

Chronic obstructive lung disease

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Latest update: February 2013. **Next update:** Not stated. **Patient group:** Adults with chronic obstructive lung disease (COPD). **Intended audience:** Health care professionals and public health officials involved in the prevention and management of people with COPD. **Additional versions:** The current guideline is an update of a 2011 report: *Global Strategy for the Diagnosis, Management and Prevention of COPD*. Two companion documents, a pocket guide to COPD diagnosis, management and prevention, and a COPD diagnosis and management at-a-glance desk reference document are also available. **Expert working group:** A 14-member committee of medical professionals from Europe, North America and Asia comprised the expert working group. **Funded by:** Not stated. **Consultation with:** The guidelines were reviewed by 27 experts from Europe, North and South America, Asia, and Africa including Australia. **Approved by:** the Global Initiative for Chronic Obstructive Lung Disease (GOLD). This is an international consortium of leading scientific and clinical experts in COPD, supported by the National Heart, Lung and Blood Institute USA, National Institutes of Health USA, and the World Health Organization. **Location:** The guidelines and companion documents are available at: <http://www.goldcopd.org>

Description: This extensive 99-page guideline includes over 500 references providing evidence for the diagnosis, assessment, management, and prevention of COPD. Key points are provided at the start of every section and a summary of changes from the 2011 report is provided at the start of the document. Data on the burden of COPD, evidence for factors that influence disease development and progression, and information on the pathology, pathogenesis, and pathophysiology of COPD are presented first. Indicators for a diagnosis of COPD including the sensitivity of approaches for assessment of symptoms (eg, spirometry, questionnaires), is provided. Evidence for spirometry, cut points of severity levels, and the assessment of exacerbation risk is presented along with indicators to assist with a differential diagnosis. Evidence for therapeutic options for the management of COPD are presented in detail and include smoking cessation, pharmacologic therapy, vaccination, oxygen therapy, surgical treatments, and pulmonary rehabilitation, including a review on the relative benefit of various components of pulmonary rehabilitation (eg, exercise, education, nutrition, smoking cessation). Comprehensive sections are presented on the evidence underpinning these management approaches both for stable COPD and the assessment and treatment of exacerbations. Finally, evidence for links between COPD and other co-morbidities are presented.

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Brain injury rehabilitation

Brain injury rehabilitation in adults

Latest update: March 2013. **Next update:** In three years. **Patient group:** Adults with brain injury. **Intended audience:** People who have a responsibility for the management of adults with brain injuries in primary, secondary, tertiary, or independent health care, or the voluntary sector including medical, nursing, and allied health professionals. **Additional versions:** This is a companion document to SIGN 110, a guideline focused on early management of patients with head injury. **Expert working group:** A 21-member group including medical specialists, neuropsychologists, physiotherapists, speech pathologists, nurses, and a carer from Scotland comprised the expert working group. **Funded by:** Not stated. **Consultation with:** A draft guideline was presented at a Scottish national open meeting, made available for public comment, and circulated to over 40 independent expert reviewers from a variety of professional backgrounds in the UK. The guidelines were produced by the Scottish Intercollegiate Guidelines Network. **Approved by:** National Health Service Scotland. **Location:** The guidelines are available at: <http://www.sign.ac.uk/pdf/sign130.pdf>

Description: This 75-page guideline provides evidence for the post-acute assessment of adults with brain injury, and interventions for physical, cognitive, communicative, emotional, and behavioural rehabilitation. Evidence guiding service delivery models such as settings of care, discharge planning and telemedicine is also presented. It begins with a specific section dedicated to the assessment and treatment of mild traumatic brain injury, providing information on a range of predominantly cognitive symptoms and prognostic factors, and evidence for treatment options such as education, pharmacological and psychological interventions. The rest of the guidelines are not directed at any specific level of severity. Evidence underpinning physical rehabilitation and management is presented, covering gait, balance, and mobility (eg, treadmill training, orthoses/aids, task-specific repetitive task training, physical fitness training, and virtual reality), spasticity and tone (eg, splints, stretches, botulinum neurotoxin therapy, oral anti-spasticity medication, electrical stimulation), and upper limb function. Evidence for intervention to address cognitive dysfunctions, communication and swallowing impairments is outlined, with vocational rehabilitation interventions discussed. The guidelines also present recommendations for the management of the patient in a minimally conscious or vegetative state.

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