NEED FOR EVIDENCE-BASED GUIDELINES FOR IMPROVING PHYTOTHERAPY IN CLINICAL PRACTICE

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Over recent decades a wide number of studies, reviews and monographs have explored the pharmacological properties of medicinal plants. These properties are exploited in the discipline of phytotherapy through development of new approaches to diseases that involve strategic pharmacological opportunities in treatment and patient care. However, correct clinical phytotherapy practice is hampered both by a lack of transparency in the herbal-medicine market, where products are characterized by wide variations in pharmacological evidences; and by the entrenched and discrepant opinions about these products held by users and healthcare practitioners (Fürst et al.). Problems can also arise from misinterpretation of evidence from clinical studies or systematic reviews; indeed, a study by Lai et al. found that only 30.1% of readers were able to correctly identify both the direction of effect and the strength of evidence, thus failing to translate the results into valid conclusions or recommendations for best clinical practice. In order to support the interpretation of evidence-based data – and more specifically their translation into clinical practice – practitioners and patients could benefit from clinical practice guidelines. Improvement in healthcare processes and outcomes through use of such clinical guidelines has been demonstrated in a systematic review conducted by Grimshaw et al. The results revealed an 86.6% improvement in health care in the 235 studies analyzed; two other reviews report similar results (Medves et al., Hakkennes et al.). Such guidelines assist in correct interpretation of systematic reviews and scientific data by end-users. One example is the widely used GRADE approach (grading of recommendations assessment, development and evaluation), overseen by the GRADE working group: in using these guidelines a key factor is transparency in the determination of the quality of evidence. This quality is graded as: high (A), moderate (B), or low (C) (GRADE Working Group, 2004). Once the evidence is graded, recommendations are made for its categorization within a range of grades from strong to weak. An alternative to GRADE is the tool developed by the Scottish Intercollegiate Guidelines Network (SIGN), which carries out excellent and inspiring work in preparing guidelines. The SIGN working groups first perform a thorough literature review and set out key questions. Each publication in the compilation is then evaluated to establish the quality level, following checklists. Once the evidence is collated the SIGN working groups make an overall evaluation by judging the level of the results and their impact, and defining the key questions for the guidelines. The main goal of the GRADE and SIGN guidelines is improved treatment outcome and patient care, and clearly any phytotherapy guidelines should aim to recommend a specific phytotherapy treatment based on the best scientific evidence. This should take into account reports on safety data about toxicology, possible interactions, and case reports, such that the clinical practice of herbal medicinal products is optimized and the quality of herbal medicinal products assessed. Any evidence-based guidelines on phytotherapy must meet operational needs such that clinical questions are addressed, and be structured to focus on an individual disease or groups of similar diseases, exploring every channel

offered by evidence-based medicine. The guidelines should make clear identification of suitable pharmacological solutions offered by the various medicinal plants, enabling practitioners to make reliable interpretation of evidence from the scientific literature and avoid poor therapeutic practices.

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