

Working Group on Appraisal of Guidelines

Dror Dicker
President Elect EFIM



EFIM
www.efim.org

Background

- Most of our medical practice relies upon Guidelines.
- However Guidelines are far from being “exact and flexible” tools while instead suffers from major limitations.
- These limitations are even more accentuated when we try to use them within our Internal medicine setting.



EFIM
www.efim.org

CONSENSUS REPORT

Management of hyperglycaemia in type 2 diabetes, 2018. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD)

Melanie J. Davies^{1,2} · David A. D'Alessio³ · Judith Fradkin⁴ · Walter N. Kerner⁵ · Chantal Mathieu⁶ · Getrude Mingrone^{7,8} · Peter Rossing^{9,10} · Apostolos Tzapas¹¹ · Deborah J. Wexler^{12,13} · John B. Buse¹⁴

© European Association for the Study of Diabetes and American Diabetes Association 2018

Abstract

The American Diabetes Association and the European Association for the Study of Diabetes convened a panel to update the prior position statements, published in 2012 and 2015, on the management of type 2 diabetes in adults. A systematic evaluation of the literature since 2014 informed new recommendations. These include additional focus on lifestyle management and diabetes self-management education and support. For those with obesity, efforts targeting weight loss, including lifestyle, medication and surgical interventions, are recommended. With regards to medication management, for patients with clinical cardiovascular disease, a sodium-glucose cotransporter-2 (SGLT2) inhibitor or a glucagon-like peptide-1 (GLP-1) receptor agonist with proven cardiovascular benefit is recommended. For patients with chronic kidney disease or clinical heart failure and atherosclerotic cardiovascular disease, an SGLT2 inhibitor with proven benefit is recommended. GLP-1 receptor agonists are generally recommended as the first injectable medication.

Keywords Cardiovascular disease · Chronic kidney disease · Costs · Glucose-lowering therapy · Guidelines · Heart failure · Hypoglycaemia · Patient-centred care · Type 2 diabetes mellitus · Weight management

Abbreviations			
ARR	Absolute risk reduction	DPP-4	Diabetic ketoacidosis
ASCVD	Atherosclerotic cardiovascular disease	DPP-4i	Dipeptidyl peptidase-4
CANVAS	Canagliflozin Cardiovascular Assessment Study	DSMES	Dipeptidyl peptidase-4 inhibitor
CKD	Chronic kidney disease	EMPA-REG OUTCOME	Diabetes self-management education and support
CVD	Cardiovascular disease		Empagliflozin, Cardiovascular Outcome Event Trial in Type 2 Diabetes Mellitus Patients
CVOT	Cardiovascular outcomes trial	ESRD	End-stage renal disease
		EXSCEL	Exenatide Study of Cardiovascular Event Lowering
		GLP-1	Glucagon-like peptide-1
		GLP-1 RA	Glucagon-like peptide-1 receptor agonist
		HF	Heart failure
		LEADER	Liraglutide Effect and Action in Diabetes: Evaluation of Cardiovascular Outcomes Results
		MACE	Major adverse cardiac events
		MI	Myocardial infarction
		MNT	Medical nutrition therapy
		RCT	Randomised clinical trial
		SGLT2	Sodium-glucose cotransporter-2

M. J. Davies and J. B. Buse were co-chairs for the Consensus Statement Writing Group. D. A. D'Alessio, J. Fradkin, W. N. Kerner and D. J. Wexler were the writing group members for the ADA. C. Mathieu, G. Mingrone, P. Rossing and A. Tzapas were writing group members for the EASD.

This article is being simultaneously published in *Diabetes Care* and *Diabetologia* by the American Diabetes Association and the European Association for the Study of Diabetes.

✉ Melanie J. Davies
melanie.davies@nhs.uk

Extended author information available on the last page of the article



14. Diabetes Care in the Hospital: Standards of Medical Care in Diabetes—2018

Diabetes Care 2018;41(Suppl. 1):S144–S153 | https://doi.org/10.2337/dci.18-0104

American Diabetes Association

ESC/ESH Guidelines

2018 ESC/ESH Guidelines for the management of arterial hypertension

The Task Force for the management of arterial hypertension of the European Society of Cardiology and the European Society of Hypertension

Authors/Task Force Members: Bryan Williams (ESC Chairperson) (UK)¹, Giuseppe Mancia (ESH Chairperson) (Italy)², Wilko Sjeringa (The Netherlands), Enrico Agabelli Rossi (Italy), Michel Azzi (France), Michel Burnier (Switzerland), Denis L. Clement (Belgium), Antonio Coca (Spain), Giovanni de Simone (Italy), Anna Dominiczak (UK), Thomas Kahan (Sweden), Felix Mahfoud (Germany), Josep Redon (Spain), Luis Rullope (Spain), Alberto Zanchetti (Italy)³, Mary Karins (Ireland), Sveire E. Kjeldsen (Norway), Reinhold Kneitz (Germany), Stephane Laurent (France), Gregory Y.H. Lip (UK), Richard M. Mancia (UK), Krzysztof Narkiewicz (Poland), Frank Ruschitzka (Switzerland), Roland E. Schmieder (Germany), Evgeny Shlyakhto (Russia), Costas Tsioufis (Greece), Victor Aboyans (France), and Ilana Desormais (France)

Care in Diabetes[®] aimed to provide patients, and tools for the Committee, a the Standards of medical care in Diabetes system for ADA's of Care Introduction to do so at

and with adverse (include the pre-hospital care at the hospital that

www that focus:

ycemia (blood sed in the pilot

every standards, dards for process are independently find protocols for repeated physio-

tail or no previous ris (R) can be more action and patients not have not been small knowledge management edu- diate appropriate

Journal of Hypertension 2018; 36:1983–2041
Correspondence: Bryan Williams, Institute of Cardiovascular Science, University College London, Maple House, 1st Floor, Suite A, 140 Tottenham Court Road, London W1T 7TH, UK. Tel: +44 20 7675 7907; email: bryan.williams@ucl.ac.uk; Giuseppe Mancia, University of Milano-Bicocca, Milan, Italy, and Hypertension Center Istituto Universitario Padovano di Milano, Verona (Italy). Email: g.mancia@unibicocca.it, Email: giuseppe.mancia@unibicocca.it
Bryan Williams and Giuseppe Mancia contributed equally to the document.

Professor Zanchetti declared interest in the development of these Guidelines. In March 2018, he contributed fully to the development of these Guidelines, as a member of the Guidelines' Task Force and as a section co-chair. He will not be involved in subsequent drafts.
ESC Committee for Practice Guidelines (CPG), European Society of Hypertension (ESH) Council, ESC National Cardiac Societies having participated in the review process, ESC National Hypertension Societies having participated in the review process listed in the Appendix.

ESC sections having participated in the development of the document:
Associations: European Association of Cardiovascular Imaging (EACVI), European Association of Preventive Cardiology (EAPC), European Association of Percutaneous Cardiovascular Interventions (EAPCI), European Heart Rhythm Association (EHRA), Heart Failure Association (HFA).
Councils: Council for Cardiology Practice, Council on Cardiovascular Nursing and Allied Professions, Council on Cardiovascular Primary Care, Council on Hypertension, Council on Stroke.

Working Groups: Cardiovascular Pharmacotherapy, Coronary Atherosclerosis and Intervention, e-Cardiology.
Disclaimer: The ESC/ESH Guidelines represent the views of the ESC and ESH and were produced after careful consideration of the scientific contributions of the scientific community and the evidence available at the time of their writing. The ESC and ESH are not responsible in the event of any contradiction, discrepancy and/or ambiguity between the ESC/ESH Guidelines and any other official recommendations or guidelines issued by relevant public health authorities, in particular in relation to good use of healthcare or therapeutic strategies. Healthcare professionals are encouraged to use the ESC/ESH Guidelines fully, in accordance with their clinical judgement, as well as in the determination and the implementation of preventive, diagnostic or therapeutic medical strategies. However, the ESC/ESH Guidelines do not override in any way whatever the individual responsibility of healthcare professionals to make appropriate and accurate decisions in consideration of each patient's health condition, and in close dialogue with that patient and the patient's caregiver where appropriate and necessary. Nor do the ESC/ESH Guidelines exempt healthcare professionals from taking careful and full consideration of the relevant official updated recommendations or guidelines issued by the competent public health authorities in order to manage each patient's case in light of the scientific evidence published subsequent to their respective medical and professional obligations. In the absence of health professional responsibility towards the applicable laws and regulations, the ESC and ESH disclaim any liability in the event of prescription.

The content of these European Society of Cardiology (ESC) and European Society of Hypertension (ESH) Guidelines has been published for personal and educational use only. No commercial use is authorized. No part of the ESC/ESH Guidelines may be translated or reproduced in any form without written permission from the ESC or ESH. Permission can be obtained upon submission of a written request to Blackwell Science Health, Inc., the publisher of the Journal of Hypertension and the European Heart Journal.

This article has been published in the European Heart Journal (doi: 10.1093/eurheartj/ehy019) and the Journal of Hypertension (doi: 10.1093/eurheartj/ehy019), and in a shortened version in the British Medical Journal (doi: 10.1136/bmj.m1111). The European Society of Cardiology and the European Society of Hypertension. The article in the European Heart Journal and the Journal of Hypertension are identical except for minor editing and spelling differences in keeping with each journal's style. Any citation can be used when citing this article.

Received 8 August 2018; Accepted 9 August 2018
J Hypertens 36:1983–2041 Copyright © 2018 Wolters Kluwer Health, Inc. All rights reserved.
DOI:10.1097/HJT.0000000000000940



EFIM
www.efim.org

Aim

To adapt the existing European Guidelines that relate to our work in the Internal Medicine departments and outpatient services to our daily clinical practice.



EFIM
www.efim.org

List of representatives			
Chair	Dror	Dicker	ISRAEL
Co-Chair	Nicola	Montano	ITALY
Dr.	Francisco	Araújo	PORTUGAL
Prof.	Cecilia	Becattini	ITALY
Prof.	Jan	Bergman	SWEDEN
Prof.	Sebastjan	Bevc	SLOVENIA
Dr.	Ewelina	Biskup	SWITZERLAND
Prof.	Jörg	Bojunga	GERMANY
Prof.	Anne	Bourgarit	FRANCE
Prof.	Piotr	Gajewski	POLAND
Dr.	Mouna	Gourine	ALGERIA
Dr.	Valentin	Kokorin	RUSSIA
Dr.	Mark	Lander	UK
Prof.	Wiktoria	Lesniak	POLAND
Prof.	Dragan	Lovic	SERBIA
Dr.	Aleksandar	Manolev	MACEDONIA FYR
Dr.	Ignacio	Marín León	SPAIN
Dr.	Alberto	Marra	ITALY
Dr.	Laura	Morbidoni	ITALY
Dr.	Javier	Pollán	ARGENTINA
Prof.	Jacques	Pouchot	FRANCE
Prof.	Alexander	Rosenkranz	AUSTRIA
Prof.	Trond	Vartdal	NORWAY
Dr.	Serhat	Unal	TURKEY

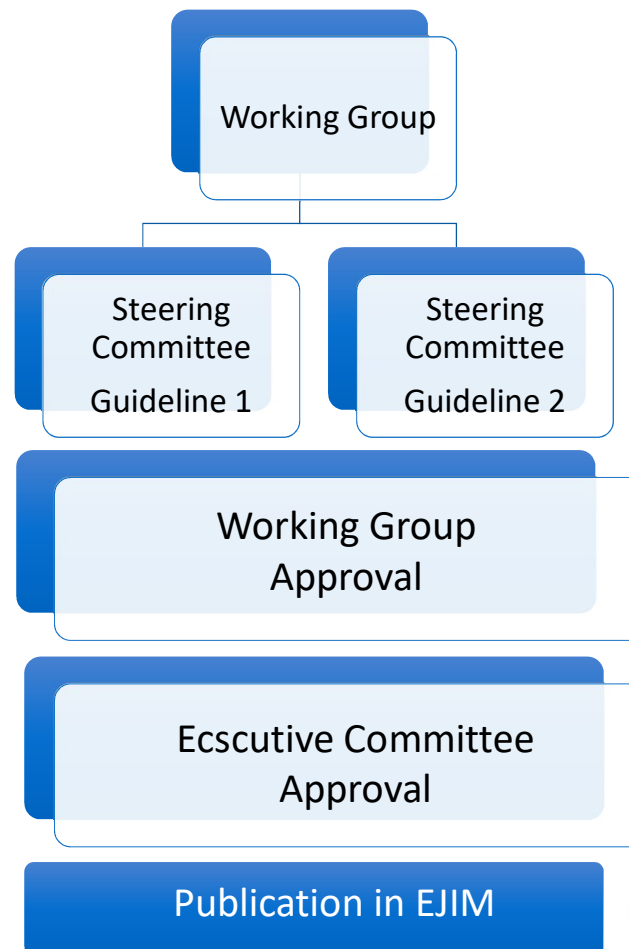
Proposed WG work flow

- WG decision on the 2 Guideline Appraisal Issues yearly
- WG nominate a Steering Committee for the GA.
 - 2-3 Members from WG
 - 2-3 European expert on the GA issue.
- The proposed GA will discussed and approved in the WG meeting.
- The proposed GA will discussed and approved in the EC meeting.
- The approved GA will be present YEARLY at ECIM & ESIM in a special session of Guideline Appraisal
- Publication in EJIM



EFIM
www.efim.org

Proposed WG work flow



EFIM
www.efim.org

Method of Appraisal the Guideline

- Developing a methodological tool – Sept
- Develop the qu2 Topics:
 - Atrial Fibrillation
 - Community Acquired Pneumonia
- estions – June
 - Nominate the steering committee
- ECIM 2020



EFIM
www.efim.org