ABSTRACT

Objective: Clinical practice guidelines have been developed to improve the process and outcomes of health care. Most guidelines utilize clinical experience, expert opinions and research evidence. The strength of treatment recommendations is ideally assessed by the quality of the research evidence. Hence, the key component of guidelines is how accurately they reflect the evidence conferred by the underlying research evidence. This study assesses the quality of evidence used in the Practice Guidelines for psychiatric disorders.

Methods: The quality of evidence was assessed by indentifying the references in 8 guidelines with evidence originating from (A) randomized-controlled studies, (B) clinical trials, (C) longitudinal studies, (D-G) retrospective/secondary data.

Results: The total number of references used in the guidelines was 2402. The distributions of the evidence was: (A) 14-28%, (B) 2-21%, (C) 3-17%, (D-G) 42-69%. These results show that the practice guidelines in psychiatry are based on 28% high quality evidence at best (C) 3-17%, (D-G) 42-69%. A trend of increased percentage of higher quality evidence used (23% and 28%, respectively).

Conclusions: Some of these goals will be achieved by:
- Decrease the amount of lower quality evidence.
- Increase the amount of highest quality evidence (RTC), and/or secondary data.
- Only 19% evidence originates from high quality evidence, i.e. from randomized controlled clinical trials.
- It is believed that the main reason for such status is a result of insufficient outcome data which limits the quality of practice guidelines.

The newer guidelines on Alzheimer’s disease and Panic disorder indicate a trend of increased percentage of higher quality evidence used (23% and 28%, respectively).

This trend is suggestive of potential for guidelines to improve as the clinical and scientific evidence are generated and integrated into guidelines.

The ultimate goal for practice guidelines is:
- Increase the amount of highest quality evidence (RTC), and/or secondary data.
- Decrease the amount of lower quality evidence.

Some of these goals will be achieved by:
- Conducting more randomized controlled clinical trials and integrating the results into guidelines.
- Using novel clinical research approaches such as the APA’s Practice Research Network.

The Practice Research Network is being proposed as an interface between controlled clinical investigations and other research. Data from this type of research in the future may qualify to be classified as higher quality evidence which may provide another way of bridging the gap between the higher and lower quality evidence used in the psychiatric guidelines.

References

