



# 2019 surveillance of alcohol-use disorders: diagnosis and management of physical complications (NICE guideline CG100)

Surveillance report

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## Surveillance decision

We will update the guideline on [alcohol-use disorders: diagnosis and management of physical complications](#) (NICE guideline CG100). The update will focus on treatment for acute alcohol withdrawal.

During the update process the committee will refresh and clarify the dose of thiamine and the role of oral or parenteral thiamine for people at high risk of developing, or with suspected, Wernicke's encephalopathy. This will impact upon recommendation 1.2.1.1, but may also impact on recommendations 1.2.1.2 to 1.2.1.4. The committee will also refresh language to avoid stigma terminologies (such as drinker and alcoholic) and make editorial amendments to bring the guideline in line with current service provision.

In addition, NICE will withdraw 3 recommendations from this guideline and incorporate those from the more recent NICE guideline on [pancreatitis](#). A link will also be added to section 1.3 to highlight the NICE guideline on [cirrhosis in over 16s: assessment and management](#). See the details in the [editorial amendments](#) section of this surveillance report.

The following table gives an overview of how evidence identified in surveillance might affect each area of the guideline, including any proposed new areas.

Section of the guideline	New evidence identified	Impact
<i>1.1 Acute alcohol withdrawal</i>		
1.1.1 Admission to hospital	No	No
1.1.2 Assessment and monitoring	No	No
1.1.3 Treatment for acute alcohol withdrawal	Yes	Yes
1.1.4 Management of delirium tremens	Yes	No
1.1.5 Management of alcohol withdrawal seizures	No	No
<i>1.2 Wernicke's encephalopathy</i>		
1.2 Wernicke's encephalopathy	No	No

<i>1.3 Alcohol-related liver disease</i>		
1.3.1 Assessment and diagnosis of alcohol-related liver disease	Yes	No
1.3.2 Referral for consideration of liver transplantation	No	No
1.3.3 Corticosteroid treatment for alcohol-related harm	Yes	No
1.3.4 Nutritional support for alcohol-related hepatitis	Yes	No
<i>1.4 Alcohol-related pancreatitis</i>		
1.4.1 Diagnostics of chronic alcohol-related pancreatitis	No	No
1.4.2 Pancreatic surgery versus endoscopy for chronic alcohol-related pancreatitis	No	No
1.4.3 Prophylactic antibiotics for acute alcohol-related pancreatitis	No	No
1.4.4 Nutritional support for acute alcohol-related pancreatitis	No	No
1.4.5 Enzyme supplementation for chronic alcohol-related pancreatitis	No	No

## Reasons for the decision

This section provides a summary of the areas that will be updated and the reasons for the decision to update.

### 1.1 Acute alcohol withdrawal

New evidence has been identified on pharmacotherapies for acute alcohol withdrawal, in particular around adjuvant dexmedetomidine and barbiturates. However, it would seem prudent to undertake a review of all pharmacotherapies for acute alcohol withdrawal and provide a more complete picture of which are the most effective and cost-effective pharmacotherapies for acute alcohol withdrawal.

For further details and a summary of all evidence identified in surveillance, see [appendix A](#).

# Overview of 2019 surveillance methods

NICE's surveillance team checked whether recommendations in [alcohol-use disorders: diagnosis and management of physical complications](#) (NICE guideline CG100) remain up to date.

The surveillance process consisted of:

- Feedback from topic experts via a questionnaire.
- A search for new or updated Cochrane reviews.
- Consideration of evidence from previous surveillance.
- Examining related NICE guidance and quality standards and NIHR signals.
- A search for ongoing research.
- Examining the NICE event tracker for relevant ongoing and published events.
- Literature searches to identify relevant evidence.
- Assessing the new evidence against current recommendations to determine whether or not to update sections of the guideline, or the whole guideline.
- Consulting on the decision with stakeholders.
- Considering comments received during consultation and making any necessary changes to the proposal.

For further details about the process and the possible update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

## Evidence considered in surveillance

### Search and selection strategy

We searched for new evidence related to the whole guideline.

We found 1,611 studies in a search for randomised controlled trials (RCTs) and systematic reviews published between 10 November 2014 and 14 August 2018, and included 30 studies. We also included 20 studies identified in previous 2015 surveillance and considered studies submitted by topic experts and stakeholders. From all sources, we considered 50 studies to be relevant to the guideline.

See [appendix A](#): summary of evidence from surveillance for details of all evidence considered, and references.

## Selecting relevant studies

The standard surveillance review process of using RCTs, full economic evaluations of relevance to the UK and systematic reviews was used for selecting relevant studies. The only deviation from this was the exclusion of RCTs with a sample size of less than 50 participants, and pilot studies which were geared towards proof of concept, rather than proof of effectiveness. This was to ensure only studies with sufficient power to impact upon recommendations were considered.

## Ongoing research

We checked for relevant ongoing research during the surveillance process and during stakeholder consultation; of the ongoing studies identified, none were assessed as having the potential to change recommendations.

## Intelligence gathered during surveillance

### Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline. For this surveillance review, topic experts completed a questionnaire about developments in evidence, policy and services related to this guideline.

We sent questionnaires to 21 topic experts and received 7 responses. The topic experts were recruited to the NICE Centre for Guidelines Expert Advisers Panel to represent their specialty.

Topic experts indicated that the guideline may need updating for pharmacotherapy for

acute alcohol withdrawal. Topic experts also highlighted that the NICE guideline on [pancreatitis](#) overlaps with the pancreatitis section within the NICE guideline on [alcohol-use disorders: diagnosis and management of physical complications](#). They also highlighted issues with the guideline around stigma terminology, and a lack of clarity on the role and dose of oral and parental thiamine for Wernicke's encephalopathy.

## Implementation of the guideline

Topic experts highlighted that there have been increasing financial pressures on drug and alcohol services, which has impacted on the implementation of guidelines.

## Other sources of information

We considered all other correspondence received since the guideline was published. There was no impact.

## Views of stakeholders

Stakeholders are consulted on all surveillance reviews except if the whole guideline will be updated and replaced. Because this surveillance proposal was to update part of the guideline, we consulted with stakeholders.

Overall, 3 stakeholders commented: the British Society of Gastroenterology, the British Association for the Study of the Liver (BASL) and the Royal College of Paediatrics and Child Health. The comments received from the British Society of Gastroenterology were endorsed by the Royal College of Physicians. All stakeholders agreed with the proposal to partially update the guideline. We also consulted on a proposal to withdraw 3 recommendations from the guideline and replace them with recommendations from the NICE guideline on pancreatitis. All 3 stakeholders agreed with the proposal to withdraw and replace the recommendations.

Comments were received on the following topics:

- Dosing and importance of thiamine for Wernicke's encephalopathy, which supports the need for a refresh in this area.

- One stakeholder highlighted that the scope of this guideline is limited and does not cover all of the diseases that are associated with alcohol misuse, although they did not specify areas where guidance was needed. NICE has a number of guidelines covering conditions associated with alcohol, such as [cirrhosis in over 16s: assessment and management](#); [pancreatitis](#); [atrial fibrillation: management](#); [colorectal cancer: diagnosis and management](#); and [cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over](#).

See [appendix B](#) for full details of stakeholders' comments and our responses.

See [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual for more details on our consultation processes.

## Equalities

One stakeholder highlighted that there is a clear link between social deprivation and alcohol-related morbidity and mortality. Related equalities issues were noted during guideline development.

## Editorial amendments

During surveillance of the guideline we identified the following points in the guideline that should be amended.

We plan to undertake the following editorial amendments to manage overlaps between the NICE guideline on [alcohol-use disorders: diagnosis and management of physical complications](#) and the NICE guideline on [pancreatitis](#):

- Withdraw recommendation 1.4.2.2 from the NICE guideline on alcohol-use disorders: diagnosis and management of physical complications and incorporate recommendation 1.3.8 from the NICE guideline on pancreatitis.
- Withdraw recommendation 1.4.3.1 from the NICE guideline on alcohol-use disorders: diagnosis and management of physical complications and incorporate recommendation 1.2.3 from the NICE guideline on pancreatitis.
- Withdraw recommendation 1.4.4.1 from the NICE guideline on alcohol-use disorders: diagnosis and management of physical complications and incorporate recommendations 1.2.5 to 1.2.7 from the NICE guideline on pancreatitis.



A link will also be added to section 1.3 of the alcohol guideline to highlight the NICE guideline on [cirrhosis in over 16s: assessment and management](#).

In addition a committee will clarify the dose of thiamine and the role of parenteral thiamine. This will impact recommendation 1.2.1.1, but may also impact recommendations 1.2.1.2 to 1.2.1.4.

The committee will also consider refreshing language to avoid stigma terminologies (such as drinker and alcoholic), and make editorial amendments to bring the guideline in line with current service provision.

## Overall decision

After considering all evidence and other intelligence and the impact on current recommendations, we decided that a partial update is necessary.

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