SCOPE

1 Guideline title

Schizophrenia: core interventions in the treatment and management of schizophrenia in primary and secondary care (update)

1.1 Short title

Schizophrenia (update)

2 Background

a) The National Institute for Health and Clinical Excellence (‘NICE’ or ‘the Institute’) has commissioned the National Collaborating Centre for Mental Health to review recent evidence on the management of schizophrenia and to update the existing guideline ‘Schizophrenia: core interventions in the treatment and management of schizophrenia in primary and secondary care’ (NICE clinical guideline 1, 2002). The update will provide recommendations for good practice that are based on the best available evidence of clinical and cost effectiveness.

b) The Institute’s clinical guidelines will support the implementation of National Service Frameworks (NSFs) in those aspects of care where a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals published by the Institute after an NSF has been issued will have the effect of updating the Framework.

c) NICE clinical guidelines support the role of healthcare professionals in providing care in partnership with patients, taking account of their individual needs and preferences, and ensuring that patients (and
their carers and families, where appropriate) can make informed decisions about their care and treatment.

3 Clinical need for the guideline

a) Schizophrenia is a term used to describe a major psychiatric disorder (or cluster of disorders) that alters an individual’s perception, thoughts, affect and behaviour. The symptoms of schizophrenia are usually divided into positive symptoms, including hallucinations and delusions, and negative symptoms, such as emotional apathy, lack of drive, poverty of speech, social withdrawal and self-neglect. Nevertheless, individuals who develop schizophrenia will have their own unique combination of symptoms and experiences, the precise pattern of which will be influenced by their own particular circumstances.

b) The symptoms and experience of schizophrenia are often distressing and the effects of the illness are pervasive, with a significant number of people continuing to experience long-term disability. Schizophrenia can have a major detrimental effect on people’s personal, social and occupational lives, placing a heavy burden on individuals and their carers, as well as potentially large demands on the healthcare system.

c) The lifetime prevalence of schizophrenia is between 0.4% and 1.4%. The National Survey of Psychiatric Morbidity in the UK found a population prevalence of probable psychotic disorder of 5 per 1000 in people aged 16–74 years.

d) The cumulative cost of the care of individuals with schizophrenia is high. In 1992–3 the direct cost of health and social care for people with schizophrenia was estimated to be 2.8% of the total NHS expenditure, and 5.4% of NHS inpatient costs\(^1\). Health and social

services costs alone amounted to £810 million, of which inpatient care cost more than £652 million.

e) Two UK studies found that after the first episode of illness, unemployment rates for people with schizophrenia increased from on average 42% to 63%\(^2\). Other UK studies have found that unemployment rates may be as high as 96% in some areas. Carers also have a very significant burden socially, financially and personally.

f) Data from the Prescription Cost Analysis (PCA) system show that in the 12 months to March 2006, ‘atypical’ antipsychotic drugs accounted for 63% of all antipsychotic items dispensed, at a net ingredient cost of £196 million, with non-atypical drugs accounting for £11 million\(^3\).

g) The NICE clinical guideline 'Schizophrenia: core interventions in the treatment and management of schizophrenia in primary and secondary care' (NICE clinical guideline 1) was published in December 2002. The guideline incorporated a NICE technology appraisal on atypical antipsychotic drugs (NICE technology appraisal 43) that was published in June 2002. New evidence regarding the use of some psychological interventions and antipsychotic drugs to treat schizophrenia means that both the guideline and technology appraisal need updating. After consultation with stakeholders, the decision was made by NICE that the technology appraisal guidance be updated as part of the update of the clinical guideline.

4 The guideline

a) The guideline development process is described in detail in two publications that are available from the NICE website (see ‘Further


\(^3\) NICE implementation uptake report: atypical antipsychotics (December 2006).
information’). ‘The guideline development process: an overview for stakeholders, the public and the NHS’ describes how organisations can become involved in the development of a guideline. ‘The guidelines manual’ provides advice on the technical aspects of guideline development.

b) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider.

c) The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

a) Adults (older than 18) who have a clinical working diagnosis of schizophrenia, including those with an established diagnosis of schizophrenia (with onset before age 60) who require treatment beyond age 60.

4.1.2 Groups that will not be covered

a) Very late onset schizophrenia (onset after age 60).

b) Other psychotic disorders, such as bipolar disorder, mania or depressive psychosis.

4.2 Healthcare setting

a) Care that is received from healthcare professionals who have direct contact with and make decisions concerning the care of people with schizophrenia.

b) The guideline will also be relevant to the work of, but will not cover the practice of, A&E departments, paramedic services, prison medical services, the police and those who work in the criminal justice and education sectors.
4.3 **Clinical management**

a) Initiation of treatment with antipsychotic medication and/or a psychological intervention.

b) The use of antipsychotic medication and/or a psychological intervention for the treatment of an acute psychotic episode.

c) The use of antipsychotic medication and/or a psychological intervention to promote recovery after an acute psychotic episode.

d) The management and treatment of the known side effects of antipsychotic medication (for example, diabetes).

e) Treatment options if antipsychotic medication is effective but not tolerated.

f) The use of early intervention services in the early treatment of people with schizophrenia.

h) Recommendations categorised as good practice points in the original guideline will be reviewed for their current relevance (including issues around consent and advance directives).

i) Advice on treatment options will be based on the best evidence available to the GDG. The recommendations will be based on effectiveness, safety and cost-effectiveness. Note that guideline recommendations for pharmacological interventions will normally fall within licensed indications; exceptionally, and only where clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a drug’s summary of product characteristics to inform their decisions for individual patients.

i) The guideline will not cover:

- diagnosis
- primary prevention
• assessment
• management of schizophrenia in people with coexisting learning difficulties, significant physical or sensory difficulties, or substance misuse
• management of violence in people with schizophrenia\(^4\).

j) The guideline development groups will take reasonable steps to identify ineffective interventions and approaches to care. If robust and credible recommendations for re-positioning the intervention for optimal use, or changing the approach to care to make more efficient use of resources, can be made, they will be clearly stated. If the resources released are substantial, consideration will be given to listing such recommendations in the ‘Key priorities for implementation’ section of the guideline.

4.4 Status

4.4.1 Scope

This is the consultation draft of the scope. The consultation period is 10 April to 7 May 2007.

The guideline will update the following NICE guidance.

• Schizophrenia: core interventions in the treatment and management of schizophrenia in primary and secondary care. NICE clinical guideline 1 (2002).
• Guidance on the use of newer (atypical) antipsychotic drugs for the treatment of schizophrenia. NICE technology appraisal guidance 43 (2002).

4.4.2 Guideline

The development of the guideline recommendations will begin in June 2007.

\(^4\) This topic was covered in ‘Violence: the short-term management of disturbed/violent behaviour in inpatient psychiatric settings and emergency departments’. NICE clinical guideline 25 (2005).
5 Further information

Information on the guideline development process is provided in:

- ‘The guideline development process: an overview for stakeholders, the public and the NHS’
- ‘The guidelines manual’.

These booklets are available as PDF files from the NICE website (www.nice.org.uk/guidelinesmanual). Information on the progress of the guideline will also be available from the website.