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EDITORIAL

Guidelines in otorhinolaryngology: a critical view☆

Guidelines em otorrinolaringologia: uma visão crítica

Over the last two decades, evidence and systematic review have been the keystones of guideline development. Evidence-based medicine was defined by Sacket et al. as ''the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients''.[1] This practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. The GRADE approach (http://www.gradeworkinggroup.org) points to the importance of an estimate of the intervention effect and the confidence that the estimate is correct, and was the first to stress the balance of desirable and undesirable effects. Over 20 organizations, including the World Health Organization (WHO), the BMJ, and the Cochrane Collaboration have adopted the GRADE system. In the last decade, the Appraisal of Guidelines for Research & Evaluation (AGREE) Instrument (http://www.agreetrust.org) was developed to address the quality of practice guidelines in a systematic way.

Several evidence-based guidelines have been developed within otorhinolaryngology, both at national and international levels.[2–4] However, we are still far from evidence-based practice in our daily work.[5,6] Although it has been shown that adhering to guidelines significantly improves the quality of life of our patients, there has also been ample proof that adherence to guidelines is often insufficient.[7] This editorial attempts to evaluate potential reasons why we do not use guidelines as much as we should.

One of the major issues is that we are still not able to develop worldwide guidelines; there can be significant difference in the guidelines on the same topics produced by different countries. Aarts et al. demonstrated that the guidelines on a similar topic may show dissimilarities regarding conclusions, levels of evidence, and citations used.[8] This reduces the credibility of such guidelines. Although we are aware of differences in health care systems, it is imperative to have guidelines that are methodologically impeccable, are acknowledged worldwide, and that account for potential regional differences. Thus, currently when using guidelines, the clinician has to personally ascertain their quality. The AGREE instrument is a useful aid in this aspect.

Moreover, the clinician has to realize that often the evidence on which the guidelines are based is not overwhelming and in some situations a high level of evidence is very difficult or impossible to achieve. For instance, the number of randomized surgical trials is expected to remain very limited. When evidence is scarce and/or of limited quality, the authors of guidelines often try to advise based on the limited evidence available, but the limitations of their foundations are often not appreciated when elaborate diagnostic or treatment schemes are presented. The opposite is also often true: guidelines may give the answers to a long list of questions without providing guidance and orientation, making them very difficult to read and digest, thus hampering their use in daily practice. Finally, when treating our patients it is important to realize that the available evidence may be accumulated in a different population group than that of the patient: trials often exclude patients with certain characteristics, such as smokers, children and patients over 65, or pregnant woman.

Lastly, we should keep in mind that medicine is an ever-evolving field. Guidelines are updated regularly in light of new evidence and we must ensure that we use the latest guidelines in our daily practice.

If the reader interprets this editorial as an argument against using guidelines, he/she is mistaken. Guidelines are a great help in our daily practice and provide support for those who are not willing or able to study all available literature. In most countries, deliberately deviating from guidelines has to be acknowledged in the patient notes and justified for good reason. However, we have to avoid to using a guideline as a cookbook for our patients and always remember the wise words of Sacket: ''Evidence-based medicine is the conscientious, explicit, and judicious

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use of current best evidence in making decisions about the care of individual patients.''

Conflicts of interest

The authors declare no conflicts of interest.

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