

Statements and Guidelines Manual



ENTITY	
American Heart Association	
MANUAL	EFFECTIVE DATE
Statements and Guidelines	10/22/03
SUBJECT	REVISED
Document Development Procedures Attachment D: Pharmacology Policy¹	Sept 2006

- o Use generic or chemical name not trade name
 - e.g., simvastatin, not Zocor
- o Use broadest and most generic name of class appropriate
 - e.g., e.g., sirolimus-eluting stent, not Cypher stent
- o List classes of drugs or drugs within classes according to evidence-based rationale and state rationale
 - e.g., first-line, second-line agent or side effects or cost-effectiveness
 - If no evidence-based rationale for listed order, list alphabetically
- o List all drugs (or none) within class
 - Indicate whether each is approved for the indication(s) under discussion
 - o e.g., statins for primary prevention
 - Indicate whether each has evidence for the indication(s) under discussion
 - o e.g., GP IIb/IIIa inhibitors
- o Discuss evidence for or against "class effect"
 - e.g., issue raised by ramipril in HOPE study
- o When so-called "alternative medicines" are known to be widely used, discuss the evidence about them and the issues raised by their use
 - e.g., possible interactions
- o Be careful with the use of symbols and abbreviations when discussing drug dosing and timing.
 - Symbols are preferred AMA style
 - The Institute for Safe Medication Practices has issued a drug error alert regarding some commonly used abbreviations (see <http://www.ismp.org/>, Error Prone Abbreviation List)
- o Whenever a guideline includes specific drug information, such sections of the guideline should be reviewed by a pharmacologist during peer review.

APPROVALS:

AHA Staff: 9/24/03

SACC: 10/22/03

¹ Adapted from the Pharmacology Policy from the Manual for ACC/AHA Guideline Writing Committees, accessible at <http://circ.ahajournals.org/manual/>