Bijlage 2 - Format standaard formuleringen SWAB richtlijn

1 Introduction

The Dutch Working Party on Antibiotic Policy (SWAB), established by the Dutch Society for Infectious Diseases , the Dutch Society for Medical Microbiology and the Dutch Association of Hospital Pharmacists, coordinates activities in the Netherlands aimed at optimization of antibiotic use, containment of the development of antimicrobial resistance, and limitation of the costs of antibiotic use. By means of the evidence-based development of guidelines, SWAB offers local antibiotic and formulary committees a guideline for the development of their own, local antibiotic policy. SWAB yearly reports on the use of antibiotics, on trends in antimicrobial resistance and on antimicrobial stewardship activities in The Netherlands in NethMap (available from www.swab.nl), in collaboration with the National Institute for Public Health and the Environment (RIVM-CIb).

2 Purpose and scope of this guideline

3 Methodology of developing this guideline

The guideline was written according to the Appraisal of Guidelines for Research & Evaluation (AGREE) instrument.[1] In addition to the AGREE instrument, the Guideline committee followed a guideline development process comparable to that of the Infectious Diseases Society of America (IDSA), which includes a systematic method of grading both the quality of evidence (very low, low, moderate, and high) and the strength of the recommendation (weak or strong).[2]

The quality of evidence per outcome variable was graded according to the GRADE (Grading of Recommendations Assessment, Development and Evaluation) system, adopted by SWAB. Quality of evidence is determined by several factors, the most important of these being study design (Figure 1)[3]. The remaining factors (e.g. Risk of Bias) can downgrade or upgrade the quality of evidence based on design. For example, an observational study with a serious risk of bias is considered to have a very low quality of evidence. The quality of evidence is indicated with an asterisk (*) when no evidence was obtained from the literature.
In the final step of the process recommendations were made.
The strength of recommendations was graded as Strong or Weak, taking the quality of evidence, patients' values, resources and costs, and the balance between benefits, harms and burdens into account (Figure 1)[4]. The SWAB Stewardship Guideline committee and for example the WHO are of the opinion that a low quality of evidence does not necessarily lead to a weak recommendation [2,5]: for example, little evidence supports taking blood cultures or cultures from suspected sites of infection, but the Guideline committee nevertheless strongly recommends to take cultures. Likewise, strong evidence for a certain intervention can sometimes nevertheless result in a weak recommendation.

The reasons for the guideline committee to give strong or weak recommendations are discussed for each recommendation in the section: Other considerations, where applicable divided into patients' values, resources and costs, and the balance between benefits, harms and burdens.
When scientific verification could not be found, recommendations were formulated on the basis of the opinions and experience of the members of the Guideline committee. Notably, conclusions regarding costs had to be carefully approached. Since cost is a variable that is highly subjective to the setting and time of research, it is difficult to translate the effects of the included studies to the current healthcare environment in the Netherlands.

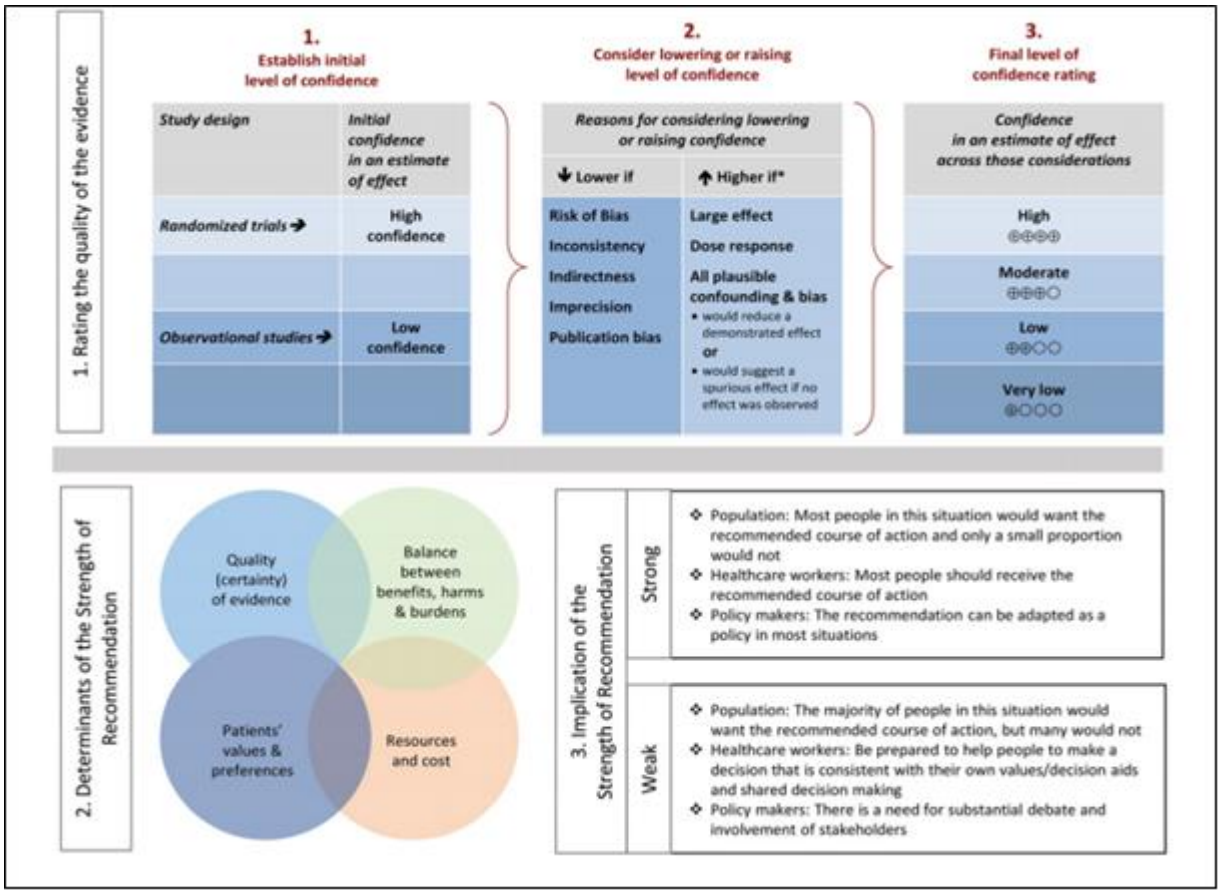

Figure 1 Approach and implications to rating the quality of evidence and strength of recommendations using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology[2,3]

Preparation of the guideline text was carried out by a multidisciplinary committee consisting of experts delegated from the professional societies for Infectious Diseases (VIZ), Internal Medicine (NIV), Medical Microbiology (NVMM), Hospital Pharmacy (NVZA), and the Societies for……
After consultation with the members of these professional societies, the definitive guideline was drawn up by the delegates and approved by the board of SWAB.

4 Implementation

After final approval, the SWAB guidelines are published at www.swab.nl, and an executive summary is published in a peer-reviewed journal. The new guidelines form the basis of the treatment recommendations in the online national antimicrobial guide (SWAB-ID) for the prophylaxis and treatment of infectious diseases in hospitals. SWAB-ID is updated at least twice yearly, incorporating all SWAB guideline recommendations. Every hospital in the Netherlands has been offered the opportunity to obtain a custom, localized version of SWAB-ID as a local or regional online antimicrobial guide. Updates of the national version of SWAB-ID, including new guidelines, are distributed to the localized SWAB-ID guides. The implementation of national and local SWAB-ID antimicrobial guidelines and adherence to the recommendations are secured by the national Antimicrobial Stewardship Program that has been established by SWAB, the Health Inspectorate (IGZ) and the Ministry of Health (VWS) since 2013. In each hospital, an Antimicrobial Stewardship Team (A-team) is charged with implementation and monitoring of guidelines on a daily basis. Adherence to guidelines and recommendations is reported to the SWAB National Stewardship Monitor.

5 Funding and Conflict of Interest

For the development of this guideline, the SWAB was funded by the National Institute for Public Health and the Environment (RIVM-CIb), the Netherlands.

The SWAB employs strict guidelines with regard to potential conflicts of interests, as described in the SWAB Format for Guideline Development (www.swab.nl). All members of the guideline committee complied with the SWAB policy on conflicts of interest, which requires disclosure of any financial or other interest that might be construed as constituting an actual, potential, or apparent conflict. Members of the guideline committee were provided the SWAB conflict of interest disclosure statement and were asked to identify ties to companies developing products or other parties that might be affected by the guideline. Information was requested regarding employment, honoraria, consultancies, stock ownership, research funding, and membership on company advisory committees. The panel made decisions on a case-by-case basis as to whether an individual's role should be limited as a result of a conflict.

Potential conflicts are listed at the bottom of the guideline.

6 Applicability and Validity

The guideline articulates the prevailing professional standard in …..and contains general recommendations for the antibiotic treatment of hospitalized adults. It is likely that most of these recommendations are also applicable to children, but this has not been formally evaluated. It is possible that these recommendations are not applicable in an individual

patient case. The applicability of the guideline in clinical practice is the responsibility of the treating physician. There may be facts or circumstances which, in the interest of proper patient care, non-adherence to the guideline is desirable.

SWAB intends to revise their guidelines every 5 years. The potential need for earlier revisions will be determined by the SWAB board at annual intervals, on the basis of an examination of current literature. If necessary, the guidelines committee will be reconvened to discuss potential changes. When appropriate, the committee will recommend expedited revision of the guideline to the SWAB board.

Therefore, in …. or earlier if necessary, the guideline will be reevaluated.

References

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4. McMurray JJ, Adamopoulos S, Anker SD, et al. ESC guidelines for the diagnosis and treatment of acute and chronic heart failure 2012: The Task Force for the Diagnosis and Treatment of Acute and Chronic Heart Failure 2012 of the European Society of Cardiology. Developed in collaboration with the Heart Failure Association (HFA) of the ESC. *European journal of heart failure* 2012; 14: 803-69.
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