The process of producing recommendations for rheumatic diseases: what is evidence?

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The EULAR Standing Committee for International clinical Studies Including Therapeutics (ESCISIT) encourages the production of international evidence based recommendations for the management of rheumatic diseases. This has already led to published recommendations in osteoarthritis,^{1,2} and ankylosing spondylitis (AS),³ and recommendations for other disease states, including early rheumatoid arthritis and gout, have recently been completed. As a guide to the process for developing recommendations, standard operating procedures (SOPs) have been published,⁴ which include recommendations for the formation of a steering group, defining a target population, and the use of research evidence.

Although the SOP is generally straight-forward, several problems came up during the development of the recommendations for AS³ about wording and interpretation, which led to the decision to write this article for further clarification.

The use of the word "evidence" in the recommendation statements refers to the consensus expert opinion on the research evidence. This incorporates not only the level of evidence (based on study type, the highest level being a meta-analysis of randomised controlled trials) but also the magnitude of a treatment effect and the perceived quality of the studies. Thus if a recommendation states that the use of a particular intervention "is not supported by evidence", this reflects the fact that the expert group is not convinced by the evidence. It is important to realise that a statement of "no evidence" of benefit with an intervention does not mean that there is evidence of "no benefit". It also does not mean that research is completely lacking, but the expert group judges the studies to be inconclusive: insufficient to support the conclusion of "benefit" but also insufficient to support the conclusion of "no benefit".

The ESCISIT working groups for hip and knee osteoarthritis introduced a "strength of recommendation" as assessed by the expert group, which gives a numerical value for how strongly the experts support a statement, in light of the research evidence combined with their own clinical experience. This can then be inferred in the text of the recommendations, using terms like "may be", "should be", "must be", and so on. During the discussions which took place as a part of the development of the AS recommendations, it became clear that there was no natural agreement on the meaning of these words. We therefore asked 10 native English speaking and 10 non-native English speaking participants of the ASAS workshop in Amsterdam to provide a ranking and a grading on a 0–10 point scale with respect to the strength of these wordings if used in a recommendation. Table 1 shows the average grading for each wording. Our proposal is to use these results as a guide for future recommendations. "Might be" is considered the weakest expression, followed by "may be/could be", "should be/ought to be", and "needs to be", with "must be/is indicated" representing the strongest expression. Expressions presented together are considered as being equal in strength. The results from the native and non-native English speakers were completely comparable.

There was agreement on the ranking order in >90% of the cases. Four people considered that "might" and "may be"

Table 1 Grading of wording to reflect strength of recommendations

Terminology	Native English speakers (n = 10)	Non-native English speakers (n = 10)
Might be	3.1	2.7
May be/could be	4.3	3.8
Should be/ought to be	6.9	6.6
Needs to be	8.6	8.8
Must be/is indicated	10.0	9.5

had the same strength. Only one person considered that "must be" is weaker than "needs to be", while four considered these to have the same meaning.

The objective of this exercise was to provide some more guidance on the interpretation of the wording used in recommendations such as the ASAS/EULAR recommendations for the management of AS, and we suggest a set of terms which can be used to present the strength of opinion behind them. If comparable wording is used in various recommendations, this could enhance the interpretability and comparability of projects across disease states.

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