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*Editorial comments*

# Renal best practice guidance/guidelines and implementation controversy

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A clear need for guidance in all areas of medicine has been recognised over the last decade aiming to assist practitioners in clinical decisions about best medical care and outcome of treatment for their patients. The term "guidance" should not be understood as imposed standard, but statement which is considered as an important component of the application of medical knowledge to medical practice. A variety of guidelines have been created ever since by various societies, associations and initiatives all over the world [1-3]. These guidelines were supposed to be entirely based upon the best possible current evidence. This particular question was especially important in view of the complexity of CKD patients and difficulties in measuring hard outcomes which are directly attributed to a specific guideline related change in the patient outcome [4]. In this regard, there is still a continuing medical debate as to whether guidelines and their development process actually impact patient outcomes.

The European Renal Association–European Dialysis and Transplantation Association (ERA-EDTA) has a decade of tradition of producing guidelines [2]. Being aware that the nephrology guidelines often lack high level of evidence, and in the presence of a biased perception of the medical community in case of low evidence guidelines, the ERA-EDTA Council nominated advisory board for defining the future of European Best Practice guidelines (EBPG). The members of the board decided that European nephrology guidelines issued by the ERA-EDTA should be published as "guidelines" only in the case of high-level evidence; otherwise they should be named "recommendations" or "position statements". Due to this substantial change in philosophy, the name of the initiative was changed from EBPG to **European Renal Best Practice (ERBP) [5]**. The main purpose of this initiative was to help increasing the visibility of European Nephrology guidance and to enhance the quality of European and worldwide nephrology practice. In addition, this process was considered as standard for judging the quality and providing a cost-effective clinical care via implemen-tation of the issued recommendations and position statements.

Once successfully disseminated, a guideline perception from the practicing nephrologist is equivalent as for a tool to reduce variability in diagnostic and treatment strategies, trying to provide best possible patients' outcome linked to the particular guideline implemen-tation. Moreover, it should serve to ideally optimize the limited health care resources by ensuring "best practices". However, after production, major difficulties to encom-pass the whole process of guidance arise when introducing the evidence and clinical guidelines into routine daily practice, which appears as frequently neglected issue. Here, development of implementation tools (various forms of educational materials for clinicians and patients) and protocols (algorithms) to be followed would be necessary to complete the crucial step of translation into the clinical practice [6].

A present knowledge and thinking about approaches to changing medical practice (implementation) is still not precisely defined [7]. The uptake of evidence is influenced by three basic issues: attributes of evidence, barriers and facilitators to changing practice, and effectiveness of dissemination and implementation strategies. Taking into account various attributes of evidence (type/chronicity of the topic, method of analysis, complexity and quality of the evidence) that are in part non-modifiable, it could in turn improve the effectiveness of implementation. Barriers and facilitators to changing practice have shown that obstacles can arise at different stages in the health-care system (at the level of the patient, the individual professional, the health-care team, the health-care organisation, or the wider environment) [8]. Naturally, appropriate understanding of such obstacles to develop an effective intervention is essentially important [9]. The effectiveness of dissemination and implementation strate-gies depends on the type of evidence, i.e. whether it is based on professionally-oriented interventions, or towards any organisational or the patient's issues [7]. Here, various educational strategies (educational mate-rials, systematic reviews of guideline implementation strategies, CME activities, small group interactive education with active participation, use of local opinion leaders, audit and feed-

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back, reminders, mass media campaigns, etc.) might be employed in accordance to particular guideline, clinical and current environmental setting. Finally, the economic assessment of performance strategies is scarce, as is the information on patients' outcomes, which should be viewed as a challenge for future research.

In summary, the professional development of implementation strategies needs to be built into daily patients' care, taking place at the point of time with clinical decision-support tools and frequent patient-specific reminders to help medical practitioners to make the best decisions. On the other hand, the obstacles to changing practices are not only in the professional setting but also in the patient, the organisation of care processes, resources, leadership, and the political environment [10]. Hence, not only generation of guidelines, but also additional measures and actions at the level of teams or organisations are considered of paramount importance when developing plans for change in clinical practice. None of the approaches for transferring evidence to practice is shown to be superior to all changes in all situations. Hence, a continuous and dedicated clinical practice, facing the main difficulties and measuring the success of implementation progress based at regular intervals will be certainly helpful. Finally, there is a lot to be done in order to enhance and globalise the quality of European and worldwide nephrology practice. Nevertheless, once the problem is noted, a kind of solution should follow.

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