

INPLASY PROTOCOL

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Corresponding author:
Yamin Chen

chenyamin20@163.com

Author Affiliation:
Lanzhou University

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None declared.

Can you trust guidelines for incontinence-associated dermatitis? A critical appraisal of guidelines and consensus for incontinence-associated dermatitis with the AGREE II and AGREE-REX instrument

Chen, YM¹; Gao, Y²; Zhang, JY³; Niu, MM⁴; Tian, JH⁵.

Review question / Objective: To critically appraise methodological quality of all currently available international guidelines for IAD using the Appraisal of Guidelines, Research and Evaluation (AGREE) II and the AGREE Recommendation Excellence (AGREE-REX) instrument.

Information sources: A systematic review of the IAD guidelines was conducted. We searched the following electronic databases without language limitations: PubMed, EMBASE.com, Web of Science, China National Knowledge Infrastructure (CNKI), Chinese Biomedical Literature Database (CBM), and Wanfang data. In addition, we also searched the guidelines databases.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 23 September 2021 and was last updated on 23 September 2021 (registration number INPLASY202190078).

INTRODUCTION

Review question / Objective: To critically appraise methodological quality of all currently available international guidelines for IAD using the Appraisal of Guidelines, Research and Evaluation (AGREE) II and the AGREE Recommendation Excellence (AGREE-REX) instrument.

Rationale: Globally, incontinence-associated dermatitis (IAD) is a significant health challenge. IAD as a new term of dermatology, was proposed by Gray M et.al at the consensus in 2007, which is a complex health care problem and has a negative impact on the quality of life of patients, higher health care costs and prolonged hospitalisation. Over the last

decades, the number of guidelines for IAD is increasing. To our knowledge, a contemporary, comprehensive and rigorous quality appraisal of IAD guidelines has not been undertaken.

Condition being studied: Globally, incontinence-associated dermatitis (IAD) is a significant health challenge. The number of guidelines on IAD is increasing. Several organizations such as Wound, Ostomy and Continence Nurses Society (WOCN Society), Wund-D.A.CH and Beijing Nursing Association, have published guidelines for IAD treatment. It is recognized that clinicians usually rely on well-developed clinical guidelines for decision-making, which are the most credible evidence. Differences in the development process and data collection of clinical practice guidelines affect the quality and strength of the recommendations provided by the guidelines. Consequently, identifying the guidelines and their methodological strengths and weaknesses are essential for improving the overall quality of that can be used as a template for country-specific adaptations, which also create reliable recommendations for both clinicians and patients. To our knowledge, a contemporary, comprehensive and rigorous quality appraisal of IAD guidelines has not been undertaken. The purpose of this study is to critically appraise methodological strengths and weaknesses of all currently available international guidelines on IAD guidelines using the Appraisal of Guidelines, Research and Evaluation (AGREE) II and the AGREE Recommendation Excellence (AGREE-REX) instrument.

METHODS

Search strategy: #1 "Diaper Rash"[Mesh] OR "Dermatitis, Irritant"[Mesh] OR "Dermatitis, Contact"[Mesh] | #2 Incontinence-Associated Dermatitis[Title/Abstract] OR Incontinence Associated Dermatitis[Title/Abstract] OR "diaper dermatitis"[Title/Abstract] OR "diaper erythema"[Title/Abstract] OR "Diaper Rash"[Title/Abstract] OR "napkin dermatitis"[Title/Abstract] OR "napkin

rash"[Title/Abstract] OR "nappy dermatitis"[Title/Abstract] OR "nappy rash"[Title/Abstract] OR "perineal rash"[Title/Abstract] OR "Perineal Dermatitis"[Title/Abstract] OR "perineal erythema"[Title/Abstract] OR neonatal red buttock*[Title/Abstract] OR "Irritant Dermatitis"[Title/Abstract] | #3 Moist lesion*[Title/Abstract] OR moist damage*[Title/Abstract] OR moist wound*[Title/Abstract] OR moist injur*[Title/Abstract] OR moist sore*[Title/Abstract] OR Incontinence dermatitis[Title/Abstract] OR incontinence sore*[Title/Abstract] OR incontinence ulcer*[Title/Abstract] OR incontinence damage[Title/Abstract] OR incontinence injur*[Title/Abstract] OR incontinence lesion*[Title/Abstract] | #4 #1 OR #2 OR #3 | #5 "Guideline"[Publication Type] OR "Guidelines as Topic"[Mesh] OR "Practice Guideline" [Publication Type] OR "Health Planning Guidelines"[Mesh] OR "consensus"[MeSH] | #6 guideline[Title/Abstract] OR standard[Title/Abstract] OR guidance[Title/Abstract] OR critical pathway[Title/Abstract] OR practice guidelines[Title/Abstract] OR clinical practice guidelines[Title/Abstract] OR best practice[Title/Abstract] OR health planning guidelines [Title/Abstract] OR recommendation[Title/Abstract] OR consensus[Title/Abstract] | #7 #5 OR #6 | #8 #4 AND #7.

Participant or population: Adults over 18 years of age with incontinence-associated dermatitis.

Intervention: We include any kinds of interventions for incontinence-associated dermatitis children and adolescents.

Comparator: Not applicable

Study designs to be included: guidelines and consensus.

Eligibility criteria: Adults over 18 years of age were included. we also included consensus and guideline. Some guidelines on incontinence which have recommendations for skin care were also included. Furthermore, guidelines had to be

published in English, Chinese or German language. The new version of guidelines had been included while the old version was excluded.

Information sources: A systematic review of the IAD guidelines was conducted. We searched the following electronic databases without language limitations: PubMed, EMBASE.com, Web of Science, China National Knowledge Infrastructure (CNKI), Chinese Biomedical Literature Database (CBM), and Wanfang data. In addition, we also searched the guidelines databases.

Main outcome(s): We assessed the methodological quality of the identified guidelines using the instruments AGREE II and AGREE-REX.

Additional outcome(s): None.

Data management: Records will be managed by EndNote X 8.0 (Thomson Reuters (Scientific) LLC Philadelphia, PA, US) software to exclude duplicates.

Quality assessment / Risk of bias analysis: Four investigators evaluated the methodological quality using AGREE II and five investigators evaluated the domains clinical credibility and implementability of the guidelines using AGREE-REX. All assessments process using AGREE II and AGREE-REX were blinded to the other evaluators and conducted independently.

Strategy of data synthesis: SPSS (version 25, IBM Corporation, Armonk, NY, USA) was used for all statistical analyses. We used Spearman's correlation to examine the relationship between the distinct domains. p-values < 0.05 were considered as statistically significant. In order to describe the assessment results of each domain of each guideline, bubble plots were generated using Microsoft Excel 2013 (Microsoft Corp, Redmond, WA, <http://www.microsoft.com>). Intraclass correlation coefficients (ICCs) were calculated to assess inter-rater reliability.

Subgroup analysis: Subgroup analysis will be conducted according to the result of evaluation.

Sensitivity analysis: Not Applicable.

Language: The language is limited to English, German and Chinese.

Country(ies) involved: China.

Keywords: Incontinence-associated dermatitis; AGREE; AGREE-REX; Guideline; Consensus.

Contributions of each author:

Author 1 - Yamin Chen - The Author (1) conceived this study (2) designed the inclusion/exclusion criteria and the searching strategy (3) will be searched for the literature (4) will be collected the data and made statistical analysis (5) drafted the protocol and revised the manuscript. Email: chenjamin20@163.com

Author 2 - Ya Gao - The author (1) conceived this study (2) designed the inclusion/exclusion criteria and the searching strategy (3) will be searched for the literature (4) will be collected the data and made statistical analysis.

Author 3 - Jiaoyan Zhang - The author designed a data extraction table. Email: zjy2074@163.com

Author 4 - Mingming Niu - The author will be collected the data and made statistical analysis. Email: niumm19@lzu.edu.cn

Author 5 - Jinhui Tian - The author (1) conceived this study (2) designed the inclusion/exclusion criteria and the searching strategy (3) drafted the protocol and revised the manuscript. Email: tianjh@lzu.edu.cn