Publication of national dermatology guidelines as a Research Letter in the BJD: can less ever be enough?

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In this issue of the *BJD* we introduce publication of the summary of a national dermatology guideline as a Research Letter: the Dutch clinical practice guideline (CPG) for rosacea.[1] With this editorial we would like to familiarize clinicians, authors and peer reviewers with the new concept of summarizing a guideline in such a succinct way.

High-quality CPGs can improve both patient outcomes and quality of care, and minimize inappropriate treatments.[2,3] As a global journal,[4] the *BJD* aims to provide dermatologists with high-quality, trustworthy guidelines relevant to their practice and location.[5] Although traditionally most CPGs published in the *BJD* have been produced by the British Association of Dermatologists (BAD) CPG group, we are pleased to see an increasing number of submissions of CPGs from other countries, extending the geographical reach of the journal.

While there is room for publication in the *BJD* of guidelines that are merely consensus based due to lack of evidence from randomized controlled trials, some important aspects need to be addressed for *all* guidelines submitted to the *BJD*: detailed and transparent reporting of methodology, including the methods applied to move from evidence to recommendations (ideally with GRADE); minimization of authors' conflicts of interest and clear statements of funding sources.

Where sufficient evidence exists, CPGs are ideally underpinned by one or more systematic reviews. Conducting a high-quality systematic review is labour intensive, time consuming and costly. We recently discussed in the *BJD* common methodological pitfalls and new developments in systematic review meta-analysis.[6] It takes a comprehensive team to conduct a high-quality systematic review, with input needed from clinicians, methodologists, statisticians, information specialists and patients to address all stages of the guideline development process adequately. Before the underpinning systematic review can start, registration or publication of a protocol is required.[6] Despite incorporating the global body of available evidence it is typically utilized for just one national or regional CPG.

Based on the systematic review, the certainty of evidence and the confidence in the effect estimates can be used by guideline developers to make formal recommendations. Importantly, the values and preferences of patients need to be taken into account. These frequently vary between countries, influencing how patients weigh the potential benefits, harms, costs, limitations and inconvenience of the different treatment options in relation to one another.[7,8] Availability of medication, access to physicians or hospitals or clinics, and affordability (costs of healthcare and health insurance) can all further influence the recommendations made.[9]

In a recent *BJD* commentary, Gregor Jemec pointed out that efforts of CPG development teams are frequently repeated by several teams at more or less the same time, in several countries or regions.[10] The duplication of effort often leads to similar findings, resulting in research waste.

Another issue affecting both CPGs and systematic reviews is that they are updated infrequently. For some disease areas this might have no practical consequences, but in other areas there may be rapid developments, with a swift accumulation of new evidence likely to alter clinical practice. For instance, there might be new treatment effectiveness or safety data. This delay in translating evidence into guideline recommendations is of serious concern to patients, who could miss out on guidance that might optimize their treatment.

The *BJD* now offers the opportunity to use the format of a Research Letter, accompanied by a treatment algorithm, to make the international dermatology community aware of local and national guidelines if they have been published elsewhere, even if such a publication is not in English. The Research Letter should demonstrate that the CPG adhered to the BAD standards for guideline development and that the guideline is based on one or more recently published systematic reviews. This will help to avoid research waste and create opportunities for guideline developers to publish their main findings and recommendations in a new and succinct way. These concise guidelines will also benefit from a BJD plain language summary, made freely available, to ensure that patients can access them easily.

We hope that this new format for guideline publication will be a success with clinicians and patients alike, proving the point that less can indeed be enough.

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