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NEWSLETTER OF COCHRANE NIGERIA, CALABAR INSTITUTE OF TROPICAL DISEASES RESEARCH AND PREVENTION, UNIVERSITY OF CALABAR TEACHING HOSPITAL.

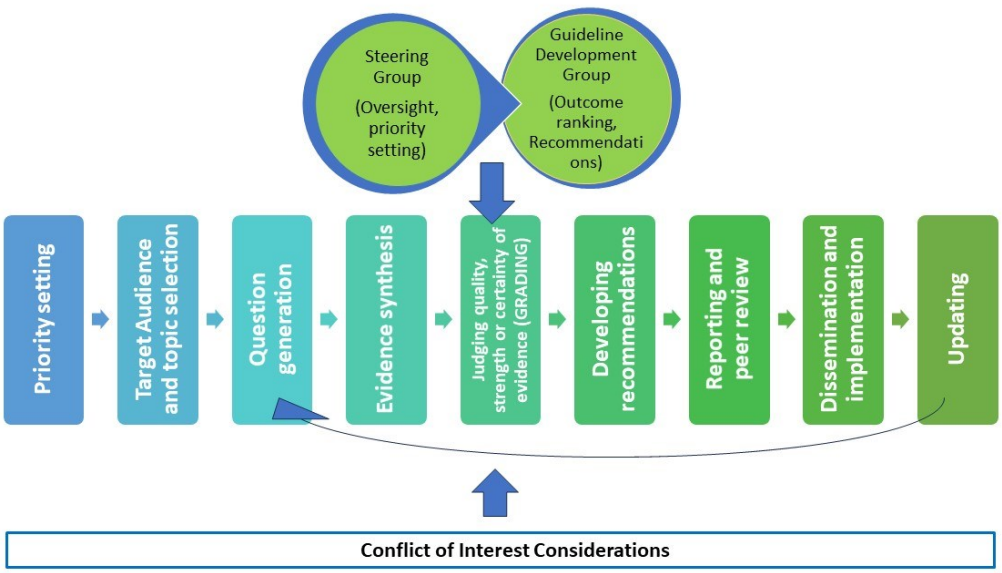
Developing trustworthy clinical practice guidelines

In this era of evidence-based healthcare, accompanying information explosion, increasing patient education, awareness and shared decision-making, and continuously competing healthcare needs requiring policies on resource allocation, and contextual considerations, clinical practice guidelines (CPGs) have become an indispensable resource. The Institute of Medicine of the United States defines CPGs as '***statements that include recommendations intended to optimize patient care. They are informed by a systematic review of evidence, and an assessment of the benefits and harms of alternative care options'*** (IOM 2011).

Contents

What are the aims of CPGs?

Clinical practice guidelines aim to make available to practitioners a synthesis of available up-to-date high-quality evidence in the form of recommendations. They are also aimed at establishing standards of care and addressing wide and inappropriate variations in practice, reducing harms, ensuring optimal benefit for patients and facilitating shared decisions. Guidelines also help to inform policy-maker decisions about resource allocations (Tetreault 2019). To achieve these aims, they need to be trustworthy. CPGs should be developed or adapted following an explicit and transparent methodology which includes the use of evidence from the particular setting (contextual evidence). Their effective implementation should lead to improved patient outcomes as well as efficient resource utilization.



What are the essential elements of the CPG Development process?

The World Health Organisation (WHO) and the Guidelines International Network (GIN) have published standard methodologies for developing CPGs. The essential conceptual and methodological elements have been captured in the GIN-McMaster Guideline Development Checklist, designed to support the development and implementation of trustworthy guidelines (Schünemann 2014). The checklist designed to be used iteratively, comprises planning, priority setting, setting up guideline development group, stakeholder identification, managing conflicts of interests, formulating questions in PICO (population, intervention, comparison, outcomes) format and determining scope, synthesizing the evidence, grading of the evidence based on the quality, strength and certainty and formulating contextual recommendations with implementation, feasibility and equity considerations. Others include peer review and stakeholder consultation, dissemination and implementation and plans for updating of the guideline. While there is a checklist for the Reporting of Updated Guidelines (CheckUp) (Vernooij 2017), the process for adapting guidelines should follow the ADAPTE framework to ensure the timely delivery of guidelines, avoidance of duplication and efficient utilization of resources for guideline development (The ADAPTE Collaboration (2009).

Ultimately, the trustworthiness and benefits of any guideline depends on its quality. The **A**ppraisal of **G**uidelines for **RE**search & **E**valuation (AGREE) instrument is a tool that assesses the methodological rigour and transparency and reporting of guidelines (AGREE Next Steps Consortium (2017). The tool can be used to appraise guidelines related to health promotion, public health, screening, diagnosis, treatment or interventions. It is less suitable for guidelines about the organization of care. Nonetheless, it is a useful instrument for appraising de novo and updates of guidelines and can be used by guideline developers, healthcare providers, policymakers and educators.

Dissemination

There is no doubt that there are hundreds of CPGs available. However, there is ample evidence that uptake is poor (Jiang 2020). A complex interplay of practitioner, patient and policy factors and barriers influence the use of guidelines. A multi-layered dissemination format targeting these groups may be useful. Multiple dissemination formats targeting key stakeholders may be useful and include media releases, digital tools including the use of websites and apps that may be accessible offline in resource-poor settings, printed educational materials, meetings, and reminders. Overall, relevant stakeholders should be involved not only in the development of the guidelines but in planning, developing and deploying any dissemination strategy to ensure successful uptake.

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Evidence at your fingertips
(From the Cochrane Library)

Plain Language Summaries

HOW HELPFUL TO RECOVERY AND HEALING ARE SUPPORT AND PSYCHOLOGICAL INTERVENTIONS AFTER EXPOSURE TO SEXUAL VIOLENCE AND ABUSE?

Key Messages

- We found evidence that psychological or social (collectively known as 'psychosocial') interventions may reduce symptoms of post-traumatic stress disorder (PTSD) and depression in survivors of rape, sexual assault and abuse experienced during adulthood.
- Our review suggests that interventions did not worsen symptoms or lead to unwanted effects. However, as large numbers of participants dropped out of treatments or did not complete studies' assessments, these findings are unclear. More recent studies were better at reporting information about participant safety, and reasons why survivors did not complete treatments or health and wellbeing assessments after the interventions.
- As the studies brought diverse groups of participants together, future research is needed to improve understanding about which interventions are most suited to particular groups of survivors, including those with long-term or complex trauma, as well as men and gender minorities. 'Emerging' interventions, which have potential to expand treatment choices for survivors, also warrant more evaluation.

What is 'sexual violence and abuse'?

'Sexual violence and abuse' means any sexual activity or act that happened without consent. It includes rape, sexual assault, sexual abuse and sexual harassment. It causes emotional and physical health problems that can be long-lasting. The effects are often made worse by fear, shame, feelings of self-blame and the negative responses of others.

How is sexual violence and abuse treated?

Survivors have a range of physical, sexual health and forensic care needs in the aftermath of rape, sexual assault or abuse. Psychosocial interventions may be offered in response to these needs at different stages in survivors' recovery journeys. Some interventions aim to assist survivors by carefully re-exposing them to aspects of the original trauma to 'process' what happened (e.g. Trauma-focused Cognitive Behavioural Therapy (CBT)). Other treatments focus less on the traumatic memories, instead helping survivors cope with life after abuse (e.g. different forms of counselling; education about mental health; and support for a range of needs).

What did we want to find out?

We wanted to know whether psychosocial interventions help to relieve the mental health impact experienced by survivors as a result of rape, sexual assault or sexual abuse in adulthood. We also wanted to know if some types of interventions were more helpful than others.

What did we do?

We searched for studies comparing the effects of psychosocial interventions for individuals who had been subjected to rape, sexual assault or sexual abuse from the age of 18 years, with a control group (a group of participants who did not receive the intervention but instead were given their usual care, were placed on a waiting-list for treatment, or received very minimal assistance, such as Over

leaflets). We looked for differences between groups on trauma and depression symptoms after receiving the intervention; dropout from interventions (non-completion); and any unwanted effects related to the intervention or research.

About the studies and their participants

We found 36 studies that placed consenting adult participants by chance into an intervention or a control group. Participants were invited from a range of settings: community; universities; places where people seek help for their mental health, sexual trauma (e.g. specialist sexual assault centres and emergency departments) or for problems that occur alongside the experience of sexual violence (e.g. primary care clinics); and via media requests. The studies included 3992 survivors; only 27 were men. Sixty per cent of participants were Black or from a minority ethnic or cultural background. The average age was 36 years, and nearly all had symptoms of PTSD.

Most studies were done in the USA (26); there were two from South Africa; two from the Democratic Republic of the Congo; and single studies from Australia, Canada, the Netherlands, Spain, Sweden and the UK. Five studies did not disclose a funding source; those that did reported public funding.

Over half the interventions were CBT-based. Support was mostly delivered one-to-one by trained mental health professionals and varied between 1 and 20 sessions.

What did we find?

Survivors who participate in a psychosocial intervention may experience a large reduction in PTSD and depression symptoms soon after the intervention is completed. Non-completion was not more common among survivors who experienced interventions compared to control groups, but this was based on a small number of studies. Psychosocial interventions may not increase the risk of unwanted effects. Only seven studies reported 21 unwanted effects, suggesting most researchers may not have actively monitored the negative impacts of interventions or participation in the studies.

What are the limitations of the evidence?

We have little confidence in the results because of concerns about the level of variation across the studies (e.g. types of survivor experiences, wide range of interventions and study sizes). It is possible that the allocation of survivors to one group or another may not have been entirely random. Furthermore, survivors who did not complete interventions or study assessments may have differed in important ways from survivors who did (e.g. had better/worse health problems).

How up-to-date is the evidence?

The evidence is up-to-date to January 2022.

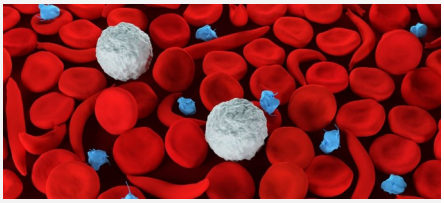
Reference:

O'Doherty L, Whelan M, Carter GJ, Brown K, Tarzia L, Hegarty K, Feder G, Brown SJ. Psychosocial interventions for survivors of rape and sexual assault experienced during adulthood. Cochrane Database of Systematic Reviews 2023, Issue 10. Art. No.: CD013456. DOI: 10.1002/14651858.CD013456.pub2.

INTERVENTIONS FOR PATIENTS AND CAREGIVERS TO IMPROVE KNOWLEDGE OF SICKLE CELL DISEASE AND RECOGNITION OF ITS RELATED COMPLICATIONS

Review question

We wished to determine if any educational interventions have helped people with sickle cell disease and their caregivers improve their understanding of the disease, recognize its complications, improve their adherence to treatment, affect how they utilize healthcare and improve other social and psychological problems they might face.



Background

Sickle cell disease is a lifelong, inherited disorder that can cause a number of complications throughout an individual's life. It may cause a huge burden on both the patient and their family, including frequent visits to healthcare facilities. The illness causes not just physical complications such as painful

crises and strokes but may have many other effects such as depression, poor quality of life, coping issues, and poor family relationships. When people with a chronic illness have a better understanding of their illness, they manage their illness better and improve their quality of life. We wish to compare the effects of different interventions as well as individual interventions to no intervention.

Search date

The evidence is current to 11 April 2016.

Study characteristics

The review included 12 trials (563 people with HbSS, HbSC, or HbSβthal aged six to 35 years). Participants were assigned randomly to either an educational program or no program and in some cases to a non-educational program, e.g. art therapy. Interventions ranged from a total of one hour to weekly sessions for eight weeks and post-intervention assessments ranged from the end of the intervention period to 12 months after completion.

Key results

Educational programs and other interventions have resulted in improvements in patient knowledge or understanding of sickle cell disease and a decrease in depression. Effects on patients' knowledge were maintained for longer than for caregivers. The effects are shown to be small but may result from the fact that most studies had very small numbers of participants and there was much variation between studies. The interventions studied showed no effect on patients' utilization of health services, relationships between families, caregiver or patient skills, coping, or health-related quality of life of the patient. No comparative data were reported for patients or caregivers (or both) recognizing signs and symptoms leading to self-management. No trials assessed adherence to treatment.

Quality of the evidence?

Trials varied in the interventions being studied as well as how the different outcomes were measured. The quality of evidence was low for the outcome positive coping and moderate for the outcomes child knowledge, healthcare utilization and depression. This suggests that further research is likely to have an important impact on our confidence in the effect of the treatment. Further research using randomized controlled trials with more people (including different populations) is needed to improve our understanding of which interventions are likely to be useful.

Reference:

Asiana MR, Quimby KR, Bennett NR, Francis DK. Interventions for patients and caregivers to improve knowledge of sickle cell disease and recognition of its related complications. Cochrane Database of Systematic Reviews 2016, Issue 10. Art. No.: CD011175. DOI: 10.1002/14651858.CD011175.pub2.

RECENT EVENTS

Global Evidence - Local Adaptation (GELA): Guideline Development Simulation Workshop

One of the six key objectives of the Global Evidence Local Adaptation (GELA) project is to strengthen capacity of researchers and policymakers for all aspects of guidelines development, adaptation and dissemination. GELA aims to enhance evidence-informed guideline recommendations for newborn and young child health in Nigeria, South Africa and

Group Photo of Guideline Development Group Members, Facilitators and GELA Staff

Malawi. The GELA Guideline Development Group recently participated in a guideline simulation workshop organized by GELA Nigeria on the 31st of October 2023. The workshop which was patterned after a conventional World Health Organization type of guideline development session took place at the Sandralia Hotel, Abuja. The aim of the workshop was to enable participants have real hands-on experience engaging in the process of creating high quality evidence-based clinical practice guidelines.

Prior to the workshop, each of the participants was allocated names and a role to play during the guideline session. Participants were even encouraged to dress the part, if possible, to key into their role. The four-hour simulation workshop sought to mimic real-life problems and decision-making scenarios, allowing participants to explore, discuss, and refine their approaches. Diverse groups from different parts of the world were represented on the simulated guideline panel including content experts, patients, user representatives, methodologists, and healthcare workers.

The group was guided by facilitators, who pushed the limits of traditional thinking to encourage practical discussions and decision-making. The wide range of participants in the simulation, each representing a distinct sector of the healthcare industry, was one of its most notable aspects. This diversity was crucial since it reflected the intricate nature of the sector and guaranteed a thorough approach to the creation of guidelines. The simulation workshop is expected to set the stage for the real guideline development meeting which will take place in the first quarter of 2024, during which the GDG members will formulate guideline recommendations for selected priority topics in newborn and child health in Nigeria. The workshop was followed up by a courtesy call by the GELA team to Dr. Stella Nwosu, the Director of Family Health Department, Federal Ministry of Health.

Courtesy Call to Director, Family Health Department, FMOH, Dr. Stella Nwosu (3rd from left)

The European and Developing Countries Clinical Trials Partnership (EDCTP) is a public-public partnership between countries in Europe and sub-Saharan Africa, supported by the European Union. EDCTP focuses on enhancing research capacity and accelerating the development of new or improved medical interventions for the identification, treatment and prevention of poverty-related infectious diseases, including emerging and re-emerging diseases in sub-Saharan Africa, through all phases of clinical trials, with emphasis on phase II and III trials.

This project is part of the EDCTP2 programme supported by the European Union (grant number RIA2020S-3303-GELA).

MEET THE GELA POSTDOCTORAL FELLOWS

Ekpereonne Babatunde Esu is a senior lecturer in the Department of Public Health University of Calabar, Nigeria epidemiology unit. He is part of the GELA Nigeria Project team and has been involved in systematic reviews of interventions relevant to maternal and child health. He has authored several publications on infectious diseases, sexual and reproductive health, and maternal and child health. He is a member of the Epidemiological Society of Nigeria, EPISON, the Royal Society of Public Health, the International Society for Evidence-Based Healthcare, and the Cochrane Infectious Diseases Group.

Ekpereonne says that in his present position on the GELA project, he has been exposed to all stages of the evidence ecosystem, from the creation of new evidence through its adoption and use in policy and practice. He is hopeful that GELA will be able to provide evidence of how low- and middle-income countries may use current guidelines as a springboard for creating guidelines tailored to their unique settings in the area of child health.

Elodie Besnier is a postdoctoral fellow at the Norwegian University of Science and Technology (NTNU) focusing on qualitative evidence synthesis and the use of qualitative evidence by decision-makers. Her Ph.D. research focused on public health interventions, cash transfers, and health inequalities in children in low- and middle-income countries. She has an MA in International Public Management from the Institute of Political Studies and a PhD from NTNU. Her research will focus on two main areas: using qualitative evidence in decision-making and developing and disseminating methods for different types of reviews.

Prior to her work in academic health, Elodie's primary focus was on synthesizing and presenting scientific data to health policymakers in their respective settings. Having gained these views, she now feels better equipped to tackle the complexities of GELA's guideline adaption and development process, which is based on evidence.

Idriss Kallon has come a long way from Sierra Leone to South Africa, where he is one of the GELA post-doc fellows at the Centre for Evidence-Based Health Care, CEBHC at Stellenbosch University. After attending capacity-building courses, his research capacity widened and he has led an audit of the MSc Clinical Epidemiology course and research on the publication practices of Cochrane authors in sub-Saharan Africa. Kallon is co-authoring a scoping review on newborn and child health national and provincial clinical practice guidelines in South Africa, Nigeria, and Malawi. He is also part of the team working on the qualitative component of the PICOS for South Africa, Malawi, and Nigeria. He believes the GELA project will contribute to global health by expanding the research evidence needed to combat poverty-related diseases.

Roselyn Chipojola is one of the GELA postdoctoral research fellows, focused on scoping clinical practice guidelines in newborn and child health in Malawi, South Africa, and Nigeria. She is part of a team that conducted a landscape analysis for clinical practice guidelines in Malawi and is working on a protocol on priority topic one. Her journey has taken her from Malawi to Taiwan and Taiwan to Taiwan. Chipojola completed her degree in nursing and midwifery at the University of Malawi in 2011, then worked at the Zomba Central Hospital. In 2015, she completed a Master's and Ph.D. in Nursing with a special focus on maternal and child health. Her research focuses on breastfeeding, breastfeeding self-efficacy, instrument validation, and secondary data analysis. She believes GELA can contribute to global research as it is already scoping relevant guidelines in three countries.

New and Updated Reviews & Protocols from the Cochrane Library

The following new or updated reviews and protocols, published recently in the Cochrane Library, were authored or co-authored by Nigerians.

New or updated Reviews & Protocols

- **Interventions for improving coverage of childhood immunisation in low- and middle-income countries**
  Angela Oyo-Ita, Olabisi Oduwole, Dachi Arikpo, Emmanuel E Effa, Ekpereonne B Esu, Yusentha Balakrishna, Moriam T Chibuzor, Chioma M Oringanje, Chukwuemeka E Nwachukwu, Charles S Wiysonge, Martin M Meremikwu. Issue 12, 2023

- **Primary-level and community worker interventions for the prevention of mental disorders and the promotion of well-being in low- and middle-income countries**
  Marianna Purgato, Eleonora Prina, Caterina Ceccarelli, Camilla Cadorin, Jibril O Abdulmalik, Francesco Amaddeo, Lyria Arcari, Rachel Churchill, Mark JD Jordans, Crick Lund, Davide Papola, Eleonora Uphoff, Nadja van Ginneken, Wietse Anton Tol, Corrado Barbui. Issue 10, 2023

- **Antivirals for prevention of hepatitis B virus mother-to-child transmission in human immunodeficiency virus positive pregnant women co-infected with hepatitis B virus**
  Emmanuel O Ugwu, George U Eleje, Angela O Ugwu, Uchenna I Nwagha, Joseph I Ikechebelu, Uchenna A Umeh, Henrietta U Okafor. Issue 6, 2023

- **Hand hygiene for the prevention of infections in neonates**
  Bankole Peter Kuti, Tinuade A Ogunlesi, Olabisi Oduwole, Chukwudi CMO Oringanje, Ekong E Udoh, Segun Bello, Delia Horn, Martin M Meremikwu. Issue 6, 2023

Other Recent Reviews/Protocols

- **Pharmacological interventions for depression in adults with chronic hepatitis B or C (Protocol)**
  Zohaib Akhter, Olamide Todowede, Jennifer Valeska Elli Brown, Alexander Jarde, Laraib Mazhar, Venkata lakshmi narasimha, Sagir Muhammad, Sheraz Fazid, Khalid Rehman, Chetana Deshmukh, Akeemat Ayinla, Funmilola Wuraola, Mir Nabila Ashraf, Najma Siddiqi. Issue 8, 2022
- **Interventions to improve psychosexual function in women treated for gynaecological cancers (Protocol)**
  Emmanuel Okpo, Richard Othieno, George U Eleje, Chikelue Ifeanyichukwu Oragwu, Ahizechukwu C Eke. Issue 8, 2022

ANNOUNCEMENTS

Cochrane Colloquium 2024

Cochrane Colloquium 2024: The next Cochrane Colloquium will be the Global Evidence Summit-a joint event hosted by Cochrane, JBI, Guidelines International Network (GIN), and The Campbell Collaboration. It will take place in the Prague from 10-13 September.

Please visit the Global Evidence Summit website for more details: https://www.globalevidencesummit.org

Call for Abstracts: Invitation for abstract submissions for oral presentations, posters, and workshops at the second Global Evidence Summit (GES) 2024 is now open. The Global Evidence Summit is hosted by global leaders in evidence synthesis and evidence-based practice, including Cochrane, JBI, Guidelines International Network (GIN), and The Campbell Collaboration.

Deadline for submissions is 21 February 2024. Please visit: https://www.globalevidencesummit.org/abstract-submissions/

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