

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Diagnosis and management of gout

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

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

The prevalence of gout in men is reflected by the evidence included across all reviews in the guideline. No particular consideration for males with gout was identified by the committee.

Women post menopause. The committee recommended that tailored information should be provided according to the needs of the individual and the stage of the care pathway they were on. This was based on the findings in the information and support review that female patients wanted information tailored to them on how medications could affect female specific issues.

From the evidence reviewed a higher incidence of gout amongst black minority ethnic groups was not identified by the committee.

From the evidence reviewed a higher incidence of gout in the Maori race was not identified by the committee.

The committee recommended that information provided to people with gout should include ensuring people are aware that gout is a life-long condition requiring long-term medication in order to prevent permanent damage to joints which could lead to

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

disability.

The committee made recommendations that people with tophi, swollen joints or gouty arthritis should be offered urate lowering therapy in recognition that these populations can go on to have permanent disability due to joint damage.

No evidence was found on inequalities relating to socio economic disadvantaged groups and no recommendations made.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

- Age
No potential equality issues were identified in the evidence.
- Gender reassignment
No potential equality issues were identified in the evidence.
- Pregnancy and maternity
No potential equality issues were identified in the evidence.
- Religion or belief
No potential equality issues were identified in the evidence.
- Sexual orientation
No potential equality issues were identified in the evidence.
- Other definable characteristics (these are examples):
 - refugees
 - asylum seekers
 - migrant workers
 - looked-after children
 - people who are homeless
 - prisoners and young offenders
 - any others identifiedNo potential equality issues were identified in the evidence.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

The committee discussion section of the information and support review A describes women's experience of delays in diagnosis due to gender, and poor provision of female specific information. The committee highlighted the general belief amongst people with gout and health care professionals that women do not suffer from gout, and this can lead to misdiagnosis. The committee discussed the evidence supporting the provision of tailored information to address specific issues of individuals such as gout within younger age groups and links with menopause.

Disability

The committee include discussion in the Information and support review A of gout as a chronic condition requiring long term treatment if permanent damage to joints is to be avoided, and the lack of understanding of this risk by both patients and health professionals who often focus on treatment of the acute flare.

The committee discuss the debilitating effects that tophi and swollen joints can have, and that chronic gouty arthritis can lead to permanent joint damage and loss of range of motion in the joints within review E Which people should be selected for Urate lowering therapy

In the surgical excision of tophi evidence review O, the committee discussed the adverse effects symptomatic tophi can have on a person's quality of life due to severe pain or restricted mobility and disability. The committee discussed that development of tophi is seen in people with uncontrolled gout and tends to be in an older population. Development of tophi can be avoided through treatment with urate lowering treatment.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No, the recommendations do not make it more difficult for specific groups to access services

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No, the recommendations do not have the potential to have an adverse impact on people with disabilities.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE's obligation to advance equality?

N/A

Completed by Developer: G Ritchie

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Approved by NICE quality assurance lead: S Ellis

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