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REVIEWS

A methodological survey identified eight proposed frameworks for the adaptation of health related guidelines

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Abstract

Background and Objective: Our objective was to identify and describe published frameworks for adaptation of clinical, public health, and health services guidelines.

Methods: We included reports describing methods of adaptation of guidelines in sufficient detail to allow its reproducibility. We searched Medline and EMBASE databases. We also searched personal files, as well manuals and handbooks of organizations and professional societies that proposed methods of adaptation and adoption of guidelines. We followed standard systematic review methodology.

Results: Our search captured 12,021 citations, out of which we identified eight proposed methods of guidelines adaptation: ADAPTE, Adapted ADAPTE, Alberta Ambassador Program adaptation phase, GRADE-ADOLOPMENT, MAGIC, RAPADAPTE, Royal College of Nursing (RCN), and Systematic Guideline Review (SGR). The ADAPTE framework consists of a 24-step process to adapt guidelines to a local context taking into consideration the needs, priorities, legislation, policies, and resources. The Alexandria Center for Evidence-Based Clinical Practice Guidelines updated one of ADAPTE's tools, modified three tools, and added three new ones. In addition, they proposed optionally using three other tools. The Alberta Ambassador Program adaptation phase consists of 11 steps and focused on adapting good-quality guidelines for nonspecific low back pain into local context. GRADE-ADOLOPMENT is an eight-step process based on the GRADE Working Group's Evidence to Decision frameworks and applied in 22 guidelines in the context of national guideline development program. The MAGIC research program developed a five-step adaptation process, informed by ADAPTE and the GRADE approach in the context of adapting thrombosis guidelines. The RAPADAPTE framework consists of 12 steps based on ADAPTE and using synthesized evidence databases, retrospectively derived from the experience of producing a high-quality guideline for the treatment of breast cancer with limited resources in Costa Rica. The RCN outlines five key steps strategy for adaptation of guidelines to the local context. The SGR method consists of nine steps and takes into consideration both methodological gaps and context-specific normative issues in source guidelines. We identified through searching personal files two abandoned methods.

Conclusion: We identified and described eight proposed frameworks for the adaptation of health-related guidelines. There is a need to evaluate these different frameworks to assess rigor, efficiency, and transparency of their proposed processes.

Keywords: Practice guidelines; Adaptation; Framework; GRADE; Evidence-based medicine; Contextualization

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1. Introduction

Guidelines are thought to be important to ensure standardized high-quality health care using evidence-based practices [1]. The World Health Organization (WHO) defines guidelines as ''systematically developed evidence-based statements which assist providers, recipients, and other stakeholders to make informed decisions about appropriate health interventions.'' WHO defines health interventions broadly to include clinical procedures, public health actions, and health policies. According to WHO, guidelines should meet ''the unique circumstances and constraints of the specific situation to which they are being applied'' [2].

Major concerns for guideline developers are the financial and human resource constraints. According to an international survey of guideline developers from 2003, the average budget for a single guideline developed in the United States was $200,000 [3]. However, guideline developers face many resource and time constraints, and many entities cannot afford to undertake in-depth systematic reviews. As a consequence, and for many countries, de novo development of guidelines is not practical due to the lack of sufficient resources, time, and expertise [3−5].

Adopting existing high-quality guidelines is a sensible alternative in terms of saving on financial and human resources [6]. However, adoption ignores the fact that inter-country cultural and organizational differences may lead to different recommendations, even if based on the same synthesized evidence [6]. This highlights that recommendations developed for one setting may not be applicable, and therefore directly adopted, for another without adjustments. Adaptation of guidelines allows making such adjustments [6,7].

Fervers et al. [4] defined guideline ''adaptation'' as a ''systematic approach for considering the endorsement or modification of guidelines produced in one setting for application and implementation in another as an alternative to de novo guideline development or as a first step in the process of implementation, while preserving evidence-based principles.'' The process of adaptation may take into consideration language, availability and accessibility of services and resources, the health care setting, and the relevant stakeholders' cultural and ethical values [3].

Adaptation of guidelines allows for improving acceptability and implementation of the recommendations. In addition, it limits unnecessary duplication when a highly quality relevant guideline already exists [3,5,8]. Maintaining the quality and validity of the guideline is essential, and thus, methodological rigorousness of adaptation is essential [5]. One way to ensuring quality and validity in the adaptation process is to follow a standardized approach or framework. An unpublished study found that ADAPTE is one of the first and most widely known and used for the adaptation of health-related guidelines internationally. Our main objective was to identify and describe published frameworks for adaptation of clinical, public health, or health system guidelines.

2. Methods

Our study design consisted of a methodological survey to identify published frameworks for adaption of clinical, public health, or health system guidelines. We adopted the definition of adaptation put forward by Fervers et al. [4].

2.1. Eligibility criteria

We included reports describing a framework for adaptation of health-related guidelines addressing clinical, public health, or health system guidelines. The description should be detailed enough to allow reproducibility (minimum of two paragraphs that discusses a process). We planned to include the following study designs, if they included a description of a framework: case studies, concept papers, methods papers, and evaluation studies.

We excluded review papers but made sure to assess any of the discussed frameworks for eligibility. We excluded reports describing only actual adaptations of guidelines (i.e., not describing a detailed framework). We excluded framework where the focus was not on adaptation (e.g., focus on knowledge translation using elements of adaptation or methods of implementation). We considered that adaptation differed from implementation by not representing a direct translation at the point of care. We did not exclude reports based on language of publication.

2.2. Search strategy

We searched Medline and Embase electronic databases for the period of January 2000 to June 2015 using the OVID interface. We developed the search strategies with the help of a medical librarian experienced in systematic reviews. The search strategies included both medical subject headings and text words such as ''guideline,'' ''practice guideline,'' and ''adapt.'' Appendix 1 at www.jclinepi.com provides the detailed search strategies used. We also identified manuals and handbooks of organizations and professional societies that proposed methods for the development of health-related guidelines and reviewed them for any section on adaptation [9]. We also contacted colleagues to identify unpublished frameworks. We searched personal files for additional methods. We did not limit our search to papers published in English.

2.3. Selection of studies

Two review authors evaluated in duplicate and independently all titles and abstracts identified through the electronic searches. We retrieved the full text for studies considered potentially eligible by at least one of the two reviewers. In, two reviewers screened full texts in duplicate and independently. A third reviewer resolved any disagreement. Reviewers used a standardized screening form and conducted two rounds of calibration exercises before the screening process.