

# D-Index

In the last 20 yr, the rate of neurosurgical [guideline publication](#) has increased. However, despite the higher volume and increasing emphasis on [quality](#), there remain no reliable means of measuring the overall impact of [clinical practice guidelines](#) (CPGs).

To utilize citation analysis to evaluate the dispersion of neurosurgical CPGs.

A list of [neurosurgical guidelines](#) were compiled by performing electronic searches using the [Scopus](#) (Elsevier, Amsterdam, Netherlands) and [National Guideline Clearinghouse](#) databases. The Scopus database was queried to obtain current publication and citation data for all included documents and categorized based upon recognized neurosurgical specialties. The [h-index](#), [R-index](#), [h2-index](#), [i10-index](#), and [dissemination index](#) ([D-Index](#)) were manually calculated for each subspecialty.

After applying screening criteria the search yielded 372 neurosurgical CPGs, which were included for bibliometric analysis. The overall calculated h-index for neurosurgery was 56. When broken down by subspecialty trauma/critical care had the highest value at 35, followed by the spine and peripheral nerve at 30, cerebrovascular at 28, tumor at 16, pediatrics at 14, miscellaneous at 11, and functional/stereotactic/pain at 6. Cerebrovascular neurosurgery was noted to have the highest D-Index at 3.4.

A comprehensive framework is useful for guideline impact analysis. Bibliometric data provides a novel and adequate means of evaluating the successful dissemination of neurosurgical guidelines. There remains a paucity of data regarding the implementation and clinical outcomes of individual guidelines<sup>1)</sup>.

<sup>1)</sup>  
Lepard JR, Walters BC. A Bibliometric Analysis of Neurosurgical Practice Guidelines. Neurosurgery. 2020 May 1;86(5):605-614. doi: 10.1093/neuros/nyz240. PubMed PMID: 31264698.

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