

Introduction

A living guideline approach has become essential due to the rapid pace of emerging medical data. Receiving user feedback regarding changes in relevant evidence and practice is a common method to improve currency of clinical guidelines.

Therapeutics Guidelines has established a hybrid system to update advice that includes regular full guideline reviews and interim updates when significant new evidence becomes available or major changes in practice occur.

Objective

To carefully evaluate factors that prompt interim updates in *Therapeutic Guidelines* by assessing the characteristics of users who provide feedback and the types of feedback received.

Methods

Study design

A cross-sectional study was used to take a snapshot of characteristics of feedback received from 2019 to 2022 to provide a descriptive analysis of feedback logs for 4 guidelines:

- **Diabetes** (55 items)
- **Liver Disorders** (23 items)
- **Sexual and Reproductive Health** (34 items)
- **Toxicology and Toxinology** (78 items)

Exclusion criteria: internal users from Therapeutic Guidelines

Feedback categorisation

- Types of feedback items: classified into 5 categories based on the content of feedback items
- Relationship to Therapeutic Guidelines: classified according to user type
- Profession or workplace

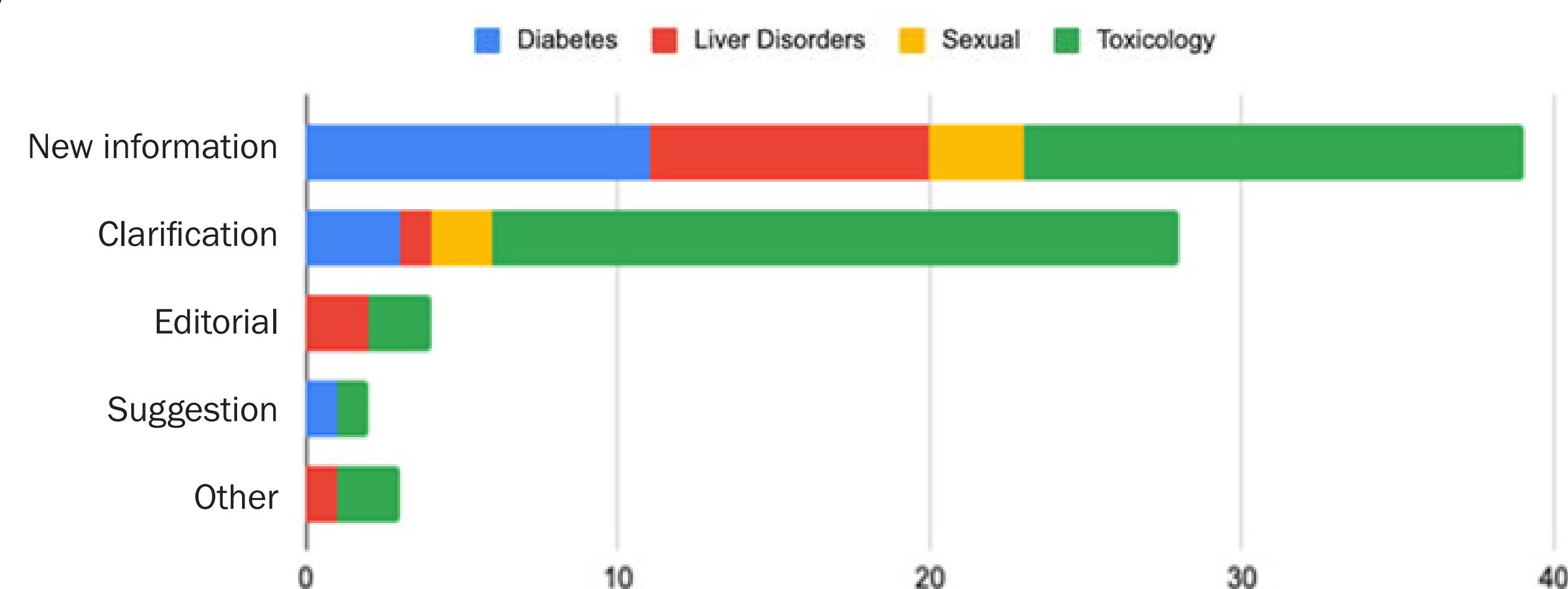


Feedback that includes **new clinical information** is most likely to prompt **interim updates** in *Therapeutic Guidelines*.

Results

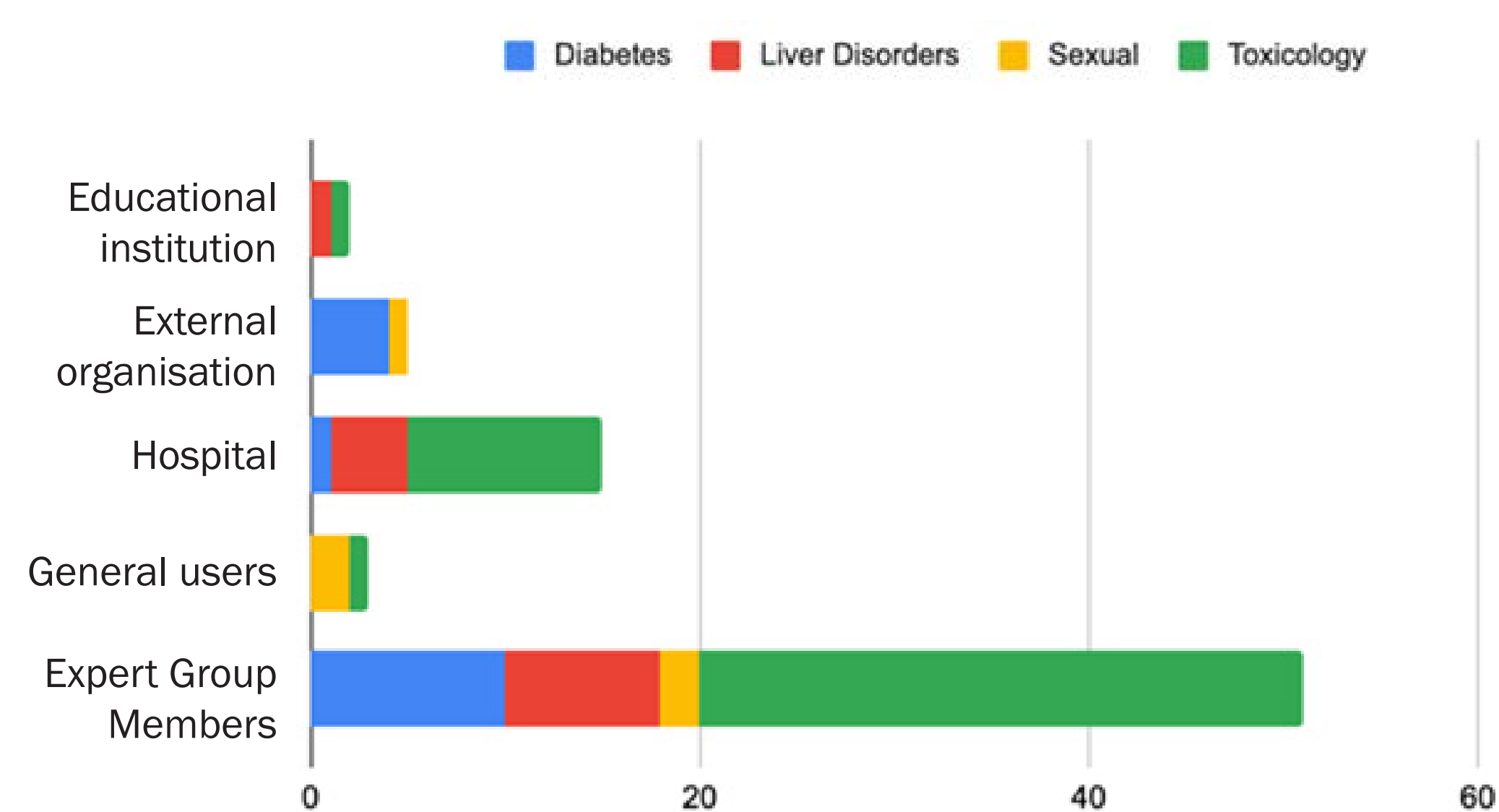
Types of feedback items

New clinical information was most likely to prompt interim updates across all guidelines.



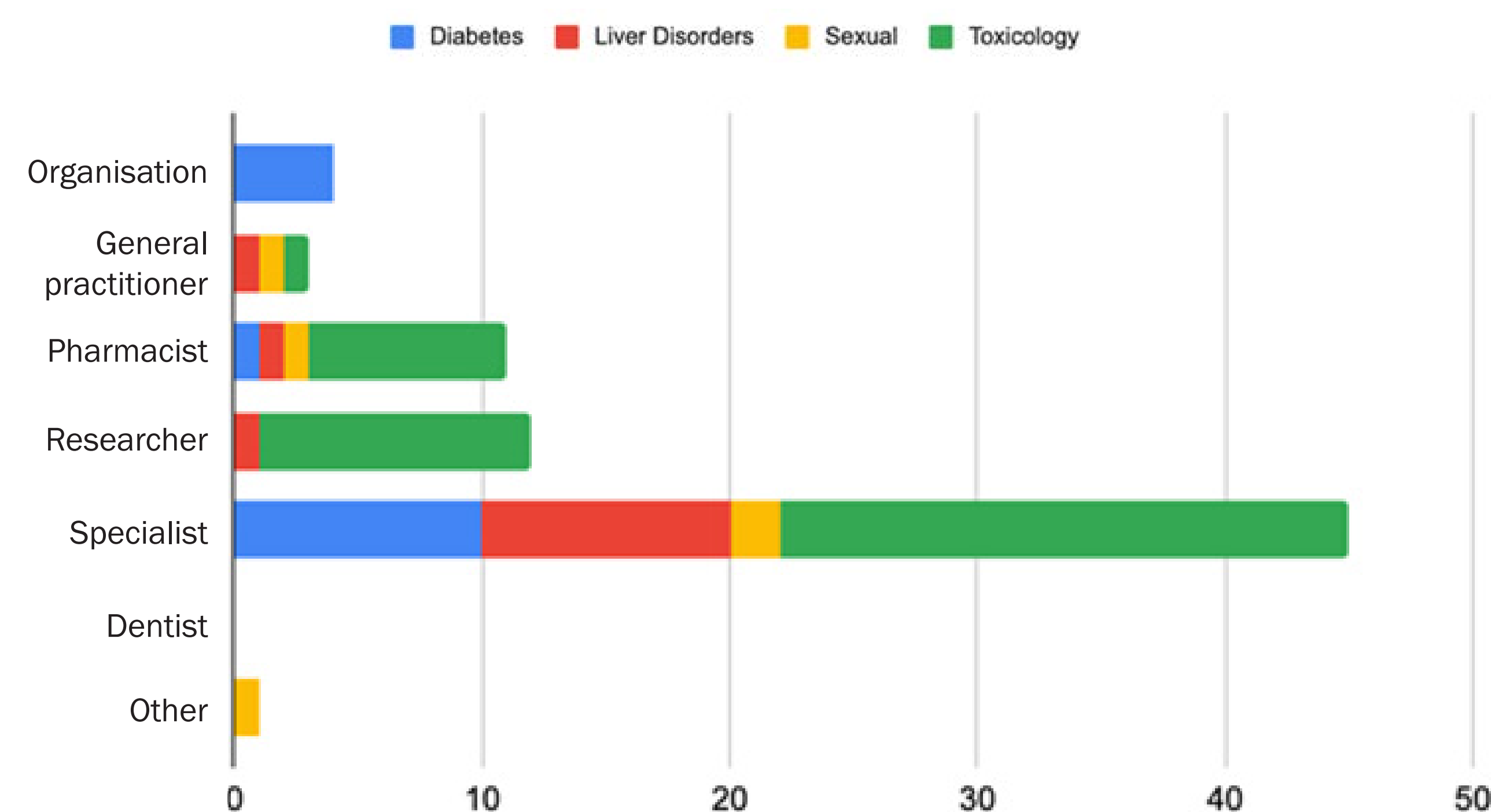
Relationship to Therapeutic Guidelines

Expert Group Members emerged as the primary providers of feedback that prompted interim updates.



Profession or workplace

Specialists consistently provided most of the feedback that prompted interim updates across all guidelines.



Discussion and conclusion

The use of living guidelines has become essential in evidence-based medicine, and user feedback has improved the development of online clinical resources. *Therapeutic Guidelines* has shown success in updating their guidelines regularly with the use of interim updates to respond to significant changes in evidence and practice.

Limitations

Sample size: the study only includes feedback items about 4 guidelines, which is a relatively small dataset compared to feedback received on the 21 guidelines in *Therapeutic Guidelines*.

Outcomes and implications

- Specialists, particularly Expert Groups Members, provided the most impactful feedback.
- Further studies are needed to review feedback received on other guidelines, and to repeat this study in different years to create a comprehensive longitudinal study.

References

- Agbassi, C., Messersmith, H., McNair, S., & Brouwers, M. (2014). Priority-based initiative for updating existing evidence-based clinical practice guidelines: The results of two iterations. *Journal of Clinical Epidemiology*, 67(12), 1335–1342. <https://doi.org/10.1016/j.jclinepi.2014.06.013>
- Shekelle, P., Eccles, M. P., Grimshaw, J. M., & Woolf, S. H. (2001). When should clinical guidelines be updated? *BMJ*, 323(7305), 155–157. <https://doi.org/10.1136/bmj.323.7305.155>