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EDITORIAL

Clinical practice guidelines: An Opportunity to provide health care with excellence and the new Colombian Guidelines for the diagnosis and management of Skin and Soft tissue infections (SSTIs)

Guías de práctica clínica: Una oportunidad para proveer cuidado de salud de calidad y las nuevas guías colombianas para diagnóstico y manejo de infecciones de tejidos blandos (ITBs)

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Clinical practice guidelines (CPGs) are "systematically developed statements to assist practitioner decisions about appropriate health care for specific clinical circumstances"[1]. Guidelines are designed to support the decision-making processes in patient care and therefore can be used to reduce inappropriate discrepancies in clinical practice and to encourage the delivery of health care of better quality.

Although CPGs can be developed either locally or nationally it is essential that guidelines be based on the best available research evidence. Then a detailed literature search should be done to find evidence from research studies about the suitability and effectiveness of different clinical approaches.

However, in addition to the scientific evidence, the experience of clinical experts and mainly the expectations of patients must also be considered. At present, the advantage of the development of CPGs for a better clinical outcome is not discussed. But a limitation for their dissemination especially in low- and middle-income countries is time and resource consuming and sometimes the shortage of expert professionals' experts in the methodology. Therefore, strategies like using an alternative methodology such as the adaptation of CPGs is very important because not only decreases times but costs for their development. This methodology includes the systematic search, screening and evaluation of the quality of CPGs published by other scientific societies or services of health, the systematic search and synthesis of literature for the answer of additional clinical questions and for the update of the scientific evidence of some recommendations, the evaluation of potential barriers to implementation of the recommendations included in the guideline and the evaluation of the degree of recommendation in the local context; through an expert consensus[2]. In this number is published the CPG for the diagnosis and management of Skin and Soft tissue infections (SSTIs) in Colombia[3]. The development of the CPG for the diagnosis and treatment of the IPTB was carried out following a specific methodology proposal for the adaptation of CPGs. I consider that the development of this CPG is important because we must not forget that the SSTIs are the third cause of consultation of infectious origin, after respiratory and urinary infections. Additionally, the epidemiology and the appearance of antimicrobial resistance of the pathogen microorganisms have changed, especially community-acquired methicillin-resistant *Staphylococcus aureus*. Since its description in Colombia in 2006[4] to the date on which there is an increasingly significant above 30%[3]. At this point, it is important to note that it is just these differences in regional antimicrobial resistance profiles that justify the development or adaptation of CPGs since it is necessary to direct antibio-

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tic treatment in an appropriate manner. A targeted antibiotic treatment not only allows for better clinical outcomes and cost savings but also allows the proper use of antimicrobials as a strategy for the containment of antimicrobial resistance. On the other hand, even though the development and publication of the CPG is an important achievement, this is only the first step and probably the easiest one, because the following steps: dissemination and implementation and especially adherence of health professionals to it is harder to achieve. Dissemination refers to the method by which guidelines are made available to potential users while implementation means ensuring that users subsequently act upon the recommendations; "implementation is a more active process, involving adapting the message to the needs of the target health and administrative professionals, and actively working to overwhelmed barriers to behavior change[5].

Dissemination strategies include activities likes its publication, but this must be complemented with other strategies such as the use of social networks, the design of apps and sending guidelines to targeted individuals. Strategies involving an educational component, especially where this is specifically targeted rather than in the form of continuing education, are more likely to result in behavior change. However, dissemination without an appropriate implementation plan is unlikely to influence behavior considerably. Implementation strategies attempt to ensure that users adopt and apply guidelines to which they have access. Currently, there are several documents that are recommended to consult and apply to establish local implementation strategies[6]. In general, it is suggested that when designing an implementation strategy, barriers to behavior change such as structural financial resources (e.g. laboratory diagnosis and availability of antibiotics) and attitudinal factors (e.g, acceptance of guidelines and disposition to change) should be considered. Unfortunately, the speed of updating the benefit plans is not in line with the appearance of the CPGs and this becomes a barrier in their implementation. The prescription based on an outdated benefit plan may induce an irrational use of antimicrobials with an increase not only in antimicrobial resistance but also in costs. In Colombia, for example, although the benefit plan has recently been updated, it is possible to use antibiotics without restriction (e.g. meropenem, imipenem, ceftriaxone) but the use of cefuroxime and ertapenem is restricted. Specifically, for this CPG, the parenteral form of clindamycin is included, but the oral presentation of this antibiotic is not, which makes it difficult for patients considering a change of administration route. It can be prescribed but it is a barrier to continuity in treatment.

Finally, strategies should be established in order to maintain long-term adherence, that is, the sustainability of the change and also establish a plan for its update, given that one of the reasons for a GPC to contribute to clinical excellence is that it is adapted in a dynamic to the real needs and if it loses relevance because the local epidemiology changes or new diagnostic methods or new cost-effective antibiotic treatments appear, it probably loses its usefulness.

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