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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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### Conflict of interest

Dr. José María Remes-Troche is a consultant, speaker for the Takeda, Asofarma laboratories. The rest of the authors have no conflict of interest.

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