

WEDNESDAY 24 SEPTEMBER 2003

Teaching Lecture

1151

Developing guidelines to inform practice

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This presentation discusses the methods used to develop 'gold standard' clinical practice guidelines, focusing on the recent experience of the UK National Collaborating Centre for Nursing and Supportive Care in developing guidelines commissioned by the National Institute for Clinical Excellence.

A guideline is a 'systematically developed statement to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances' (Institute of Health 1992). The most important features of an evidence-based guideline will be presented. These include: the involvement of a multidisciplinary and lay guideline development group; use of systematic reviews where possible and associated methodology; evidence hierarchies to grade the level of evidence; and recommendation grading systems.

It will be emphasized that evidence is necessary but not sufficient to produce guideline recommendations. In this respect, other factors requiring consideration by guideline development groups in addition to clinical effectiveness evidence, such as patient-related outcomes, appropriateness and feasibility of an intervention will be discussed.

It will be of value also to present strategies that have been used to address the situation where there is limited research evidence available, where the research does not address all of the important clinical questions that form the scope of the guideline and where 'best practice' recommendations are formulated in the absence of evidence, taking into account the perspective of the guideline development group.

It is now incumbent on guideline developers to undertake cost effectiveness analysis as part of guideline development, despite the evolving methodology and that the evidence required to do this is often sparse. The issues involved in undertaking such a process will be outlined. The methodology used for the health economics analysis in a recently developed guideline will provide a case study.

Proffered Papers

Developing practice

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ORAL

More energy in lesser portions of food for poorly eating cancer patients

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Department of Oncology at Vejle Hospital treats most types of cancer with chemotherapy and radiation therapy. If complications in relation to the disease and/or the treatment supervene during treatment the patient will be admitted to Department of Oncology's bed section. Dept. of Oncology also receives patients for palliative treatment. During treatment patients often lose weight and this may have serious consequences. Dept. of Oncology has established fixed routines for nurses and doctors if a patient loses weight during treatment.

Purpose: To examine nurses' experience with estimating cancer patients' nutritional state and nurses' ability to provide the relevant diet and diet instructions to ensure that nutritional requirements are met and the patient does not lose weight.

Method: For elucidating the problem a questionnaire was used for the nurses and a sectional inquiry was used among the patients.

In the questionnaire the nurses were asked whether they screened the patients and to which extent they used the tools developed for this purpose.

In the sectional inquiry weight changes of 41 patients were registered during 3 months and documentation for these changes were examined. It was investigated whether these patients had had a sufficiently nourishing diet and diet instructions. All 41 patients had their diet registered for 24 hours to see whether their diet had been sufficiently nourishing.

Part-results: 47% of the nurses nourish-screened their patients always or often as prescribed.

42% of the patients lost between 4-10 pounds during 3 months' treatment. Food consumption was somewhat lower than recommended. 36% of the patients had between 2/3 and 1/1 of recommended nutrition.

Snacks between meals only covered 33% of the total nutritional requirements. Recommendations state that nutritional requirement should be covered by 50% from snacks between meals and 50% from principal meals.

Conclusion: The tools available for nurses must be simplified to ensure that more nurses will nourish-screen their patients as prescribed.

The importance of an early nourishment effort must be made clear to ensure that the patients already during their ambulant course are informed of the importance of avoiding weight loss during their treatment.

Snacks between meals should be given higher priority to ensure that a larger part of the nutritional requirement comes from these.

To ensure that the patients' nutritional requirements are met and that patients do not lose weight it is of utmost importance that the hospital food concept offers the poorly eating patient an enriched diet.