

Public Health Key Documents July 2016

NIHR

Orthotic management of instability of the knee related to neuromuscular and central nervous system disorders: systematic review, qualitative study, survey and costing analysis

Various types of orthoses are used in the NHS to manage patients with NMD/CNS conditions and knee instability, both custom-made and prefabricated, of variable cost. The studies evaluated knee–ankle–foot orthoses (KAFO, mainly carbon fibre), stance control KAFO and hip KAFOs. All of the studies were at risk of bias and, in general, were poorly reported. Evidence on the effectiveness of the orthoses is limited, especially in relation to the outcomes that are important to orthoses users.

Health Technology Appraisal

Systematic search: Yes

July 2016

<http://www.journalslibrary.nihr.ac.uk/hta/volume-20/issue-55#abstract>

VivaScope® 1500 and 3000 systems for detecting and monitoring skin lesions: a systematic review and economic evaluation

The use of VivaScope appears to be a cost-effective strategy in the diagnostic assessment of equivocal melanomas and basal cell carcinoma, and in margin delineation of lentigo maligna prior to surgical treatment. There is an absence of UK data in the included studies and, therefore, generalisability of the results to the UK population is unclear.

Health Technology Appraisal

Systematic search: Yes

July 2016

<http://www.journalslibrary.nihr.ac.uk/hta/volume-20/issue-58#abstract>

KINGS FUND

Patients as partners: Building collaborative relationships among professionals, patients, carers and communities

More collaborative relationships among health and care professionals, patients, service users, carers and communities are essential for the future of the NHS, but what helps to build effective relationships? This guide stems from an evolving body of the Fund's work focused on exploring and supporting shared leadership. This work is reinforced by a growing consensus that health services, agencies, patients and communities need to work together more – and differently.

Kings Fund report

Systematic search: No

July 2016

<http://www.kingsfund.org.uk/publications/patients-partners>

HIS

Comment on: NICE STA399: Azacitidine for treating acute myeloid leukaemia with more than 30% bone marrow blasts

In the absence of a submission from the holder of the marketing authorisation azacitidine (Vidaza®) is not recommended for use within NHS Scotland for the treatment of adult patients aged 65 years or older who are not eligible for haematopoietic stem cell transplantation (HSCT) with acute myeloid leukaemia (AML) with >30% marrow blasts according to the WHO classification.

SMC Advice

Systematic search: No

July 2016

http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/stas/appraisal_399.aspx

Comment on: NICE STA398 Lumacaftor–ivacaftor for treating cystic fibrosis homozygous for the F508del mutation

Lumacaftor-ivacaftor (Orkambi®) is not recommended for use within NHS Scotland for the treatment of cystic fibrosis (CF) in patients aged 12 years and older who are homozygous for the F508del mutation in the CF transmembrane conductance regulator (CFTR) gene.

SMC Advice

Systematic search: No

July 2016

http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/stas/appraisal_398.aspx

SGHD

Nil

SIGN

Nil

HEALTH SCOTLAND

Nil

NICE

CG181 Cardiovascular disease: risk assessment and reduction, including lipid modification

This guideline covers the assessment and care of adults who are at risk of or who have cardiovascular disease (CVD), such as heart disease and stroke. It aims to help healthcare professionals identify people who are at risk of cardiovascular problems, including people with type 1 or type 2 diabetes, or chronic kidney disease. It describes the lifestyle changes people can make and how statins can be used to reduce their risk.

NICE Guidance

Systematic search: Yes

July 2016

<https://www.nice.org.uk/guidance/cg181>

CG71 Familial hypercholesterolaemia: identification and management

This NICE guideline covers the care and treatment of adults and children/young people with familial hypercholesterolaemia. It does not cover other forms of hypercholesterolaemia that are not genetic or that are due to other genetic conditions.

NICE Guidance

Systematic search: Yes

July 2016

<https://www.nice.org.uk/guidance/cg71>

CG64 Prophylaxis against infective endocarditis: antimicrobial prophylaxis against infective endocarditis in adults and children undergoing interventional procedures

This guideline is a full update to the 2008 short guideline (CG64) on the use of prophylaxis against infective endocarditis (IE). This 2015 update was triggered by a recent study suggesting that the incidence of IE may have been affected by the 2008 guidance. As a precaution, NICE has reviewed the evidence relating to the effectiveness of prophylaxis against IE and found no need to change any of the existing guidance.

NICE Guidance

Systematic search: Yes

July 2016

<https://www.nice.org.uk/guidance/cg64>

NG52 Non-Hodgkin's lymphoma: diagnosis and management

This guideline covers diagnosing and managing non-Hodgkin's lymphoma in people aged 16 years and over. It aims to improve care for people with non-Hodgkin's lymphoma by promoting the best tests for diagnosis and staging and the most effective treatments for 6 of the subtypes. Tests and treatments covered include excision biopsy, radiotherapy, immunochemotherapy and stem cell transplantation.

NICE Guidance

Systematic search: Yes

July 2016

<https://www.nice.org.uk/guidance/ng52>

NG51 Sepsis: recognition, diagnosis and early management

This guideline covers the recognition, diagnosis and early management of sepsis for all populations. The guideline committee identified that the key issues to be included were: recognition and early assessment, diagnostic and prognostic value of blood markers for sepsis, initial treatment, escalating care, identifying the source of infection, early monitoring, information and support for patients and carers, and training & education.

<https://www.nice.org.uk/guidance/ng51>

NG50 Cirrhosis in over 16s: assessment and management

This guideline covers assessing and managing suspected or confirmed cirrhosis in people who are 16 years or older. It aims to improve how cirrhosis is identified and diagnosed. It recommends tools to assess the severity of cirrhosis and gives advice on monitoring people with cirrhosis to detect and manage complications early, and referral criteria for tertiary care.

NICE Guidance

Systematic search: Yes

July 2016

<https://www.nice.org.uk/guidance/ng50>

NG49 Non-alcoholic fatty liver disease (NAFLD): assessment and management

This guideline covers how to identify the adults, young people and children with non-alcoholic fatty liver disease (NAFLD) who have advanced liver fibrosis and are most at risk of further complications. It outlines the lifestyle changes and pharmacological treatments that can manage NAFLD and advanced liver fibrosis.

NICE Guidance

Systematic search: Yes

July 2016

<https://www.nice.org.uk/guidance/ng49>

NG48 Oral health for adults in care homes

This guideline covers oral health, including dental health and daily mouth care, for adults in care homes. The aim is to maintain and improve their oral health and ensure timely access to dental treatment.

NICE Guidance

Systematic search: Yes

July 2016

<https://www.nice.org.uk/guidance/ng48>

NG28 Type 2 diabetes in adults: management

This guideline covers the care and management of type 2 diabetes in adults (aged 18 and over). It focuses on patient education, dietary advice, managing cardiovascular risk, managing blood glucose levels, and identifying and managing long-term complications. This updated guideline includes new recommendations on individualised care, managing blood glucose levels, antiplatelet therapy, and managing complications.

NICE Guidance

Systematic search: Yes

July 2016

<https://www.nice.org.uk/guidance/ng28>

NG17 Type 1 diabetes in adults: diagnosis and management

This guideline covers the care and treatment of adults (aged 18 and over) with type 1 diabetes. This updated guideline includes new recommendations on diagnosis, structured education, insulin therapy, blood glucose management, impaired awareness of hypoglycaemia, and managing complications of diabetes.

NICE Guidance

Systematic search: Yes

July 2016

<https://www.nice.org.uk/guidance/ng17>

TA399 Azacitidine for treating acute myeloid leukaemia with more than 30% bone marrow blasts

Azacitidine is not recommended for treating acute myeloid leukaemia with more than 30% bone marrow blasts in people of 65 years or older who are not eligible for haematopoietic stem cell transplant.

NICE Guidance

Systematic search: Yes

July 2016

<https://www.nice.org.uk/guidance/ta399>

TA398 Lumacaftor–ivacaftor for treating cystic fibrosis homozygous for the F508del mutation

Lumacaftor–ivacaftor is not recommended for treating cystic fibrosis in people 12 years and older who are homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.

NICE Guidance

Systematic search: Yes

July 2016

<https://www.nice.org.uk/guidance/ta398>

EPPI Centre

Nil

AHRQ (Agency for Healthcare Research and Quality - USA)

Diagnosis and Treatment of Myalgic Encephalomyelitis/ Chronic Fatigue Syndrome

Eight case definitions for ME/CFS exist, and several diagnostic methods have been studied but none have been adequately tested. The treatments reviewed included medication, CAM, counseling or behavioral therapy, and exercise therapy. Available studies generally enrolled small numbers of participants, and many treatment trials were too small to detect significant differences between groups. Most treatment trials did not describe their methods in sufficient detail to assess their quality.

AHRQ Evidence Review

Systematic search: Yes

July 2016

<https://www.effectivehealthcare.ahrq.gov/ehc/products/586/2004/chronic-fatigue-report-160728.pdf>

Health Foundation

Nil

Canadian Agency for Drugs and Technologies in Health (CADTH)

Bariatric Surgery for the Long-Term Treatment of Obesity: A Review of the Clinical Effectiveness and Cost-Effectiveness

At five years follow-up, bariatric surgeries lead to a statistically significant reduction in weight, waist circumference, and body mass index (BMI) as compared to medical treatment in patients with morbid obesity. Evidence from cost evaluation studies showed that bariatric surgery is more cost-effective than conventional treatment in patients with morbid obesity over a life time horizon.

CADTH Rapid Response Report

Systematic search: Limited

July 2016

<https://www.cadth.ca/bariatric-surgery-long-term-treatment-obesity-review-clinical-effectiveness-and-cost-effectiveness-0>

Pharmacologic-based Strategies for Smoking Cessation

All drug therapies reviewed were shown to be effective in the general population, as well as in smokers with heart disease or chronic obstructive pulmonary disease. Economic analysis showed that reimbursing smoking cessation therapies may be cost-effective compared to not doing so, and that cost can be a barrier to accessing these medications. Low-quality evidence shows that electronic cigarettes can reduce the desire to smoke tobacco.

CADTH Health Technology Assessment

Systematic search: Yes

July 2016

<https://www.cadth.ca/pharmacologic-based-strategies-smoking-cessation>

Re-treatment for Patients with NS5A Resistant-Associated Variants of Hepatitis C Virus: A Review of Clinical Effectiveness

One low quality study showed that 12 weeks therapy with a combination regimen of sofosbuvir (SOF) and simeprevir (SIM) was an effective retreatment in chronic HCV GT 1 or 4 patients who had failed a previous daclatasvir (DCV)-based regimen. Another low quality study¹⁰ found that retreatment with a combination of ledipasvir (LDV) and SOF for 12 weeks was effective retreatment in HCV-infected patients with early-stage hepatic fibrosis who had previously failed a short-course (4 or 6 weeks) of combination therapy containing LDV/SOF.

CADTH Rapid Response Report

Systematic search: Limited

July 2016

<https://www.cadth.ca/re-treatment-patients-ns5a-resistant-associated-variants-hepatitis-c-virus-review-clinical>

Changing of Surgical Attire Upon Re-Entry to the Peri-Operative Environment: A Review of Guidelines

One systematic review stated that evidence is lacking regarding impact on SSI rates in case of surgical attire being worn outside the operating theatre and returning to the theatre without changing into clean theatre suits. One guideline recommended that staff wearing non-sterile theatre wear should keep their movements in and out of the operating area to a minimum.

CADTH Rapid Response Report

Systematic search: Limited

July 2016

<https://www.cadth.ca/changing-surgical-attire-upon-re-entry-peri-operative-environment-review-guidelines-0>

Crushed Buprenorphine or Buprenorphine-Naloxone for Opioid Dependency: A Review of the Clinical Effectiveness and Guidelines

A single crossover RCT with 16 patients showed that there were no statistically significant differences with respect to opioid withdrawal or opioid craving between treatments with the whole buprenorphine tablet or the crushed tablet. The number of patients experiencing adverse events was higher in the crushed tablet group compared to the whole tablet group however there were no serious adverse events reported in either group. There was no information identified regarding the effectiveness of the crushed tablet in resolving misuse and diversion issues.

CADTH Rapid Response Report

Systematic search: Limited

July 2016

<https://www.cadth.ca/crushed-buprenorphine-or-buprenorphine-naloxone-opioid-dependency-review-clinical-effectiveness-and>

Carbapenems for Multi-Drug Resistant Infections: A Review of Clinical and Cost-Effectiveness

Evidence from mostly poor quality trials and systematic reviews revealed that the comparative clinical efficacy and safety of carbapenems and other broad-spectrum antibiotics for multi-drug resistant organisms and patients at high risk for multi-drug resistant organisms is inconsistent and inconclusive. Though the clinical evidence is poor, good antimicrobial stewardship practices support the judicious use of carbapenems, and pharmacokinetic data supports the use of smaller dose, shorter interval regimens of meropenem.

CADTH Rapid Response Report

Systematic search: Limited

July 2016

<https://www.cadth.ca/carbapenems-multi-drug-resistant-infections-review-clinical-and-cost-effectiveness>

McGill University Health Centre (Canada)

Nil

Health Information & Quality Authority (Ireland)

Nil

Campbell Collaboration

Nil

NICE FORWARD PLANNING – Publications due August 2016

Heavy menstrual bleeding

Clinical Guideline

Lung cancer (non-small cell, metastatic) - ramucirumab (after platinum chemotherapy)

Single Technology Appraisal

Lung cancer (non small cell, non squamous) – pemetrexed

Single Technology Appraisal

Prostate cancer (advanced, hormone dependent) - degarelix depot

Single Technology Appraisal

Neuroblastoma (high risk, children) - dinutuximab (maintenance)

Single Technology Appraisal

Leukaemia (chronic myeloid) - bosutinib (review of TA299)

Single Technology Appraisal

Transition between inpatient mental health settings and community and care home settings

Social Care

Fertility

Clinical Guideline

Colorectal cancer (metastatic) - trifluridine (with tipiracil hydrochloride, after standard therapy)

Single Technology Appraisal