

NICE Update Bulletin June 2013 for guidance issued
Wednesday 26th June 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>)

<u>Type</u>	<u>Guidance title and reference number</u>
Technology Appraisals (TAs)	<p><u>Pulmonary embolism and recurrent venous thromboembolism – rivaroxaban TA287</u></p> <p>Rivaroxaban is recommended as an option for treating pulmonary embolism and preventing recurrent deep vein thrombosis and pulmonary embolism in adults.</p> <p>For the initial treatment of acute pulmonary embolism, the recommended dosage of rivaroxaban is 15 mg twice daily for the first 21 days followed by 20 mg once daily for continued treatment and prevention of recurrent venous thromboembolism.</p>
	<p><u>Type 2 diabetes - Dapagliflozin combination therapy TA288</u></p> <p>Guidance</p> <p>1.1 Dapagliflozin in a dual therapy regimen in combination with metformin is recommended as an option for treating type 2 diabetes, only if it is used as described for dipeptidyl peptidase-4 (DPP-4) inhibitors in <u>Type 2 diabetes: the management of type 2 diabetes</u> (NICE clinical guideline 87).</p> <p>1.2 Dapagliflozin in combination with insulin with or without other antidiabetic drugs is recommended as an option for treating type 2 diabetes.</p> <p>1.3 Dapagliflozin in a triple therapy regimen in combination with metformin and a sulfonylurea is not recommended for treating type 2 diabetes, except as part of a clinical trial.</p> <p>1.4 People currently receiving dapagliflozin in a dual or triple therapy regimen that is not recommended for them in 1.1 or 1.3 should be able to continue treatment until they and their clinician consider it appropriate to stop.</p>
	<p><u>Myelofibrosis (splenomegaly, symptoms) – ruxolitinib TA289</u></p> <p>Guidance</p> <p>1.1 Ruxolitinib is not recommended within its marketing authorisation, that is, for the treatment of disease-related splenomegaly or symptoms in adult patients with primary myelofibrosis (also known as chronic idiopathic myelofibrosis), post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis.</p> <p>1.2 People currently receiving ruxolitinib should be able to continue treatment until they and their clinician consider it appropriate to stop.</p>
	<p><u>Overactive bladder – mirabegron TA290</u></p> <p>Guidance</p> <p>1.1 Mirabegron is recommended as an option for treating the symptoms of overactive</p>

	<p>bladder only for people in whom antimuscarinic drugs are contraindicated or clinically ineffective, or have unacceptable side effects.</p> <p>1.2 People currently receiving mirabegron that is not recommended for them in 1.1 should be able to continue treatment until they and their clinician consider it appropriate to stop.</p> <p><u>Gout (tophaceous, severe debilitating, chronic) – pegloticase TA291</u></p> <p>Guidance</p> <p>1.1 Pegloticase is not recommended within its marketing authorisation, that is, for treating severe debilitating chronic tophaceous gout in adults who may also have erosive joint involvement and in whom xanthine oxidase inhibitors at the maximum medically appropriate dose have failed to normalise serum uric acid, or for whom these medicines are contraindicated.</p> <p>1.2 People currently receiving pegloticase that is not recommended according to 1.1 should be able to continue treatment until they and their clinician consider it appropriate to stop.</p>
<p>Clinical Guidelines (CGs)</p>	<p><u>Falls CG161</u></p> <p>Background information</p> <p>Falls and fall-related injuries are a common and serious problem for older people. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year.</p> <p>The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects the family members and carers of people who fall. Falls are estimated to cost the NHS more than £2.3 billion per year. Therefore falling has an impact on quality of life, health and healthcare costs.</p> <p>This guideline provides recommendations for the assessment and prevention of falls in older people. It is an extension to the remit of NICE clinical guideline 21 (published November 2004) to include assessing and preventing falls in older people during a hospital stay (inpatients). The new recommendations for older people in hospital (2013) sit alongside the original recommendations from the 2004 guideline. It is important to emphasise that all of the 2004 recommendations are just as relevant and important now as they were when they were originally published.</p> <p>The recommendations cover</p> <ul style="list-style-type: none"> • Case/risk identification • Multifactorial falls risk assessment • Multifactorial interventions • Strength and balance training • Exercise in extended care settings • Home hazard and safety intervention • Psychotropic medications • Cardiac pacing • Encouraging the participation of older people in falls prevention programmes • Education and information giving <p><u>Stroke rehabilitation CG162</u></p> <p>Background information</p> <p>Stroke is a major health problem in the UK. Each year, approximately 110,000 people in England have a first or recurrent stroke. Most people survive a first stroke but often have significant morbidity. More than 900,000 people in England are living with the effects of stroke. Stroke mortality rates in the UK have been falling steadily since the late 1960s.</p>

The development of stroke units following the publication of the Stroke Unit Trialists' Collaboration meta-analysis of stroke unit care and the further reorganisation of services following the advent of thrombolysis, have resulted in further significant improvements in mortality and morbidity from stroke. However, the burden of stroke may increase in the future as a consequence of the ageing population.

Despite improvements in mortality and morbidity, people with stroke need access to effective rehabilitation services. Stroke rehabilitation is a multidimensional process, which is designed to facilitate restoration of, or adaptation to the loss of, physiological or psychological function when reversal of the underlying pathological process is incomplete. Rehabilitation aims to enhance functional activities and participation in society and thus improve quality of life. Key aspects of rehabilitation care include multidisciplinary assessment, identification of functional difficulties and their measurement, treatment planning through goal setting, delivery of interventions which may either effect change or support the person in managing persisting change, and evaluation of effectiveness.

The recommendations cover

- Organising health and social care for people needing rehabilitation after stroke
- Planning and delivering stroke rehabilitation
- Providing support and information
- Cognitive functioning
- Emotional functioning
- Vision
- Swallowing
- Communication
- Movement
- Self-care
- Long-term health and social support

[Idiopathic pulmonary fibrosis CG163](#)

Background information

Idiopathic pulmonary fibrosis is a chronic, progressive fibrotic interstitial lung disease of unknown origin. It is a difficult disease to diagnose and often requires the collaborative expertise of a consultant respiratory physician, radiologist and histopathologist to reach a consensus diagnosis. Most people with idiopathic pulmonary fibrosis experience symptoms of breathlessness, which may initially be only on exertion. Cough, with or without sputum, is a common symptom. Over time, these symptoms are associated with a decline in lung function, reduced quality of life and ultimately death.

The median survival for people with idiopathic pulmonary fibrosis in the UK is approximately 3 years from the time of diagnosis. However, about 20% of people with the disease survive for more than 5 years. The rate of disease progression can vary greatly. A person's prognosis is difficult to estimate at the time of diagnosis and may only become apparent after a period of careful follow-up.

The recommendations cover

- Awareness of clinical features of idiopathic pulmonary fibrosis
- Diagnosis
- Information and support
- Prognosis
- Management
- Review and follow-up

[Familial breast cancer CG164](#)

Background information

Familial breast cancer typically occurs in people with an unusually high number of family members affected by breast, ovarian or a related cancer. If more cases of breast, ovarian or a related cancer are seen in a family than would be expected by chance alone, this can be a sign that genes have caused or contributed to its development. Breast cancer in people who have a family history of breast, ovarian or a related cancer may need different management from that in people without a family history of these cancers. This is because of differences in the future risk of developing contralateral breast cancer.

The recommendations cover

- Clinical significance of a family history of breast cancer
- Information and support
- Care of people in primary care
- Care of people in secondary care and specialist genetic clinics
- Genetic testing
- Surveillance and strategies for early detection of breast cancer
- Risk reduction and treatment strategies

[Hepatitis B \(chronic\) CG165](#)

Background information

Chronic hepatitis B describes a spectrum of disease usually characterised by the presence of detectable hepatitis B surface antigen (HBsAg) in the blood or serum for longer than 6 months. In some people, chronic hepatitis B is inactive and does not present significant health problems, but others may progress to liver fibrosis, cirrhosis and hepatocellular carcinoma (HCC). The progression of liver disease is associated with hepatitis B virus (HBV) DNA levels in the blood. Without antiviral treatment, the 5-year cumulative incidence of cirrhosis ranges from 8 to 20%. People with cirrhosis face a significant risk of decompensated liver disease if they remain untreated.

The goal of treatment for chronic hepatitis B is to prevent cirrhosis, HCC and liver failure. In clinical practice surrogate markers are used to monitor progression of disease and treatment response.

The recommendations cover

- Patient information
- Assessment and referral in primary care
- Assessment of liver disease in secondary specialist care
- Genotype testing
- Antiviral treatment
- Monitoring
- Surveillance testing for hepatocellular carcinoma in adults with chronic hepatitis B

[Ulcerative colitis CG166](#)

Background information

Ulcerative colitis is the most common type of inflammatory disease of the bowel. It has an incidence in the UK of approximately 10 per 100,000 people annually, and a prevalence of approximately 240 per 100,000. This amounts to around 146,000 people in the UK with a diagnosis of ulcerative colitis. The cause of ulcerative colitis is unknown. It

	<p>can develop at any age, but peak incidence is between the ages of 15 and 25 years, with a second, smaller peak between 55 and 65 years (although this second peak has not been universally demonstrated). Ulcerative colitis usually affects the rectum, and a variable extent of the colon proximal to the rectum. The inflammation is continuous in extent. Symptoms of active disease or relapse include bloody diarrhoea, an urgent need to defaecate and abdominal pain.</p> <p>Ulcerative colitis is a lifelong disease that is associated with significant morbidity. It can also affect a person's social and psychological wellbeing, particularly if poorly controlled. Typically, it has a relapsing–remitting pattern.</p> <p>The recommendations cover</p> <ul style="list-style-type: none"> • Patient information and support • Inducing remission in people with ulcerative colitis • Information about treatment options for people who are considering surgery • Maintaining remission in people with ulcerative colitis • Pregnant women • Monitoring
<p>Interventional Procedures Guidance (IPGs)</p>	<p>None published so far this month</p>
<p>Public Health Guidance</p>	<p><u>Physical activity: brief advice for adults in primary care PH44 (issued late May 2013)</u></p> <p>This guidance aims to support routine provision of brief advice on physical activity in primary care practice.</p> <ul style="list-style-type: none"> • identifying adults who are inactive • delivering brief advice • following up brief advice • incorporating brief advice in commissioning • systems to support brief advice • information and training to support brief advice. <p><u>Tobacco harm reduction PH45</u></p> <p>Nicotine inhaled from smoking tobacco is highly addictive. But it is primarily the toxins and carcinogens in tobacco smoke – not the nicotine – that cause illness and death. The best way to reduce these illnesses and deaths is to stop smoking – ideally, stopping in one step (sometimes called ‘abrupt quitting’).</p> <p>However, there are other ways of reducing the harm from smoking, even though this may involve continued use of nicotine. This guidance is about helping people, particularly those who are highly dependent on nicotine, who:</p> <ul style="list-style-type: none"> • may not be able (or do not want) to stop smoking in one step • may want to stop smoking, without necessarily giving up nicotine • may not be ready to stop smoking, but want to reduce the amount they smoke. <p>It recommends harm-reduction approaches which may or may not include temporary or long-term use of licensed nicotine-containing products. The recommendations cover awareness-raising, advising on, providing and selling licensed nicotine-containing products; self-help materials; behavioural support; and education and training for</p>

	practitioners. This guidance does not cover 'reduced exposure cigarettes', 'smokeless tobacco' or any other products containing tobacco. In addition, it does not provide advice for women who are pregnant or maternity services.
Medical Technologies Guidance	None published so far this month
NICE Quality Standards	<p>Caesarean section QS32</p> <p>Caesarean section rates have increased significantly in recent years. In the UK 20–25% of births are by caesarean section, up from 9% in 1980. This quality standard focuses on improving the decision-making process and the information available to women who may need, request or have had a caesarean section. The standard also focuses on reducing potential risks or complications for the woman and the baby.</p>
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
Public health briefings for local government	None published so far this month

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

Title / link	Start date of consultation	Finish date of consultation
Vitreomacular traction - ocriplasmin: appraisal consultation	12/06/2013	03/07/2013
Intravenous fluid therapy: guideline consultation	21/05/2013	03/07/2013
Diabetic macular oedema - fluocinolone acetonide intravitreal implant (rapid review of TA271): appraisal consultation	14/06/2013	04/07/2013
Colorectal cancer (metastatic) - aflibercept: appraisal consultation	21/06/2013	12/07/2013
Workplace policy and management practices to improve the health of employees: scope consultation	18/06/2013	16/07/2013
Hepatic encephalopathy (maintenance treatment) - rifaximin: appraisal consultation document	26/06/2013	17/07/2013
Neuropathic pain - pharmacological management: guideline consultation	19/06/2013	17/07/2013
Percutaneous closure of patent foramen ovale for the prevention of recurrent cerebral embolic events: interventional procedure consultation	21/06/2013	19/07/2013
Radiofrequency ablation of the soft palate for snoring: interventional procedure consultation document	25/06/2013	22/07/2013
Ultra-radical (extensive) surgery for advanced ovarian cancer: interventional procedure consultation	21/06/2013	22/07/2013
MI - secondary prevention (update): guideline consultation	13/06/2013	24/07/2013
Behaviour change: draft guidance consultation	05/06/2013	31/07/2013

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