Non-traumatic wrist disorders: An audit of UK-based clinical practice guidelines and care pathways.

Sheffield Hallam University

Health Research Institute

Identification through organizations

Mitchell T, Borkar S, Gajwani G, Tomy S, Binny N, Hamilton N, Dean B, Palmer J Sheffield Hallam University, Health Research Institute, Sheffield, United Kingdom

Non traumatic wrist disorders (NTWD) are <u>common</u> in the adults, with an annual consultation rate of 58/10,000 in primary care in the UK¹. They present a **challenge** to **patients and clinicians** and variation

Ganglion

Carpal instabilities

Wrist pain

Figure 1: The anatomical region and conditions included in the grouped condition of NTWD

Tendinopathy

in the means of <u>diagnosis</u> and <u>management</u> has been found². A mixed stakeholder group of patients and healthcare professionals³ identified **key questions** which were investigated in this audit:

- What <u>care pathways exist</u> for NTWD, do they differ between settings and how are they compiled?
- What is the nature of the information they present?

Identification of studies via databases and registers

Record identified through data

What is the quality of these NTWD resources?
 The aim of this study was to identify UK-based clinical practice guidelines and care pathways and to perform a quality assessment.

Methods

Design: Audit of clinical practice guidelines and care pathways with quality assessment using the AGREE II tool⁴.

Search strategy: Published and grey literature database searches were conducted in accordance with JBI and PRISMA-ScR guidance and protocol was published a priori on the Open Science Framework. Combinations of **MeSH** terms paired with "guidelines" or "clinical practice guideline," were used with

Boolean operators and truncations. Appeals for locally held guidelines were made by a targeted email and social media strategy plus through special interest forum posts.

Selection: Sources **excluded** were published prior to 2010 or if they referred to management of traumatic injury or <u>areas outside of the wrist</u> highlighted (Figure 1). The well resourced condition of carpal tunnel syndrome was excluded as were patient information sheets.

Data extraction and quality assessment:
MY AGREE PLUS online platform was used for AGREE II to assess the quality of sources across the domains of scope, stakeholder involvement, clarity, applicability and editorial independence. Four researchers independently extracted data with the one arbitrator.

Results

19 guidelines met criteria of which <u>6 were locally held</u>

<u>sources</u> (Fig 2). Clinical settings of sources included Outpatient care (9) In-patient care (7). None were found for private services.

Recommendations for management of de

Pubmed- 476 Google-650 Google Scholar- 1440 EBSCO/CINHAL-1417 Total no of records received: Web Of Science- 540 Scopus- 69 Proquest- 252 Medline- 858 Others- 1263 Records excluded information leaflets Records after title screening: s after title screening Pubmed -16 Google scholar- 30 EBSCP/CINHAL-5 Web of science-9 Scopus-7 Reports sought for Proquest-12 Reports excluded: 1)Only management of NTWD = 14 Others-4 (n=6)Google search- 11 (n=104) 2)Not specific to NTWD = 3) Non-UK based guidelines= 12 4) Copied / summarized Reports assessed for Further screening (n = 77) Systematic reviews = 6) Excluded conditions = pathways from internet sources leaflet=11 (n=13) Guidelines and protocols from (n=64) organizations (n=6) Figure 2: PRISMA flow chart displaying the steps of Guideline

Quervain's was made in 10 sources, then ganglion (8), osteoarthritis and tendonitis (4) and ulna sided, DRUJ, wrist weakness and strain (1). Gaps in guidelines were noted for wrist sprains and general non-traumatic wrist pain. AGREE II ratings found "Clarity of Presentation" were of highest quality, but 'Applicability', 'Rigor of Development, and stakeholder involvement' scored poorly (Fig 3).

Conclusions

This audit highlights a <u>lack of</u> <u>high-quality clinical</u>

		Fidure 3: Mean AGREE II Domain scores of duidelines					
Agree II Domains	Scope and purpose	Stakeholder involvement	Rigor of development	Clarity of presentation	Applicability	Editorial independence	
Mean score (%)	47.58%	33.86%	34.78%	65.45%	29.51%	42.07%	

<u>practice guidelines</u> and <u>care pathways</u>. It is recommended that that **stakeholder involvement** is used in the development of new resource. The AGREE II tool is useful in appraisal of new guidelines.

This work is produced as part of the lead authors Graduate Teaching Associate funded by Sheffield Hallam University. Co-authors completed work as part of their MSc programme at Sheffield Hallam University.

B Dean and N Hamilton are acknowledged as contributors as part of the lead authors supervisory team.

Contact the lead author: t.mitchell@shu.ac.uk, X: @TGC_Mitchell

References in text: