

**NICE Update Bulletin May 2013 for guidance issued
Wednesday 22th May 2013**

Hyperlinks to the relevant NICE web page are included, to activate link hold down the CTRL key and left click on your mouse. Details are also available from the NICE website (<http://www.nice.org.uk>)

Type	Guidance title and reference number
Technology Appraisals (TAs)	<p><u>Ranibizumab for treating visual impairment caused by macular oedema secondary to retinal vein occlusion TA283</u></p> <p>1.1 Ranibizumab is recommended as an option for treating visual impairment caused by macular oedema:</p> <ul style="list-style-type: none"> • following central retinal vein occlusion or • following branch retinal vein occlusion only if treatment with laser photocoagulation has not been beneficial, or when laser photocoagulation is not suitable because of the extent of macular haemorrhage and • only if the manufacturer provides ranibizumab with the discount agreed in the patient access scheme revised in the context of NICE technology appraisal guidance 274. <p>1.2 People currently receiving ranibizumab whose disease does not meet the criteria in 1.1 should be able to continue treatment until they and their clinician consider it appropriate to stop.</p>
	<p><u>Bevacizumab in combination with paclitaxel and carboplatin for first-line treatment of advanced ovarian cancer (TA284)</u></p> <p>1.1 Bevacizumab in combination with paclitaxel and carboplatin is not recommended for first-line treatment of advanced ovarian cancer (International Federation of Gynaecology and Obstetrics [FIGO] stages IIIB, IIIC and IV epithelial ovarian, fallopian tube or primary peritoneal cancer).</p> <p>1.2 People currently receiving bevacizumab for first-line treatment of advanced ovarian cancer should be able to continue treatment until they and their clinicians consider it appropriate to stop.</p> <p>*NICE can only issue guidance on any drug within the terms of its marketing authorisation. Consequently, bevacizumab for first-line treatment of advanced ovarian cancer has only been appraised at its licensed dose of 15 mg/kg body weight.</p>
	<p><u>Ovarian, fallopian tube and primary peritoneal cancer (recurrent advanced, platinum-sensitive or partially platinum-sensitive) - bevacizumab TA285</u></p> <p>1.1 Bevacizumab in combination with gemcitabine and carboplatin is not recommended within its marketing authorisation, that is, for treating people with the first recurrence of platinum-sensitive advanced ovarian cancer (including fallopian tube and primary peritoneal cancer) who have not received prior therapy with bevacizumab or other vascular endothelial growth factor (VEGF) inhibitors or VEGF receptor-targeted agents.</p> <p>1.2 People currently receiving bevacizumab in combination with gemcitabine and carboplatin for treating the first recurrence of platinum-sensitive advanced ovarian cancer</p>

	<p>should be able to continue treatment until they and their clinician consider it appropriate to stop.</p> <p><u>Loxapine inhalation for treating acute agitation and disturbed behaviours associated with schizophrenia and bipolar disorder (terminated appraisal) TA286</u></p> <p>NICE is unable to recommend the use in the NHS of loxapine inhalation for treating acute agitation and disturbed behaviours associated with schizophrenia and bipolar disorder because no evidence submission was received from the manufacturer of the technology.</p>
<p>Clinical Guidelines (CGs)</p>	<p><u>Social anxiety disorder: recognition, assessment and treatment of social anxiety disorder CG159</u></p> <p>Background information</p> <p>Social anxiety disorder (previously known as 'social phobia') is one of the most common of the anxiety disorders. Estimates of lifetime prevalence vary but according to a US study, 12% of adults in the US will have social anxiety disorder at some point in their lives, compared with estimates of around 6% for generalised anxiety disorder (GAD), 5% for panic disorder, 7% for post-traumatic stress disorder (PTSD) and 2% for obsessive–compulsive disorder.</p> <p>Social anxiety disorder is persistent fear of or anxiety about one or more social or performance situations that is out of proportion to the actual threat posed by the situation. Typical situations that might be anxiety-provoking include meeting people, including strangers, talking in meetings or in groups, starting conversations, talking to authority figures, working, eating or drinking while being observed, going to school, going shopping, being seen in public, using public toilets and public performances such as public speaking. Although worries about some of these situations are common in the general population, people with social anxiety disorder worry excessively about them at the time and before and afterwards. They fear that they will do or say something that they think will be humiliating or embarrassing. Social anxiety disorder can have a great impact on a person's functioning, disrupting normal life, interfering with social relationships and quality of life and impairing performance at work or school. People with the disorder may misuse alcohol or drugs to try to reduce their anxiety (and alleviate depression).</p> <p>The recommendations cover</p> <ul style="list-style-type: none"> • General principles of care in mental health and general medical settings • Identification and assessment of adults • Interventions for adults with social anxiety disorder • Identification and assessment of children and young people • Interventions for children and young people with social anxiety disorder • Interventions that are not recommended to treat social anxiety disorder • Specific phobias <p><u>Feverish illness in children CG160</u></p> <p>Background information</p> <p>Feverish illness in young children usually indicates an underlying infection and is a cause of concern for parents and carers. Feverish illness is very common in young children, with between 20 and 40% of parents reporting such an illness each year. As a result, fever is probably the commonest reason for a child to be taken to the doctor. Feverish illness is also the second most common reason for a child being admitted to hospital. Despite advances in healthcare, infections remain the leading cause of death in children under the age of 5 years.</p> <p>Fever in young children can be a diagnostic challenge for healthcare professionals because it is often difficult to identify the cause. In most cases, the illness is due to a self-</p>

	<p>limiting viral infection. However, fever may also be the presenting feature of serious bacterial infections such as meningitis or pneumonia. A significant number of children have no obvious cause of fever despite careful assessment. These children with fever without apparent source are of particular concern to healthcare professionals because it is especially difficult to distinguish between simple viral illnesses and life-threatening bacterial infections in this group. As a result, there is a perceived need to improve the recognition, assessment and immediate treatment of feverish illnesses in children.</p> <p>The recommendations cover</p> <ul style="list-style-type: none"> • Thermometers and the detection of fever • Clinical assessment of children with fever • Management by remote assessment • Management by the non-paediatric practitioner • Management by the paediatric specialist • Antipyretic interventions • Advice for home care
Interventional Procedures Guidance (IPGs)	None published so far this month
Public Health Guidance	None published so far this month
Medical Technologies Guidance	None published so far this month
NICE Quality Standards	None published so far this month
NICE Pathways	These pathways are not guidance in themselves but a way of displaying online the various guidance that exists around a subject.
Commissioning Guides	None published so far this month
Diagnostics Guidance	None published so far this month
Cancer Service Guidance	None published so far this month
Public health briefings for local government	<p>Preventing obesity and helping people to manage their weight PHB9</p> <p>This briefing summarises NICE's recommendations for local authorities and partner organisations on preventing people becoming overweight and obese and helping them to manage their weight. It is particularly relevant to health and wellbeing boards.</p>

Current NICE consultations with links and start and finish dates for stakeholders to make contributions

Title / link	Start date of consultation	Finish date of consultation
Anaemia management in chronic kidney disease (update): scope consultation	25/04/2013	23/05/2013
Endoscopic radiofrequency ablation for gastro-oesophageal reflux disease: interventional procedures consultation	29/04/2013	27/05/2013
Translaryngeal tracheostomy: interventional procedures consultation	29/04/2013	27/05/2013
Insertion and use of implantable pulmonary artery pressure monitors in chronic heart failure: interventional procedures consultation	29/04/2013	27/05/2013
Smoking cessation acute, maternity and mental health services: guideline consultation	05/04/2013	05/06/2013
Surgical Site Infection: quality standard consultation	17/05/2013	17/06/2013
Overweight and obese children and young people - lifestyle weight management services: guideline consultation	19/04/2013	18/06/2013
Intravenous fluid therapy: guideline consultation	21/05/2013	03/07/2013

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