

2023.01.13版

# 診療ガイドラインを 便利に使いこなそう

## ～リソース・ツールの活用法～

教育プログラム検討会  
佐々木 典子

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## 本日のアウトライン

- 診療ガイドラインの基本事項
  - ✓ 診療ガイドライン作成～活用サイクル
  - ✓ 日本標準と世界標準 (GRADE) リソースの紹介
- Living guideline : Covid-19時代の新たな飛躍
  - ✓ どのような組織が連携しているか
  - ✓ Evidence-eco system

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## 診療ガイドライン 定義

健康に関する重要な課題について、医療利用者と提供者の意思決定を支援するために、システマティックレビューによりエビデンス総体を評価し、益と害のバランスを勘案して、最適と考えられる推奨を提示する文書。

(Minds診療ガイドライン作成マニュアル編集委員会, Minds診療ガイドライン作成マニュアル2020 ver.3.0, 公益財団法人日本医療機能評価機構EBM医療情報部, 2021, 3頁)



診療上の重要度の高い医療行為について、エビデンスのシステマティックレビューとその総体評価、益と害のバランスなどを考量して、患者と医療者の意思決定を支援するために最適と考えられる推奨を提示する文書 (Minds診療ガイドライン作成の手引 2014)

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## Minds ガイドラインライブラリ



一覧が見られます

2002～公益財団法人  
日本医療機能評価機構  
JQ が実施

Mindsガイドライン  
ライブラリで  
各種ガイドライン  
を検索可能

新着ガイドライン <https://minds.jcqh.or.jp/>

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診療上の疑問(Clinical question: CQ)ごとに推奨レベル、エビデンスレベルが記載されている

患者さんとご家族のためのガイドシリーズ

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「診療ガイドラインの活用」に関するこれまでの調査研究成果

診療ガイドラインの活用

Minds-QIP (Quality Indicator/Improvement Project) プロジェクト

Minds-QIP (Quality Indicator/Improvement Project) プロジェクトは、診療ガイドライン活用促進方法の開発を目的として、平成26年度から平成30年度まで、日本医療機能評価機構が運営するEBM普及推進事業 (Minds) と京都大学が運営するQIP (Quality Indicator/Improvement Project) が協働して実施したプロジェクトです。

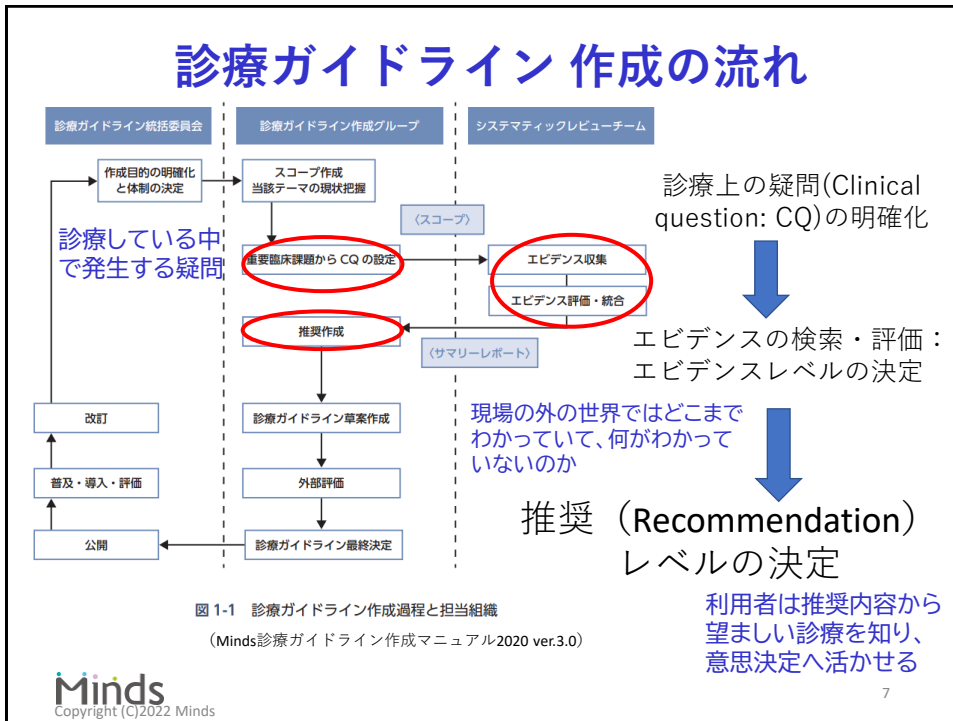
全国の約400にわたるQIP参加病院と提携し、診療ガイドラインの認識や活用、診療ガイドラインに沿った診療の実施状況などを調査し、さまざまな事例や考察をまとめたとともに、最終年度 (平成30年度) の報告書においては、診療ガイドライン活用促進のための提言をまとめました。

[https://minds.jqhc.or.jp/docs/implementation/qip/pdf/MindsQIP\\_H30\\_Collection.pdf](https://minds.jqhc.or.jp/docs/implementation/qip/pdf/MindsQIP_H30_Collection.pdf)

診療ガイドライン活用ガイドを  
ご一読ください

診療ガイドラインの活用ガイド  
2018年度 MINDS-QIP 共同研究・調査報告

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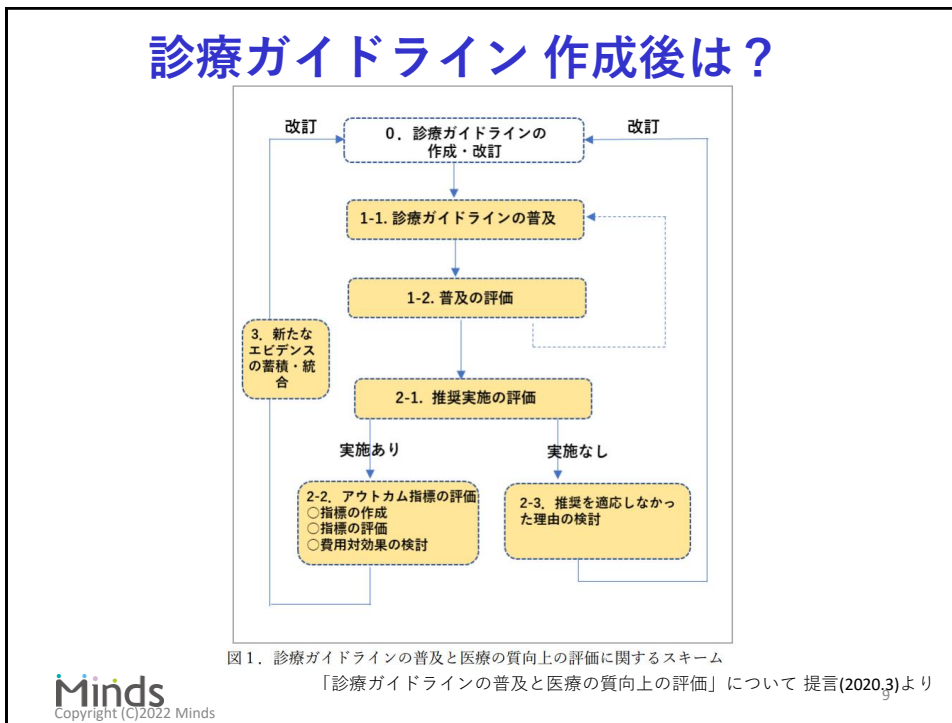
## 診療ガイドライン 評価の手順

AGREE II (The Appraisal of Guidelines for Research and Evaluation II)

AGREEIIで一定の基準を満たした著作権者の承諾をいただいたものを掲載

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## 診療ガイドライン 標準的作成方法

公益財団法人日本医療機能評価機構  
Minds ガイドラインライブラリ

このサイトの使い方 診療ガイドラインの評価・掲載をご希望の方へ

Mindsについて 診療ガイドラインとは Mindsの診療ガイドライン掲載方針 診療ガイドラインの活用 診療ガイドライン作成方法 患者・市民の方へ

トップページ ▶ 診療ガイドライン作成方法 ▶ 作成マニュアル等 ▶ **Minds診療ガイドライン作成マニュアル2020 ver.3.0**

日本の標準的作成方法 →

作成：Minds診療ガイドライン作成マニュアル編纂委員会  
発行：2021年3月22日

更新履歴  
2021年11月24日：「Minds診療ガイドライン作成マニュアル2020 ver.3.0」のテンプレートを一部更新し、更新履歴一覧表（2021年11月24日修正版）を公開しました。  
2021年4月6日：「Minds診療ガイドライン作成マニュアル2020 ver.3.0」に関する更新履歴一覧表（2021年4月6日修正版）を公開しました。  
2021年3月22日：「Minds診療ガイドライン作成マニュアル2020 ver.3.0」を公開しました。それによって、更新履歴一覧表（2021年3月22日版）を公開しました。

全体版  
全体版（一括ダウンロード）（PDF：6MB）  
テンプレート

各章ごとのダウンロード  
前付（表紙・目次・作成者など）（PDF：0.4MB）  
第1章 診療ガイドライン総論（PDF：0.4MB）

GRADE 日本語 ENGLISH

ログイン お問い合わせ

診療ガイドライン作成方法

- ガイドライン作成者向け情報のご案内
- 作成マニュアル等
- セミナー・ワークショップ
- 作成相談対応
- 診療ガイドライン評価
- ガイドラインの活用と有効性評価
- 診療ガイドラインレジストリ
- Minds Tokyo GRADE Center

「世界標準」とは？  
GRADE: The Grading of Recommendations Assessment, Development and Evaluation<sub>1.0</sub>

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# GRADE proの作成方法

GRADEpro | GDT
product extensions EtD's and Guidelines resources pricing contact log in

Happy World Evidence-Based Healthcare Day, everyone!

Standard plan for everyone - for free!

read more

GRADE proの診療ガイドライン作成方法の  
枠組み・概要を知る  
(作成者向けウェブツール・データベース)

海外の各種の診療ガイドラインが  
使用しやすくなる

https://gradepro.org  
/resources

Publications about the GRADE approach

Introductory series for clinicians published in the BMJ (2008)

- GRADE: an emerging consensus
- What is "quality of evidence" and why is it important to clinicians?
- Grading quality of evidence and strength of recommendations for diagnostic tests
- Going from evidence to recommendations
- Incorporating considerations of resources use into grading recommendations
- Use of GRADE grid to reach decisions when consensus is elusive

概要はトップページ  
"Key features of  
GRADEpro"参照

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# Evidence to Decisionの枠組みによる記載

GRADEpro | GDT

Database of GRADE EtD's and Guidelines

Search

...or try example query

Found 12 evidence profiles

“covid”  
を入力して  
みる

Glen Hazlewood, Jordi Pardo Pardo, Robby Nieuwlaat  
Should mRNA COVID vaccine vs. placebo be used for preventing COVID?  
COVID-19 vaccination for patients with autoimmune rheumatic disease

Glen Hazlewood, Jordi Pardo Pardo, Robby Nieuwlaat  
Should Ad26.COV2.5 COVID vaccine (3&3) vs. placebo be used for preventing COVID?  
COVID-19 vaccination for patients with autoimmune rheumatic disease

Tortosa, F. Comité asesor en biotecnologías, MSal BN  
¿Debería usarse Tocilizumab vs. tratamiento de sostén para COVID-19?  
Tocilizumab-COVID-19

Glen Hazlewood, Jordi Pardo Pardo, Robby Nieuwlaat  
Should ChAdOx1 S/D/S2 vs. MenACWY/saline be used for preventing COVID?  
COVID-19 vaccination for patients with autoimmune rheumatic disease

Tortosa, F  
¿Debería usarse Dexametasona 6 mg/día durante 10 días vs. Cuidado estándar para pacientes hospitalizados por COVID-19?  
Dexametasona en pacientes hospitalizados por COVID-19

Holger Schönemann, Assem Khamis, Romina Brignardello-Petersen, Elie Akl  
Should non-invasive ventilation vs. invasive mechanical ventilation be used for patients with COVID-19 and acute hypoxic respiratory failure?  
COVID-19 1776 58

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# 具体例: COVID予防に mRNAワクチン vs プラセボ どちらがよいか (1)

GRADEpro GOT

Should mRNA COVID vaccine vs. placebo be used for preventing COVID in adults (Age >=12)?

Author(s) of the Evidence Profile: Dan Hackett, José Paulo Paes, Roby Heussatz

Presentations: **Consensus**

診療者向け

**WE SUGGEST THE INTERVENTION** **ワクチンを推奨する**

The Canadian Rheumatology Association guideline panel suggests using COVID-19 vaccination in persons aged 12 and older with autoimmune rheumatic disease (conditional recommendation, low certainty of the evidence about effects for age >=18 BNT162b2 (Pfizer-BioNTech), age >=18 mRNA-1273 (Moderna) and age >=18 Ad5-CHOX2 (Johnson & Johnson); very low certainty for age >=18 ChAdOx1 (AstraZeneca), age 12-17 BNT162b2 (Pfizer-BioNTech)).

This recommendation is based on evidence for currently approved COVID-19 vaccines: BNT162b2 (Pfizer-BioNTech), mRNA-1273 (Moderna), Ad5-CHOX2 (Johnson & Johnson), and ChAdOx1 (AstraZeneca).

For people aged 12-18, the recommendation applies to the approved mRNA vaccines: BNT162b2 (Pfizer-BioNTech), mRNA-1273 (Moderna). The recommendation needs to be viewed in the context of any restrictions to vaccine use for the general public set by national or provincial bodies that may change over time. This includes guidance on mixing of different vaccines.

Primary justification:  
The panel was confident that for the majority of patients the potential benefits outweigh the potential harms in people with autoimmune rheumatic diseases. The recommendation was graded as conditional because of uncertainty about the effects in the population of interest.

Primary implementation consideration: for policy makers and providers:  
Persons with autoimmune rheumatic diseases who meet local eligibility criteria for COVID-19 vaccination should not be denied access to vaccination and should not be required to take additional steps compared to people without autoimmune rheumatic diseases to obtain their vaccination.

[https://guidelines.grade-pro.org/profile/QnfX\\_seQRDw](https://guidelines.grade-pro.org/profile/QnfX_seQRDw)

## 背景情報

Background Subgroup considerations Justification Implementation considerations

Background

GRADE evidence profile Summary of Findings table Evidence to Decision framework Interactive Summary of Findings

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# 具体例: COVID予防に mRNAワクチン vs プラセボ どちらがよいか (2)

GRADE evidence profile **Summary of Findings table** Evidence to Decision framework Interactive Summary of Findings

SoF

EtD (次のスライド)

Open in new window

Summary of findings:  
**mRNA COVID vaccine compared to placebo for preventing COVID in adults (Age >=12)**

Patient or population: preventing COVID in adults (Age >=12)  
Setting: Community  
Intervention: mRNA COVID vaccine  
Comparison: placebo

**Summary of Findings (SoF)の枠組みによる記載**

Outcomes	Anticipated absolute effects* (95% CI)		Relative effect (95% CI)	No. of participants (studies)	Certainty of the evidence (GRADE)	Comments
	Risk with placebo	Risk with mRNA COVID vaccine				
Mortality	30 per 100,000	22 per 100,000 (9 to 34)	RR 0.73 (0.29 to 1.81)	7303 (2 RCTs)	⊕⊕⊕⊕ Low <sup>a,b</sup>	
Severe or critical disease	110 per 100,000	4 per 100,000 (1 to 21)	RR 0.04 (0.01 to 0.19)	7070 (2 RCTs)	⊕⊕⊕⊕ Moderate <sup>a</sup>	
Severe Adverse Events	717 per 100,000	739 per 100,000 (524 to 875)	RR 1.03 (0.87 to 1.22)	7303 (2 RCTs)	⊕⊕⊕⊕ Low <sup>a,b</sup>	
Incidence of symptomatic COVID-19 confirmed with positive test	1,099 per 100,000	55 per 100,000 (33 to 89)	RR 0.05 (0.03 to 0.09)	6129 (2 RCTs)	⊕⊕⊕⊕ Moderate <sup>a</sup>	
Autoimmune adverse events	13 per 100,000	7 per 100,000 (1 to 73)	RR 0.50 (0.03 to 5.51)	3029 (1 RCT)	⊕⊕⊕⊕ Very low <sup>a,b</sup>	
Incidence of any adverse events	15,075 per 100,000	23559 per 100,000 (26,725 to 25,352)	RR 1.59 (1.24 to 1.94)	7303 (2 RCTs)	⊕⊕⊕⊕ Low <sup>a,b</sup>	
Exacerbation of pre-existing disease	Immunization did not generally cause clinically significant worsening of underlying AILDs. A meta-analysis evaluating the impact of influenza and pneumococcal vaccination in systemic lupus erythematosus (SLE) demonstrated that immunization had no significant effect on the SLE disease activity index (SLEDAI) score.			759 (20 observational studies)	⊕⊕⊕⊕ Very low <sup>c</sup>	

\*The risk in the intervention group (and its 95% confidence interval) is based on the assumed risk in the comparison group and the relative effect of the intervention (and its 95% CI).  
CI: confidence interval; RR: risk ratio

GRADE Working Group grades of evidence  
High certainty: we are very confident that the true effect lies close to that of the estimate of the effect.  
Moderate certainty: we are moderately confident in the effect estimate: the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.  
Low certainty: our confidence in the effect estimate is limited: the true effect may be substantially different from the estimate of the effect.  
Very low certainty: we have very little confidence in the effect estimate: the true effect is likely to be substantially different from the estimate of effect.

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具体例：COVID予防に mRNAワクチン vs プラセボ どちらがよいか (3)

ASSESSMENT

ASSESSMENT

SUMMARY OF JUDGEMENTS

PROBLEMS	JUDGEMENT			
	Yes	Probably yes	Probably no	No
DEGREE OF IMPORTANCE	High	High	Medium	Large
PRECEDENCE OF EFFECTS	Large	Small	Small	Small
CONFIDENCE OF EVIDENCE	High	High	High	High
VALUES	Highly important	Probably important	Probably not important	Probably not important
BALANCE OF EFFECTS	Probably favors the intervention	Probably favors the intervention	Probably favors the intervention	Probably favors the intervention
RESOURCES REQUIRED	High	High	High	High
CERTAINTY OF EVIDENCE OF REQUIRED RESOURCES	High	High	High	High
GOAL CONFLICTS	Probably favors the intervention	Probably favors the intervention	Probably favors the intervention	Probably favors the intervention
QUALITY	High	High	High	High
ACCEPTABILITY	Yes	Probably yes	Probably yes	Probably yes
FEASIBILITY	Yes	Probably yes	Probably yes	Probably yes

TYPE OF RECOMMENDATION

CONCLUSIONS

The Canadian Rheumatology Association guideline panel suggests using COVID-19 vaccination over no COVID-19 vaccination in patients with AAS. (conditional recommendation, low certainty of the evidence about effects for RCT studies of these findings, with AAS [Moderate])

Evidence to Decision (EtD) Frameworks

Evidence to Decisionの枠組みによる記載

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全体的なエビデンスの確実性 4段階評価

What is the overall certainty of the evidence of effects? <https://ietd.epistemonikos.org/#/help/guidance>

The less certain the evidence is for the main outcomes, the less likely it is that a strong recommendation should be made for or against the intervention (option), or that it should be prioritized, and the more likely it is that it should be evaluated.

The overall certainty of the evidence refers to the lowest certainty for any of the critical outcomes (those that are driving a recommendation)<sup>11</sup>

The certainty (or quality) of evidence is an assessment of how good an indication the research provides of the likely effect; i.e. the likelihood that the effect will be substantially different from what the research found. "Substantially different" means a large enough difference that it might affect a decision. This assessment is based on an overall assessment of reasons for there being more or less certainty

The GRADE system uses four categories of certainty:

Ratings	Definitions
⊕⊕⊕⊕ High	This research provides a very good indication of the likely effect. The likelihood that the effect will be substantially different is low.
⊕⊕⊕○ Moderate	This research provides a good indication of the likely effect. The likelihood that the effect will be substantially different is moderate.
⊕⊕○○ Low	This research provides some indication of the likely effect. However, the likelihood that it will be substantially different is high.
⊕○○○ Very low	This research does not provide a reliable indication of the likely effect. The likelihood that the effect will be substantially different is very high.

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## Interactive Evidence to Decision (iEtD) tool による評価

The iEtD tool provides the following symbols, which can be used to indicate different types of recommendations:

- ✔ We recommend the intervention (option) (strong recommendation in favour of the intervention (option))
- ✔ We suggest the intervention (option) (weak, conditional, discretionary or qualified recommendation in favour of the intervention (option))
- ✘ We suggest against the intervention (option) (weak, conditional, discretionary or qualified recommendation in favour of the comparison)
- ✘ We recommend against the intervention (option) (strong recommendation in favour of the comparison)

<https://ietd.epistemonikos.org/#/help/guidance>  
[https://s3.amazonaws.com/ietd\\_pdf/EtD+guidance+updated+2015+05+19.pdf](https://s3.amazonaws.com/ietd_pdf/EtD+guidance+updated+2015+05+19.pdf) page 27/38

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## 従来の診療ガイドラインのあり方

診療ガイドラインの作成・評価・普及・実装・改訂の一連のサイクルには相当な時間・人材・労力・費用が必要で、改訂版を出すにも数年はかかる。



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**海外診療ガイドラインへのリンク**

Minds Guidelines library GRADE Minds Japanese Inquiries

Search Guidelines About Minds **Search of overseas Clinical Practice Guideline** Minds Tokyo GRADE Center

Top Search of overseas Clinical Practice Guidelines

Search of overseas Clinical Practice Guidelines

<p><b>National Institute for Health and Care Excellence (NICE)</b></p> <p>【Usage fee】 No charge          【URL】 <a href="https://www.nice.org.uk/">https://www.nice.org.uk/</a>          【Outline】</p> <ul style="list-style-type: none"> <li>NICE is a public agency in England that improve public health and social care, in Guidelines.</li> <li>The published guidelines are produced</li> <li>The members involved in the preparatic various stakeholders, including healthci citizens.</li> </ul>	<p><b>Guidelines International Network (G-I-N)</b></p>  <p>【Usage fee】 Available free of charge for members only (charge for membership registration)          【URL】 <a href="http://www.g-i-n.net/library/international-guidelines-library">http://www.g-i-n.net/library/international-guidelines-library</a>          【Outline】</p> <ul style="list-style-type: none"> <li>An international network of individuals and organizations interested in Clinical Practice Guidelines.</li> <li>The published Clinical Practice Guidelines are registered by organization members. (Registration of individual members is not permitted)</li> <li>The criteria for posting include Items related to the composition of the guideline preparation group, conflicts of interest, and the preparation process, and the registrants propose postings spontaneously.</li> </ul>	<p><b>The Scottish Intercollegiate Guidelines Network (SIGN)</b></p> <p>【Usage fee】 No charge          【URL】 <a href="http://sign.ac.uk/">http://sign.ac.uk/</a></p> <p>J, UK is managed by a public agency, oduced by SIGN using public funds. Guidelines are solicited from the public, ceeds in order of priority, nformation for the public, as well as ts.</p>
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**Living guidelineへの動き**

Living guidelineへの動き

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**MAGIC** Evidence Ecosystem Foundation

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最新の情報を提供するため、診療ガイドラインの作成、発行、アップデートのすべてをWebベースで行う仕組み

**Synthesize evidence**  
Relevant, reliable and timely systematic reviews

**Produce evidence**  
Relevant and reliable primary research, real world data

**Evaluate and improve practice**  
Population-based data in registries, quality indicators, data from EMRs

**Create trustworthy guidance**  
Digitally structured guidelines, HTA and decision aids, sharing evidence summaries from reviews

**Disseminate to policymakers and patients**  
Digital, multilayered and user reports, guidelines and decision devices and in web-portals, re-adaptation and plug-ins

**Implement evidence and guidance**  
CDSS in the EMR, care plans, pathways and local quality improvement initiatives

Fig. 1. Digital and trustworthy evidence ecosystem ([www.magicproject.org](http://www.magicproject.org)).

**New evidence**  
Dynamic updating

Authoring: Individual studies, Descriptive tables, Evidence profiles  
Publication: PICO, Recommendations, Key information, Rationale

**Database**  
Structured and tagged content

**Guideline panel**  
Using MAGICapp

**Multilayered formats**  
For all devices

**Integrated in the EMR**

**Adaptation**  
National and local or EBM textbooks

**Decision aids**  
For patients and clinicians

MAGICapp is a web-based tool that helps users and organizations to author, publish and update digitally structured Clinical Practice Guidelines based on best current evidence, enabling clinicians and patients to make well-informed healthcare decisions at the point of care.

<https://magicvidence.org/>

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**MAGIC** A digital authoring and publication platform for digital evidence ecosystem  
MAGIC Evidence Ecosystem Foundation

作成されたガイドラインの具体例

<https://app.magicapp.org/#/guidelines>

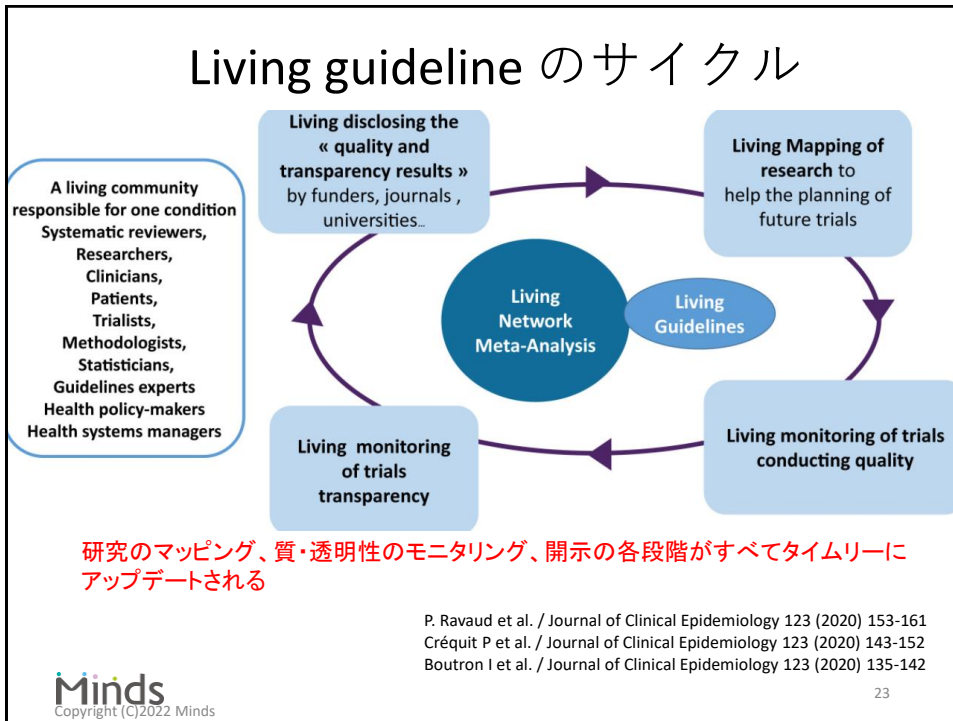
Guidelines 209 Evidence summaries

Search Organization Set and filter

	Stroke Foundation - Stroke Foundation	
	Australian and New Zealand Clinical Guidelines for Stroke Management - Chapter 5 of 8: Rehabilitation v7.3 - 11/5/21 UPDATED 77 Recommendations 139 Clinical questions/ PICOs	Options
	Australian National COVID-19 Clinical Evidence Taskforce - National COVID-19 Clinical Evidence Taskforce v5.1.1 - 3/8/22 EXTERNAL REVIEW 194 Recommendations 133 Clinical questions/ PICOs	Options
	Dansk Selskab for Anestesi og Intensiv Medicin - Arbejdsgruppen, DASAM National klinisk retningslinje for lftbehandling til den voksne elektive kirurgiske patient v2.0 - 3/13/22 2 Recommendations 2 Clinical questions/ PICOs	Options
	Australia & New Zealand Musculoskeletal Clinical Trials Network - William Renton An Australian Living Guideline for the Management of Juvenile Idiopathic Arthritis v0.2 - 11/23/21 1 Recommendations 1 Clinical questions/ PICOs	Options
	World Health Organization (WHO) - WHO Health Emergencies - Infection Prevention and Control Infection prevention and control in the context of coronavirus disease (COVID-19): A living guideline v2.0 - 3/7/22 UNPUBLISHED 35 Recommendations 0 Clinical questions/ PICOs	Options
	World Health Organization (WHO) - World Health Organization Therapeutics and COVID-19: living guideline v5.3 - 3/3/22 31 Recommendations 56 Clinical questions/ PICOs	Options
	The National Institute for Health and Care Excellence (NICE) - NICE COVID-19 rapid guideline: Managing COVID-19 v22.0 - 3/10/22 153 Recommendations 38 Clinical questions/ PICOs	Options

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## COVID-19 推奨のリビングマップ

### eCOVID-19 living map of recommendations

⚙️ COVID19 Recommendations Recommendations map Recommendations List

<https://covid19.recmapp.org/>

COVID19 Recommendations and Gateway to Contextualization

Enter the keyword to search in recommendations

Recommendations map

Recommendations List

クリックする

What you can do on this portal

Change of Care in Times of COVID-19 and Pandemic Preparedness

The Canadian Institutes of Health Research (CIHR) : Canada's federal funding agency for health research

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CIHR IRSC

This eCOVID-19 living map of recommendations is funded by CIHR (FRN-VR4-172741 & GA3-177732).

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## COVID-19 推奨のリビングマップ(2)

<https://covid19.recmmap.org/grid?plainLanguageSummaryPresent=T>

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## COVID-19 推奨のリビングマップ(3)

<https://covid19.recmmap.org/grid?plainLanguageSummaryPresent=T>

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## COVID-19 推奨のリビングマップ(4)

COVID19 Recommendations

Enter the keyword to search in recommendations

Recommendations map Recommendations List

Filters

All	Infection control	Vaccination	Screening	Diagnosis	Treatment and rehabilitation	Prognosis	Planning and monitoring
Public 4		4					
Adult 1		1					
At high risk for COVID-19 1		1					
Patient immunocompromised 1		1					
SARS-CoV2 Variant 1		1					
State (Country) 1		1					
Thromboembolic disorder 1		1					

Source  
Publication Year  
World region  
Age group  
Coexisting condition  
Intended population  
Plain Language Recommendation  
Recommendation type  
Income  
AGREE II score

heat map 27

ヒートマップ機能もある: 多いほど赤く

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## リビングマップを牽引している組織

The COVID19 living catalogue of guidelines collects best available recommendations on COVID19 for clinical, public health and health policy. It allows decision-makers to identify relevant recommendations for their question of interest. We use the broadly accepted population, interventions, comparators and outcomes (PICO) to map and catalogize questions and recommendations. One of its primary goals is to allow contextualized local, provincial, regional and jurisdictional decision-making. Our approach is to review all globally published recommendations on COVID19 and include all recommendations by key organizations including the World Health Organization (WHO), Public Health Agency of Canada (PHAC), Centers for Disease Control and Prevention (CDC), European CDC (ECDC), Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften e.V (AWMF or Association of the Scientific Medical Societies in Germany), National Institute for Health and Care Excellence (NICE), Canadian Task Force on Preventive Health Care (CTFPHC), COVID Network Meta-Analysis Initiative (COVID-NMA), National COVID-19 Clinical Evidence Task Force (Australia), National Institutes of Health (NIH), and the Scottish Intercollegiate Guidelines Network (SIGN). All recommendations are supported by a description of its PICO elements and links to interactive Summary of Findings (SoF) tables and the Evidence to Decision tables (EtDs) populated on GRADEPro and other information, if available.

It is a product of the collaboration between Cochrane Canada, the World Health Organization Collaborating Center for Infectious Diseases, Research Methods and Recommendations at McMaster University, Evidence Prime, the Norwegian Institute of Public Health, the Guidelines International Network and many other institutions or organizations (see below).

This platform is free to access and will feed on continued input from guideline developers which we encourage and users and, thus, it's easy-to-use functions will continue to improve and it will be updated regularly to maintain relevance.

<https://covid19.recmap.org/about>

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Therapeutics and COVID-19: living guideline –  
World Health Organization (WHO) 2021.9.24版

Therapeutics and COVID-19  
LIVING GUIDELINE  
24 SEPTEMBER 2021

World Health Organization

<https://www.who.int/publications/i/item/WHO-2019-nCoV-therapeutics-2022.4>  
<https://apps.who.int/iris/bitstream/handle/10665/345356/WHO-2019-nCoV-therapeutics-2021.3-eng.pdf>

複数の手段/サイトからアクセス可能

The guideline is available via: Page 7/71

- WHO website in PDF format (2)
- MAGICapp in online, multilayered formats
- WHO Academy app
- BMJ Rapid Recommendations (4)

Additional educational modules and implementation tools for health workers can be found via:

- WHO COVID-19 essential supplies forecasting tool (COVID-ESFT)
- WHO Clinical care for severe acute respiratory infection toolkit: COVID-19 adaptation
- WHO Openwho.org clinical management course series
- WHO Academy app

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小さく始めて、短期間で少しずつ  
アップデート

The section text provides an executive summary of the guidance. The first version of the living WHO guideline, published 2 September 2020, provides recommendations for corticosteroids; the second version, published 20 November 2020, provides recommendations on remdesivir; the third version, published 17 December 2020, provides recommendations on hydroxychloroquine and lopinavir/ritonavir; the fourth version, published 31 March 2021, provides recommendations on ivermectin; and the fifth version, published 6 July 2021, provides recommendations on IL-6 receptor blockers (2). This update does not include changes to the recommendations for any of these other drugs.

数か月ごとに改訂や出版化！

(Therapeutics and COVID-19: living guideline –World Health Organization .2021.9.24

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## Take home message

- Minds診療ガイドラインライブラリでは、各種診療ガイドラインに到達できるだけでなく、サイト内に準備されているツールやリンクを、必要な場面に応じて活用可能である。
- 診療ガイドラインを活用するためには、世界的視点を持ち、作成過程の歴史・議論・展開も知っておくとよい。
- COVID-19感染症におけるニーズも踏まえ、世界ではEvidence ecosystemを目指して連携していく動きがある。

## 2022年度 診療ガイドライン 学習教材 (導入教材)

■編集：公益財団法人日本医療機能評価機構 EBM医療情報部 教育プログラム検討会

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※◎は本動画教材を作成した検討会委員

■査読協力：公益財団法人日本医療機能評価機構 診療ガイドライン作成支援部会