

## PRACTICE GUIDELINES

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In the waning days of the twentieth century, both the American Medical Association (AMA) and the Institute of Medicine (IOM), a component of the National Academy of Sciences dedicated to advancing and disseminating scientific knowledge in the service of human health, established standards for the development of clinical practice guidelines. The AMA recommended that guidelines: 1.) be developed by or in conjunction with physician organizations; 2.) use reliable methodologies that integrate relevant research findings and clinical expertise; 3.) be as comprehensive and specific as possible; 4.) be based on current information; and 5.) be widely disseminated. The IOM recommended that practice guidelines have the following attributes: 1.) validity, based on the strength of evidence and expert judgment and estimates of health and cost outcomes compared with alternative practices; 2.) reliability/reproducibility; 3.) clinical applicability and flexibility; 4.) clarity; 5.) attention to multidisciplinary concerns; 6.) timely updates; and 7.) documentation.

The AMA more recently specifically defined standards for the development of guidelines to inform the performance measures currently being put into use. And in 2011 the IOM published a report establishing more stringent standards for the development of practice guidelines.

Practice guidelines have been developed by most medical specialty groups, and managed care organizations publish their own guidelines, attempting to set parameters for how medicine is to be practiced within their particular settings. Whether all of these guidelines meet the new standards remains to be seen. In anticipation of the IOM's new standards, the APA updated its guideline development process to improve its rigor and transparency. The process includes a clear disclosure and conflict of interest policy; appointment of a work group of volunteer APA members who have both research and clinical expertise in the guideline topic; systematic review of available evidence; broad iterative review of drafts by stakeholders including other specialties such as nursing and neurology, patient advocacy groups, other experts, and the entire APA membership; and review and approval by the APA Assembly and Board of Trustees. The APA's process also includes use of a formal evidence grading system that separately rates strength of recommendation and quality of supporting evidence; structured surveys of research and clinical experts to assess expert opinion on topics for which high-quality evidence is lacking; and a formal process for determining consensus.

## **APA PRACTICE GUIDELINES**

APA practice guidelines provide evidence-based recommendations for the treatment of patients with psychiatric disorders. The first APA guideline, on major depressive disorder, was published in 1991. Fifteen guidelines are now available on the following topics:

- Acute stress disorder and posttraumatic stress disorder
- Alzheimer's disease and other dementias
- Bipolar disorder
- Borderline personality disorder
- Delirium
- Eating disorders
- HIV/AIDS
- Major depressive disorder
- Obsessive-compulsive disorder
- Panic disorder
- Psychiatric evaluation of adults
- Schizophrenia
- Substance use disorders, including disorders related to use of nicotine, marijuana, alcohol, cocaine, and opioids
- Suicidal behaviors
- Obsessive-compulsive disorder

The guidelines are published as supplements to the *American Journal of Psychiatry (AJP)*; online at <http://www.PsychiatryOnline.com> (no subscription required); and in print compendiums available for purchase from American Psychiatric Publishing, Inc. (APPI), at <http://www.appi.org> or by calling 800-368-5777. Quick reference guides also are available.

Guideline “watches” describing major developments in the scientific literature or practice since original guideline publication are posted periodically on Psychiatry Online. Users of APA guidelines are advised to check [www.psychiatryonline.org](http://www.psychiatryonline.org) periodically for watches. There are currently seven watches available.

The primary purpose of [APA practice guidelines](#) is to aid the clinical decision making of psychiatrists. The guidelines also inform educational activities, including APA programs related to maintenance of certification (available at <http://www.apaeducation.org> ), and they help APA to advocate for the availability of effective treatment options for patients. Although the guidelines may be used to help define a standard of care, they are intended as guidelines only, not standards. The front matter of every APA guideline specifically recognizes that treatment should be individualized and collaborative, always taking into account the patient's values and preferences.

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In the current U.S. healthcare system, performance measurement is becoming highly integrated into the practice of medicine, including Medicare reimbursement determinations. The American Medical Association, through its Physician Consortium for Performance Improvement, has asserted that performance measures should be derived from clinical practice guidelines developed by medical specialty societies. APA agrees that measures for psychiatry should be derived from APA practice guidelines rather than other sources, improving the likelihood that such measures will be clinically meaningful and consistent with available evidence and expert opinion.

The development of APA guidelines is not supported by any commercial organization.

If you are working for an MCO and find that its practice guidelines disagree with the APA's, the APA would appreciate hearing from you so that these kinds of conflicts can be resolved. Call the Managed Care Help Line at 800-343-4671.