

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA - Aripiprazole for the treatment of schizophrenia in people aged 15 to 17 years

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

Consultation

1. Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

No equality issues were raised during the scoping process.

2. Have any other potential equality issues been raised in the submissions, expert statements or academic report, and, if so, how has the Committee addressed these?

The Committee was aware that consultees and commentators suggested that one area of potential discrimination was that the diagnosis of schizophrenia requires a definitive methodological approach using precise diagnostic criteria detailed in a number of tools, including DSM-IV and K-SADS-PL. The Committee noted that while some people with learning difficulties may exhibit psychoses, unless they fulfil the DSM-IV and K-SADS-PL criteria for schizophrenia they do not (by definition) have schizophrenia, and therefore are not appropriate for inclusion in this appraisal. It noted that both the DSM-IV and K-SADS-PL are used in clinical practice, as well as in studies of schizophrenia. The Committee concluded that the manufacturer should consider how the clinical and cost-effectiveness of aripiprazole may differ for people with schizophrenia who have learning difficulties (in their response to the ACD).

3. Have any other potential equality issues been identified by the

Committee, and, if so, how has the Committee addressed these?
No additional potential equality issues were identified by the Committee.

4. Do the preliminary recommendations make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to access for the specific group?
Preliminary recommendations do not cause any barriers to access for specific groups.

5. Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to access identified in question 4, or otherwise fulfil NICE's obligations to promote equality?
The Committee requested that the manufacturer provide further information before the next Committee meeting about how the clinical and cost-effectiveness of aripiprazole may differ for people aged 15 to 17 years with schizophrenia who also have learning difficulties (recommendation 1.4).

6. Have the Committee's considerations of equality issues been described in the appraisal consultation document, and, if so, where?
Section 4.15 and the summary table in the ACD describe the Committee's considerations of any potential equality issues.

Approved by Associate Director :Frances Sutcliffe.....

Date: 21/01/2011

Final appraisal determination

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed these?

The Committee was aware that consultees and commentators suggested that one area of potential discrimination was that the diagnosis of schizophrenia requires a definitive methodological approach using precise diagnostic criteria detailed in a number of tools, including DSM-IV and K-SADS-PL. The Committee noted that although some people with learning difficulties may exhibit psychoses, unless they fulfil the DSM-IV and K-SADS-PL criteria for schizophrenia they do not (by definition) have schizophrenia, and therefore are not appropriate for inclusion in this technology appraisal. It noted that both the DSM-IV and K-SADS-PL criteria are used in clinical practice, as well as in studies of schizophrenia. The Committee concluded that there are not sufficient data to provide evidence on how the clinical and cost effectiveness of aripiprazole may differ for people with schizophrenia who have learning difficulties.

2. If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to access for the specific group?

Recommendations do not create barriers to access.

3. If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to access identified in question 2, or otherwise fulfil NICE's obligations to promote equality?

Not applicable.

4. Have the Committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?

The Committee's consideration of equality issues are described in section

4.15 and the summary table in the final guidance.

Approved by Centre or Programme Director: Meindert Boysen

Date: 24012011