Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

NICE Update Bulletin July 2013 for guidance issued Wednesday 24th July 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)	**Bipolar disorder (children) – aripiprazole TA292** Aripiprazole is recommended as an option for treating moderate to severe manic episodes in adolescents with bipolar I disorder, within its marketing authorisation (that is, up to 12 weeks of treatment for moderate to severe manic episodes in bipolar I disorder in adolescents aged 13 and older) **Thrombocytopenic purpura – eltrombopag TA293** This guidance replaces NICE technology appraisal guidance 205 issued in October 2010. 1.1 Eltrombopag is recommended as an option for treating adults with chronic immune (idiopathic) thrombocytopenic purpura, within its marketing authorisation (that is, in adults who have had a splenectomy and whose condition is refractory to other treatments, or as a second-line treatment in adults who have not had a splenectomy because surgery is contraindicated), only if: • their condition is refractory to standard active treatments and rescue therapies, **or** • they have severe disease and a high risk of bleeding that needs frequent courses of rescue therapies **and** • the manufacturer provides eltrombopag with the discount agreed in the patient access scheme. 1.2 People currently receiving eltrombopag 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. **Aflibercept solution for injection for treating wet-age related macular degeneration TA294** 1.1 Aflibercept solution for injection is recommended as an option for treating wet age-related macular degeneration only if: • it is used in accordance with the recommendations for ranibizumab in NICE technology appraisal guidance 155 (re-issued in May 2012) and • the manufacturer provides aflibercept solution for injection with the discount agreed in the patient access scheme. 1.2 People currently receiving aflibercept solution for injection 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

Clinical Guidelines (CGs)	**Myocardial infarction with ST-segment elevation CG167**
	
	Background information
	ST-segment-elevation myocardial infarction (STEMI) occurs when a coronary artery becomes blocked by a blood clot, causing the heart muscle supplied by the artery to die. The incidence of STEMI has been declining over the past 20 years. It varies between regions and averages around 500 hospitalised episodes per million people each year in the UK. Nearly half of potentially salvageable myocardium is lost within 1 hour of the coronary artery being occluded, and two-thirds are lost within 3 hours. Apart from resuscitation from any cardiac arrest, the highest priority in managing STEMI is to restore an adequate coronary blood flow as quickly as possible.
	
	The UK introduced a comprehensive system for delivering fibrinolysis after publication of the Department of Health's National Service Framework for Coronary Heart Disease. However, fibrinolysis was not suitable for use in some people because of bleeding complications. In around 20–30% of people, fibrinolysis failed to result in coronary reperfusion, and in a few (1.0%) it caused haemorrhagic stroke. To improve outcomes, attention turned to mechanical techniques to restore coronary flow (for example, coronary angioplasty, thrombus extraction catheters and stenting), which are grouped under the overarching term primary percutaneous coronary intervention (primary PCI).
	
	Primary PCI 'timeliness' is a key part of this guideline. This is addressed in detail, so commissioners and professionals delivering services for people with STEMI can plan their configuration in such a way that outcomes are optimal.
	
	The following recommendations have been identified as priorities for implementation:
	• Immediately assess eligibility (irrespective of age, ethnicity or sex) for coronary reperfusion therapy (either primary percutaneous coronary intervention [PCI] or fibrinolysis) in people with acute ST-elevation myocardial infarction (STEMI).
	• Do not use level of consciousness after cardiac arrest caused by suspected acute STEMI to determine whether a person is eligible for coronary angiography (with follow-on primary PCI if indicated).
	• Deliver coronary reperfusion therapy (either primary PCI or fibrinolysis) as quickly as possible for eligible people with acute STEMI.
	• Offer coronary angiography, with follow-on primary PCI if indicated, as the preferred coronary reperfusion strategy for people with acute STEMI if:
	  ○ presentation is within 12 hours of onset of symptoms **and**
	  ○ primary PCI can be delivered within 120 minutes of the time when fibrinolysis could have been given.
	• Offer fibrinolysis to people with acute STEMI presenting within 12 hours of onset of symptoms if primary PCI cannot be delivered within 120 minutes of the time when fibrinolysis could have been given.
	• Consider coronary angiography, with follow-on primary PCI if indicated, for people with acute STEMI presenting more than 12 hours after the onset of symptoms if there is evidence of continuing myocardial ischaemia.
	• Offer coronary angiography, with follow-on primary PCI if indicated, to people with acute STEMI and cardiogenic shock who present within 12 hours of the onset of symptoms of STEMI.
	• Offer an electrocardiogram to people treated with fibrinolysis, 60–90 minutes after administration. For those who have residual ST-segment elevation suggesting failed coronary reperfusion:
	  ○ offer immediate coronary angiography, with follow-on PCI if indicated
	  ○ do not repeat fibrinolytic therapy.
	• If a person has recurrent myocardial ischaemia after fibrinolysis, seek immediate specialist cardiological advice and, if appropriate, offer coronary angiography, with follow-on PCI if indicated.

- When commissioning primary PCI services for people with acute STEMI, be aware that outcomes are strongly related to how quickly primary PCI is delivered, and that they can be influenced by the number of procedures carried out by the primary PCI centre.

Varicose veins in the legs CG168

Background information
Varicose veins are dilated, often palpable subcutaneous veins with reversed blood flow. They are most commonly found in the legs. Estimates of the prevalence of varicose veins vary. Visible varicose veins in the lower limbs are estimated to affect at least a third of the population. Risk factors for developing varicose veins are unclear, although prevalence rises with age and they often develop during pregnancy.

In some people varicose veins are asymptomatic or cause only mild symptoms, but in others they cause pain, aching or itching and can have a significant effect on their quality of life. Varicose veins may become more severe over time and can lead to complications such as changes in skin pigmentation, bleeding or venous ulceration. It is not known which people will develop more severe disease but it is estimated that 3–6% of people who have varicose veins in their lifetime will develop venous ulcers.

There are several options for the management of varicose veins, including:

- advice and reassurance
- interventional treatments (endothermal ablation, foam sclerotherapy and surgery)
- compression hosiery

Key priorities for implementation

Referral to a vascular service

- Refer people to a vascular service if they have any of the following.
- Symptomatic primary or symptomatic recurrent varicose veins.
- Lower-limb skin changes, such as pigmentation or eczema, thought to be caused by chronic venous insufficiency.
- Superficial vein thrombosis (characterised by the appearance of hard, painful veins) and suspected venous incompetence.
- A venous leg ulcer (a break in the skin below the knee that has not healed within 2 weeks).
- A healed venous leg ulcer.

Assessment and treatment in a vascular service
Assessment

- Use duplex ultrasound to confirm the diagnosis of varicose veins and the extent of truncal reflux, and to plan treatment for people with suspected primary or recurrent varicose veins.

Interventional treatment

- For people with confirmed varicose veins and truncal reflux:
- Offer endothermal ablation (If endothermal ablation is unsuitable, offer ultrasound-guided foam sclerotherapy
- If ultrasound-guided foam sclerotherapy is unsuitable, offer surgery.

  If incompetent varicose tributaries are to be treated, consider treating them at the same time.

Non-interventional treatment

- Do not offer compression hosiery to treat varicose veins unless interventional treatment is unsuitable

Public Health Guidance	**BMI and waist circumference - black, Asian and minority ethnic groups PH46** The evidence gathered confirms that people from these groups are at an equivalent risk of diabetes, other health conditions or mortality **at a lower BMI** than the white European population. However, NICE did not consider the evidence sufficient to make recommendations on the use of new BMI and waist circumference thresholds to classify whether members of these groups are overweight or obese. There was also insufficient evidence to make recommendations on the full range of health conditions considered, or all-cause mortality (most of the evidence came from diabetes studies). Thus, this guidance supports previously published NICE recommendations on diabetes prevention. It also highlights recommendations from NICE and other sources in relation to awareness raising, BMI measurement and thresholds that can be used as a trigger for intervening.
Medical Technologies Guidance	**Ambu aScope2 for use in unexpected difficult airways MTG14** NICE has said the Ambu aScope2 can be used if a hospital unit has no access to a multiple-use endoscope or if one is unavailable (for example, if it is being sterilised). It can also be used to help replace a tracheostomy tube, if the tube used for the tracheostomy moves out of position. **Description of the technology** The Ambu aScope2 (Ambu Ltd) is a sterile, flexible, disposable device that is used to overcome difficulties with endotracheal intubation in patients with difficult airways. It is used to visualise the airway and then to aid in the placement of an endotracheal tube, either directly or through an intubating laryngeal mask. It is a portable device that can be used wherever a flexible fibre optic endoscope is needed for airway management. This may be in anaesthetic rooms, critical care or emergency departments or in other areas of hospitals where emergency airway management is undertaken. **Vision Amniotic Leak Detector to assess unexplained vaginal wetness in pregnancy MTG15** The case for adopting the Vision Amniotic Leak Detector (ALD), when issued by a midwife or other healthcare worker, is supported by the evidence. The available evidence suggests that the device can reliably exclude amniotic fluid leak as a cause of vaginal wetness in pregnancy, avoiding the need for a speculum examination and its associated discomforts. Using the device in the community could prevent unnecessary referrals to secondary care antenatal day units or maternity triage services for speculum examinations, releasing clinical time **Description of the technology** The Vision Amniotic Leak Detector (ALD; CommonSense Ltd) is a non-invasive diagnostic panty liner that can be attached to underwear. The panty liner has a central polymer-embedded strip that turns blue-green on contact with fluid that has a pH higher than 5.2 (normal vaginal pH is 3.5 to 4.5 and amniotic fluid has a pH of 6.5 or above). The device can distinguish between amniotic fluid and urine (which contains ammonia) because the polymer strip contains reagents that react differently depending on the pH and whether ammonia is present.
NICE Quality Standards	**Rheumatoid arthritis QS33 (issued late June)** This quality standard covers the diagnosis and management of rheumatoid arthritis in adults (16 years and older). **Self-harm QS34 (issued late June)** This quality standard covers the initial management of self-harm and the provision of longer-term support for children and young people (aged 8 years and older) and adults (aged 18 years and older) who self-harm. **Hypertension in pregnancy QS35**

	This quality standard covers pre-pregnancy advice for women with pre-existing hypertension, as well as the antenatal, intrapartum and postnatal care of women at risk of or with hypertensive disorders of pregnancy. **Urinary tract infection in infants, children and young people under 16 QS36** This quality standard covers the care of infants, children and young people under 16 years with a first or recurrent upper or lower urinary tract infection and without known underlying uropathy. **Postnatal care QS37** This quality standard covers postnatal care, which includes the core care and support that every woman, their baby and if appropriate, their partner and family should receive during the postnatal period. This includes recognising women and babies with additional care needs and referring them to specialist services.
Interventional Procedures Guidance (IPGs)	**Sutureless Aortic Valve Replacement for aortic stenosis IPG456** For patients with aortic stenosis for whom surgical aortic valve replacement is considered suitable but for whom it would pose a high risk, sutureless aortic valve replacement for aortic stenosis should only be used with special arrangements for clinical governance, consent and data collection or research. **Insertion of customised exposed titanium implants, without soft tissue cover, for complex orofacial reconstruction IPG457** This procedure should only be used with special arrangements for clinical governance, consent and audit or research. **Mechanical clot retrieval for the treatment of acute ischaemic stroke IPG458** The current evidence on mechanical clot retrieval for treating acute ischaemic stroke shows that efficacy is unproven. With regard to safety, there are risks of serious complications. The procedures should only be used with special arrangements for clinical governance, consent and audit or research. **Selective internal radiation therapy for primary cholangiocarcinoma IPG459** Current evidence on the safety and efficacy of selective internal radiation therapy (SIRT) for primary intrahepatic cholangiocarcinoma is limited in both quantity and quality. Therefore this procedure should only be used with special arrangements for clinical governance, consent and audit or research. **Selective internal radiation therapy for primary hepatocellular carcinoma IPG460** Current evidence on the efficacy and safety of selective internal radiation therapy (SIRT) for primary hepatocellular carcinoma is adequate for use with normal arrangements for clinical governance, consent and audit. Uncertainties remain about its comparative effectiveness, and clinicians are encouraged to enter eligible patients into trials comparing the procedure against other forms of treatment.
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	**CMG50: NICE support for commissioning for self-harm (published late June 2013)**
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
Maintaining a healthy weight and preventing excess weight gain among children and adults: scope consultation	03/07/2013	31/07/2013
Myelodysplastic syndrome (deletion 5q) - lenalidomide: appraisal consultation	11/07/2013	31/07/2013
Behaviour change: draft guidance consultation	05/06/2013	31/07/2013
Mental wellbeing of older people in care homes: quality standard consultation	05/07/2013	02/08/2013
Chronic myeloid leukaemia - bosutinib: appraisal consultation	16/07/2013	05/08/2013
Exercise referral schemes: call for evidence	15/07/2013	05/08/2013
Peginterferon alfa and ribavirin for the treatment of chronic hepatitis C in children and young people: appraisal consultation	18/07/2013	09/08/2013
Quitting smoking in pregnancy and following childbirth: review proposal consultation	19/07/2013	09/08/2013
Vasculitis (anti-neutrophil cytoplasmic antibody-associated) - rituximab (with glucocorticoids): appraisal consultation	23/07/2013	12/08/2013
Systemic lupus erythematosus (active) - belimumab: appraisal consultation 2	24/07/2013	13/08/2013
Phrenic nerve transfer in brachial plexus injury: interventional procedure consultation	19/07/2013	20/08/2013
Transcranial magnetic stimulation for treating and preventing migraine: interventional procedure consultation	19/07/2013	20/08/2013
Intravenous fluids therapy in children: scope consultation	19/07/2013	27/08/2013
Prostate cancer (update): guideline consultation	16/07/2013	10/09/2013

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