

Correction

A letter originally published in the November–December 2004 issue (Lember M, Ratsep A. The impact of clinical practice guidelines should not be overestimated [letter]. *J Am Board Fam Pract* 2004;17:474–5) was missing two authors, a table, and grant information as a result of a printer's error. The letter appears below in its complete form. The reply to the original letter was correct as published (Wolfe RM, Sharp LK. Compliance with clinical guidelines and the 'law of thirds' [letter]. *J Am Board Fam Pract* 2004;17:475).

The Impact of Clinical Practice Guidelines Should Not Be Overestimated

To the Editor: Compliance with published clinical practice guidelines (CPG) has been reported to be a problem worldwide. A recent study by Wolfe et al¹ concluded that most American family physicians find CPGs to be helpful, and familiarity with CPGs is fairly uniform across most subgroups studied.

We recently performed a study in Estonia on doctors' compliance with a CPG for type 2 diabetes mellitus (DM).^{2,3} We studied 354 family doctors, a random sample from the list of all family doctors in Estonia: 163 responded (response rate 46%). Respondents reported the guidelines were available in 76% of cases, which is about 3 times higher than reported by Wolfe et al.¹ Nevertheless, our results on how doctors change their practices when CPGs are available at their offices are not as encouraging those reported by Wolfe et al.¹ In the that study, it was found that 28% to 33% of the respondents reported they had changed their practice as a result of CPGs. The study also showed that of the subgroup of doctors who were aware of CPGs, 81% to 91% changed patient care. In our study, performed 3 years after the guideline was approved and distributed, we found that there was a great variability in doctors' self-reported performance, depending on the guideline recommendation, and the results are far from what we expected (Table 1).

We found no relationship between the use of a CPG for DM and the location of practice (rural or urban) or whether the practice was solo or group. In our study, the more experienced doctors reported better availability and better use of the DM CPG compared with their younger colleagues, which is the opposite of the results in the study of American doctors.

It has been reported in many studies that the attitudes of family physicians toward CPGs depends on varied circumstances, including cultural and legal factors. Lack of compliance with the guidelines may indicate deficiencies in the physician's knowledge, implementation problems, lack of belief in the guidelines, or problems in

Table 1. Proportion of Doctors Reporting Performed Tests and the Actual Recommendation in a Guideline^{2,3}

Recommendation in Guideline	Standard in DM Guideline	Compliance (%)
Blood pressure	Every visit	99
Serum creatinine	Annually	72
Eye exam	Annually	72
Managing with diabetes	Every 3 months	69
Foot exam	Annually	53
Urinary protein	Annually	45
Smoking habits	Annually	45
Urinary albumin	Annually	44
Weight	Every 3 months	39
Lipids	Annually	18
Glycosylated hemoglobin	Every 3 months	15
Checking symptoms/ complications	Annually	37

patient compliance.⁴ Another possible explanation is that doctors involved in surveys might have overestimated changes in their practice. It would be useful to study the patients to detect the actual change in practice.

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References

1. Wolfe RM, Sharp LK, Wang RM. Family physicians' opinions and attitudes to three clinical practice guidelines. *J Am Board Fam Pract* 2004;17:150–7.
2. A desktop guide to Type 2 diabetes mellitus. European Diabetes Policy Group 1999. *Diabet Med* 1999;16:716–30.
3. Estonian Society of Family Doctors. CPG on type 2 diabetes (2. tüüpi suhurtõve ravijuhised). Estonian Society of Family Doctors; 2000.
4. Lawler FM, Viviani N. Patient and physician perspectives regarding treatment of diabetes: compliance with practice guidelines. *J Fam Pract* 1997;44:369–73.

Correction

In a research letter published in the September–October 2004 issue (Lohiya S. The variable location, content, and legibility of expiration dates on medicine containers. *J Am Board Fam Pract* 2004;16:395–7), the author’s degree information and affiliation was incorrect. She

does not hold the MD degree, and her affiliation should have read: Senior Student, Sage Hill School, Newport Coast, CA, and Royal Medical Group, Santa Ana, CA.

We apologize for these errors, and we regret any confusion or inconvenience they may have caused.