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Attitude of members of Wroclaw Division of Polish Cardiac Society to European Society of Cardiology Guidelines. Survey study

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INTRODUCTION

Clinical guidelines are recommendations concerning clinical pathways, particularly medical constellations. Creating them involves an analysis of evidence-based medicine-provided data and considering the differentiated quality of evidence. Guidelines aim to improve the quality of care, patient prognosis [1] and cost-effectiveness [2]. Such documents are useful for physicians who perceive them as a structured source of advice and valuable educational tools. Conversely, the most common complaints are that the guidelines are too simplified and unsuitable to apply on individual patients or are too rigid. Such guidelines constitute a threat to doctors' autonomy and are not tailored for heterogeneous application, in terms of access to sophisticated clinical methods and regions of their jurisdiction [3–5]. Based on this, we conducted a pilot survey to evaluate the opinions and remarks of the members of the Wroclaw Division of the Polish Cardiac Society regarding the European Society of Cardiology (ESC) guidelines. Moreover,

attitudes regarding cardiological guidelines have not been assessed before. We believe that a better understanding of physicians' attitudes toward the clinical guidelines, and the possible problems associated with them, can improve their future construction and implementation.

METHODS

The survey was conducted among members of the Wroclaw Division of the Polish Society of Cardiology, and the questionnaire was distributed twice (May 28 and June 10, 2021) by e-mail. In total, messages were sent to 438 members. Participants' personal data, including professional characteristics, were not collected to remain the study anonymous — however, more of them are cardiologists and internal medicine specialists employed both in hospital and in outpatients clinics. We used Microsoft Office Forms to create the questions and Microsoft Excel to collect the data. All the analysis, including percentage calculations, was performed automatically by Microsoft Forms infrastructure. No further statistical analysis was conducted. We prepared seven close-ended questions. For questions 1, 2 and 7, we provided 2 answers, and for questions 3, 5, 6 and 8 we presented 3 answers. Moreover, we implemented the possibility to give individual responses for questions 7 and 8. We also prepared 2 open-ended questions. The first requested to specify situations in which ESC guidelines have a real impact on treatment decisions for those who had chosen the answer “in some cases” for the 3 question. The second asked if there were any elements of the guidelines that needed further emphasis.

RESULTS AND DISCUSSION

In total, 101 responses were obtained, which constitutes 23% of distributed surveys. All respondents conceded that the ESC guidelines were valuable tools in daily cardiology practice, and 89% of the respondents admitted that the guidelines had a noticeable impact on their clinical decisions (Figure 1). This was a more favorable attitude than that reported by previous foreign studies [4, 6]. Respondents who recognized the usefulness of the guidelines, particularly in specific cases, argued that they applied them only to severely ill patients. Further, 81% of the respondents referred to the guidelines for explaining the implemented treatment to the patient. Regarding the clinicians' attitudes toward the guidelines, 62% of the respondents declared that they read the full text of the new directives, but only 54% found an optimal method for getting acquainted with them. Almost 40% of the respondents reported only checking the new algorithm presented in figures or changes in the recommendation in the form of tables presented at the beginning of the text. Significantly, more than half of the respondents' critical remarks focused on the impairment between the guidelines and regional possibilities, which raised the

issue of reimbursement and inaccessibility of diagnostic and therapeutic methods. Similarly, in other studies, cost issues were the most mentioned obstacles to guideline application [7]. Approximately a quarter of the respondents considered that the updates were published too infrequently. Another common complaint was that guidelines needed to place further emphasis on an interdisciplinary approach. Inapplicability of the guideline recommendations to multimorbid populations was regarded as important barrier in their implementation, which has also been demonstrated in several previous studies [4, 8]. Some respondents felt that information about drug interactions and their impact on the non-cardiac disease was missing. Moreover, respondents reported that guidelines needed to be presented in a more readable manner and include more references to practice and derogations from their application. Similarly, other studies argued that the guideline format was an important factor in physicians' attitudes [8]. Some respondents suggested including a patient leaflet to the guidelines, which was also mentioned by Carlsen et al. [8].

Notwithstanding the generally favorable and positive attitude of the physicians toward the guidelines, their implementation can be suboptimal [9, 10]. Recent study regarding 460 coronary artery disease patients revealed that therapeutic goals of body mass index, glycated hemoglobin, low-density lipoprotein cholesterol, systolic blood pressure and physical activity are commonly not achieved. Furthermore, none of the examined patients fulfilled all the main prevention goals [10]. Proper guideline adherence is essential as it is associated with a better prognosis [11]. Barriers that can hinder guideline adherence vary. Cabana et al. [12] differentiated three categories, such as knowledge, attitude, and behavior, and indicated that the barriers were dependent on local settings and hence needed to address specific conditions. Indeed, over half of our participants (59%) pointed out that the guidelines were not adjusted for regional variability.

Our study has several limitations. First, our results may not reflect the actual attitude of Polish cardiologists to the ESC guidelines due to the limited number of responses and the area of the study restricted to one voivodship. Furthermore, due to the online dissemination of the survey, we can assume that it was filled mostly by the those doctors accustomed to using e-mails on a daily basis. Finally, the survey was constructed based on closed questions, which limited the possibility of expressing complex opinions.

In conclusion, the guidelines are mostly appreciated by the attendants. They are seen as helpful tools for daily practice and as a source of information that provide a reasoning for the patients. One crucial concern, which is an essential practical conclusion of this study and should be addressed in future guideline constructions, is their incompatibility with the local conditions

such as reimbursement issues or overly sophisticated diagnostic or therapeutic methods. Undoubtedly one of the important threads identified in the survey is the reference to guidelines in more complex scenarios.

Ethical approval and consent: The study was approved by the Board of Wroclaw Division of the Polish Cardiac Society. It was distributed through the members of Wroclaw Division of the Polish Cardiac Society via Polish Cardiac Society e-mail. The survey was voluntary and anonymous, and no personal or restricted data were collected.

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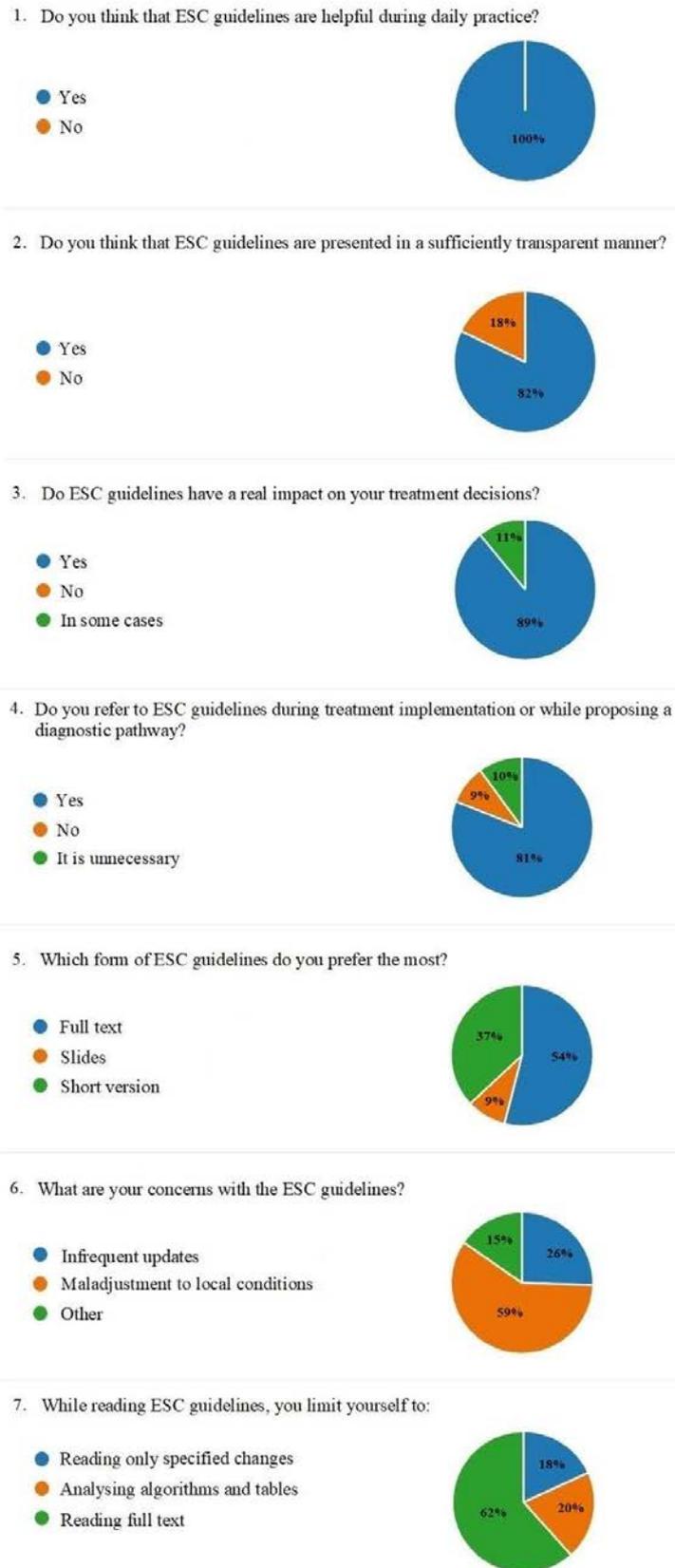


Figure 1. The percentage share of the responses to the seven close-ended questions. Responding to all questions was not compulsory