

**How do I know if a recommendation is really well-established?  
I don't want to agree to something and then find it is not the best  
treatment.**

The people who produce guidelines should always provide an indication of the quality of the evidence on which the recommendations are based. They normally use a system of numbers and/or letters to grade the strength of the recommendations.

- For example, guidelines produced by KDIGO (Kidney Disease Improving Global Outcomes) are now graded between 1A and 2D.
- Guidelines produced by the ERA (European Renal Association) used to be graded as A, B or C, or as I to IV, but are now moving to the 1A to 2D system preferred by KDIGO.

**Strong recommendations** will have the highest grade. They are usually supported by high quality evidence, such as the results of large, well-conducted studies.

- If, for example, the recommendation is about whether to use treatment X or treatment Y, the ideal study would take a group of patients and randomly assign them to either X or Y (preferably without telling the patient or their physician which treatment they received). This type of study is called a 'randomised controlled trial' (an RCT). If many more patients got better with treatment X, the recommendation to use it would be strong.
- High quality recommendations can also come from undisputed facts, even if they have not been proven through controlled studies. There has never been a randomised trial to provide strong evidence of the benefit of using a parachute when jumping from a plane, but the effects of falling from a great height without one are not disputed!
- Don't be surprised to find that there are very few strong recommendations in the guidelines for the care of people with kidney disease. RCTs are very expensive to carry out and it is often necessary to follow patients for many years to see if one treatment really is better than another.

If the supporting evidence is good but could be challenged, the recommendation will have an **intermediate** grade.

- Taking the example above, if the evidence on whether to use treatment X or treatment Y comes from observing groups of patients who happened to have been given treatment X or Y or from small studies comparing just a few patients, it may seem very convincing now but it could be refuted in future by a large well-conducted RCT.

When there is little or no supporting evidence for a recommendation, it will have a low grade. It may be called a **weak recommendation** and will often be phrased as a suggestion.