CLINICAL PRACTICE GUIDELINE UNIT

GUIDELINE for the MANAGEMENT of TIA and CLAUDICATION

Objectives:

At the end of this unit the learner should be able to assess the validity of a practice guideline and its applicability in patient care.

Clinical Scenario:

You are a family physician seeing a 66 year old woman previously well woman. Two weeks ago, she had presented to the emergency room with transient weakness of her left arm and leg. She had never experienced anything like this before and the total duration of the episode was approximately three hours. She was told that in addition to the weakness, her right face drooped and she had some difficulty speaking. The symptoms resolved in about three hours and, with respect to these symptoms, she has been fine since. She denies palpitations, and the notes from the emergency room indicate that she was in sinus rhythm the entire four hours she spent there. The notes that came with the patient include a report of a carotid doppler that show bilateral carotid narrowing of less than 50%.

On detailed functional inquiry, you find that although formerly a vigorous walker (usually four to five km. daily) the patient has cut down considerably, and the last year or so has been walking only approximately a km., and much more slowly. The reason she curtailed her previous walking was pain in her right calf, which was clearly related to the distance and speed at which she walked, and was relieved by rest. The patient had not previously reported this to her physician.

Functional inquiry is otherwise negative. The patient's father died of a myocardial infarction at age 54; family history is otherwise unremarkable with respect to vascular disease. The patient is a 20 pack year smoker who quit 5 years ago. Her LDL, HDL, and glucose have both all been measured and are normal, and she has never had high blood pressure.

On examination you note a decreased ankle/brachial index and a soft right carotid bruit. Physical examination is otherwise unremarkable.

The patient has been taking aspirin and a statin since the visit to the emergency room.

You wonder what the latest information is about the best antiplatelet agent is for this patient. You decide to consult one of your favorite practice guidelines, produced by the American College of Chest Physicians antithrombotic group, which latest recommendations appeared in 2004. You check both the recommendations for patients with TIA, and those for the patients with stroke. To your surprise, you find different recommendations, despite citation to the same evidence. The TIA recommendations are 1A for the use of one of a number of specified antiplatelet agent, 2A for extended release dipyradomole and aspirin over aspirin alone, and 2B

for clopidogrel over aspirin. The PVD recommendations, however, give a 2A grade for the recommendation of aspirin over clopidogrel.

This inconsistency makes you question the recommendations. Were these recommendations well done in the first place? Why the difference in recommendations from the same evidence? What does the inconsistency in grading mean?

Worried, you decide to read through more carefully to understand what is going on.

Assignment:

Read the enclosed material and try to address the questions about the value of these guidelines, and the explanations for the inconsistency. Complete the worksheet as part of the process.

Enclosed Materials:

1. Guyatt G, Roman Jaeschke, Mark Wilson, Victor Montori, and Scott Richardson. What is evidence-based medicine. In Guyatt G, Rennie D, Meade MO, Cook DJ. Users' Guides to the Medical Literature: A Manual for Evidence-based Clinical Practice. 3rd ed. New York, NY: McGraw-Hill; 2015.

    a. Neumann I, Akl EA, Vandvik PO, Alonso-Coello P, Schünemann HJ, Guyatt G. Assessing the Srength of Recommendations: The GRADE Approach. Ch 28.1 Pgs 561-575
    b. Guyatt G, Mead MO, Grimshaw J, Haynes RB, JAeschke R, Cook DJ, Wilson MC, Richardson WS. Evidence-Based Practitioners and Evidence-Based Care. Ch 28.5 Pgs 621 - 625

2. Albers GW, MD, Amerenco P, Easton JD, MD; Sacco RL, Teal P. Antithrombotic and thrombolytic therapy for ischemic stroke. The Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy. CHEST 2004;483SB512S - note pages 498 to 502, section, 4.1.

3. Clagett GP, Sobel M, Jackson MR, Lip GYH, Tangelder M,Verhaeghe R. Antithrombotic therapy in peripheral arterial occlusive disease. CHEST 2004;609SB644S - note pages 610 to 612, section 1.1.

4. Applying the Grades of Recommendation for Antithrombotic and Thrombolytic Therapy. Guyatt G, Schunemann H, Cook D, Jaeschke R, Pauker S. CHEST 2004; 126:179SB187S.

5. Schunemann HJ, Munger H, Brower S, O=Donnell M, Crowther M, Cook D, Guyatt G. Methodology for Guideline Development for the Seventh American College of Chest Physicians Conference on Antithrombotic and Thrombolytic Therapy. The Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy. CHEST 2004:126:174S-178S.