

OPINION ARTICLE

Clinical Practice Guidelines in Dermatology

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Since its beginnings, medical practice has been based mostly on the so-called clinical eye, which is nothing more than the personal judgment and experience of each professional. There is a well-known Spanish saying—"every master has his book." This statement is largely true, for we sometimes take clinical decisions based mainly on our own experience with similar cases. In the last 20 years there has been a shift towards the incorporation of evidence-based medicine into decision making. In our daily practice we often have to choose among diagnostic and therapeutic options in a short time and under the influence of multiple health-care related factors. During a normal consultation, dermatologists are faced with a large number of questions concerning the clinical process. For example, when dealing with a patient with vitiligo we may entertain several doubts: Will I need a biopsy to confirm diagnosis? Should I order blood tests? Should it be treated? Is it worth treating? And, if so, how should I begin treatment and how long should I wait for a therapeutic response? Uncertainties such as these come up often in dermatological practice.

Furthermore, it is not uncommon for us to have an occasional difficulty in resolving such questions, perhaps because our knowledge of a particular disease is not up to date. We may even unknowingly make an erroneous clinical decision.

We see, then, that there are many conditions for which different dermatologists may have different opinions as to what therapeutic option or diagnostic strategy to adopt. Dermatologists may indeed adopt different approaches to a given disease and a given patient, and this may lead to a certain variability in clinical practice.

If we were to analyze more carefully the possible causes of such unjustified variations, we would find that they are due chiefly to ignorance or failure to update scientific evidence regarding different conditions. The large number of scientific publications available makes it difficult to acquire adequate knowledge to practice medicine based on updated evidence. External pressures or limitations in services offered or resources available may also account for

this variability. Thus, if a certain diagnostic technique or treatment is not available in a given health care center, another alternative is used. The opposite can occur as well. The wide availability of some diagnostic or therapeutic techniques may lead to their excessive use, as occurs with some dermatological treatments of dubious efficiency.

There are several tools designed to minimize as much as possible this unjustified variability and to help in clinical decisions. Among them are clinical practice guidelines (CPGs).

CPGs are documents in which specific questions concerning a particular disease are addressed and in which the best existing scientific evidence on the condition is organized so as to produce recommendations that can be used flexibly when making clinical decisions. Their purpose, then, is not to limit the decisions of health care professionals, but to help them to choose the best possible alternative.

Perhaps the most widely used definition of a CPG is the following: "a set of systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances." CPGs are tools designed to solve problems, not to create them. For this reason, it is important to know when there is a need to develop and use CPGs and when there is not.

But the need to reduce variability in clinical practice is not the only reason for developing and implementing CPGs. Another reason is that they promote efficiency, improving quality and optimizing available health care resources, and are therefore very much appreciated by health care authorities and administrations.

Thus, most contract programs include the creation, implementation, and evaluation of such tools within their quality objectives for health care. For this reason, the administrators of many health care facilities have shown interest in having their various departments use guidelines, protocols, and clinical pathways. The Spanish Ministry of Health and Consumer Affairs has also come out clearly in favor of the use of CPGs in the Spanish national health service, and their use is a priority among the strategic lines of actions outlined in the Spanish National Quality Plan approved in 2006. We see, then, that CPGs are extremely useful for health care professionals and health care managers and administrations.

Information on CPGs is readily available online and in scientific publications. However, despite the considerable number of CPGs currently available, the majority of those

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published in Spain still fall short of the requirements for those based on scientific evidence. Among these requirements are validity, reliability, flexibility, reproducibility, clinical applicability, clarity, and development by a multidisciplinary team of professionals. It is no use having excellent CPGs for the management of a particular disease if they cannot be adapted to individual patient characteristics and to local circumstances, or if they cannot be implemented due to a lack of human or material resources. For these reasons, the creation of CPGs with sufficient quality is a laborious and complicated task. As an example, of the 368 guidelines submitted for inclusion in the Ministry of Health and Consumer Affairs' Health Guide project, which includes a catalog of GPCs, only 42 met the minimal quality criteria for inclusion.

The problems regarding CPGs in our specialty are similar. The number of guidelines published in dermatology is quite limited, and in most cases they have been drafted by primary care teams with scant participation on the part of specialists or dermatology departments. It should be pointed out that in the aforementioned national project, only 2 CPGs are in our specialty, and that on the web page of the Spanish Academy of Dermatology and Venereology (SADV), there is only 1. I have no doubt that many more exist, but they are of little significance if we cannot disseminate and implement them. Sometimes the problem is a conceptual one, and the term "guidelines" is applied to documents that are really algorithms or internal action protocols for health care units.

The use of CPGs is not the only way to decrease variability and ensure uniformity in our approach to each patient and each condition. There are other tools, such as protocols and clinical pathways, whose purpose is to facilitate decision making with respect to a particular disease. The problem with protocols, widely used in some hospitals, is their

regulatory nature, which may generate rejection among professionals. Another problem is the fact that they are sometimes developed according to functional criteria rather than being based on the available scientific evidence. Clinical pathways are useful in diseases with a predictable course, and their usefulness is limited to specific procedures, especially surgery. In the majority of skin diseases, which follow a chronic course with exacerbations and largely unpredictable outcomes, their usefulness is indeed very limited.

In view of the above, I believe it is necessary to implement and promote projects that facilitate the development of tools for the improvement of dermatological care. CPGs are extremely valuable documents that contribute knowledge and experience based on scientific evidence and are useful for taking well-founded decisions in situations of clinical uncertainty.

Health care administrations and scientific societies (in this case the SADV) must assume leadership—health care administrations by promoting and encouraging the use of such guidelines, and the SADV by developing and disseminating them. Initiatives such as the section of the SADV web page in which (only 2) consensus documents appear should be considered the first steps towards encouraging the development and dissemination of CPGs. I believe the SADV should encourage, or in some way guarantee, the development of guidelines related to our specialty. The formation of a commission or working group within the SADV to coordinate and promote the development of this type of tool would serve as a reference for the development of quality in dermatology.

Conflict of Interest

The author declares no conflicts of interest.