Therapeutic Guidelines

Digital guidelines: implications for clinicians and future guidelines

Dr Sue Phillips
Chief Executive Officer

Therapeutic Guidelines Ltd today

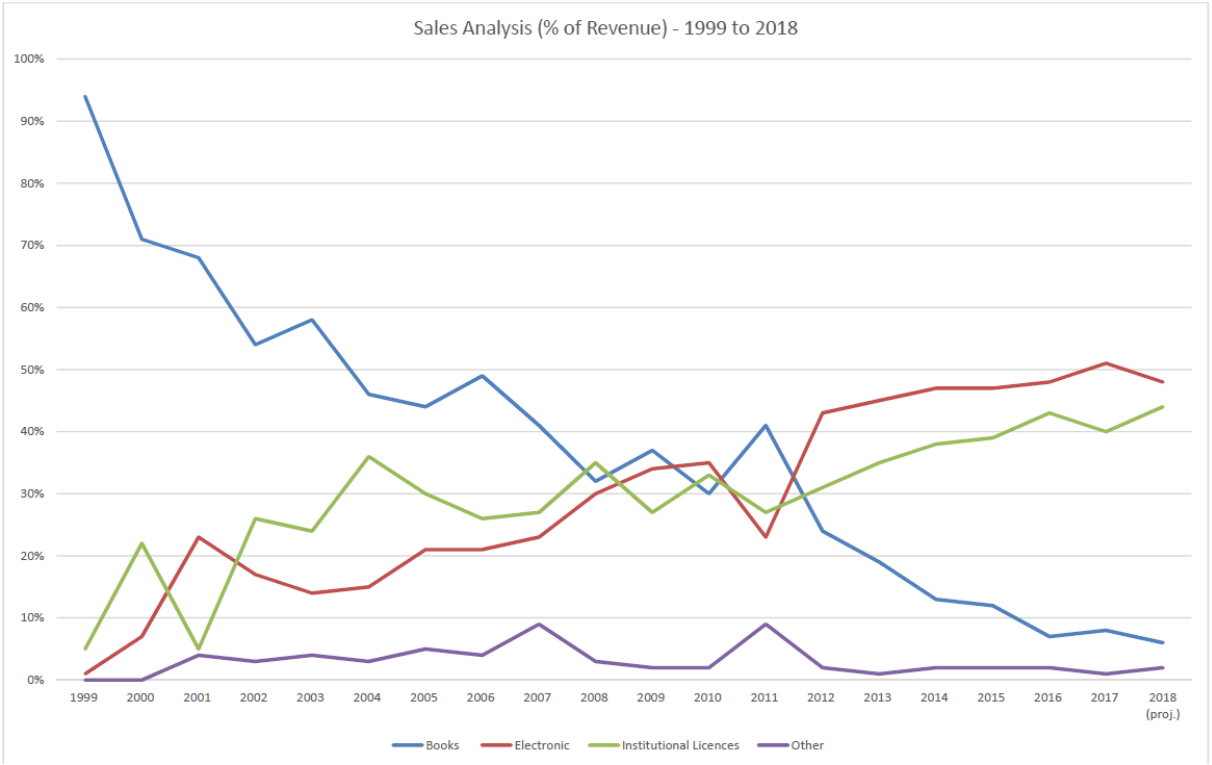
- 22 year history as a company
- Not-for-profit and independent
- Primary focus is on reviewing and updating guidelines
- Provides complimentary subscriptions, books, apps and guideline development training to LMIC
    - Funding support from Therapeutic Guidelines Foundation since 2015 (www.tgfl.org.au)
- Provides grants for clinicians to undertake research in primary care (foundation.racgp.org.au)

Therapeutic Guidelines

Transition from books to digital

THERAPEUTIC GUIDELINES LTD

MITCHELL | PARTNERS



What clinicians want from guidelines*

- Clear and concise treatment advice
- Up to date advice
- Quick and easy to find
- Alternative treatment information
- Portable and easy to access
- Comprehensive
- Trusted advice

*2017 Survey of 450 GPs, junior doctors, hospital and community pharmacists

Therapeutic Guidelines

Implications for guideline production

- Move from time-driven to evidence-driven update cycles
  - Update fast moving topics earlier
  - Increase size of production team
- Develop new eTG complete production and publication platform
- Write content for digital users
  - Implications for guidelines

Therapeutic Guidelines

Digital transformation

Final Word manuscript

Typesetting

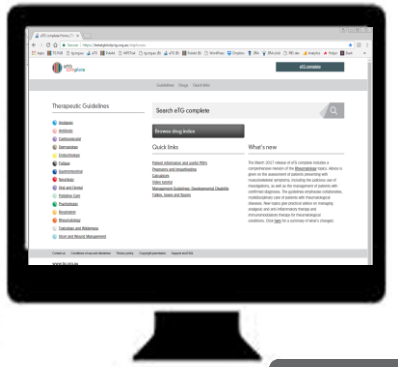
Printed products

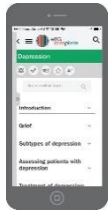
GEMS
Guideline Editing and Management System

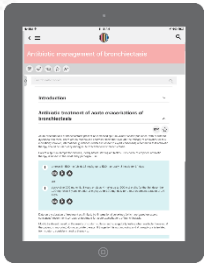
TG Edit (eTG topics)

+

Other content (Expert Group info etc)





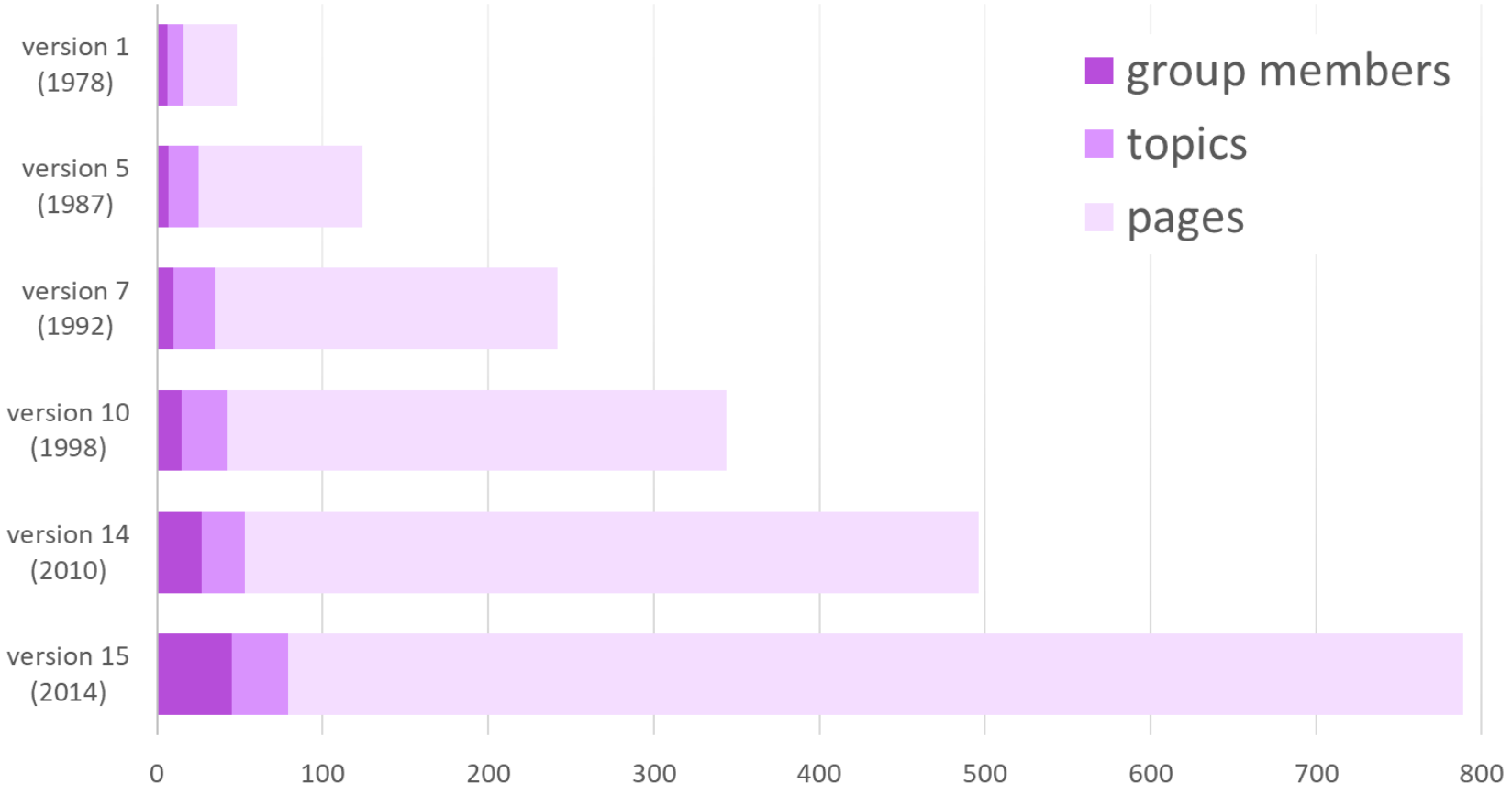


Digital products:

- **eTG complete desktop online & offline**
- **eTG complete app online & offline**

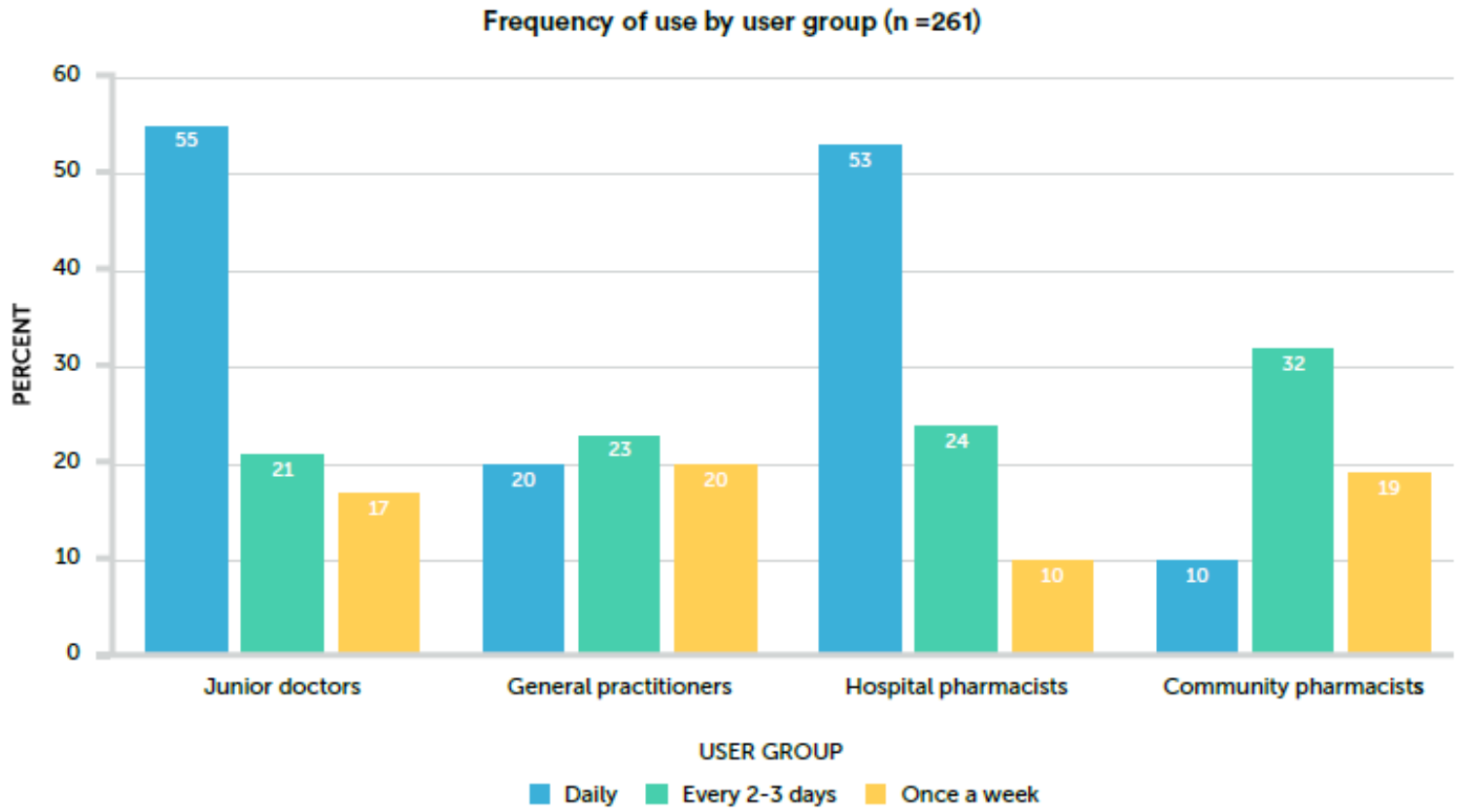
Therapeutic Guidelines

Implications for antibiotic guidelines



Implications for clinicians: use guidelines on a daily basis*

*2017 Survey of GPs, junior doctors, hospital and community pharmacists



Future directions

- Upgrade eTG complete search function
- Embed decision aids into guidelines
- Use audio-visuals to explain what's new
  - Webinars
  - Podcasts
- Summarise common primary care indications
- Provide self-directed learning materials
  - MCQ
  - Case studies
- Integrate guidelines into electronic records
  - General practice EMRs (TGL/NCAS/UoM collaboration)
  - Hospital EMRs

Therapeutic Guidelines

Shared decision aid –acute bacterial rhinosinusitis –Antibiotic v16

Shared decision making for antibiotic therapy in acute bacterial rhinosinusitis (Box 2.5)

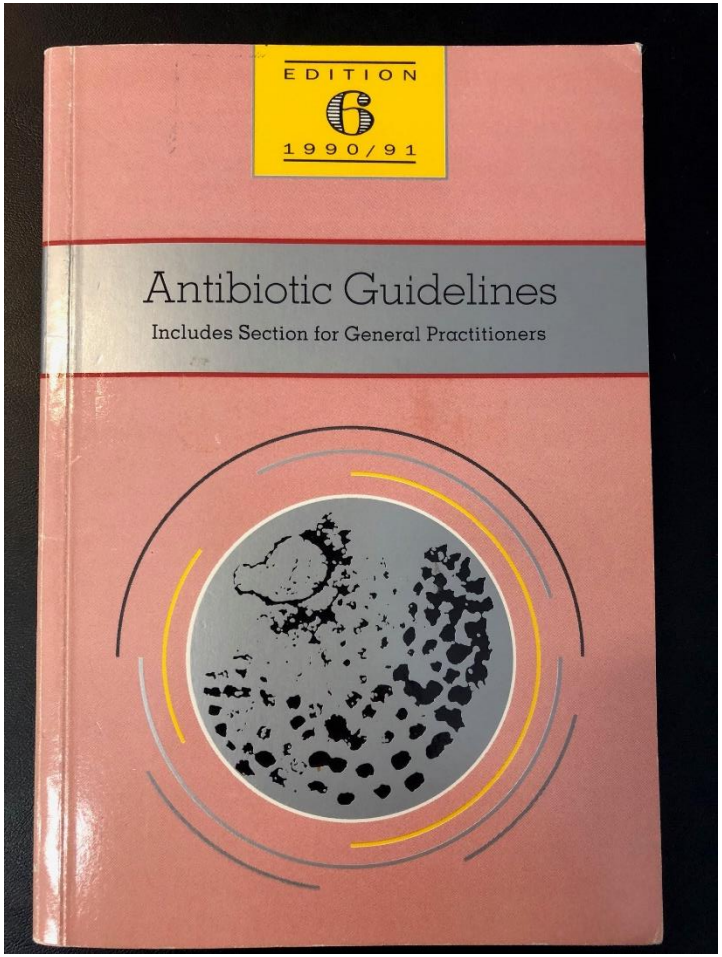
To engage in shared decision making with patients and carers:

- Reassure the patient or carer that acute bacterial rhinosinusitis is usually a self-limiting condition. Complications are rare and the use of antibiotics for acute bacterial rhinosinusitis does not prevent complications.
- Ask about the patient or carer's expectations for management of acute bacterial rhinosinusitis.
- Explain that there are two treatment approaches:
  - #[Symptomatic therapy] alone with follow-up if symptoms worsen or do not improve. A delayed prescription for antibiotic therapy can be offered if the patient will not be able to return.
  - #[Symptomatic therapy] with an immediate prescription for antibiotic therapy.
- Explain that symptoms of acute bacterial rhinosinusitis usually resolve or improve within 7 to 14 days without antibiotic therapy. Acknowledge that symptoms impact day-to-day functioning and that this is frustrating, but #[symptomatic therapy] is most useful for managing this.
- Discuss the limited benefits of antibiotic therapy, even when a bacterial cause is likely.
  - Antibiotics increase the rate of symptom improvement 3 and 7 days after initiation, but at 10 days, there is no difference in improvement between patients treated with or without antibiotics.
- Discuss the potential harms of antibiotic therapy.
  - Adverse effects of antibiotics include diarrhoea, rash or more serious hypersensitivity reactions. Antibiotics disrupt the balance of bacteria in the body (the microbiome). While the consequences of this are not fully understood, it can cause problems ranging from yeast infections (eg thrush) through to more serious infections (eg *Clostridium difficile*). Antibiotics can also cause bacteria in the body to become resistant to antibiotics so that future infections are harder to treat. Multidrug-resistant bacteria (known as "superbugs") can be spread between people, affecting your family and the community.
  - For every 8 patients treated with antibiotics, one patient will experience an antibiotic adverse effect.
- Ask about the preferences, values and concerns of the patient or carer, and answer any remaining questions.
- Make a joint decision about whether to use symptomatic therapy alone or combine symptomatic therapy with antibiotic therapy [NB1]; if a decision is made to use antibiotic therapy, see #[Antibiotic regimens] for treatment recommendations.
- Discuss criteria for patient follow-up and reassessment. Ask the patient to return for review and re-assessment of the diagnosis in 5 days if symptoms do not improve, or earlier if symptoms worsen (particularly in relation to fever) or if symptoms suggestive of complications develop (facial redness, change in vision or severe headache).

NB1: For patient information on symptom management, see the NPS MedicineWise *Respiratory Tract Infection Action Plan* and/or *Childhood Respiratory Tract Infection Fact Sheet: What every parent should know* <www.nps.org.au/medical-info/clinical-topics/reducing-antibiotic-resistance#resources>.

BOND UNIVERSITY

Antibiotic v6: section for GPs



Thank you to so many:

expert group members,
staff,
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past and present

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