

Executive Summary

There are 3 reasons for which those making recommendations may be reluctant to make a recommendation for or against a particular management strategy, and also conclude that a recommendation to use the intervention only in research is not appropriate.

1. The confidence in effect estimates is so low that the panels feel a recommendation is too speculative (see the US Preventative Services Task Force discussion on the topic [Petitti 2009; PMID: 19189910]).
2. Irrespective of the confidence in effect estimates, the trade-offs are so closely balanced, and the values and preferences and resource implications not known or too variable, that the panel has great difficulty deciding on the direction of a recommendation.
3. Two management options have very different undesirable consequences, and individual patients' reactions to these consequences are likely to be so different that it makes little sense to think about typical values and preferences.

From the GRADE handbook:

<http://gdt.guidelinedevelopment.org/app/handbook/handbook.html#h.zh3vgx3nht7m>

6.1.4 No recommendation

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The third reason requires an explanation. Consider adult patients with thalassemia major considering hematopoietic cell transplantation (possibility of cure but an early mortality risk of 33%) vs. continued medical treatment with transfusion and iron chelation (continued morbidity and an uncertain prognosis). A guideline panel may consider that in such situations the only sensible recommendation is a discussion between patient and physician to ascertain the patient's preferences.

Users of guidelines, however, may be frustrated with the lack of guidance when the guideline panel fails to make a recommendation. The USPSTF states: "Decision makers do not have the luxury of waiting for certain evidence. Even though evidence is insufficient, the clinician must still provide advice, patients must make choices, and policy makers must establish policies" [Petitti 2009; PMID: 19189910].

Clinicians themselves will rarely explore the evidence as thoroughly as a guideline panel, nor will they devote as much thought to the trade-offs, or the possible underlying values and preferences in the population. GRADE encourages panels to deal with their discomfort and to make recommendations even when confidence in effect estimate is low and/or desirable and undesirable consequences are closely balanced. Such recommendations will inevitably be weak, and may be accompanied by qualifications.

In the unusual circumstances in which panels may choose not to make a recommendation, they should specify the reason for this decision (see above).