

# How to identify and interpret ERBP guideline recommendations

Instructions for guideline translators



Recommendations form the core of any clinical practice guideline, and therefore require special attention during the process of translation.

For recommendations that are 'graded', ERBP uses a standardised terminology. This terminology is linked to a specific meaning, and should therefore be maintained and used consistently in the translated guideline.

This presentation helps you identify recommendations within the guideline document, recognise 'graded' recommendations, and interpret their intention and meaning.

# Identifying recommendations in the guideline

## Recommendations are

- **summarised at the beginning of a section;**
- **presented in a box;**
- **preceded by a number, which includes the section number;**
- **followed by a 'grade' (for example, 1B, 2C, not graded).**

# Identifying recommendations in the guideline

Beginning of a section



**7.4.4. Patients with reduced circulating volume**

Followed by a grade



7.4.4.1. We recommend restoring extracellular volume with i.v. infusion of 0.9% saline or a balanced crystalloid solution at 0.5–1.0 ml/kg per h (1B).

7.4.4.2. Manage patients with haemodynamic instability in an environment where close biochemical and clinical monitoring can be provided (not graded).

Preceded by a number



7.4.4.3. In case of haemodynamic instability, the need for rapid fluid resuscitation overrides the risk of an overly rapid increase in serum sodium concentration (not graded).

Presented in a box



Followed by a grade



# Grading of recommendations

**Recommendations can be *graded* or *not graded*. The ‘grade’ is stated in parenthesis at the end of each recommendation.**

Example of a *graded* recommendation

- A grade consists of a number (1 or 2) and a letter (A to D)
- Graded statements use a standardised terminology

6.2.1.1. We recommend excluding hyperglycaemic hyponatraemia by measuring the serum glucose concentration and correcting the measured serum sodium concentration for the serum glucose concentration if the latter is increased (1D).

Example of an *ungraded* recommendation

- Recognisable by the text ‘not graded’
- Ungraded statements do not use a standardised terminology

7.2.1.2. Stop, if possible, medications and other factors that can contribute to or provoke hyponatraemia (not graded).

# Ungraded recommendations

Grade	'not graded'
Terminology	No standardised terminology, but <b>they cannot contain words (that are similar to words) like 'recommend', 'suggest', 'should', 'must', 'have to', etc.</b>
Meaning	Simple declarative statements that are not meant to be interpreted as being stronger recommendations than those graded '1' or '2' (see next slide). They typically refer to monitoring intervals, counselling, and referral to other specialists.

Example:

7.1.1.4. Manage patients with severely symptomatic hyponatraemia in an environment where close biochemical and clinical monitoring can be provided (not graded).

# Graded recommendations

- Graded recommendations are either strong (graded '1') or weak (graded '2').
- Strong and weak recommendations have different implications for the stakeholders (see table below; adapted from Guyatt et al. BMJ 2008).

Grade	Implications		
	Patients	Clinicians	Policy
1. Strong 'We recommend'	Most people in your situation would want the recommended course of action, only a small proportion would not	Most patients should receive the recommended course of action	The recommendation can be adopted as policy in most situations
2. Weak 'We suggest'	Most people in your situation would want the recommended course of action, but many would not	You should recognise that different choices will be appropriate for different patients You must help each patient to arrive at a management decision consistent with her or his values and preferences	Policy making will require substantial debate and involvement of many stakeholders

[Note: The letters A to D, which form the second part of a grade, reflect the quality of the underlying evidence. They do not affect recommendations' terminology, and can therefore be disregarded in the context of guideline translation]

# Graded recommendations

- **There is a standardised terminology for all graded recommendations. This terminology should be maintained and used consistently in the translated guideline.**
- **The terminology depends on if the recommendation**
  - is *strong* or *weak*;**
  - is *for* or *against* a certain treatment strategy;**
  - refrains from recommending a certain treatment strategy or not.**

# *Strong* recommendations for a certain strategy

Grade	'1', followed by any letter
Terminology	We recommend...
Meaning	Most physicians and patients would <b>definitely do it</b> if they knew all evidence

Example:

6.2.1.1. We recommend excluding hyperglycaemic hyponatraemia by measuring the serum glucose concentration and correcting the measured serum sodium concentration for the serum glucose concentration if the latter is increased (1D).

# *Strong* recommendations *against* a certain strategy

Grade	'1', followed by any letter
Terminology	We recommend against...
Meaning	Most physicians and patients would <b>definitely don't do it</b> if they knew the evidence

Example:

7.4.2.3. We recommend against vasopressin receptor antagonists (1C).

# *Strong* recommendations that *explicitly refrain* from recommending (against) a certain strategy

Grade	'1', followed by any letter
Terminology	We do not recommend...
Meaning	No specific recommendation can be made, as the supporting evidence is conflicting or uncertain.

Example:

7.4.3.4. In moderate hyponatraemia, we do not recommend vasopressin receptor antagonists (1C).

# Weak recommendations *for* a certain strategy

Grade	'2', followed by any letter
Terminology	We suggest ...
Meaning	Many physicians and patients would <b>probably do it</b> if they knew the evidence, but many would probably not.

Example:

6.3.1.5. If urine sodium concentration is >30 mmol/l, we suggest assessing extracellular fluid status and use of diuretics to further differentiate likely causes of hyponatraemia (2D).

# Weak recommendations *against* a certain strategy

Grade	'2', followed by any letter
Terminology	We suggest against ...
Meaning	Many physicians and patients would <b>probably don't do it</b> if they knew the evidence, but many probably would.

Example:

6.3.1.6. We suggest against measuring vasopressin for confirming the diagnosis of SIADH (2D).

# Weak recommendations that *explicitly refrain* from suggesting (against) a certain strategy

Grade	'2', followed by any letter
Terminology	We do not suggest ...
Meaning	No specific suggestions can be made, as the supporting evidence is conflicting or uncertain.

[No example available in the hyponatraemia guideline]