AWMF online

Arbeitsgemeinschaft der
Wissenschaftlichen
Medizinischen
Fachgesellschaften

International Conference on Clinical Practice Guidelines

September 4, 1998, Frankfurt/Main

Prof. Dr. J. Meyer, Mainz:

Clinical Guidelines: The Internist's View Point

Table **1**

Quality Control in Medicine
German Chamber of Physicians
(Bundesärztekammer)

- „Rules“ („Richtlinien“)
- „Guidelines“ („Leitlinien“)
- „Recommendations“ („Empfehlungen“)

In Germany the responsibility to establish guidelines for quality control is with the German Chamber of Physicians. The chamber has established three categories for quality control (table 1).
The most strictest are the rules. Such rules would implement a kind of an obligation to follow them for diagnosis and treatment of the different diseases.
The second most strict category are the guidelines. Such guidelines are generally used in different countries. Especially in my field of Cardiology guidelines are released by the German Society of Cardiology as well as the American Heart Association / American College of Cardiology. These guidelines are based on scientific studies and mirror the actual state of the art.
The weakest category are the recommendations. They are kind of suggestions.

Table **2**

Standardization:
Rational Diagnosis and Therapy in Internal Medicine

• Angiology	• Intensiv Care
• Cardiology	• Hypertension
• Endocrinology	• Infectious diseases
• Gastroenterology	• Clinical pharmacology
• Hemato-oncology	• Stroke
• Nephrology	• Pneumology
• Rheumatology	

Several years ago, the German Society of Internal Medicine has founded a committee for quality control. The aim was to establish standards for the rational diagnosis and therapy in internal medicine (table 2). The committee consists of representatives of the eight societies in which a subspecialy is actually established in Germany. Meanwhile a complete book has been published in which the diseases belonging to these eight subspecialities are dealt with. Updating of chapters are available in the second, sometimes already in the third version. The updating was performed partly on a biannual, partly already on an annual basis.
There are, however, some items which we call „cross-sectional chapters“, as there are intensive care, infectious diseases and clinical pharmacology. Different specialities in internal medicine are active and engaged in these clinical fields. Hypertension is another disease, which cannot be strictly correlated to one of the specialities. The last item is: stroke. This chapter is under investigation together with the German Society of Neurology. Many patients with stroke are treated in medical clinics, some in neurological departments.

Table **3**

Rational Diagnosis and Therapy in Internal Medicine

Chapter Cardiology

• Heart failure	• Diseases thoracic aorta
• Arterial hypertension	• Diseases abdominal aorta
• Systemic hypotension	• Acute carditis
• Cor pulmonale	• Prophylaxis of endocarditis
• Bradyarrhythmia	• Cardiomyopathies
• Tachyarrhythmia	• Acquired heart valve diseases
• Syncope	• Inborn heart malformations

As an example of one of the chapters in the manual Rational Diagnosis and Therapy in Internal Medicine the heart diseases are demonstrated in table 3. As one may see the different diseases of the heart and the circulation are dealt with.
All the chapters in the manual follow the same rules. Pathophysiological and basic aspects are not implemented. The chapters content: epidemiology, if this topic is given. We then discussed the diagnosis for validation and the diagnosis for exclusion (differential diagnosis). the standard therapy, the additional therapy and the follow up conclude each chapter. Each chapter is closed by 5 to 8 citations of the current literature, espacially of international recommendations if available.

• Coronary risk factors	• Cardiac tumors
• Angina pectoris	• Function of implantable pacemakers
• Acute myocardial infarction	• Function of implantable defibrillators
• Acute pulmonary embolism	

Table **4**

Pulmonary Embolism

Responsibility claimed by:

- Society of Cardiology
- Society of Pumnonology
- Society of Angiology
- Society of Hematology

As one may expect, it has not been easy to come along with the interests of the different societies. Since the recommandations are not written by the Society of Internal Medicine itself, but by its subspecialities many of them claimed the responsibility or even a monopole for special diseases. Table 4 shows for example who feels responsibel for pulmonary embolism. The same problem occurred with arterial hypertension, cor pulmonale and diseases of the abdominal aorta. Meanwhile, however, the manual is published since two years, well accepted and sold by approximately 8.800 copies.

Table **5**

Guidelines Internal Medicine

- Symptom oriented (thoracic pain)
- Diagnosis oriented (hyperthyreosis
- Treatment oriented (acute myocardial infarction)
- Rehabilitation / Chronic observation oriented (bronchus cancer)

In Germany there are, however, many other societies, institutions and voluntary circles who are interested to promote guidelines in internal medicine. Guidelines in internal medicine may be symptom oriented, diagnosis oriented, treatment oriented or related to rehabilitation, follow up and chronic observation (table 5).

Table **6**

Symptom Oriented Guidelines

• Lymphadenia	• Feaver
• Dyspnoe	• Icterus
• Thoracic pain	• Abdominal pain
• Cough	• Anemia
• Edema	• Weight loss

If the symptom oriented approach is selected (table 6), then we may look for a special entities like lymphadenia, dyspnoe, thoracic pain, thoracic mass, cough and so on. These symptoms may be caused by different diseases. These diseases are treated not only by internists but also by radiologists, surgeons, cardic surgeons, and so on.

Slide **7**

Guidelines in Internal Medicine

Who is responsible? Example cancer:

- Internal medicine
- Surgery
- Radiotherapy
- Oncology

If one takes the therapeutic approach (table 7), then guidelines for an already established diagnosis have to be implemented.

Slide **8**

Guidelines for Therapy (Oncology)

If we know that the patient is suffering a special type of cancer, then guidelines have to deal with treatment and follow up also (table 8).
The easiest approach to implement guidelines is to establish them for diagnosis. The basic diagnosis, which each patient can demand, regulary is well established. Additional diagnostic procedures, however, may be complex, invasive and also very costly. The ultimate differential diagnosis concerning very seldom diseases finally is very expensive.

• Mouth-throat cancer	• Colon cancer
• Oesophagus cancer	• Anal cancer
• Gastric cancer	----------
• Bile system cancer	• Bronchial cancer
• Hepatocellular cancer	• Pleural cancer
• Pancreas cancer	• Leucemia
• Rectum cancer	a. s. o.

The treatment oriented guidelines, however, have another problem. Here the responsibility for treatment, the question of standard regimes, double blind randomised studies, and alternative therapeutic methods come into play. It can also not be ruled out, that pharmaceutical and the medico-technical industry will have a special interest and may try to influence the establishment of such therapeutic guidelines.

Table **9**

Guidelines: Quality Aspects

- Who is responsible?
- Who does the work?
- Which sources are used?
- Are evidence based data available?
- Which methods are used?
- How are the interests / inputs of other groups / societes implemented?
- Updating?

Another problem are the quality aspects (Table 9). Not only the different subspecialities in medicine are interested but also others. For example gastric cancer is the domain of the Society of Gastroenterology. The Society of Hemato-Oncology, however, both under the roof of the German Society of Internal Medicine demands its responsibility and competence. On the other hand, the surgeons are also treating patients with gastric cancer. The Radiotherapists are treating those patients as well. Therefore different guidelines, released by the different societies are available. We expect that within the future a harmonisation of the different recommendations of the societies may be reached, as we have reached this consensus within the internists. However, it cannot be denied that there are quite manifest and conflicting interests between the different specialisations.

Table **10**

Suggested Guidelines: Nephrology

- Edema
- Oligo-anuria
- Polyuria
- Hematuria
- Elevated creatinine
- Low / high potassium
- Low / high sodium
- Low / high calcium
- Low / high phosphate
- Therapy nephrotic syndrome
- Therapy glomerulonephritis
- Therapy acute renal failure
- Therapy chronic renal failure

Personally, I do not believe that it is very helpful to write down too many and too specific guidelines. Table 10 shows an example of suggested guidelines which I received from the German Society of Nephrology. As you may see, they would be too specific. I doubt whether it would make sense and whether it is possible within the next future to create such guidelines and especially to update them regulary.

Table **11**

Main Guidelines of Common Diseases

(Internal Medicine)

• Diabetes	• Heart failure
• Thyroid gland diseases	• Asthma
• Gall bladder diseases	• Coronary artery disease / Angina p.
• Chronic obstipation	• Hemorrhoids
• Liver disease	• Stroke

Therefore, the Association of the Scientific Medical Societies in Germany, which is the host of this meeting, has suggested that guidelines for the most common diseases should be established with priority (table 11). I am personally responsible for the item coronary artery diseasee / angina pectoris. This chapter is completed and available in the Internet. Together with some collegues I have written the first draft. This was reviewed by senior members of the German Society of Cardiology and of its Commission for Clinical Cardiology. We expect the next updating already within two years.

So in summary, I can say that the German Society of Internal Medicine has decided to write a comprehensive manual for diagnosis and therapy

in internal medicine. These recommendations are based on large international studies and on the current state of the art in diagnosis and therapy. Since the manual is a loose leaflet book, updatings can be implemented quite easily. Twice a year two or three chapters are updated and mailed to the subscriber. The manual is not a textbook in internal medicine. It is however, also not a simple guideline. The guidelines of the most common diseases which I mentioned will certainly mainly base on this manual.

As the chairman of the commission for quality control of the German Society of Internal Medicine and the responsible editor of the manual I can say, that it is quite easy to ask for guidelines. It is however very troublesome to find highly qualified physicans who are willing to cooperate, to sit down and to review the state of the art and then to write a precise and comprehensive paper. If you then further on ask for updatings every two years, you will find, that the number of experts who really are willing to engage themselves is quite limited.

Back to the Conference Program
Zurück zur / Back to AWMF-Leitseite / AWMF-Homepage
