

LETTERS

Is it time to develop AGREE III?

As recently pointed out by Djulbegovic and colleagues,^{1,2} if we are to improve delivery of health care, there must be an awareness that quality-improvement initiatives that fail to process underlying evidence rigorously and adapt this evidence to the local environment may prove wasteful and even harmful. Maybe, almost 10 years after AGREE II (Appraisal of Guidelines, Research and Evaluation) was launched, this wise statement is applicable to the AGREE II initiative?³

AGREE II focuses on quality of guideline development, but it has been shown that methodologic quality is not sufficient to ensure that recommendations are appropriate and accurate.⁴⁻¹² It may be a good starting point for health care professionals to evaluate guideline quality, but then they should also evaluate guideline content before they decide to implement any recommendation in daily practice.

Of the hundreds of methodologic evaluations of guidelines done with the help of the AGREE instrument that have been published so far (some of which have been reviewed in articles referenced here¹³⁻¹⁵), only a small minority also evaluated the content of guidelines. We may not be certain that AGREE has been harmful, but if AGREE-II is not improved in the near future, it may end up becoming wasteful.

Maybe it is time to think about AGREE III, taking the proposal of Djulbegovic and colleagues into account?

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