

Road to Results

ACHIEVING SUCCESS STEP BY STEP

Clinical Practice Guidelines Approved by the Ministry of Health

July 2004

In Kazakhstan, the legacy of the Soviet health care system means that doctors are required to determine the course of treatment based on a nationally-mandated protocol—which may include long hospitalizations, many specialized tests, and other interventions—but which is unlikely to be based on modern medical evidence, and which is not necessarily the most effective, efficient, or safe treatment for the patient. The USAID-funded ZdravPlus project is working to change this situation by introducing evidence-based medicine (EBM) into medical institutions in the country, and encouraging the formation of evidence-based, implementable clinical practice guidelines (CPGs).

A major stride forward has recently been taken in clinical practice reform with the Ministry of Health's approval of the first evidence-based CPGs for outpatient care in Kazakhstan, for the treatment of arterial hypertension.

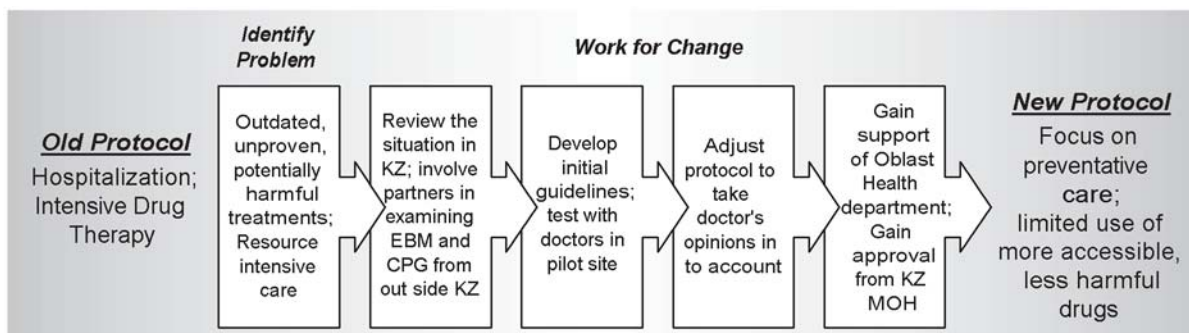
Today, Evidence-Based Medicine is accepted as the standard for medical practice in the West. Since the 1940s, randomized controlled trials have been used to test new medical treatments and establish Clinical Practice Guidelines. By the 1980s this movement became known as EBM and now new treatments are not considered valid unless they have been through several, well-documented, randomized controlled trials. CPGs codify these treatment methods, but remain open to revision as new medical evidence becomes available.

Through trainings conducted by ZdravPlus and its partners, EBM is being introduced to Kazakhstan. In 2001, ZdravPlus held a training on EBM for the newly-formed Karaganda Drug Information Center (DIC). The DIC staff immediately recognized the importance of EBM and made the decision to bring this information to their colleagues and to work together to create the first set of evidence-based CPGs for outpatient care.

When starting out the DIC staff researched widespread diseases in Kazakhstan and chose to focus their CPGs on Arterial Hypertension (AH). Cardiovascular disease is a major killer in Kazakhstan, and hypertension is a significant contributor. Standard treatments included a referral directly to the hospital along with many unnecessary drugs and treatments; occasionally causing long term harm. For example, the recommend drug, quick acting Nifedipnine, was more expensive than other, readily available and more effective treatments, and is known to increase mortality.

The DIC staff recognized that they could not formulate new guidelines on their own. A study tour in Russia on the development of CPGs using EBM brought DIC members together with staff from the Research Institute of Cardiology and Internal Diseases, and the Department of Family Medicine of the Almaty Postgraduate Medical Institute (PGI) and resulted in the three organizations collaborating with

Development of Arterial Hypertension Clinical Practice Guidelines



The USAID-funded ZdravPlus Program provides technical assistance and training to improve the health of Central Asian populations by improving health delivery systems

the DIC to develop the guidelines. The DIC took the lead in organizing and reviewing current research and writing a first draft, and the partners contributed by going over the guidelines and making suggestions and revisions.

The basic guideline for the diagnosis and treatment of patients with hypertension in the outpatient clinical setting was created using an Australian methodology for developing CPGs. The process involved consulting over 90 international EBM sources of information on hypertension. Formulating the CPGs was an intense, two year long process, but the DIC's approach – that of bringing together experts from various institutions in Kazakhstan and using their knowledge and experience along with international sources of information, very different from the old top-down Soviet style, – resulted in useful and relevant CPGs.

Once the initial CPGs were completed, the Department of Family Medicine of the Almaty PGI, the DIC, and ZdravPlus worked together to provide training on working with the guidelines to doctors from primary and secondary health care facilities and ambulance attendants in Karaganda Oblast. Azhar Nugmanova, one of the PGI trainers stated “We taught doctors to fully understand and use the CPGs on a daily basis. As trainers and physicians we realized the importance of the evidence-based CPG for quality improvement.” For two years these SVPs tested the new AH CPGs. The SVPs provided feedback on the guidelines and adjustments were made accordingly.

Physicians appreciated that the guidelines included all aspects of service provision to patients with hypertension, and thought that it was very important that treatment standards took into account non-drug therapies; i.e. recommendations of exercise and healthier diets. One Physician also commented particularly on the importance of the realistic drug based therapies – “the recommended drugs are all on the Essential Drugs List and accessible for patients.” In addition according to the CPGs, patients are given information about their condition and recommendations for preventing further harm.

Preliminary results indicate that trainings on use of the guidelines are working; the use of recommended first line medications has increased while the use of some non-recommended medications which were heavily used in the Soviet era, have decreased. In addition, both a decrease in admission rates and the number of emergency calls to hospitals regarding hypertension indicate an increase in the efficiency of treatment of hypertension patients in FGPs.

The new AH CPGs are now accepted practice in Karaganda and Zhezkazgan. They have gained the support of the Karaganda Oblast Health Department which has helped the CPGs for Arterial Hypertension to gain the approval of the Ministry of Health. The Ministry recommended guidelines will now be published and distributed all over Kazakhstan with trainings to be provided by the Institute of Cardiology and the Almaty Postgraduate Medical Institute. ZdravPlus will continue to work with the DIC on improving and refining the guidelines, which represent a major accomplishment for the Karaganda Drug Information Center and a big step forward for improving clinical practices through the use of evidence-based medicine in Kazakhstan.



Karaganda Physicians attend a training session on EBM and using CPGs

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