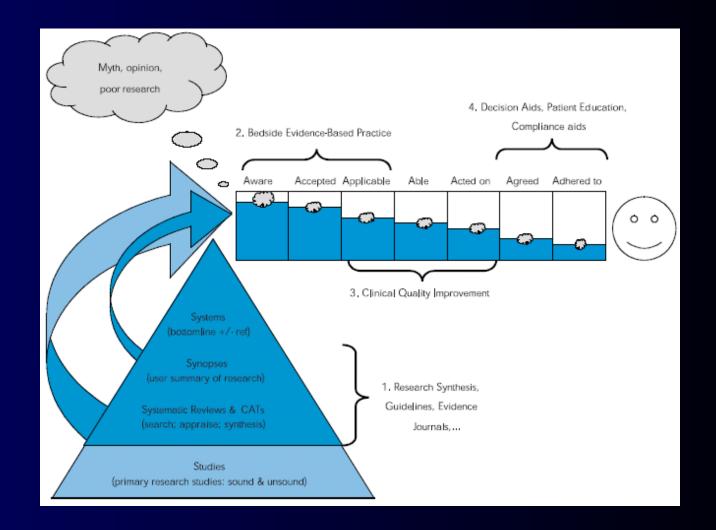
Use of Cochrane Systematic Reviews

Cochrane Systematic Review	ISOG Guideline
 Low dose aspirin has small- moderate benefits when used for prevention of pre-eclampsia 	 Not enough evidence that low dose aspirin prevent pre-eclampsia
• Until better evidence is available, the choice of antihypertensive for treatment of severe hypertension during pregnancy should depend on the experience and familiarity of an individual clinician with a particular drug, and on what is known about adverse maternal and fetal side-effects	• Oral nifedipine 10-20 mg, repeat dose after 30 minutes, maximum dose of 120 mg/24 hours

Conclusion

 Cochrane systematic reviews were not used in the development of clinical practice guidelines on hypertension in pregnancy by The Indonesian Society of Obstetrics and Gynecology

"Practice famine amidst the evidence glut"



Glasziou P & Haynes B. The paths from research to improved health outcomes. *Evid Based Nurs* 2005; 8:36-38.

Contribution in Cochrane Review

SEA Country	Population (thousands)	Total Number of Contributions in 2005
Thailand	62,014	80
Philippines	81,053	54
Malaysia	24,774	11
Indonesia	231,328	0

Upper/middle income economies

Low and lower middle income economies

Allen C, Clarke M, Wyatt D. International activity within Cochrane Review Group. Poster presented at XIII Cochrane Colloquium, Melbourne, 2005



The Hope: Project SEA ORCHID (South East Asia: Optimizing Reproductive Health and Child Health Outcomes in Developing Countries)

- Aims to find out if the health of mothers and babies in Thailand, the Philippines, Malaysia and Indonesia can be improved by increasing the capacity for research synthesis, improving the implementation of effective interventions and identifying gaps in knowledge needing further research
- Partnership between Khon Kaen University, Thailand; University of the Philippines; Perak College of Medicine, Malaysia; Gadjah Mada University, Indonesia; and University of Sydney, Monash University, University of Adelaide, Australia
- Jointly funded by the Wellcome Trust and the Australian National Health and Medical Research Council



Thank You