



On clinical guidelines

Clinical guidelines can be defined as recommendations on the appropriate treatment for people with a specific disease or condition. They should be based on the best available evidence and are meant to help healthcare professionals and patients in taking the best decisions, without replacing the knowledge and skills of individual practitioners. Guidelines are therefore an instrument to help and not strict rules to follow. They come to exist by multidisciplinary representative groups implementing a systematic review to identify and critically appraise evidence in order to present recommendations, which should be explicitly linked to the supporting evidence.

Creating clinical guidelines is a very time-consuming and difficult task that needs to be regularly updated when new evidence becomes available. Having said this, I have the pleasure to inform our readers that we have managed to publish the clinical guidelines on a common condition in dentistry in this issue: the presence of buccal gingival recessions. Recessions are not a disease per se, and therefore are not required to be treated, however they may be perceived as unaesthetic and can be associated with root hypersensitivity. Therefore, a legitimate question could be: in the case of a recession that is annoying for our patient, what could be the most efficient way to treat it? I invite those interested in finding an answer to this question to read the article.

I wish to discuss another aspect though: what should clinicians do in the presence of clinical guidelines? Let's be more specific: what should clinicians do in the presence of *reliable* clinical guidelines, since

there are too many guidelines around developed without using scientific methods, but based on the opinion of some influencing people. For those willing to use an instrument helping them to evaluate the quality of a set of guidelines, I recommend the AGREE II Instrument (<http://www.agreetrust.org/>). The acronym AGREE stands for Appraisal of Guidelines for Research and Evaluation Instrument and it evaluates the process of practice guideline development and the quality of reporting. The original AGREE Instrument has been updated and methodologically refined. The AGREE II is now the new international tool for the assessment of practice guidelines. The AGREE II comprises 23 items organised into the original six quality domains.

Once a clinician is convinced that the methods used for developing guidelines are transparent and reliable, he should evaluate whether the recommendations could be used to diagnose or treat a specific condition considering the patient needs and expectations, as well as his own clinical experience and skill. Guidelines will provide substantial help in terms of probabilistic chances to achieve a better outcome, however will not provide a shield against possible medico-legal problems. Guidelines (though I prefer the term 'recommendations') are therefore an useful tool to follow in most instances, but not the absolute truth to be followed religiously.

Happy reading!
Marco Esposito
Editor-in-Chief