

## **EDITORIAL**

## THE CLINICAL PRACTICE GUIDELINES, A STEP FORWARD FOR THE CONTROL OF SEXUALLY TRANSMITTED INFECTIONS IN COLOMBIA

his issue of the Revista Colombiana de Obstetricia y Ginecología features the Clinical Practice Guideline (CPG) for the syndromic management of Sexually Transmitted Infections (STIs) in Colombia. This guideline is part of a set of Guidelines developed by the cinets alliance in response to Grant 500 of 2009 funded by Colciencias at the request of the former Ministry of Social Protection.

The development of this guideline required the joint effort of academic institutions and scientific societies in order to provide Colombia with the papers containing the recommendations for the management of patients suffering from some of the diseases of greatest Public Health concern. The Colombian Federation of Obstetrics and Gynecology (FECOLSOG) had an active participation in the development of this Guideline published today, as well as in the development of the Guidelines for pregnancy and childbirth.

Clinical Practice Guidelines (CPG) have been defined as "systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances" (1). More recently, they were defined as "documents containing recommendations designed to improve patient care. They are built on systematic search for evidence and careful consideration of benefits and harm derived from other management alternatives" (2). It is important to emphasize that guidelines are not only based on evidence, but they must also build on clinical experience and patient experience when it comes to stating recommendations.

Given the present proliferation of guidelines — not always of the best quality or free from recommendations made for the benefit of some groups which could be affected by the judgments — it is important for CPG to meet certain internationally accepted standards (3), including the following:

- a) Clear scope and objectives.
- b) Development on the basis of a systematic search of evidence.
- c) Creation of a multi-disciplinary Developer Group (DG).
- d) Use of a transparent methodology in terms of how the DG was created, disclosures of conflict of interest from the participants, methods for rating the evidence, how recommendations were constructed, and how public opinion in general was taken into consideration.
- e) Clear, assertive unambiguous recommendations, and the use of a system for verifying how the evidence was rated and how the recommendations were prepared.
- f) Clear statement about the source of funding of the Guidelines and about the non-participation of the funding party in the preparation of the recommendations.
- g) Clear methods for decision-making during the development of the Guidelines, agreed upon before starting the work.
- h) Review by external peers.
- i) Methods and time-period for updates.

The Guideline published in this issue is proof of our commitment at FECOLSOG with the maintenance of women's health nationwide, with the community of obstetricians and gynecologists, urologists, general practitioners, nurses, and all the professionals responsible for sexual and reproductive health in the country. We hope that national and local government agencies, the insurers and the service providers will contribute with the means and resources for the implementation of this Guideline at all levels of care, both at the small rural hospital as well as the high-technology institution so that, together, we may reduce the burden of the disease resulting from STIs, which have their most dramatic manifestation in the high rates of congenital syphilis (4) and the high rates of *C. trachomatis* (5) infection and bacterial vaginitis (6) reported in our country.

Readers are requested to assess the Guideline in terms of its scope and objective, the participation of users and patients, methodological rigor, clarity, applicability and editorial independence (7). We are eager to hear about your observations and recommendations so that new updated versions may be improved for the benefit of Colombian women.

## Hernando Gaitán-Duarte, MD, MSc Editor

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