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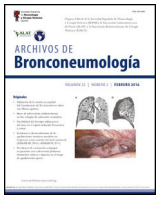

Editorial

The Differences Between GesEPOC and GOLD☆

Diferencias entre GesEPOC y GOLD

José Luis Izquierdo Alonso

Hospital Universitario, Universidad de Alcalá de Henares, Guadalajara, Spain

Whenever a scientific society sponsors clinical guidelines, the intention is to reduce clinical variability, improve patient care, and address, using the best scientific evidence available, the most important aspects of the disease. For this reason, the success of guidelines does not depend solely on the level of evidence, the number of experts consulted or the degree of consensus among them, but also on what really can be implemented in clinical practice and the favorable impact we can make on the relevant health issues of a population.[1]

The title of this editorial underlines a serious problem from the outset. Two separate guidelines are available, each with a different approach. This situation is confusing for clinicians, leads the health authorities to question the credibility of such guidelines, and complicates both graduate and post-graduate teaching.[2] So, what are the most relevant aspects of the GesEPOC and the GOLD that need to be reassessed?

The concept: type of patient/type of recommendation

COPD patients are known to present different profiles, and a serious limitation of the Global Initiative for Chronic Lung Disease (GOLD) guidelines is that they ignore this heterogeneity. Basically, GOLD is a 111-page text that approaches the management of COPD as if all patients were the same, after adjusting for FEV1, symptoms and number of exacerbations. The authors call GOLD a recommendation, rather than a guideline, but this is unsatisfactory. Obviously, recommendations require less demanding levels of evidence and pave the way for the subsequent implementation of strategies at a local level. However, it seems unlikely that recommendations which do not take into account the most important clinical characteristics of the disease will be correctly applied.

The concepts put forward by the Spanish COPD Guidelines (GesEPOC) are interesting and intuitively very close to clinical experience. However, an opinion article or a review of the literature is one thing, and a set of clinical guidelines is another. The phenotype approach is useful, but the manner in which it is outlined in GesEPOC, with no well-defined criteria for classification, is open to misunderstanding. This problem also applies to exacerbations, in which not only the number of events but also the type is fundamental for prevention and treatment.[3] GesEPOC has contributed to advances in this field, but we must not forget that it was conceived as a guideline with high scientific evidence based on GRADE methodology, and not as a set of recommendations, as is the case with GOLD. This means that messages must be even more clear cut, and that a higher level of evidence is demanded. If the notion of phenotypes is to be used in clinical guidelines, their limitations should be clearly demarcated, the absence of robust scientific evidence must be acknowledged, and the effect this can have on the proper implementation of the guidelines must be analyzed.

The diagnostic process

Clinical guidelines must be able to respond to problems encountered in the real world, so the first step is to identify those problems. We need to analyze why high rates of under and overdiagnosis continue to be a problem over the years, despite the appearance of successive clinical guidelines.

After diagnosis is established, assessing the patient using the 4-category GOLD classification or evaluating severity using GesEPOC criteria are clearly divergent approaches, and both need improvement. Assuming that the clinical utility of the GOLD evaluation is questionable, since it is based on confusing cutoff points (CAT, MMRC, CCQ) that lack scientific evidence (FEV1 50%), or have little value in terms of clinical decision-making (number of exacerbations), the GesEPOC guidelines, which are not aimed at experts, must be simplified and improved. Experts do not need clinical guidelines.

Current guidelines insist, sometimes excessively so, on the use of GRADE methodology. On the basis that clinical guidelines must be used in a real world, in which we treat not COPD but patients with COPD, guidelines must serve as a platform for designing efficient strategies which identify the actions we need to undertake to reach our objective, while simultaneously eliminating those with less added value. This is the basis for the success of certain industrial models which were subsequently transferred to the healthcare setting (Lean Healthcare).[4] In a mainly public healthcare setting, such as the Spanish health system, clinical guidelines must lay the foundation for management by healthcare levels, with working areas that must revolve around the physician of reference (generally the

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E-mail address: jlizquierdo@sescam.org

respiratory medicine expert) in any given healthcare area. GOLD, being a set of global recommendations, does not address this issue. Although several scientific societies participated in GesEPOC, these guidelines also fail to lay the ground for the subsequent creation of specific action plans over the different care levels, so this may possibly be the area which most needs attention if current failures in the management of COPD are to be corrected.

Treatment

Although the GesEPOC is notably shorter than the GOLD, 56 pages still seem excessive for clinical guidelines. It may be for this reason and all the different implications of treatment that this section tends to attract greater attention. Except for patients with COPD-asthma overlap syndrome, both sets of guidelines propose an initial strategy that very few will question: smoking cessation, vaccination, physical activity, and bronchodilator treatment. After this stage, however, neither GOLD nor GesEPOC respond clearly to the individual complexity of a patient with COPD. For this reason, while the GesEPOC guidelines have the advantage of a more personalized approach, we should be aware of their current scientific limitations, understand that only generic recommendations can be given, and evaluate whether these should address treatable characteristics rather than for phenotypes, some of which cannot even be clearly defined.

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