

## **NIHR**

### **Pharmacological and non-pharmacological interventions for non-respiratory sleep disturbance in children with neurodisabilities: a systematic review**

There is some evidence of benefit for melatonin compared with placebo, but the degree of benefit is uncertain. There are various types of non-pharmacological interventions for managing sleep disturbance but the low level of evidence available means that it is not possible to draw conclusions with regard to their effectiveness.

Health Technology Assessment

Systematic search: Yes

October 2018

<https://www.journalslibrary.nihr.ac.uk/hta/hta22600/#/abstract>

### **Adjunctive colposcopy technologies for assessing suspected cervical abnormalities: systematic reviews and economic evaluation**

The use of adjunctive Dynamic Spectral Imaging System (DySIS) increases the sensitivity for detecting cervical intraepithelial neoplasia (CIN) 2+, so it increases the number of high-grade CIN cases that are detected. However, it also reduces specificity, so that more women with no or low-grade CIN will be incorrectly judged as possibly having high-grade CIN. The evidence for ZedScan was limited, but it appears to increase sensitivity and decrease specificity compared with colposcopy alone.

Health Technology Assessment

Systematic search: Yes

October 2018

<https://www.journalslibrary.nihr.ac.uk/hta/hta22540/#/abstract>

## **KINGS FUND**

Nil

## **Scottish Medicines Consortium**

### **anakinra (Kineret)**

anakinra is accepted for use within NHSScotland for the treatment of Still's disease, including Systemic Juvenile Idiopathic Arthritis (SJIA) and Adult-Onset Still's Disease (AOSD) in adults, adolescents, children and infants aged eight months and older with a body weight of 10kg or above. Patients should have active systemic features of moderate to high disease activity, or continued disease activity after treatment with non-steroidal anti-inflammatory drugs (NSAIDs) or glucocorticoids. Anakinra can be given as monotherapy or in combination with other anti-inflammatory drugs and disease-modifying anti-rheumatic drugs (DMARDs).

SMC advice

Systematic search: No

October 2018

<https://www.scottishmedicines.org.uk/medicines-advice/anakinra-kineret-fullsubmission-smc2104/>

**hydrocortisone (Alkindi)**

hydrocortisone (Alkindi) is accepted for restricted use within NHSScotland as a replacement therapy of adrenal insufficiency in infants, children and adolescents (from birth to <18 years old). Hydrocortisone is restricted to the first-line treatment of infants and young children with adrenal insufficiency aged from birth to less than six years of age for whom hydrocortisone must otherwise be individually prepared by manipulation such as by compounding (or crushing) or by production of special solutions in order to produce age-appropriate doses, or hydrocortisone given as off-label buccal tablets.

SMC advice

Systematic search: No

October 2018

<https://www.scottishmedicines.org.uk/medicines-advice/hydrocortisone-alkindi-fullsub-smc2088/>

**gemtuzumab ozogamicin (Mylotarg)**

gemtuzumab ozogamicin (Mylotarg) is accepted for restricted use within NHSScotland as a combination therapy with daunorubicin and cytarabine for the treatment of patients age 15 years and above with previously untreated, de novo CD33 positive acute myeloid leukaemia (AML), except acute promyelocytic leukaemia (APL). Gemtuzumab ozogamicin is restricted to use in patients with a favourable, intermediate or unknown cytogenetic profile.

SMC advice

Systematic search: No

October 2018

<https://www.scottishmedicines.org.uk/medicines-advice/gemtuzumab-ozogamicin-mylotarg-fullsub-smc2089/>

**ixekizumab (Taltz)**

ixekizumab (Taltz) is accepted for restricted use within NHSScotland alone or in combination with methotrexate, for the treatment of active psoriatic arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drug (DMARD) therapies. Ixekizumab is restricted to patients whose disease has not responded adequately to at least two conventional DMARDs given either alone or in combination, and who have had an inadequate response to a tumour necrosis factor (TNF)-inhibitor.

SMC advice

Systematic search: No

October 2018

<https://www.scottishmedicines.org.uk/medicines-advice/ixekizumab-taltz-fullsubmission-smc2097/>

**cabozantinib (Cabometyx)**

cabozantinib (Cabometyx) is not recommended for use within NHSScotland for the treatment of advanced renal cell carcinoma (RCC) in treatment-naïve adults with intermediate or poor risk.

SMC advice

Systematic search: No

October 2018

<https://www.scottishmedicines.org.uk/medicines-advice/cabozantinib-cabometyx-fullsubmission-smc2095/>

## **SGHD**

### **Waiting Times Improvement Plan**

The Plan outlines the steps and timescales for driving improvement of our access to care. It takes full account of the wider context of national, regional and local planning, health and social care integration, workforce planning, primary care development and the overall reform agenda. It sets out the clear deliverables over the next 30 months and how these will lead to improvements throughout this period.

Scottish Government report

Systematic search: No

October 2018

<https://www2.gov.scot/Resource/0054/00542255.pdf>

## **SIGN**

Nil

## **HEALTH SCOTLAND**

### **Child poverty and low income: Health impact and health inequalities**

This briefing looks at how poverty can impact on children's health, education and development, and how this creates inequalities in Scotland.

Health Scotland report

Systematic search: No

October 2018

<http://www.healthscotland.scot/publications/child-poverty-and-low-income-health-impact-and-health-inequalities>

## **NICE**

### **CG54 Urinary tract infection in under 16s: diagnosis and management**

This guideline covers diagnosing and managing first or recurrent upper or lower urinary tract infections in infants, children and young people. It aims to achieve more consistent clinical practice, based on accurate diagnosis and effective management.

NICE Guideline

Systematic search: Yes

October 2018

<https://www.nice.org.uk/guidance/cg54>

### **NG35 Myeloma: diagnosis and management**

This guideline covers the diagnosing and managing of myeloma (including smouldering myeloma and primary plasma cell leukaemia) in people aged 16 and over. It aims to improve care for people with myeloma by promoting the most effective tests and treatments for myeloma and its complications.

NICE Guideline

Systematic search: Yes

October 2018

<https://www.nice.org.uk/guidance/ng35>

### **NG95 Lyme disease [corrected]**

This guideline covers diagnosing and managing Lyme disease. It aims to raise awareness of when Lyme disease should be suspected and ensure that people have prompt and consistent diagnosis and treatment. It does not cover preventing Lyme disease. In October 2018, we corrected the information in table 2 relating to treatments for Lyme carditis in children aged 9 to 12 who are haemodynamically unstable.

NICE Guideline

Systematic search: Yes

October 2018

<https://www.nice.org.uk/guidance/ng95>

### **NG107 Renal replacement therapy and conservative management**

This guideline covers renal replacement therapy (dialysis and transplantation) and conservative management for people with chronic kidney disease stages 4 and 5. It aims to improve quality of life by making recommendations on planning, starting and switching treatments, and coordinating care.

NICE Guideline

Systematic search: Yes

October 2018

<https://www.nice.org.uk/guidance/ng107>

### **NG108 Decision-making and mental capacity**

This guideline covers decision-making in people 16 years and over who may lack capacity now or in the future. It aims to help health and social care practitioners support people to make their own decisions where they have the capacity to do so. It also helps practitioners to keep people who lack capacity at the centre of the decision-making process. This guideline should be read in conjunction with the Mental Capacity Act 2005. It does not cover Deprivation of Liberty Safeguards processes.

NICE Guideline

Systematic search: Yes

October 2018

<https://www.nice.org.uk/guidance/ng108>

### **NG109 Urinary tract infection (lower): antimicrobial prescribing**

This guideline sets out an antimicrobial prescribing strategy for lower urinary tract infection (also called cystitis) in children, young people and adults who do not have a catheter. It aims to optimise antibiotic use and reduce antibiotic resistance. NICE has also produced [a guideline on antimicrobial stewardship](#): systems and processes for effective antimicrobial medicine use.

NICE Guideline

Systematic search: Yes

October 2018

<https://www.nice.org.uk/guidance/ng109>

### **NG110 Prostatitis (acute): antimicrobial prescribing**

This guideline sets out an antimicrobial prescribing strategy for acute prostatitis. It aims to optimise antibiotic use and reduce antibiotic resistance. NICE has also produced [a guideline on antimicrobial stewardship](#): systems and processes for effective antimicrobial medicine use.

NICE Guideline

Systematic search: Yes

October 2018

<https://www.nice.org.uk/guidance/ng110>

### **NG111 Pyelonephritis (acute): antimicrobial prescribing**

This guideline sets out an antimicrobial prescribing strategy for acute pyelonephritis (upper urinary tract infection) in children, young people and adults who do not have a catheter. It aims to optimise antibiotic use and reduce antibiotic resistance. NICE has also produced [a guideline on antimicrobial stewardship](#): systems and processes for effective antimicrobial medicine use.

NICE Guideline

Systematic search: Yes

October 2018

<https://www.nice.org.uk/guidance/ng111>

### **NG112 Urinary tract infection (recurrent): antimicrobial prescribing**

This guideline sets out an antimicrobial prescribing strategy for preventing recurrent urinary tract infections in children, young people and adults who do not have a catheter. It aims to optimise antibiotic use and reduce antibiotic resistance. NICE has also produced [a guideline on antimicrobial stewardship](#): systems and processes for effective antimicrobial medicine use.

NICE Guideline

Systematic search: Yes

October 2018

<https://www.nice.org.uk/guidance/ng112>

### **TA221 Romiplostim for the treatment of chronic immune (idiopathic) thrombocytopenic purpura**

Romiplostim is recommended as an option for treating chronic immune (idiopathic) thrombocytopenic purpura in adults, 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.

NICE Technology Appraisal

Systematic search: Yes

October 2018

<https://www.nice.org.uk/guidance/ta221>

### **TA293 Eltrombopag for treating chronic immune (idiopathic) thrombocytopenic purpura**

Eltrombopag is recommended as an option for treating chronic immune (idiopathic) thrombocytopenic purpura in adults, 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.

NICE Technology Appraisal

Systematic search: Yes

October 2018

<https://www.nice.org.uk/guidance/ta293>

#### **TA542 Cabozantinib for untreated advanced renal cell carcinoma**

Cabozantinib is recommended for adults with untreated advanced renal cell carcinoma that is intermediate- or poor- risk as defined in the International Metastatic Renal Cell Carcinoma Database Consortium criteria.

NICE Technology Appraisal

Systematic search: Yes

October 2018

<https://www.nice.org.uk/guidance/ta542>

#### **TA543 Tofacitinib for treating active psoriatic arthritis after inadequate response to DMARDs**

Tofacitinib, with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults, only if it is used as described in NICE's technology appraisal guidance on [etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis](#) or the person has had a tumour necrosis factor (TNF)-alpha inhibitor but their disease has not responded within the first 12 weeks or has stopped responding after 12 weeks, or TNF-alpha inhibitors are contraindicated but would otherwise be considered.

NICE Technology Appraisal

Systematic search: Yes

October 2018

<https://www.nice.org.uk/guidance/ta543>

#### **TA544 Dabrafenib with trametinib for adjuvant treatment of resected BRAF V600 mutation-positive melanoma**

Dabrafenib with trametinib is recommended as an option for the adjuvant treatment of resected stage III BRAF V600 mutation-positive melanoma in adults.

NICE Technology Appraisal

Systematic search: Yes

October 2018

<https://www.nice.org.uk/guidance/ta544>

#### **EPPI Centre**

Nil

#### **AHRQ (Agency for Healthcare Research and Quality - USA)**

### **Stroke Prevention in Patients With Atrial Fibrillation: A Systematic Review Update**

Overall, we found that CHADS<sub>2</sub>, CHA<sub>2</sub>DS<sub>2</sub>-VASc, and ABC scores have similar evidence regarding their ability to predict stroke risk in patients with atrial fibrillation, whereas HAS-BLED has the best evidence to predict bleeding risk. Direct oral anticoagulants (specifically apixaban and dabigatran) demonstrate reductions in stroke events and reductions (apixaban) or similar (dabigatran) rates in bleeding events when compared with warfarin, while rivaroxaban was similar in both benefits and harms to warfarin.

AHRQ Research Synthesis

Systematic search: Yes

October 2018

<https://effectivehealthcare.ahrq.gov/topics/stroke-afib-update/research-2018>

### **Health Foundation**

Nil

### **Canadian Agency for Drugs and Technologies in Health (CADTH)**

#### **Carbon Ion Beam Therapy for Chordoma: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines**

Evidence of limited quality suggested that post-operative carbon ion beam radiation therapy (CIBT) provided better survival odds than post-operative conventional radiation therapy and similar odds as stereotactically-guided fractionated radiation therapy. CIBT presents morbidity risks including sacral insufficiency fractures, hearing problems, cranial nerve deficit, abducent nerve paralysis, and double vision for patients with chordoma. Single centre economic evaluations found that post-operative CIBT was cost-effective relative to post-operative conventional radiation therapy over a lifetime time horizon

CADTH Rapid Response Report

Systematic search: Limited

October 2018

<https://www.cadth.ca/carbon-ion-beam-therapy-chordoma-review-clinical-effectiveness-cost-effectiveness-and-guidelines>

#### **Ulipristal versus Levonorgestrel for Emergency Contraception: A Review of Comparative Clinical Effectiveness and Guidelines**

Limited evidence of moderate quality showed that ulipristal is more effective than levonorgestrel in reducing the risk of pregnancy. One review concluded that a BMI greater than or equal to 30 was associated with an increased risk of pregnancy after using levonorgestrel but not ulipristal for emergency contraception. This corresponded to a Canadian guideline that indicated ulipristal is recommended for those with a BMI equal to or greater than 25 who are seeking emergency contraception

CADTH Rapid Response Report

Systematic search: Limited

October 2018

<https://www.cadth.ca/ulipristal-versus-levonorgestrel-emergency-contraception-review-comparative-clinical-effectiveness-0>

### **Regional Chemotherapy for the Treatment of Breast Cancer: A Review of Clinical Effectiveness, Cost-Effectiveness and Guidelines**

Limited quality evidence indicated that regional chemotherapy may provide benefit with regard to tumour response and survival, but it is not clear if regional chemotherapy offers a benefit relative to conventional and other therapies. Studies showed that regional chemotherapy was minimally associated with toxicity.

CADTH Rapid Response Report

Systematic search: Limited

October 2018

<https://www.cadth.ca/regional-chemotherapy-treatment-breast-cancer-review-clinical-effectiveness-cost-effectiveness-and>

### **Intravenous Acetaminophen for the Management of Short-Term Post-Operative Pain: A Review of Clinical Effectiveness and Cost-Effectiveness**

Limited evidence found that IV acetaminophen was superior to placebo in reducing post-operative pain for four or six hours after administration of IV medication but the differences in pain scores at other time points were inconsistent. There was no evidence to show that IV acetaminophen performed better than active comparators such as IV NSAIDs or IV opioids.

CADTH Rapid Response Report

Systematic search: Limited

October 2018

<https://www.cadth.ca/intravenous-acetaminophen-management-short-term-post-operative-pain-review-clinical-effectiveness>

### **Trauma-Informed Care for Adults Involved in the Correctional System: A Review of the Clinical Effectiveness, Cost-Effectiveness, and Guidelines**

The limited evidence available suggests that there was a trend toward higher program completion rate and lower incidence of recidivism with trauma-informed care relative to treatment as usual (or program as usual).

CADTH Rapid Response Report

Systematic search: Limited

October 2018

<https://www.cadth.ca/trauma-informed-care-adults-involved-correctional-system-review-clinical-effectiveness-cost>

### **Telehealth-Delivered Opioid Agonist Therapy for the Treatment of Adults with Opioid Use Disorder: Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines**

Limited evidence showed that after one year of treatment, those who participated in telehealth-delivered Opioid Agonist Therapy (OAT) were more likely to remain on uninterrupted OAT than those who received in-person OAT. The British Columbia Centre of Substance Abuse recommends that home-based, self-initiated OAT may be considered for those who have previous experience with OAT, or who have significant barriers to office attendance, while those who express significant apprehension of experiencing withdrawal, or those with concurrent alcohol and sedative use or misuse, are not likely to be good candidates for home induction.



CADTH Rapid Response Report  
Systematic search: Limited  
October 2018

<https://www.cadth.ca/telehealth-delivered-opioid-agonist-therapy-treatment-adults-opioid-use-disorder-review-clinical>

**McGill University Health Centre (Canada)**

Nil

**Health Information & Quality Authority (Ireland)**

Nil

**Campbell Collaboration**

Nil

**Glasgow Centre for Population Health**

**Briefing paper 54: the public health implications of rising debt**

This briefing paper highlights that the reasons why people use unsecure debt have changed in recent years, and notes it is now increasingly used to pay for food, rent and essential household utilities. The paper raises concerns about the potential damage to mental and physical health from high levels of personal, unsecure debt. The paper emphasises approaches to reduce poverty such as increases to the minimum wage and the adoption of the Living Wage alongside multi-agency 'debt care pathways' primarily involving NHS primary care and debt advice agencies. These pathways should include approaches to improve the mental, physical and financial health of vulnerable borrowers.

GCPH Briefing Paper

Systematic search: No

[https://www.gcph.co.uk/publications/858\\_briefing\\_paper\\_54\\_the\\_public\\_health\\_implications\\_of\\_rising\\_debt](https://www.gcph.co.uk/publications/858_briefing_paper_54_the_public_health_implications_of_rising_debt)

**NICE FORWARD PLANNING – Publications due November 2018**

**Gemtuzumab ozogamicin for untreated acute myeloid leukaemia**

Single Technology Appraisal

**Senza spinal cord stimulation to treat chronic back and leg pain after failed back surgery**

Medical Technology

**Prostate cancer (localised) - padeliporfin**

Single Technology Appraisal

**Catheter associated urinary tract infections: antimicrobial prescribing**  
Antimicrobial prescribing guideline

**Pembrolizumab for adjuvant treatment of melanoma with high risk of recurrence**

Single Technology Appraisal