National standards and locally adapted clinical practice guidelines (CPG) for the control of iron deficiency anaemia: Making the “adaptation” more useful for policy-makers.

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Rationale: Resources for “de novo” elaboration of high quality guidelines in developing countries are scarce. Local adaptation processes should involve stakeholders and be systematic and transparent. The National Ministry of Health (MoH) covers 11 million people with free provision of essential drugs for prevention and treatment of diseases, such as iron deficiency anaemia (IDA). Objectives: to report the results of applying an evidence-based framework (EBF) for local adaptation of existing guidelines for the prevention and treatment of IDA, in Argentina. Methods: a stepwise approach was used: 1) selection of a priority topic; 2) formulation and prioritization of structured clinical questions (CQ); 3) systematic searching of existing CPG and systematic reviews (SR); 4) quality assessment; 5) identification of recommendations that respond to CQ; 6) adaptation of recommendations upon established criteria; 7) external validation; 8) endorsement by official authorities. Results: The scope and 26 clinical questions (CQ) were defined by an interdisciplinary team. Twenty-five CPG were found but only 5 had the minimum quality criteria to be included in the adaptation process. Two CQ were answered by CPG and SR. Another 14 CQ were partially answered, requiring a partial elaboration of the recommendation. Ten CQ required “de novo” elaboration, as no evidence was found. Conclusions: This CPG was prepared by the National Academy of Medicine without any conflict of interest. The government has the main responsibility to implement the CPG through primary health care centers. This is the first time the MoH is involved in an EBF for local adaptation.