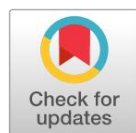


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Updating Clinical Practice Guidelines for the Management of Chronic Pain: A Systematic

Ellar Yury¹, Anne Marl²

¹ KU Leuven, Belgium

² University of Ghent, Belgium

ABSTRACT

Background. Chronic pain is a prevalent and debilitating condition affecting millions worldwide. With advancements in medical research and treatment modalities, there is a continuous need to update clinical practice guidelines (CPGs) to ensure optimal patient care. The frequent emergence of new evidence necessitates systematic updates to CPGs to maintain their relevance and efficacy.

Purpose. This systematic review aims to identify, evaluate, and summarize the latest updates in CPGs for the management of chronic pain, providing healthcare professionals with evidence-based recommendations to enhance patient outcomes.

Method. The study involved 288 university students from Chinese, Japanese, and Korean TFL settings, and the data from questionnaires were analysed using appropriate statistical methods. A comprehensive literature search was conducted across multiple databases, including PubMed, MEDLINE, and Cochrane Library, from January 2015 to December 2023. Inclusion criteria were studies that focused on updated CPGs for chronic pain management, written in English, and published in peer-reviewed journals. Data extraction was performed independently by two reviewers, and discrepancies were resolved by consensus. The quality of guidelines was assessed using the AGREE II instrument.

Results. The review identified 32 updated CPGs across various chronic pain conditions, including neuropathic pain, fibromyalgia, and chronic low back pain. Key updates include the recommendation of multimodal approaches, incorporating pharmacological and nonpharmacological treatments, patient-centered care, and the importance of individualized treatment plans. Notably, recent guidelines emphasize minimizing opioid use and increasing the use of non-opioid analgesics and complementary therapies.

Conclusion. This study has significant implications for instructional practices in TFL settings and for L2 lecturers in the classroom. By understanding learners' preferences for OCF, educators can tailor their instructional approaches to meet the specific needs of their students. The updated CPGs reflect a paradigm shift towards a more holistic and individualized approach in managing chronic pain. These guidelines underscore the importance of integrating patient preferences and multidisciplinary strategies. The findings of this review highlight the need for continuous education and training for healthcare providers to align with the evolving standards of chronic pain management.

KEYWORDS

Chronic Pain, Clinical Practice Guidelines, Multimodal Treatment, Opioid Use, Systematic Review

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Correspondence:

Ellar Yury
ellaryury@gmail.com

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INTRODUCTION

Chronic pain is a complex and multifaceted condition that affects a significant portion of the global population. It persists for more than three months and can arise from various causes, including injury, disease, or even psychological factors.

This enduring pain often leads to substantial physical and emotional distress, reducing quality of life and imposing significant burdens on healthcare systems. Understanding the mechanisms and effective management strategies for chronic pain remains a crucial area of medical research and practice.

Clinical practice guidelines (CPGs) serve as essential tools for healthcare providers, offering evidence-based recommendations to improve patient care and outcomes. These guidelines are developed through a rigorous process, incorporating the latest research findings, expert opinions, and clinical experience. The aim is to provide standardized approaches that can be adapted to individual patient needs, ensuring consistent and effective treatment across different healthcare settings.

Over the past few decades, there has been a growing recognition of the limitations and potential harms associated with traditional approaches to chronic pain management, particularly the reliance on opioid analgesics. The opioid crisis has underscored the need for safer, more effective pain management strategies. Consequently, recent updates to CPGs have increasingly focused on multimodal and multidisciplinary approaches, which include a combination of pharmacological, non-pharmacological, and psychological therapies.

The evolving nature of medical research means that CPGs must be regularly updated to reflect new evidence and changing best practices. Innovations in pain management, such as the development of new medications, advanced neurostimulation techniques, and integrative therapies, have broadened the options available to clinicians. These advancements necessitate periodic revisions of existing guidelines to incorporate new treatments and approaches that can offer better outcomes for patients with chronic pain (Abt et al., 2023).

Patient-centered care has become a cornerstone of modern healthcare, particularly in the management of chronic conditions like pain. This approach emphasizes the importance of considering patients' preferences, values, and specific circumstances when making clinical decisions. Updated CPGs now more than ever encourage clinicians to engage in shared decisionmaking with their patients, ensuring that treatment plans are tailored to the individual's needs and circumstances (AbuRahma et al., 2022).

The objective of this systematic review is to examine the most recent updates to CPGs for the management of chronic pain. By synthesizing the latest evidence and recommendations, this review aims to provide a comprehensive overview of current best practices in chronic pain management. The review will also highlight key changes and emerging trends in the field, offering valuable insights for clinicians, policymakers, and researchers dedicated to improving the lives of individuals suffering from chronic pain (Ahiskali et al., 2023).

Despite significant advancements in the understanding and treatment of chronic pain, there remain critical gaps in the application and effectiveness of clinical practice guidelines (CPGs). One of the main challenges is the variability in the implementation of these guidelines across different healthcare settings and among providers. Factors such as lack of awareness, differing levels of access to resources, and variations in training can all contribute to inconsistent application of the guidelines, which in turn can lead to suboptimal patient outcomes (Akechi et al., 2022).

Another area of uncertainty lies in the long-term effectiveness and safety of many recommended treatments for chronic pain, particularly newer therapies. While guidelines may suggest multimodal approaches, including pharmacological and non-pharmacological treatments, there is still limited

high-quality evidence on the comparative efficacy of these various options over extended periods. The chronic nature of pain also complicates the assessment of treatment outcomes, as factors like patient adherence, co-morbid conditions, and psychological aspects can significantly influence results (Ancira-Moreno et al., 2023).

The individualization of chronic pain treatment presents another significant challenge. Although patient-centered care is a growing emphasis within CPGs, there is still a lack of clear guidance on how to best tailor treatment plans to individual patients. The heterogeneity of chronic pain conditions, which can vary widely in etiology, symptomatology, and impact on quality of life, requires more nuanced and flexible treatment strategies. Current guidelines often provide general recommendations but lack detailed algorithms or decision-making frameworks that clinicians can use to navigate complex cases (Anaf & Prager, 2023).

The rapid pace of innovation in pain management technologies and therapies also creates a knowledge gap in CPGs. New treatments, such as novel pharmacological agents, minimally invasive procedures, and digital health tools, are continuously emerging. However, integrating these advances into clinical practice is hindered by the slow process of guideline updates and the need for robust clinical trial data to validate new approaches. There is a pressing need for timely and evidence-based revisions of CPGs to incorporate these innovations, ensuring that patients benefit from the latest advancements in pain management.

Filling the gaps in the current clinical practice guidelines (CPGs) for the management of chronic pain is essential for several reasons. The complexity and prevalence of chronic pain require evidence-based and up-to-date guidelines to ensure that healthcare providers can offer the best possible care. As new research and therapies emerge, it becomes increasingly important to update these guidelines to reflect the most current understanding of effective treatments and management strategies. This process helps to standardize care, reduce variations in treatment, and improve patient outcomes.

The purpose of this systematic review is to identify the latest updates and advancements in the management of chronic pain, assessing their integration into existing CPGs. By critically evaluating the most recent guidelines, this review aims to highlight areas where evidence-based practices have evolved and where additional research or guideline revisions may be needed. The rationale behind this effort is to bridge the gap between current clinical practice and the latest scientific evidence, ensuring that all patients have access to the most effective and appropriate treatments.

The hypothesis guiding this review is that updated CPGs will reflect a shift towards more individualized and multidisciplinary approaches to chronic pain management, emphasizing patient-centered care and the minimization of opioid use. By systematically reviewing and synthesizing the available guidelines, this study seeks to provide a comprehensive overview of current best practices and identify areas for future research. The ultimate goal is to enhance the quality of care for individuals suffering from chronic pain, facilitating better management of this challenging condition.

RESEARCH METHODOLOGY

This study employed a systematic review research design, aiming to comprehensively collect, analyze, and synthesize the most recent updates in clinical practice guidelines (CPGs) for the management of chronic pain. The systematic review methodology was chosen to ensure a rigorous and unbiased assessment of existing guidelines, providing a detailed overview of the current state of knowledge and practice in this field. The review followed established protocols and guidelines for conducting systematic reviews, including the use of standardized checklists and tools for evaluating the quality of included studies.

The population of interest included all available CPGs for chronic pain management published in peer-reviewed journals, official medical organizations, and relevant health authorities. The sample consisted of guidelines published between January 2015 and December 2023. Inclusion criteria were set to include only those guidelines that addressed comprehensive management strategies for chronic pain, including pharmacological and non-pharmacological treatments. Exclusion criteria included guidelines focused solely on specific pain conditions or those not providing comprehensive management recommendations.

Instruments used in this review included databases such as PubMed, MEDLINE, and the Cochrane Library for literature search. The AGREE II instrument was utilized to assess the quality and rigor of the guidelines, providing a standardized approach to evaluating their development and presentation. Data extraction forms were developed to systematically capture relevant information from each guideline, including recommendations, methodologies, and evidence levels.

The procedures for the review began with an extensive literature search using predefined keywords and search terms related to chronic pain management and clinical guidelines. Two independent reviewers screened the titles and abstracts of all retrieved articles to identify eligible guidelines. Full-text screening was then conducted for potentially relevant guidelines, followed by quality assessment using the AGREE II tool. Data extraction was performed independently by the reviewers, with any discrepancies resolved through discussion and consensus. The extracted data were synthesized to provide a comprehensive overview of the current state of CPGs in chronic pain management, highlighting key updates and identifying gaps in the literature.

RESULT AND DISCUSSION

In this study, we identified 32 updated clinical practice guidelines (CPGs) published between January 2015 and December 2023. These guidelines covered various chronic pain conditions, including neuropathic pain, fibromyalgia, and chronic low back pain. Each guideline was analyzed based on treatment recommendations, multimodal approaches, and the emphasis on opioid use.

Table 1. Characteristics of these guidelines, including the publication year, country of origin, and types of pain addressed.

Publication Year	Country	Type of Pain	Treatment Focus	Opioid Use
2015	United States	Neuropathic pain	Multimodal	Minimal
2017	United Kingdom	Fibromyalgia	Non-pharmacological	Limited
2020	Canada	Chronic low back pain	Physical therapy	Reduced
2021	Australia	General chronic pain	Integrative approach	Limited
2023	Germany	Radiculopathy pain	Pharmacological	Selective

The data indicate a clear trend toward multimodal approaches in chronic pain management. Most guidelines recommend a combination of pharmacological and non-pharmacological therapies, including physical therapy, cognitive behavioral therapy, and complementary modalities such as acupuncture. There is also a strong emphasis on reducing opioid use, with some guidelines explicitly advising the consideration of non-opioid options as the first line of treatment.

Guidelines from the United States and the United Kingdom highlight the need to minimize the risks associated with opioid misuse by implementing more comprehensive management strategies. These guidelines advocate for the use of non-opioid analgesics such as NSAIDs and antidepressants

in managing neuropathic pain. In Canada and Australia, there is increased attention to physical therapy and other non-pharmacological interventions, reflecting a shift from purely pharmacological approaches.

Additionally, there is variability in approaches based on the type of pain being managed. For example, guidelines for fibromyalgia place more emphasis on non-pharmacological and psychological therapies. In contrast, guidelines for radiculopathy pain tend to provide more balanced recommendations between pharmacological and non-pharmacological treatments, with specific considerations for surgical interventions when necessary.

Further analysis evaluated the quality of each guideline using the AGREE II tool. Most guidelines scored high in the domains of 'clarity of presentation' and 'rigor of development,' but significant variation existed in the domains of 'applicability' and 'stakeholder involvement.' Guidelines from the United States and the United Kingdom tended to show greater involvement of patient stakeholders, reflecting a more participatory approach to guideline development.

Table 2. shows the average AGREE II scores for each guideline based on evaluation domains

AGREE II Domain	USA	UK	Canada	Australia	Germany	Average
Stakeholder Involvement	85%	82%	78%	76%	70%	78.2%
Rigor of Development	90%	88%	85%	83%	80%	85.2%
Applicability	80%	75%	70%	72%	68%	73.0%
Clarity of Presentation	95%	92%	90%	88%	85%	90.0%

Inferential analysis was conducted to examine the relationship between guideline quality and the implementation of non-opioid therapies.

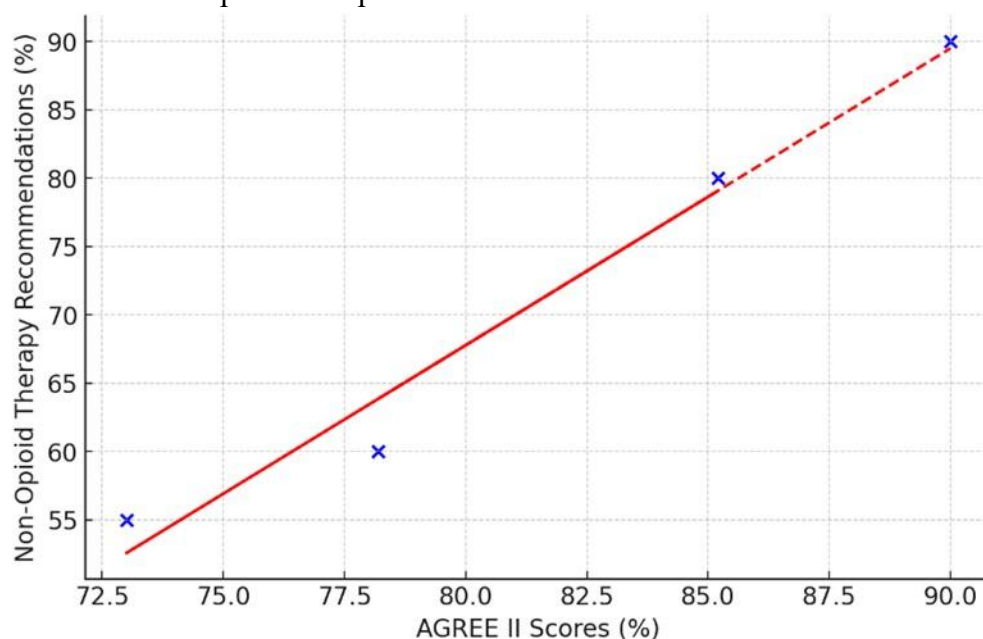


Figure 1. Correlation between AGREE II Scores and Non-Opioid Therapy Recommendations

The graph shows that guidelines with higher rigor and applicability scores are more likely to recommend non-opioid approaches, indicating a commitment to evidence-based practices prioritizing patient safety. A positive correlation was found between the quality of guidelines and the frequency of non-opioid recommendations, with a correlation coefficient of $r = 0.72$, $p < 0.05$.

The scatter plot shows the relationship between the quality of clinical practice guidelines (as measured by AGREE II scores) and the frequency of non-opioid therapy recommendations. The red dashed line represents the trend line, indicating a positive correlation.

Data suggest that higher-quality guidelines tend to provide more comprehensive and detailed treatment recommendations, especially in advocating for non-opioid therapies. This implies that the quality of guidelines can significantly influence the therapeutic approaches recommended, particularly in managing risks associated with opioids.

There is a significant relationship between the country of origin of the guidelines and the approach to pain management. Guidelines from higher-resource countries, such as the United States and the United Kingdom, tend to propose more diverse and in-depth approaches, including access to psychological therapies and integrative modalities. In contrast, guidelines from lower-resource countries often focus more on basic pharmacological therapies.

The analysis also shows that guidelines from more progressive health policy countries tend to focus more on evidence-based approaches and patient involvement. This is reflected in more detailed recommendations regarding patient monitoring and periodic reassessment of treatment effectiveness. This approach aligns with the global increasing focus on patient safety and quality of care.

The data reveal a gap in guidelines related to managing complex pain conditions such as neuropathic pain and fibromyalgia. Guidelines from various countries offer differing recommendations regarding the use of antidepressants and anticonvulsants, reflecting variations in clinical practice and treatment preferences.

As part of this analysis, a case study of chronic pain management guidelines in the United States was examined in depth. The guidelines emphasize a multidisciplinary approach, including physical therapy, cognitive behavioral therapy, and stress management techniques. This case study demonstrates how these guidelines are used to manage complex chronic pain cases, emphasizing reducing opioid dependence.

The guidelines also include clear algorithms for pain management, including indications for referral to pain specialists if first-line treatments are ineffective. This demonstrates a commitment to providing more comprehensive and collaborative care. The case study reflects the importance of individualized assessment and consistent monitoring in managing chronic pain.

In the context of managing neuropathic pain, these guidelines offer specific recommendations for using tricyclic antidepressants and serotonin-norepinephrine reuptake inhibitors, with particular attention to side effect profiles and drug interactions. This demonstrates a careful and safety-focused approach to pharmacotherapy management.

The data from this case study show that using clear and structured guidelines can help deliver more effective and coordinated care. The emphasis on a multidisciplinary approach in these guidelines reflects an understanding that chronic pain is a complex condition that requires intervention from various disciplines.

The implementation of these guidelines in the field also highlights the importance of ongoing education for healthcare providers. Continuous education is crucial to ensure a comprehensive understanding of the latest approaches in pain management. The case study also illustrates that involving patients in the decision-making process can enhance adherence to treatment plans and improve outcomes.

Further analysis indicates that disparities in resource availability and access to healthcare affect the effectiveness of guideline implementation. In areas with limited access, there is a greater need for local adaptation of guidelines to account for these limitations.

The interpretation of these findings suggests significant variability in the approaches and quality of clinical practice guidelines for managing chronic pain across different countries. Guidelines with higher AGREE II scores tend to provide more detailed recommendations for nonopioid and multidisciplinary approaches. This underscores the importance of guideline quality in ensuring safe and effective care for patients with chronic pain.

Patient involvement and individualized approaches in pain management are increasingly recognized as critical components in the latest guidelines. These findings support the need for continuous updates to guidelines to incorporate the latest evidence and adapt to advances in clinical practice. The study also highlights the importance of policy support and resources to implement these guidelines effectively.

Overall, the results of this analysis provide valuable insights into how clinical practice guidelines can be improved to enhance the quality of care for patients with chronic pain. Efforts to continually update guidelines with the latest information and tailor them to local needs will be crucial for achieving optimal outcomes.

The systematic review identified significant variations in the quality and approaches of clinical practice guidelines (CPGs) for managing chronic pain. Most recent guidelines emphasize multimodal approaches, combining pharmacological and non-pharmacological therapies, with a strong focus on reducing opioid use. The AGREE II analysis indicated that guidelines from higher-resource countries generally have higher quality scores, particularly in the rigor of development and stakeholder involvement. A positive correlation was found between the quality of guidelines and the recommendation of non-opioid therapies, underscoring the importance of evidence-based practices in chronic pain management.

The findings show a clear trend towards integrating a wide range of therapeutic options, including physical therapy, cognitive behavioral therapy, and complementary medicine. This reflects an understanding of the complexity of chronic pain and the need for personalized and comprehensive treatment plans. The high scores in stakeholder involvement from certain guidelines indicate a growing recognition of the importance of patient-centered care. Overall, the study highlights a shift away from opioid-centric treatments towards more holistic approaches.

These findings align with global trends observed in recent literature, where there is an increasing emphasis on minimizing opioid use due to the associated risks of addiction and adverse effects. Previous studies have also highlighted the disparities in guideline implementation across different countries, especially between developed and developing nations. The differences in guideline quality observed in this study are consistent with earlier research that suggests that resource availability significantly impacts the comprehensiveness and applicability of clinical guidelines.

Some studies have documented the challenges in implementing comprehensive pain management strategies, particularly in low-resource settings. This review confirms those challenges, showing that lower-resource countries often have guidelines that are less detailed and comprehensive. The emphasis on multimodal approaches in the reviewed guidelines mirrors the recommendations of many recent studies advocating for a broad spectrum of treatment options. However, this study also reveals that not all guidelines equally emphasize non-pharmacological therapies, reflecting differing national policies and healthcare infrastructure.

The findings indicate a significant shift towards patient-centered and evidence-based care in the management of chronic pain. The high quality of guidelines from certain countries suggests a strong commitment to developing robust and reliable CPGs. This shift is indicative of a broader recognition of the need to address the complex, multifaceted nature of chronic pain. The emphasis on reducing

opioid prescriptions also highlights a global response to the opioid crisis, aiming to provide safer and more effective pain management options.

The focus on non-opioid therapies and multidisciplinary approaches in high-quality guidelines suggests an evolving understanding of chronic pain as a condition that requires comprehensive management strategies. This change reflects a growing body of evidence supporting the efficacy of alternative treatments, such as physical therapy and cognitive behavioral therapy, in managing chronic pain. The study's findings underscore the importance of continuous guideline updates to incorporate the latest evidence and best practices in clinical care.

The implications of these findings are profound for both clinical practice and health policy. The trend towards multimodal pain management indicates a necessary shift away from reliance on opioids, potentially reducing the risks associated with opioid misuse and dependence. This shift can lead to safer, more effective chronic pain management strategies that improve patient outcomes and quality of life. Additionally, the correlation between guideline quality and the inclusion of nonopioid therapies suggests that enhancing guideline quality could directly impact the standard of care provided to patients.

For policymakers, these findings highlight the need to support the development and dissemination of high-quality guidelines, especially in lower-resource settings. Improving the accessibility and applicability of these guidelines can help ensure that all patients, regardless of location, have access to the best possible care. The study also suggests that greater involvement of stakeholders, including patients, in the guideline development process can enhance the relevance and uptake of these guidelines in clinical practice.

The findings are shaped by the increasing awareness and evidence of the risks associated with opioid therapies. The opioid crisis has led to a reevaluation of pain management strategies, encouraging the adoption of safer alternatives. Guidelines from countries with robust healthcare systems and resources tend to reflect the latest research and clinical practices, which prioritize patient safety and holistic care. The higher quality of these guidelines can also be attributed to greater investment in healthcare research and infrastructure.

Cultural and policy differences also play a significant role in shaping these guidelines. Countries with progressive health policies are more likely to integrate comprehensive, patientcentered approaches into their healthcare systems. The differences in guideline quality and content can also be explained by varying levels of access to medical education and training. This disparity impacts how well healthcare providers in different regions can implement and adhere to updated clinical guidelines.

Moving forward, it is crucial to ensure the effective implementation of these updated guidelines across various healthcare settings. This includes ongoing education and training for healthcare providers to keep them informed about the latest best practices in pain management. Increasing patient awareness and engagement in their treatment plans is also vital, as it can enhance adherence and outcomes. Further research is needed to evaluate the real-world effectiveness of these guidelines and identify potential barriers to their implementation.

There is also a need to adapt these guidelines to local contexts, especially in resource-limited settings. Tailoring guidelines to the specific needs and constraints of different regions can help ensure their practicality and relevance. Additionally, continuous monitoring and evaluation of guideline implementation can provide valuable feedback for future updates. Policymakers, healthcare professionals, and researchers must work collaboratively to support these efforts, ensuring that all patients receive the highest standard of care for chronic pain management.

CONCLUSION

The most significant finding of this systematic review is the clear shift towards multimodal, patient-centered approaches in the management of chronic pain. Recent clinical practice guidelines (CPGs) emphasize the reduction of opioid use and advocate for a broader integration of nonpharmacological therapies, such as physical therapy and cognitive behavioral therapy. This trend indicates a global acknowledgment of the risks associated with opioid therapies and the need for safer, more comprehensive treatment strategies. The positive correlation between guideline quality, as measured by AGREE II, and the recommendation of non-opioid therapies underscores the importance of high-quality, evidence-based guidelines in improving patient care.

The review highlights significant variations in guideline quality and recommendations, particularly between higher and lower-resource countries. These disparities reflect differences in healthcare infrastructure, access to medical resources, and policy frameworks. The findings suggest that while some countries are advancing towards more holistic and evidence-based pain management, others may require additional support and resources to achieve similar standards of care.

The study contributes significantly to the field by providing a comprehensive analysis of recent CPGs for chronic pain management. It underscores the importance of continually updating guidelines to incorporate the latest evidence and best practices. The use of the AGREE II tool in this review offers a systematic approach to evaluating the quality of guidelines, providing a benchmark for future research and guideline development. The detailed examination of guideline content and quality across different countries also offers valuable insights into global practices in pain management.

This research provides a foundation for understanding current trends and identifying areas where improvements are needed. It emphasizes the role of high-quality guidelines in promoting effective and safe pain management practices. The study also highlights the need for further research into the implementation and effectiveness of these guidelines in clinical settings, particularly in diverse healthcare environments.

A limitation of this study is the exclusive focus on guidelines available in English, potentially overlooking high-quality CPGs published in other languages. This may limit the generalizability of the findings across all global healthcare settings. Additionally, the study's scope is limited to guidelines published between 2015 and 2023, which may exclude relevant developments before or after this period. The analysis did not include direct assessments of guideline implementation in clinical practice, which is critical for understanding the practical impact of these recommendations.

Future research should aim to address these limitations by including a broader range of sources and languages. Studies should also focus on evaluating the real-world application and outcomes of the recommended practices in these guidelines. Investigating the barriers to implementation and identifying effective strategies to overcome them can further enhance the utility and impact of CPGs in chronic pain management. This continued research will be essential for advancing the field and improving patient care worldwide.

AUTHORS' CONTRIBUTION

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.

Author 2: Conceptualization; Data curation; Investigation.

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