

Special article

The Spanish Society of Cardiology and the ESC Clinical Practice Guidelines: Towards a New Orientation

La Sociedad Española de Cardiología y las guías de práctica clínica de la ESC: hacia una nueva orientación

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Article history:

Available online 12 July 2011

Clinical practice guidelines have become a tool of great importance and interest in medical practice, including cardiology. Indeed, these documents drafted by groups of experts on the topic in question and guaranteed by highly prestigious scientific societies provide vast detailed information on pathology, diagnosis and treatment, based on the most up-to-date literature and evidence obtained from original studies, clinical trials, and the latest meta-analyses. Furthermore, these guides are based on available evidence and provide recommendations on clinical practice in all areas, classified pursuant to level of evidence. In addition to their great scientific, educational, and practical interest, these guidelines have a certain legal value in most countries. Thus, it is hardly surprising they have become a great source of information and the basis of many decisions made in our daily clinical practice, as well as the origin and basis of changes and innovations introduced in that practice. In fact, they are the most widely read documents in scientific journals, as can be objectively checked in the journal queries posed online. Indeed, if we consult the webpage of *Revista Española de Cardiología* (REC) under the section "most often read," 9 of the 10 most-read articles in Journal history refer to clinical practice guidelines.¹

Most scientific societies draw up their own guidelines for clinical practice. The most prestigious and widely followed in the cardiology sector are those of the American Heart Association/American College of Cardiology (AHA/ACC) and the European Society of Cardiology (ESC). Thanks to the effort of the scientific sections, work groups, and guest experts, the Spanish Society of Cardiology (SEC) published a very successful series of guidelines on the most important cardiology topics. In fact, among the nine guidelines appearing as the most-read REC articles, six are Spanish in origin and only three from European societies.¹ However, at the beginning of the last decade, SEC directors wisely decided that an enormous effort, possibly unsustainable over time, was being made; the guidelines required on-going revision and updating and, moreover, they overlapped with the ESC guidelines being

published. As the SEC and all our members are members of the ESC, the logical decision was to stop publishing our own guidelines and assume those of the ESC, and this has been the case since 2003. Since then the European guidelines have been translated into Spanish as soon as they become available on the ESC webpage and REC publishes them approximately 3 months later together with specific comments from Spanish guest experts. The publication policy of the ESC guidelines in Spanish in REC was also considered to aid their greater diffusion throughout the Spanish-speaking medical and cardiology community. Likewise, facilitating awareness of them could contribute to the REC impact factor when it was starting to take off in this area.

Nevertheless, the clinical practice guidelines also have their limitations, as we will discuss. Furthermore, the SEC and its executive committee have the obligation to continually and periodically assess the validity and usefulness of the previously approved policies. With regard to the European guidelines limitations and their automatic acceptance by the SEC, the most important problems are probably derived from their practical application within the local reality of each country. These include the actual handling of each illness at different assistance levels, availability of the means recommended, and the cost-benefit ratio. In this respect, the National Institute for Clinical Excellence (NICE) guidelines are more complex but provide more information.^{2,3} It has also been noted that some guidelines have controversial, arguable, or hurried recommendations with excessive level C recommendations (ie, taken by expert consensus without sufficient evidence to support them).⁴ This leads to discrepancies between guidelines of different scientific societies published within very short time frames.⁴⁻⁶ Other limitations might be the scarce participation of Spanish cardiologists in their drafting and lack of "official" recognition from the Spanish health authorities, leading to problems of legal applicability. This lack of recognition is because some of the conditions demanded by our Ministry are not met.⁷ Nor has the initial presumption that the translation and publication of European guidelines in REC might greatly increase the impact of our Journal been confirmed. Although this impact has grown considerably in recent years, it was not due to a large number of citations of the translated European guidelines.

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Due to all the aforementioned reasoning, the SEC executive committee has decided to create a clinical practice guidelines committee within our Society to assess SEC annual policy in relation to European guidelines, propose changes in our relationship with them, and coordinate the measures derived from these decisions in the future. Although there was a possibility of returning to the original situation, ie, drafting our own guidelines rather than accepting the ESC ones automatically, the committee deemed that the SEC is part of the ESC and that Spanish cardiologists are also European ones. Given the great effort required to create our own guidelines, working within the European guidelines framework seems reasonable. However, we will make a few important changes:

1. The SEC will continue collaborating with the ESC in the diffusion of clinical practice guidelines drafted by the ESC, including their translation and publication in REC, and taking part in conferences, roundtables and training activities in different environments, etc. Nevertheless, the SEC reserves the right to assess each guide individually, preparing documents or reports on the most important positive and arguable aspects, thus adapting them to the Spanish reality.
2. The SEC will follow up on each specific guidelines document until publication of a new one on the same subject, issuing updated documents or reports on their recommendations as new evidence of practical relevance appears (new studies, publication of guidelines from other scientific societies such as AHA/ACC, NICE, etc.)
3. The SEC will propose to the ESC the names of Spanish experts on the various topics that will be the object of guidelines in forthcoming years to encourage their participation in drafting them.
4. The SEC will collaborate with other Spanish scientific societies to create joint guidelines on cardiovascular diseases when of interest.
5. The SEC will propose the creation of specific clinical practice guidelines not considered by the ESC which it deems important.
6. All these activities will be coordinated by the SEC clinical practice guidelines committee, with executive committee approval, and in collaboration with scientific sections.

The committee proposes the following methodology to assess the guidelines:

1. Request the guidelines publication schedule and their text from the ESC as soon as it is available.
2. Draft a document in which the guidelines committee will specify methodology and minimum contents of reports to be done by work groups to homogenize documents about different guidelines.
3. Create a work group to assess the guidelines. This work group will include one or two members of the guidelines committee, to provide coordination, and 6–7 experts on the subject (appointed pursuant to the corresponding section or sections). The aim is for the experts to have a high clinical profile. This group will assess the guidelines as a whole and draft a document or report on the contents, including: *a)* global assessment; *b)* most important aspects for Spanish clinical practice; *c)* arguable aspects; *d)* aspects lacking, and *e)* cost-benefit matters. The report will

be drafted while the REC is translating the guidelines. The document drafted by the work group will be sent to 15 to 20 outsourced experts for their opinion on it. The report and translated guidelines are to be published in the same time frame as now (3–4 months after initial publication in English) and in the same Journal issue as the guidelines (which could increase the number of citations for the REC).

4. Each guidelines work group will be valid until the ESC publishes a new guidelines document or update on the same topic. During this period, the committee will request that the work group periodically issue an updated report or document when new published evidence is deemed particularly important and might modify basic aspects of the old guidelines, or when guidelines are published by other scientific societies.
5. The absence of commercial bias will be guaranteed and any conflicts of interest of the participants specified.
6. It is important that the guidelines have legal authority in Spain, and therefore there will be contacts with the health authorities and a government-approved company to validate the methodology used.⁷

These proposals were approved by the SEC executive committee in April 2011, and it was decided to make this document as widely known as possible through the official communication vehicles of our Society. We believe this new way of working without criticizing the great value and usefulness of ESC guidelines, which the SEC will continue to work to promote and disseminate to improve their acknowledgement in our country, can provide more practical and up-to-date information for Spanish cardiologists and all health professionals involved in cardiovascular diseases. This information will be more in line with the reality of the daily work in our centers and more “down to earth” with respect to the Spanish sociohealth and economic situation.

CONFLICT OF INTEREST

None declared.

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