NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

DIAGNOSTICS ASSESSMENT PROGRAMME

Equality impact assessment – Scoping

Depth of anaesthesia monitors (BIS, E-Entropy and Narcotrend-Compact M)

The impact on equality has been assessed during this assessment according to the principles of the NICE Equality scheme.

1. Have any potential equality issues been identified during the scoping process (scoping workshop discussion, assessment subgroup discussion), and, if so, what are they?

The E-Entropy depth of anaesthesia monitor is not validated for paediatric patients below two years of age. This is owing to brain development and therefore, is likely to be applicable to all EEG-based depth of anaesthesia monitors.

Postoperative cognitive dysfunction is most common in older people.

The clinical effectiveness of depth of anaesthesia monitors may be affected when monitoring patients with neurological disorders (e.g. epilepsy, dementia, Parkinson's disease), trauma or their sequelae, or people taking psychoactive medication. Epileptic seizure activity may also cause interference with readings.

The clinical effectiveness of depth of anaesthesia monitors may be affected when monitoring individuals who have levels of alcohol in their system or are taking high dose opiates, drugs that increase metabolism, high dose beta blockers, anti-retroviral drugs.

The clinical effectiveness of the AEPex system may be affected when used for patients with a hearing impairment and will be ineffective for patients who are deaf.

2. What is the preliminary view as to what extent these potential equality

issues need addressing by the Committee?

The EEG-based depth of anaesthesia monitors are not validated for use in patients under two years of age and therefore, is outside the remit of the scope.

The clinical effectiveness of depth of anaesthesia monitors may be different in older people because they are at higher risk of adverse outcomes. This should be considered in the assessment and by the Committee when making decisions

The clinical effectiveness of the monitors may be affected by a number of patient characteristics but these would be taken into account by the anaesthetist when making clinical decisions.

After consideration of all the relevant technologies for this evaluation, the AEPex system has not been included as an alternative technology in the scope.

3. Has any change to the draft scope been agreed to highlight potential equality issues?

The population in the scope has been changed. If there is sufficient evidence, specific groups of the population undergoing general anaesthesia such as older people and people with obesity may be considered separately if there is differential clinical effectiveness.

4. Have any additional stakeholders related to potential equality issues been identified during the scoping process, and, if so, have changes to the stakeholder list been made?

Additional stakeholders have not been identified.

Approved by Associate Director (name): Nick Crabb

Date: 26/10/2011