

Non-traumatic wrist disorders: An audit of UK-based clinical practice guidelines and care pathways.

Non traumatic wrist disorders (NTWD) are common in the adults, with an annual consultation rate of 58/10,000 in primary care in the UK¹. They present a **challenge** to **patients and clinicians** and variation in the means of diagnosis and management has been found². A mixed stakeholder group of patients and healthcare professionals³ identified **key questions** which were investigated in this audit:

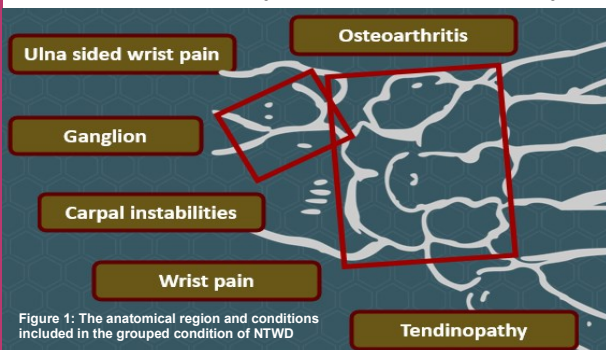


Figure 1: The anatomical region and conditions included in the grouped condition of NTWD

and variation in the means of diagnosis and management has been found². A mixed stakeholder group of patients and healthcare professionals³ identified **key questions** which were investigated in this audit:

- What care pathways exist for NTWD, do they differ between settings and how are they compiled?
- What is the nature of the information they present?
- What is the **quality** of these NTWD resources?

The aim of this study was to identify UK-based clinical practice guidelines and care pathways and to perform a quality assessment.

Methods

Design: Audit of clinical practice guidelines and care pathways with quality assessment using the AGREE II tool⁴.

Search strategy: Published and grey literature database searches were conducted in accordance with JBI and PRISMA-ScR guidance and protocol was published a priori on the Open Science Framework. Combinations of MeSH terms paired with "guidelines" or "clinical practice guideline," were used with Boolean operators and truncations. Appeals for locally held guidelines were made by a targeted email and social media strategy plus through special interest forum posts.

Selection: Sources **excluded** were published prior to 2010 or if they referred to management of traumatic injury or areas outside of the wrist highlighted (Figure 1). The well resourced condition of carpal tunnel syndrome was excluded as were patient information sheets.

Data extraction and quality assessment: MY AGREE PLUS online platform was used for **AGREE II** to assess the quality of sources across the domains of scope, stakeholder involvement, clarity, applicability and editorial independence. Four researchers independently extracted data with the one arbitrator.

Results

19 guidelines met criteria of which **6 were locally held**

sources (Fig 2). Clinical settings of sources included Outpatient care (9) In-patient care (7). None were found for private services.

Recommendations for management of **de**

Quervain's was made in 10 sources, then **ganglion** (8), **osteoarthritis** and **tendonitis** (4) and **ulna sided, DRUJ, wrist weakness and strain** (1). Gaps in guidelines were noted for wrist sprains and general non-traumatic wrist pain. **AGREE II** ratings found "Clarity of Presentation" were of **highest quality**, but 'Applicability', 'Rigor of Development, and stakeholder involvement' **scored poorly** (Fig 3).

Conclusions

This audit highlights a **lack of high-quality clinical**

practice guidelines and care pathways. It is recommended that that **stakeholder involvement** is used in the development of new resource. The AGREE II tool is useful in appraisal of new guidelines.

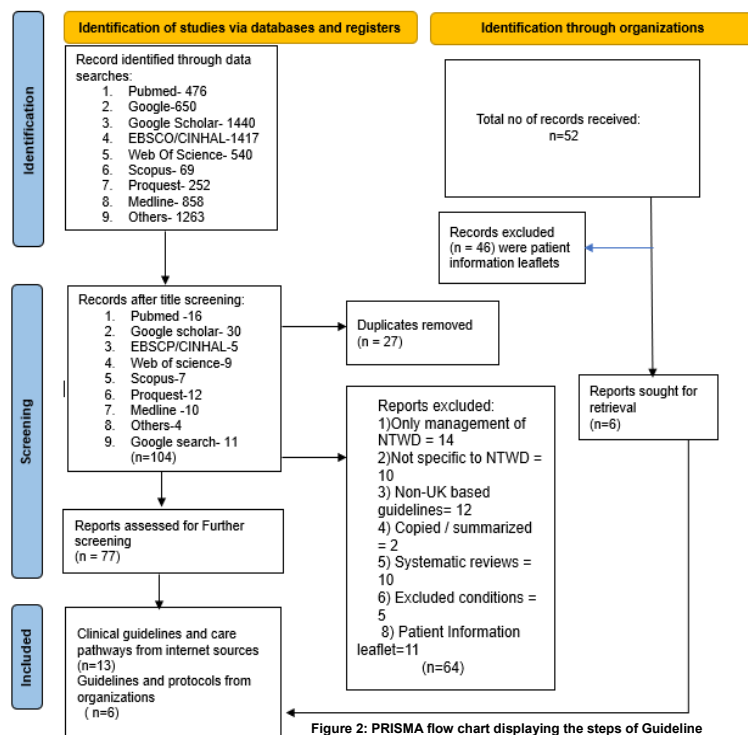


Figure 2: PRISMA flow chart displaying the steps of Guideline selection.

Figure 3: Mean AGREE II Domain scores of guidelines

Agree II Domains	Scope and purpose	Stakeholder involvement	Rigor of development	Clarity of presentation	Applicability	Editorial independence
Mean score (%)	47.58%	33.86%	34.78%	65.45%	29.51%	42.07%

