

Recommendations for the diagnosis and management of osteoporosis

To the Editor: I read with interest the recommendations for the diagnosis and management of osteoporosis by Hussein Raef et al published in the July/August 2004 issue. I have several concerns about the methodology used in the synthesis of these recommendations. First, the authors did not provide any systematic method for searching the literature, which makes these recommendations prone to bias in the selection of included studies. In addition, the authors did not provide any description of included and excluded studies. Second, there is no linkage of the recommendations to their level of evidence. This issue is a key feature of high quality Clinical Practice Guidelines (CPGs), as recommendations that are based on expert opinion are not as valid as recommendations based on level 1 evidence.¹ It has been shown that when health care providers accept and follow CPGs, they have the potential to improve both the process of care and patient health outcomes.^{2,3} However, concerns about the quality of guidelines might limit their acceptance and application by health care providers.⁴ The cost and resources needed for the development of CPGs is huge and few practices have the resources and skills to develop valid high quality guidelines.⁵ The overall cost can be considerably reduced if guideline developers “locally adapt” high quality guidelines as a basis for producing their own guideline. There is a growing recognition that national guideline developers do not need to duplicate efforts and waste resources in the development of CPGs. Several developed countries (e.g., New Zealand, Germany, and Iceland) encourage local adaptation of international good quality guidelines to avoid duplication of work and cost involved in guidelines development. Local adaptation of CPGs addresses

local clinical issues and circumstances and gives a sense of ownership of the clinical guidelines. The Guideline International Network (GIN) suggested a comprehensive methodology for the local adaptation of clinical guidelines.⁶ There are several high quality osteoporosis guidelines that follow high methodological standards available in the literature.^{7,8} If the authors tried to “locally adapt” these high quality guidelines they would save significant time and resources, and they would produce a much more useful guidelines for practitioners in Saudi Arabia. This is not limited to osteoporosis guidelines; wherever possible, all Saudi guideline developers should work on the local adaptation of existing good quality guidelines.

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Reply

To the Editor: We have carefully read Dr. Alkhenizan's comments regarding our article. He makes valid points for structuring evidence-based guidelines, and we certainly agree with the importance of linking recommendations to their level of evidence. Our article, however, was meant as a summarized document to help our local physicians in assessing and treating patients with suspected or documented osteoporosis. The methodology, therefore, was only briefly mentioned. The task force members had indeed reviewed most of the major published international guidelines, including the Canadian guidelines that Dr Alkhenizan mentioned. We also reviewed guidelines made by other reputable groups like the US Preventive Services Task Force and the NIH (see references 2, 15, 29, and the list of guidelines and reviews on the same page). The major drug trials were also reviewed (references 3, 4, 5, 18, 24, 26, 27, 28), in addition to an important recent meta-analysis of all available drugs (references 19 and 25). The level of evidence in each of these international recommendations—whenever available—was noted. Our task force recommendations were therefore based on the above review of evidence, not on subjective experience, and only those recommendations with high level of evidence were considered.

We might differ from other guidelines, however, by taking local data and local culture into account. We have reviewed most data available from the region and incorporated the information in our final recommendations. Although high quality guidelines for certain diseases might well serve physicians in many different regions, we argue that this is not the case in osteoporosis! Indeed, a blind adoption of an international recommendation without taking in account local data and circumstances might have adverse consequences on patients