



# REVISTA DE GASTROENTEROLOGÍA DE MÉXICO

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## LETTER TO THE EDITOR

### Adherence to the clinical practice guidelines for the diagnosis and treatment of acute pancreatitis<sup>☆</sup>



### La adherencia a las guías de práctica clínica para el diagnóstico y manejo de la pancreatitis aguda

Roesch-Dietlen et al.<sup>1</sup> carried out an interesting description of the knowledge and use of the different Clinical Practice Guidelines for the Diagnosis and Treatment of Acute Pancreatitis (CPGDTAPs) by attending physicians and residents of the specialties involved in the management of acute pancreatitis (AP) at 4 hospitals in the city of Veracruz, Mexico.

Their findings enable us to identify the variability in the current CPGDTAPs, as well as the knowledge of them on the part of the healthcare professionals surveyed. However, the most important aspect revealed was the prevalence of use of the CPGDTAPs that the professionals stated they were familiar with, which ranged from 0 to 55%, with respect to the residents, and 0 to 68.8%, regarding the attending physicians. In addition, 15.2% of the residents and 9.8% of the attending physicians had no knowledge of the CPGDTAPs referred to in the study.

The adherence to CPGDTAPs has been previously evaluated by other researchers and published over the past 6 years in Canada<sup>2</sup>, Singapore<sup>3</sup>, and the United States<sup>4</sup>. Those authors reviewed the clinical histories of the patients with AP and verified the presence of the CPGDTAP recommendations used, confirming that the variability of the underuse and overuse of the diagnostic and therapeutic measures of the guidelines was frequent.

Machicado et al.<sup>5</sup> recently applied an international survey on the guidelines for nutrition in AP to 178 physicians that were members of the International Association of Pancreatology and the American Pancreatic Association, and found that only 26.7% started oral nutrition on day one in patients with mild AP, 40.9% waited > 48 h to start it, and 57.3% started nutrition with a liquid diet. Regarding tube feedings, two-thirds of the physicians preferred using the post-pyloric route. The authors concluded that adherence to the recommendations of the clinical practice guidelines on oral nutrition in AP was low, and there was significant variability on the use of tube feeding.

The adherence to clinical practice guidelines is an indicator of the quality of care the patients receive, resulting in reduced morbidity and mortality rates, as well as the adequate use of medical resources and healthcare expenditure. Despite that fact, there is a heterogeneous gap between the knowledge of the CPGDTAPs and their use, in all the studies published on the theme. Such results should motivate us to conduct research at our hospitals to identify those gaps and take measures to close them.

Lastly, we suggest that each hospital center adopt one of the existing CPGDTAPs and adapt them to their logistic and resource capacity, to then diffuse them and unify the criteria between the specialties involved, thus closing said gaps. The results of the implementations should be re-evaluated and adjusted to new findings.

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### Authorship

The authors approved the final version of the article and have materially participated in its research and/or preparation.

### Conflict of interest

The authors declare that there is no conflict of interest.

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## Response to Arroyo-Sánchez et al. about the adherence to clinical practice guidelines for the diagnosis and treatment of acute pancreatitis<sup>☆</sup>



### Respuesta a Arroyo-Sánchez et al. sobre la adherencia a las guías de práctica clínica para el diagnóstico y manejo de la pancreatitis aguda

We appreciate the comments made by Arroyo-Sánchez and Aguirre-Mejía, who are professors at the School of Human Medicine at the *Universidad Privada Antenor Orrego* in Lima, Peru, on our article “Knowledge acquired from Clinical Guidelines on the Diagnosis and Treatment of Acute Pancreatitis by attending physicians and residents in hospitals in Veracruz”. It was published in 2021<sup>1</sup> and emphasizes the importance of guideline adherence at hospital centers in the care of patients with this serious disease.

The guidelines have been developed to serve the hospital personnel, at all levels of care, as a reference, with the aims of promoting adequate use of medical resources, reducing morbidity and mortality, and optimizing health expenditure. They have become a valuable resource in the care of AP, given that they provide a methodological management option based on the best evidence. Thus, their application should be considered an indicator of the quality of patient care.<sup>2–5</sup>

Different hospital centers have recently published reports on the variability of adherence to the different clinical practice guidelines on the diagnosis and treatment of acute pancreatitis (CPGDTAPs), especially in relation to the underuse of resources employed in the diagnosis and treatment of severe or moderately severe cases.<sup>6–9</sup> This situation involves the academic education and experience of the medical personnel, as well as the resources of the institution.

The results presented in our study and the suggestions of Arroyo and Aguirre encourage us to carry out a study at our own healthcare institution to identify the level of guideline

adherence in the management of AP, and according to the results of the analysis, develop our hospital’s own CPGDTAP. Those guidelines would then be diffused to and applied by both the residents in training and the attending physicians in the different services that treat this disease.

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