A critical appraisal of: 2016 Canadian Cardiovascular Society Guidelines for the Management of Dyslipidemia for the Prevention of Cardiovascular Disease in the Adult using the AGREE II Instrument

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Overall Assessment

Title: 2016 Canadian Cardiovascular Society Guidelines for the Management of Dyslipidemia for the Prevention of Cardiovascular Disease in the Adult

Overall quality of this guideline: 7/7

Guideline recommended for use? Yes.

Notes:

Well drafted policy and position statements detailing the development process. Domains with lower ratings largely due to not being able to find the information, or insufficient detail reported as per the AGREE assessment criteria. See notes.

Domain	Total
1. Scope and Purpose	21
2. Stakeholder Involvement	17
3. Rigour of Development	52
4. Clarity of Presentation	20
5. Applicability	21
6. Editorial Independence	11

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1. Scope and Purpose

1. The overall objective(s) of the guideline is (are) specifically described.

Rating: 7

2. The health question(s) covered by the guideline is (are) specifically described.

Rating: 7

3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.

Rating: 7

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2. Stakeholder Involvement

4. The guideline development group includes individuals from all relevant professional groups.

Rating: 7

5. The views and preferences of the target population (patients, public, etc.) have been sought.

Rating: 3

Not much information can be found on this so it\\\\\\\'s unclear. There is some description in the patient education section on how the CCS patient education resources are co-developed with the CCS and HSF, but this is focused on KT tools for Atrial Fib guidelines and not directly related to the development of the CCS guidelines. Information should include: • statement of type of strategy used to capture patients'/public's' views and preferences (e.g., participation in the guideline development group, literature review of values and preferences) • methods by which preferences and views were sought (e.g., evidence from literature, surveys, focus groups) • outcomes/information gathered on patient/public information • description of how the information gathered was used to inform the guideline development process and/or formation of the recommendations

6. The target users of the guideline are clearly defined.

Rating: 7

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3. Rigour of Development

7. Systematic methods were used to search for evidence.

Rating: 7

8. The criteria for selecting the evidence are clearly described.

Rating: 7

9. The strengths and limitations of the body of evidence are clearly described.

Rating: 6

10. The methods for formulating the recommendations are clearly described.

Rating: 7

11. The health benefits, side effects, and risks have been considered in formulating the recommendations.

Rating: 7

12. There is an explicit link between the recommendations and the supporting evidence.

Rating: 7

13. The guideline has been externally reviewed by experts prior to its publication.

Rating: 4

Nicely outlines internal approval process through the panels and CCS Guidelines Committee. Despite the strength of the internal review and approval processes, the reporting on external review process described is limited. Information that can be reported include: • purpose and intent of the external review (e.g., to improve quality, gather feedback on draft recommendations, assess applicability and feasibility, disseminate evidence) • methods taken to undertake the external review (e.g., rating scale, open-ended questions) • outcomes/information gathered from the external review (e.g., summary of key findings) • description of how the information gathered was used to inform the guideline development process and/or formation of the recommendations (e.g., guideline panel considered results of review in forming final recommendations)

14. A procedure for updating the guideline is provided.

Rating: 7

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4. Clarity of Presentation

15. The recommendations are specific and unambiguous.

Rating: 6

Item content includes the following CRITERIA: -statement of the recommended action -identification of the intent or purpose of the recommended action (e.g., to improve quality of life, to decrease side effects) -identification of the relevant population (e.g., patients, public) -caveats or qualifying statements, if relevant (e.g., patients or conditions for whom the recommendations would not apply) statement of the recommended action identification of the intent or purpose of the recommended action (e.g., to improve quality of life, to decrease side effects) identification of the relevant population (e.g., patients, public) caveats or qualifying statements, if relevant (e.g., patients or conditions for whom the recommendations would not apply) Additional CONSIDERATIONS: -In the event of multiple recommendations (e.g., management guidelines), is there clarity regarding to whom each recommendation applies? -If there is uncertainty in the interpretation and discussion of the evidence, is the uncertainty reflected in the recommendations and explicitly stated?

16. The different options for management of the condition or health issue are clearly presented.

Rating: 7

17. Key recommendations are easily identifiable.

Rating: 7

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5. Applicability

18. The guideline describes facilitators and barriers to its application.

Rating: 7

Good inclusion of \\\\\\\"Practical Tips\\\\\\\"

19. The guideline provides advice and/or tools on how the recommendations can be put into practice.

Rating: 7

20. The potential resource implications of applying the recommendations have been considered.

Rating: 4

Could not find much more information on this. Item content includes the following CRITERIA: -identification of the types of cost information that were considered (e.g., economic evaluations, drug acquisition costs) -methods by which the cost information was sought (e.g., a health economist was part of the guideline development panel, use of health technology assessments for specific drugs, etc.) -information/description of the cost information that emerged from the inquiry (e.g., specific drug acquisition costs per treatment course) -description of how the information gathered was used to inform the guideline development process and/or formation of the recommendations Additional CONSIDERATIONS: -Is the item well written? Are the descriptions clear and concise? -Is the item content easy to find in the guideline? -Were appropriate experts involved in finding and analyzing the cost information?

21. The guideline presents monitoring and/or auditing criteria.

Rating: 3

Could not find much information. Item content includes the following CRITERIA: -identification of criteria to assess guideline implementation or adherence to recommendations -criteria for assessing impact of implementing the recommendations -advice on the frequency and interval of measurement -descriptions or operational definitions of how the criteria should be measured Additional CONSIDERATIONS: -Is the item well written? Are the descriptions clear and concise? -Is the item content easy to find in the guideline? -Are a range of criteria provided including process measures, behavioural measures, and clinical or health outcomes?

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6. Editorial Independence

22. The views of the funding body have not influenced the content of the guideline.

Rating: 6

23. Competing interests of guideline development group members have been recorded and addressed.

Rating: 5

There should be an explicit statement that all group members have declared whether they have any competing interests. How to Rate: Item content includes the following CRITERIA: -description of the types of competing interests considered -methods by which potential competing interests were sought -description of the competing interests -description of how the competing interests influenced the guideline process and development of recommendations Additional CONSIDERATIONS: -Is the item well written? Are the descriptions clear and concise? -Is the item content easy to find in the guideline? -What measures were taken to minimize the influence of competing interests on guideline development or formulation of the recommendations?

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