

Evidence-based healthcare: the Central-Eastern European perspective

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Aims and objectives

- **Explore the state-of-the art of guideline development in CEE and FSU countries**
- **Systematically describe the structure and working methods of guideline programmes**
- **Comparison of guideline programmes to international practice**
- **Identification of local and regional problems and needs, related to guideline development**
- **Provision of background and rationale for future development, fundraising and regional/international collaboration**

Methods

- **Descriptive survey using a published questionnaire by the AGREE Collaboration**

Burgers J.S. et al. Int. J. Quality in Health Care, 2003

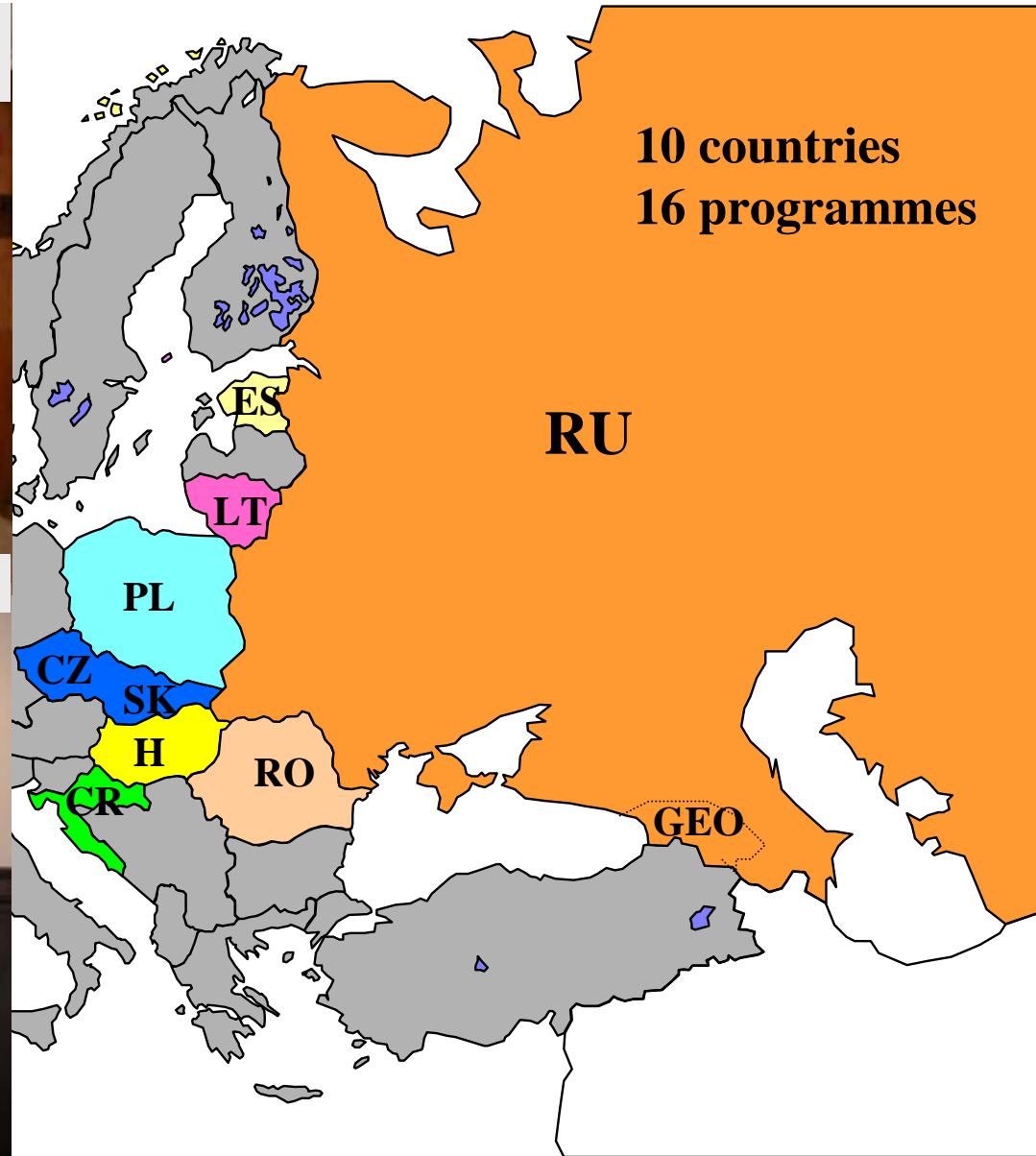
- **Main outcome measures:**
 - **History, background**
 - **Organisation and funding**
 - **Scope and purpose**
 - **Guideline development group and methods**
 - **Product and deliveries**
 - **Dissemination and implementation strategies**
 - **Evaluation and update procedures**
 - **Future plans**

Study participants

TUDOR-DFID CEE EBHC Wshop,
Visegrad 2002



TUDOR-AGREE CEE Wshop, Budapest 2003



Guideline organisation 1.

Country	Type of organisation	Year of 1 st guideline	Reason for gl. development	Source of funding	USD/guideline Funding of development Funding of dissemination
Croatia	Governmental (MoH)	2000	Part of health system reforms	Government	0-5,000 0-5,000
Czech Republic	Professional societies Voluntary organisation and publishing house	1998	Grant from MoH, Professional interest	Government, Commercial	0-5,000 0-5,000
Hungary	Governmental (MoH) and professional colleges	1996	Health policy needs Professional interest Improve quality	Government, Project grants (DFID)	0-5,000 (only pilots) 0-5,000 (only pilots)
Poland	Governmental, Professional, Charitable organisations	2001 1998 2002	Improve quality Get research into practice Decrease practice variations	Government, Project grants, Own budget, Pharma industry	10,000-25,000 5,000-10,000
Romania	Professional societies National non-profit org. Private	1999	Improve quality and clinical care Professional interest	Government, Project grants, Own budget, Pharma industry	n.a.
Russia	Governmental, Professional societies	2000 2003	Improve outcomes, public health, prevention	Government, Project grants (OSI, WB)	0-5,000 0-5,000

Guideline organisation 2.

Country	Type of organisation	Year of 1 st guideline	Reason for gl. development	Source of funding	USD/guideline Funding of development Funding of dissemination
Estonia	Health Insurance Fund	1995	Harmonization of practice Cost-effectiveness analyses	Government, Own budget	5,000-10,000 0-5,000
Georgia	Governmental, Academic Institution	2003 1997	Part of health system reforms	Government, Project grants (WB, Tempus)	0-5,000 0-5,000-10,000
Slovakia	Medical specialty societies	1998	Standardisation of health care, Public health approach	Own budget, Pharma industry supporting only printing, and updating	0-5,000 0-5,000
Lithuania	No dedicated institute MoH – organisational aspects Professional societies – guideline development	?	?	?	?

Guideline organisation 1

- **Guideline development is officially coordinated and guidelines are commissioned by government in most countries, except for Slovakia.**
- **Guidelines are most often developed and endorsed by or in close collaboration with professional colleges or associations.**
- **Guideline development started about 5-7 years ago in most countries, with Estonia and Hungary starting earlier in 1995 and 1996, respectively.**
- **There is no dedicated and independent guideline development agency in any of the countries. Most organisations grew from professional interest, and as part of ongoing health care reforms and quality improvement initiatives.**
- **The commonest reasons for guideline development were to improve the quality and outcome of care (50%), to support health policy and reforms and public health programmes (50%) and to decrease practice variations (30%).**

Guideline organisation 2

- **Government funds 80% of guideline development programmes. Grant supports from WB, Tempus, DFID, US-OSI and other agencies initiated the development of guideline programmes in 50%.**
- **Sustainability of programmes is provided by commercial support from Publishers (Czech and Poland) and pharmaceutical industry or by own funding (Slovakia, Romania, Poland) in 40%.**
- **The average budget for developing a single guideline varies from \$ 0-5000, except for Poland (\$ 10-25,000) and Estonia (\$ 5-10,000).**
- **The average budget for dissemination is \$ 0-5000 except for Georgia and Poland where this is higher (\$ 5-10,000).**

Scope and purpose 1.

Country	Objectives	Level of care	Target users	Scope of guidelines	Who selects topics?
Croatia	Appropriate clinical care, Cost containment	Secondary Tertiary	Physicians, nurses, h.c.org./hospitals	Diagnosis, Treatment	MoH, health system reform project leader
Czech Republic	Appropriate clinical care, Setting standards for performance measurement	Primary Secondary Tertiary	Physicians, nurses, h.c.org./hospitals, policy makers	Diagnosis, Treatment Screening Prevention	Natl. Inst. Public Health + Ctr. H.C. Quality, Medical Association, Granting body
Hungary	Appropriate clinical care, Cost containment Setting standards for clinical audit	Primary Secondary Tertiary Public health	Physicians, nurses, h.c.org./hospitals, policy makers	Diagnosis, Treatment Screening Prevention	MoH in cooperation with Professional Colleges and Societies (based on predefined criteria in some pilots)
Poland	Appropriate clinical care	Primary Secondary Tertiary	Physicians, h.c.org./hospitals, policy makers	Diagnosis, Treatment Screening Prevention	Board of PI-EBM with Professional Colleges and guideline development teams
Romania	Appropriate clinical care, Cost containment Improving the status of professionals	Primary Secondary Tertiary	Physicians, nurses, Patients	Diagnosis, Treatment Screening Prevention	Guideline development teams and Professional Colleges and Societies (based on morbidity data)

Scope and purpose 2.

Country	Objectives	Level of care	Target users	Scope of guidelines	Who selects topics?
Russia	Appropriate clinical care, Cost containment	Primary Secondary Tertiary Public health	Physicians, h.c.org./hospitals, policy makers, Patients	Diagnosis, Treatment Screening Prevention	Professional Societies
Estonia	Appropriate clinical care, Cost containment	Primary Secondary Tertiary Public health	Physicians, nurses, H.c.org./hospitals, Policy makers, Paramedical professions	Diagnosis, Treatment Screening Prevention	Guideline Board : 2 by Medical Specialty Societies (surgeon, int.med.), 1 GP, 1 academic, + Health Insurance Fund: 2 clerks
Georgia	Appropriate clinical care, Cost containment, Setting standards for performance measurement	Primary Secondary Public health	Physicians, nurses, h.c.org./hospitals, Patients	Diagnosis, Treatment Prevention	MoH, NCDC Coordination Board according to national priorities
Slovakia	Appropriate clinical care, Cost containment	Primary Secondary Tertiary	Physicians, nurses, h.c.org./hospitals, Patients (not often)	Diagnosis, Treatment Screening Prevention	Professional Societies

Scope and purpose 1

- **All guideline development programmes aim at appropriate clinical care.**
- **In six programmes (67%) the objective is also cost-containment and 3 programmes (33%) aim at setting standards for performance measurement. The Romanian programme also expects guidelines to raise the profile and status of health care professionals.**
- **Eight programmes target primary, secondary and tertiary levels of care, and 4 programmes extend into public health.**
- **Most programmes have a broad scope that covers diagnosis, screening, prevention and treatment of a wide range of topics. The Estonian HIFA-led programme focuses on diagnosis and treatment guidelines.**

Scope and purpose 2

- **All programmes are targeted at physicians, nurses and health care organisations. Policy makers are targeted by 55% of the programmes, while patients in 44% of all responders.**
- **In 7 programmes professional organisations select guideline topics in collaboration with government agencies in 5 cases. In Poland, Romania, Russia and Slovakia, no official governmental body is involved in prioritization of topics.**
- **In all countries topic selection is not well-coordinated, except for Georgia, Estonia and Hungary where selection criteria are defined.**

Guideline development group 1

Country	Average No of members	Average No of disciplines	Experts (beyond clinical) always involved	Patient involvement	Editorial support
Croatia	5-10	0-3	–	Yes, by review	MoH
Czech Republic	5-10	0-3	Informatics, library sciences Communication	No	Chair or secy and all members of guideline development group, based on h.c. professionals' comments
Hungary	5-10	3-5	EBM methodology (only in pilots)	Yes, by review	Chair or secy of guideline development group, Editorial committee, MoH in technical editing
Poland	10-20	3-5	Informatics, library sciences, Clinical epidemiology	Yes, by participation and surveys	Editorial committee that varies for different guidelines
Romania	5-10	0-3	Informatics, library sciences	Yes, by review	Chair or secy of guideline development group, Editorial committee, Standing editorial staff

Guideline development group 2

Country	Average No of members	Average No of disciplines	Experts (beyond clinical) always involved	Patient involvement	Editorial support
Russia	5-10	0-3	Clinical epidemiology	Yes, by surveys	All members of guideline development group
Estonia	5-10	0-3	–	No	All members of guideline development group
Georgia	5-10	0-3	Informatics, library sciences Communication Clinical epidemiology Social sciences	Yes, by review	Chair or secy of guideline development group, Editorial committee
Slovakia	0-5	0-3	Clinical epidemiology	No	Chair or secy and all members of guideline development group, Editorial committee

Guideline development group 1

- **Guideline development groups are medium sized in most countries (5-10) with Poland having larger groups of 10-20 and Slovakia smaller groups of <5.**
- **The number of disciplines per group is most often <3, with more multidisciplinary observed in Poland and Hungary (3-5).**
- **All programmes involve clinical experts and 44% invite library and information specialists and clinical epidemiologists. Two programmes involve experts of communication (Georgia, Czech), one experts of EBM methodology (Hungary) and one experts of social sciences (Georgia).**

Guideline development group 2

- **Patients are not involved directly in guideline development in most countries, except for Poland. Patients' views are sometimes taken into account by review in 4 (44%) and by surveys in 2 countries. In 3 countries there is no patient involvement whatsoever. All programmes which target patients involve patients in some ways in the development process.**
- **Most countries have no systematic arrangements for editing. Editorial support is provided in two third of the programmes by temporary editorial committees. Only one country has permanent editorial staff (Romania) and in two countries, edition is supported by publishing houses (Poland and Czech). In Croatia and Hungary the MoH provides technical and organisational support for editing.**

Methods of guideline development 1

Country	Training	Collection of evidence	Analysis of evidence	Formulation of recommendations	Review	Authorization
Croatia	Yes, optional	Hand search, Electronic databases, Patient registry	SRs, Non-SRs Experience	Subjective reviews, Informal expert consensus	Clinical validation Trial implementation	No (but commented by professional organisations)
Czech Republic	Yes, obligatory Workshop and web-based	Hand search, Electronic databases, Patient registry	SRs, Non-SRs Experience	Informal expert consensus, Evidence-linked	Clinical validation Pilot testing External peer review	Yes, formal (Professional organisations)
Hungary	Yes, obligatory Workshops and learning by doing	Hand search, Electronic databases	SRs, Meta-analysis Non-SRs CPG adapt. Experience	Subjective reviews, Informal and formal expert consensus, Evidence-linked	Clinical validation Pilot testing Int. & ext. peer review Comparison	Yes, formal (Professional organisations and MoH)
Poland	Yes, optional Yes, obligatory	Hand search, Electronic databases Unpublished data	SRs, Meta-analysis CPG adapt.	Formal expert consensus, Evidence-linked (recently using GRADE approach)	Int. & ext. peer review Comparison	Yes, formal (Professional organisations)
Romania	Yes, obligatory No	Hand search, Electronic databases	Decision analysis Non-SRs Experience	Subjective reviews, Informal and formal expert consensus, Evidence-linked	Pilot testing Int. & ext. peer review	Yes, formal (Professional organisations)

Methods of guideline development 2.

Country	Training	Collection of evidence	Analysis of evidence	Formulation of recommendations	Review	Authorization
Russia	Yes, obligatory	Hand search, Electronic databases, Patient registry	Decision analysis SRs	Formal expert consensus, Evidence-linked Considered judgement	Clinical validation Pilot testing Comparison	No, but will be redesigned in 205
Estonia	No	Hand search, Electronic databases, Patient registry Unpublished data	Decision analysis SRs	Subjective reviews, Informal and formal expert consensus	Clinical validation Pilot testing Comparison Int. & ext. peer review	Yes, formal (Professional organisations and health insurance fund)
Georgia	Yes, obligatory	Hand search, Electronic databases	SRs, Meta-analysis Non-SRs	Formal expert consensus, Evidence-linked	Clinical validation Pilot testing Comparison Int. & ext. peer review	Yes, formal (Special Board, Professional organisations)
Slovakia	No	Hand search, Electronic databases, Patient registry Unpublished data	Decision analysis, SRs, Meta-analysis, Non-SRs, Experience-based	Subjective review, Informal and formal expert consensus, Evidence-linked	Comparison Int. & ext. peer review	Yes, formal (Professional organisations)

Methods of guideline development 1

- **Training is offered to guideline development groups in 7 countries but not in Estonia and Slovakia. In 55% training is obligatory, in Croatia it is optional and in Poland and Romania mixed in differing guideline programmes.**
- **All guideline programmes use electronic database and hand searches to collect evidence and 55% use patient registry data. One third uses unpublished data.**
- **Most evidence is analysed by SRs supported by decision analysis (?) in 44%. Non-SRs and experience are used in 2/3rd of the countries and Hungary and Poland reported CPG adaptation processes.**

Methods of guideline development 2

- All, but two (Croatia, Estonia) guideline programmes link recommendations to evidence and Poland started using the GRADE approach based on data profiles. Russia reported using considered judgement when formulating recommendations.
- Clinical validation and pilot testing is used in seven programmes. Comparison with other guidelines and internal and external peer review is made in 2/3rd of the countries, and external peer review in one country (Czech).
- The majority have formal professional authorization of guidelines, except for Russia where the system is being redesigned. In Hungary the MoH, in Estonia the Health Insurance Fund and in Georgia a Special Board authorizes guidelines at government level.

Product and deliveries 1

Country	No of guidelines	Size of guidelines	Different versions	Tools for application	Media used
Croatia	30-50	25-50	Extensive version Patient version	No tools	Internet
Czech Republic	>50	10-15	Extensive version Short version	Algorithms/flow charts Balance sheets Risk tables Patient leaflets	Paper CD-ROM Internet
Hungary	30-50	25-50	Extensive version One or two page summary	Algorithms/flow charts Patient leaflets Standards, criteria, targets, indicators	Paper Internet
Poland	0-10	25-50	Extensive version Short version One or two page summary Patient version	Algorithms/flow charts	Paper Internet
Romania	10-20	25-50	Extensive version Short version One or two page summary Patient version	Algorithms/flow charts Risk tables Patient leaflets	Paper CD-ROM Internet

Product and deliveries 2

Country	No of guidelines	Size of guidelines	Different versions	Tool for application	Media used
Russia	0-10	25-50	Extensive version Patient version	Risk tables Patient leaflets	Paper Internet
Estonia	10-20 (EHIF) 30-50 (total)	25-50	Extensive version One or two page summary	Algorithms/flow charts	Paper Internet
Georgia	0-10	25-50	Extensive version Short version One or two page summary Patient version	Algorithms/flow charts Patient leaflets	Paper Internet
Slovakia	>50	15-25	Extensive version Short version Patient version	Algorithms/flow charts Risk tables Patient leaflets	Paper Internet

Product and deliveries

- **The number of guidelines is in the range of 10-50 in the countries surveyed.**
- **Average guideline length varies, but in most programmes it is in the range of 25-50 pages.**
- **All programmes provide an extensive version of the guideline, 7 programmes offer short versions or summaries, and 2/3rd have examples of patient versions. Examples for production of all 3 versions are reported in 4 programmes, but this is not a regular approach in any of the studied countries.**
- **All programmes but one (Croatia) offer some tools for application, algorithms and flow charts being the commonest (78%). Two third of the programmes produced some examples of patient leaflets.**
- **All programmes present their guidelines in paper and electronic form.**
- **The format of guidelines is not standardized in most countries and therefore their length, content and quality varies from guideline to guideline.**

Implementation strategies 1

Country	Health professional oriented interventions	Use of financial incentives	Organisational interventions
Croatia	Has not reached this stage	n.a.	n.a.
Czech Republic	Educational materials Conferences Local opinion leaders	Yes (sometimes bonus for doctors)	Changes in settings/site of service delivery Changes in physical structure, facilities and equipment; Changes in scope and nature of benefits and services Presence and organisation of quality monitoring
Hungary	Educational materials Conferences Local opinion leaders Audit and feedback	No	Changes in scope and nature of benefits and services; Presence and organisation of quality monitoring Other: mostly local and opportunistic
Poland	Educational materials Conferences Local opinion leaders Audit and feedback	No	Changes in physical structure, facilities and equipment Ownership, accreditation and affiliation status
Romania	Educational materials Conferences Local opinion leaders Audit and feedback Outreach visits (Computer) reminders	No	Changes in physical structure, facilities and equipment Changes in medical records system Presence and organisation of quality monitoring Staff organisation

Implementation strategies 2

Country	Health professional oriented interventions	Use of financial incentives	Organisational interventions
Russia	Educational materials Conferences Local opinion leaders Audit and feedback	No	Changes in settings/site of service delivery Changes in physical structure, facilities and equipment Ownership, accreditation and affiliation status Staff organisation
Estonia	Conferences Local opinion leaders Audit and feedback	No	Changes in settings/site of service delivery Changes in medical records system Presence and organisation of quality monitoring
Georgia	Educational materials Conferences Local opinion leaders Outreach visits Audit and feedback	No	Changes in medical records system Presence and organisation of quality monitoring
Slovakia	Educational materials Conferences Local opinion leaders	No	Changes in physical structure, facilities and equipment Presence and organisation of quality monitoring Changes in medical records system Staff organisation

Implementation strategies 1

- All guideline development programmes apply several *health professional oriented interventions* for implementation, including educational materials, conferences and local opinion leaders.
- Two third of the countries use occasionally audit and feedback methods.
- There are sporadic examples of outreach visits in Romania and Georgia, *patient oriented interventions* were tried in Poland only. One Romanian programme applied computer reminders.
- All programmes, but one (Czech), use no financial incentives

Implementation strategies 2

- All guideline development programmes apply some form of *organisational intervention* for implementation.
- The commonest (66%) is the application of quality monitoring systems. This may be explained by the fact that guideline development programmes sprouted from health care quality improvement initiatives in most countries.
- The next commonest interventions are:
 - changing physical structure, facilities and equipment (55%),
 - changes in medical records system (44%),
 - changes in settings and sites of service delivery (33%)
 - Staff organisation (33%)
 - Changes in scope and nature of benefits and services (22%)
 - Ownership, accreditation and affiliation status (22%)

Evaluation, update and plans 1

Country	Monitoring	Is there a regular quality system?	Updating	Plans for further development
Croatia	No	No	No	Publish gl. in journal of Med. Chamber; Implement, update and develop quality criteria for gl. development
Czech Republic	Yes	Yes, by gl. for guidelines Yes, by revising, based on comments from profession Yes, by appraising and submitting gls. to clearinghouse	Irregularly	Broader dissemination through peer groups at GP level Implementation of guidelines Systematic updating of guidelines Patient-oriented guidelines
Hungary	Yes (some pilots)	Yes, by gl. for guidelines Yes, by revising, based on comments from profession Yes, by appraising gls.	Regularly (MoH monitors & documents)	Implement the MoH“gl. for guidelines” and the “gl. for clinical audit ”. GI adaptation methodology Establish quality assurance and clearing house system Regular and formal training on gls. & clinical audit Seeking funding for establishing a national scheme
Poland	No	Yes, by gl. for guidelines Yes, by revising, based on comments from profession	Irregularly	Development of new gls and updating of old gls. Implement gls. in practice – implementation pilots International cooperation in adaptation and implementation
Romania	Yes/No	Yes, by revising, based on comments from profession Yes, by appraising No	Regularly (no formal method) / Irregularly	Qualy-Med educational project for gl. development Start implementation pilots. Set up methodological centre International collaboration in EBM and gl. adaptation

Evaluation, update and plans 2

Country	Monitoring	Is there a regular quality system?	Updating	Plans for further development
Russia	Yes	Yes, by gl. for guidelines Yes, by appraising	Regularly	Develop and implement formal educational courses for guideline development
Estonia	Yes	Yes, by revising, based on comments from profession Yes, by appraising	No	Centralizing and unifying gl. development Involvement of nurses
Georgia	Yes	Yes, by gl. for guidelines Yes, by revising, based on comments from profession Yes, by appraising and sending to gl. clearinghouse	Irregularly	Development, distribution and implementation of 10 national guidelines and assessment of results of implementation MoH officially publishes „Gl. for GIs” and toolboxes and „Gl. For clinical audit” Regular and formal training on GIs. and clinical audit Seeking funding for establishing a national scheme
Slovakia	No/Yes	No Yes, by revising, based on comments from profession Yes, by appraising	Irregularly	Smoking cessation GIs Preventive/Public health GIs Involvement of patients Find collaborating person/institution in MoH

Evaluation, update and plans 1

- **In 2 countries guidelines are monitored, in 4 countries occasionally, and in 3 countries not at all.**
- **Most countries have some form of quality system for their guideline programme, but none have a systematic approach to it.**
- **Two third of the countries revise their guidelines based on comments from professionals or appraise existing guidelines.**
- **Five countries have „guidelines for guidelines”**
- **The Czech Republic has a clearing (or rather publishing?) house.**
- **Croatia and one Polish and one Romanian programme reported no quality system for their guideline programme.**

Evaluation, update and plans 2

- **Guidelines are regularly updated in 5 countries, irregularly in 3 countries, and not at all in 2 countries.**
- **Five countries plan to establish a clearinghouse function.**
- **Five countries wish to place more emphasis on dissemination and implementation, 3 on training, 3 on guideline adaptation methodology and the same 3 on provision of methodological support to guideline development groups.**
- **Two programmes wish to involve patients and another 2 plan to focus on fundraising.**
- **One programme wants to implement quality assurance of the guideline development programme.**

Thank You!



Contacts in Croatia



Ministry of Health
www.miz.hr

Marija Coupe

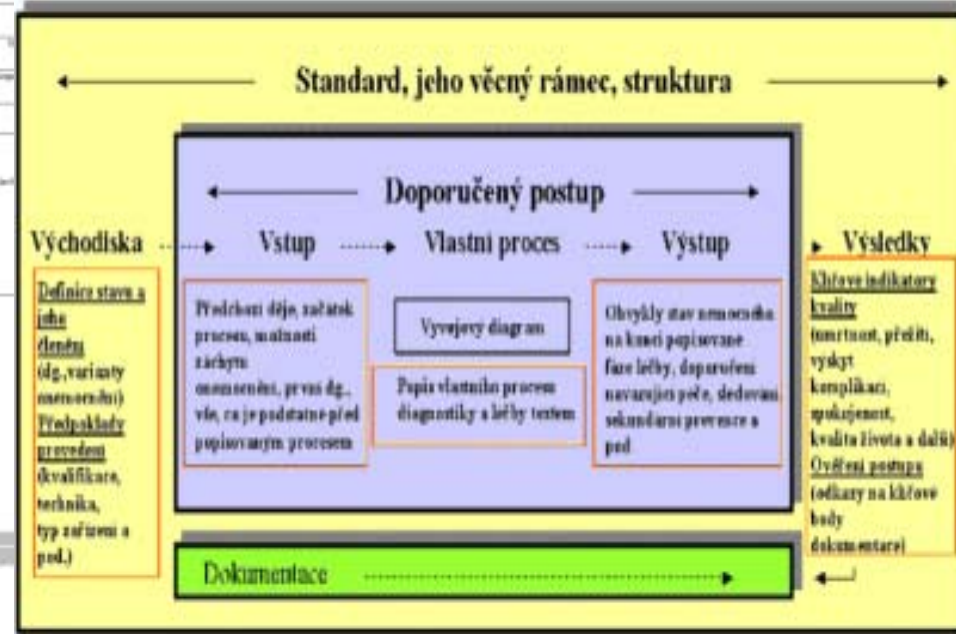
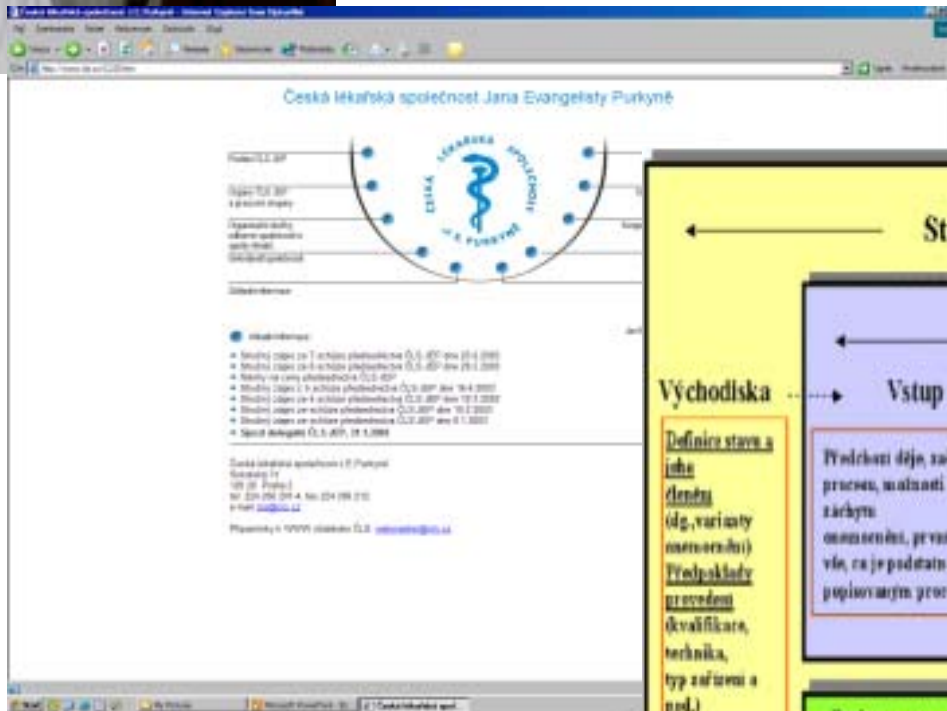
A screenshot of a web browser displaying the Ministry of Health website. The page title is "Kliničke smjernice za zdravstvene djelatnike". The main content area contains text about clinical guidelines for healthcare workers, mentioning a project from 2000 and a working group led by Prof. Dr. sc. Branko Klopas. The right sidebar has a list of links including "Općina zdravstva", "Kliničke smjernice", "Kliničke smjernice za zdravstvene djelatnike", "Zdravlje za svaku", "Zdravstveni indikatori", and "Stručna posavnanja Ministarstva zdravstva". At the bottom right, there are logos for "ŽIVJETI" and "zdravlje za sve". The browser's address bar shows "http://www.miz.hr/page.php?id=100&lang=hr&id=100&id=100".

Contacts in Czech Republic

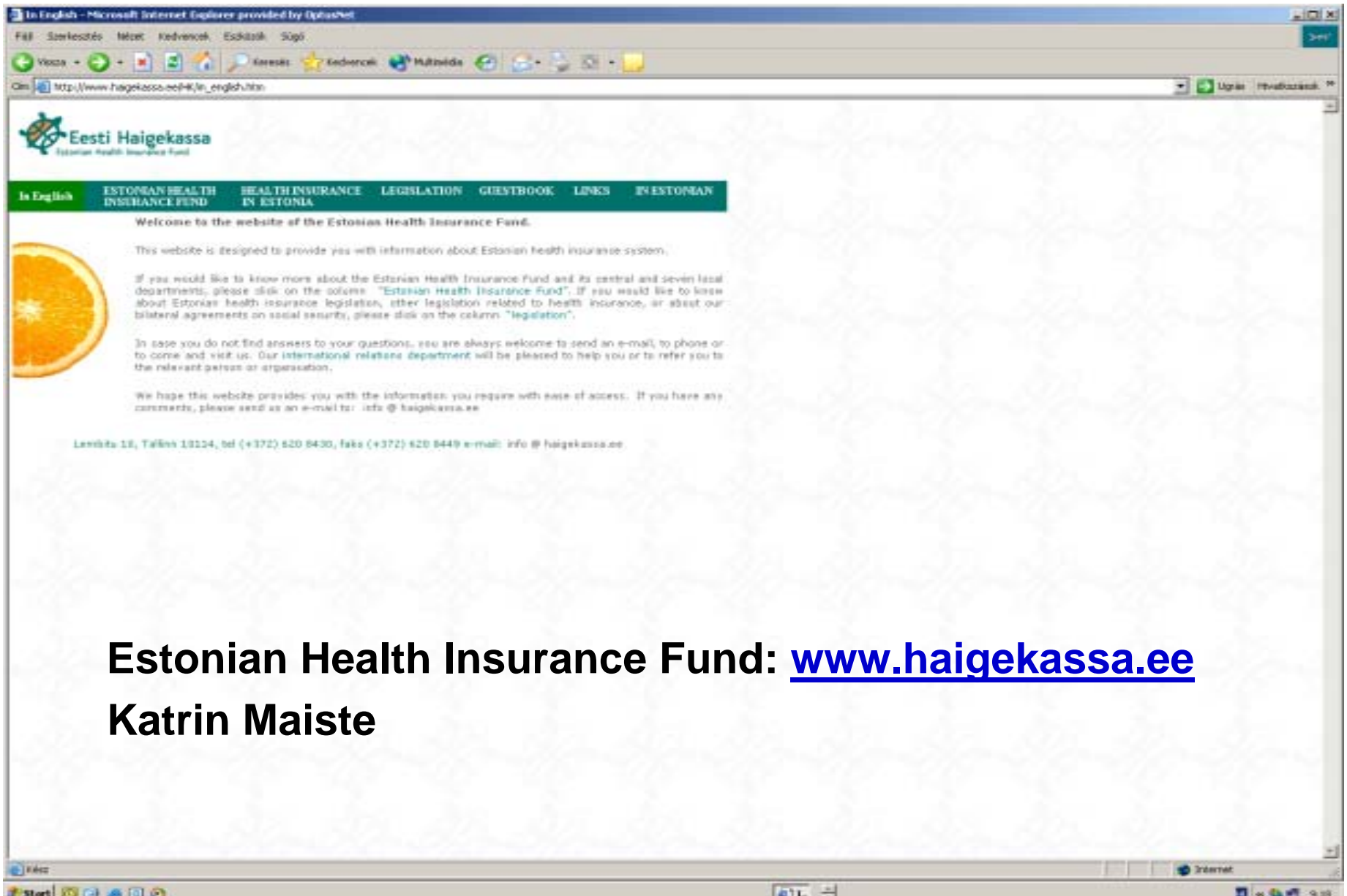


National Board for Medical Standards:
www.medquali.cz – Ales Bourek

Czech Medical Association: www.cls.cz -
Zdenek Kucera



Contacts in Estonia



The image shows a screenshot of a web browser displaying the website of the Estonian Health Insurance Fund. The browser window title is "In English - Microsoft Internet Explorer provided by OptusNet". The address bar shows the URL "http://www.haigekassa.ee/ik/in_english.htm". The website header features the logo of the Estonian Health Insurance Fund and a navigation menu with the following items: "In English", "ESTONIAN HEALTH INSURANCE FUND", "HEALTH INSURANCE IN ESTONIA", "LEGISLATION", "GUESTBOOK", "LINKS", and "IN ESTONIAN". The main content area includes a welcome message and contact information.

Eesti Haigekassa
Estonian Health Insurance Fund

In English ESTONIAN HEALTH INSURANCE FUND HEALTH INSURANCE IN ESTONIA LEGISLATION GUESTBOOK LINKS IN ESTONIAN

Welcome to the website of the Estonian Health Insurance Fund.

This website is designed to provide you with information about Estonian health insurance system.

If you would like to know more about the Estonian Health Insurance Fund and its central and seven local departments, please click on the column "Estonian Health Insurance Fund". If you would like to know about Estonian health insurance legislation, other legislation related to health insurance, or about our bilateral agreements on social security, please click on the column "legislation".

In case you do not find answers to your questions, you are always welcome to send an e-mail, to phone or to come and visit us. Our international relations department will be pleased to help you or to refer you to the relevant person or organisation.

We hope this website provides you with the information you require with ease of access. If you have any comments, please send us an e-mail to: info@haigekassa.ee

Lennikute 18, Tallinn 10124, tel (+372) 620 8430, faks (+372) 620 8449 e-mail: info@haigekassa.ee

Internet

Estonian Health Insurance Fund: www.haigekassa.ee

Katrin Maiste

Contacts in Georgia

National Center for Disease Control - Microsoft Internet Explorer provided by Datsinet

File Szerkesztés Nézet Kedvencek Emlékek Súly

Vissza Előre Keresés Csakok Multmedia

http://www.ncdc.ge/Eng/Eng.html

Ugrás Hírekzárás



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NCDC: www.ncdc.ge - Paata Imnadze

NIH: www.sakmedinfo.org.ge

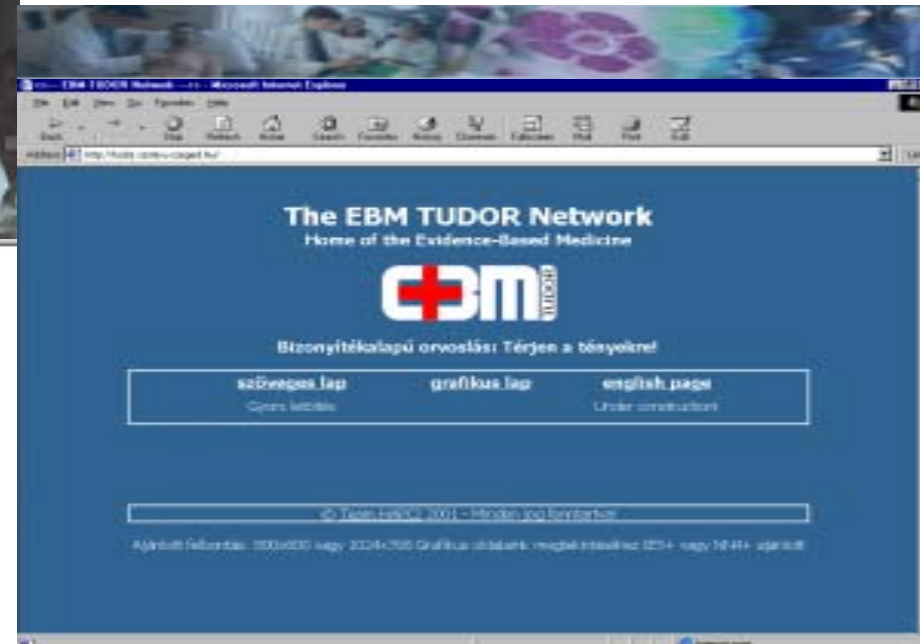
Contacts in Hungary

TUDOR Network

<http://tudor.szote.u-szeged.hu>

MoH: www.eum.hu – Ildiko Szy

TUDOR
team



Hyperkalaemia

Fontos tudni • Jegyzet • Gyógyszerek • Laborok

Előfordulása Okai Tünetek Diagnózis Terápia Prognózis Irodalom

Bizonyítékok rangsorolása Referenciaértomány kalkulátor Szűrés

Előfordulása

Kórházi körülmények között vizsgálva a **hyperkalaemia** ($K^+ > 5,5$ mmol/l) ritka előfordulású kórkép [C]¹, az ACE-gátlókat szedő [B]² ill. diabeteszes betegek [I] fokozott figyelmet érdemének

Okai

Gyakori okai [C]:

- hemolízis [I]
- beszűkült vesefunkció
- gyógyszeres kezelés (pl.: mannitol infúzió, ACE-gátlók, NSAID-ok)
- kálium anyagcsere [I] (pl.: acidózis, mineralokortikoid deficiencia)

Contacts in Poland

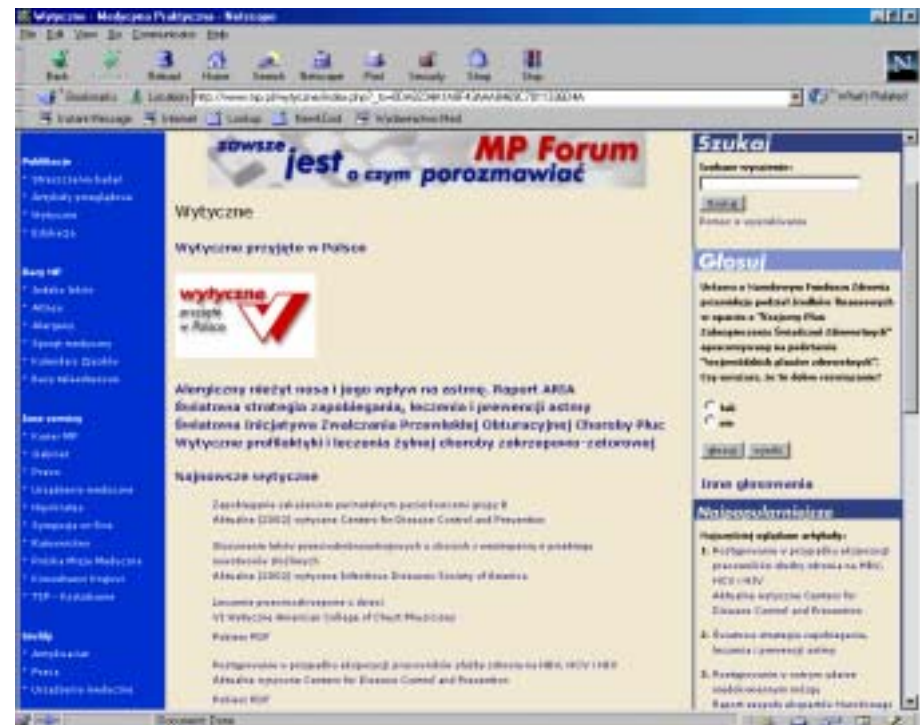
PIEBM: www.ebm.org.pl

National Centre for Quality
Assessment: www.klrwp.pl

College of Family Physicians:
www.cmj.org.pl



Gosia Bala *et al.*



Contacts in Romania



- College of Physicians
- Foundation “National Centre for Studies in Family Medicine”
- Ministry of Health and Insurance Fund

Christina Isar and Marius Marginean

www.medfam.ro/cnsmf





Contacts in Russia

Russian Cochrane Centre – Vasya Vlassov

Association of EBM Specialists: www.osdm.org – Oleg Storozhenko



Contacts in Slovakia



Faculty Hospital Kosice: Peter Krcho
Institute of Epidemiology: R Madar

www.novorodenec.sk



Kosice Faculty Hospital and Polyclinic - Open Medical Club - Microsoft Internet Explorer

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Address <http://www.sibs.com/english/partners/kosice/openclub.htm>

OPEN MEDICAL CLUB

Open mind for evidence based medicine ideas
Faculty Hospital SHF | Kosice
Slovakia

We are not able to do our progress without team building, we want to help each other with experiences, evaluate and critically analyze data from our work and find the best way for best program for our patients. The quickest way is the occupation of evidence based medicine ideas to support the next steps.



Main goals:

1. Exchange of knowledge between units with higher and lower level of care, creation of personal and professional contacts between units via e-mail
2. Case discussions - presentation of unusual cases and consultation