Disparities in the development and implementation of guidelines for the management of depression in adults

A systematic review of evidence from high- vs. low- and middle-income countries

Yena Lee

on behalf of the GACD Mental Health Guidelines Working Group:


Institute of Medical Science, University of Toronto;
Mood Disorders Psychopharmacology Unit, Toronto Western Hospital,
University Health Network, Toronto, ON, Canada
About the Working Group (Nov. 2018 – Present)

>50 collaborators in 30 countries (>25 languages)
Project Objectives

Clinical practice guidelines (CPGs) aim to support clinical decision making, standardize care, improve health outcomes, and reduce cost.

- To characterize the **development** and **implementation** of
  - CPGs for the management of depression
  - in adults with major depressive or bipolar disorder.
- To compare CPGs from high- and low/middle-income countries on measures of:
  - Guideline availability
  - Development process quality
  - Translatability
  - Implementability
  - Application monitoring

Systematic review registration: PROSPERO CRD42019124759
Availability of CPGs for Depression

- 94 national and international CPGs in 26 languages from 82 countries
- Many LMICs, especially in Africa, lack CPGs
Target Populations and Users

- 51 MDD, 33 BD
- Most CPGs target psychiatrists (81%) or primary care providers (68%)
- Fewer CPGs target policymakers (20%) or payers (14%)
Guideline Scope and Intent

- 15 CPGs provide work-related decision support: continue working unless otherwise indicated, measure impairment, consult resources
- 50 CPGs recommend and 6 recommend against depression screening
Quality of Guideline Development Processes

- 26% of CPGs for depression developed by multidisciplinary group
  - vs 64% in diabetes mellitus, 52% in hypertension (Owolabi et al., 2016; 2018)
- 54% openly declared funding sources and COIs

**Graph:**
- **Income Classification:**
  - HIC: Red
  - UMIC: Purple
  - LM/LIC: Green
- **Healthcare Access and Quality Index [Median]:**
  - Vertical axis: # of IoM Standards Met [Median]
- **% of Guidelines:**
  - Horizontal axis: Healthcare Access and Quality Index [Median]
  - Lines:
    - Clarity, 76%
    - Systematic Review*, 71%
    - COI Management*, 62%
    - Transparency*, 60%
    - External Review*, 50%
    - Grading Strength*, 47%
    - Multidisciplinary* DG, 38%
    - Updating, 48%
    - LM/LICs: 33%
    - UMICs: 41%
    - HICs: 53%
66% of CPGs informed by systematic review of intervention efficacy
- only 26% evaluated enablers and barriers to CPG implementation
- 22% evaluated patient preferences

35% operationalized criteria for monitoring CPG application

16% plan to assess CPG adherence and/or quality indicators
Conclusions

- Globally, the implementation of CPGs is inadequately planned, reported, and measured.
- To what extent CPGs are acceptable to patients and target users, feasible, and cost-effective and improve health outcomes remains unknown.
- Refinement of decision support processes in depression is a critical first step towards the aim of reducing morbidity, especially in low- and middle-income countries.
- Future guidelines should present strategies to implement recommendations and measure feasibility, cost-effectiveness, and impact on health outcomes, co-designed by stakeholders and experiential knowledge experts from low- and middle-income countries.
Acknowledgements