This is the scope for the second of three pieces of NICE guidance addressing alcohol-use disorders.

**Part 1 – Prevention** (developed by the Centre for Public Health Excellence at NICE, publication expected March 2010)

The prevention of alcohol-use disorders in people 10 years and older, covering: interventions affecting the price, advertising and availability of alcohol; how best to detect alcohol misuse both in and outside primary care; and brief interventions to manage alcohol misuse in these settings.

**Part 2 – Clinical management** (developed by the National Collaborating Centre for Chronic Conditions, publication expected March 2010)

The assessment and clinical management in adults and young people 10 years and older of: acute alcohol withdrawal including delirium tremens; liver damage including hepatitis and cirrhosis; acute and chronic pancreatitis; and the management of Wernicke’s encephalopathy in adults and young people older than 10 years.

**Part 3 – Dependence** (developed by the National Collaborating Centre for Mental Health, publication expected December 2010)

A scope will be produced for this guidance in early 2009; it is expected to cover alcohol dependence and psychological interventions.

1 **Guideline title**

Alcohol-use disorders in adults and young people: clinical management

1.1 **Short title**

Alcohol-use disorders (clinical management)

2 **Background**

a) The National Institute for Health and Clinical Excellence (‘NICE’ or ‘the Institute’) has commissioned the National Collaborating Centre for Chronic Conditions to develop a clinical guideline on the
management of alcohol-use disorders in adults and young people for use in the NHS in England and Wales. This follows referral of the topic by the Department of Health (see appendix). The guideline 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 support the implementation of National Service Frameworks (NSFs) in those aspects of care for which 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 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) Government guidelines on alcohol use suggest that women should not regularly exceed three units per day and that men should not regularly exceed four units per day.

b) The term alcohol-use disorders encompass physical, mental and behavioural conditions associated with alcohol use. Health problems can be related to heavy alcohol use over a relatively short period of time (for example, intoxication) or to the long-term use of alcohol (for example, cirrhosis of the liver).

c) The Alcohol Needs Assessment Research Project (ANARP; Department of Health, 2005) identifies three categories of alcohol-use disorders.
• Hazardous drinking: people drinking above recognised 'sensible' levels but not yet experiencing harm.
• Harmful drinking: people drinking above 'sensible' levels and experiencing harm.
• Alcohol dependence: people drinking above 'sensible' levels and experiencing harm and symptoms of dependence.

d) In addition, the term 'binge drinking' refers to people who drink more than double the daily recognised sensible levels in any 1 day.

e) In 2005, an estimated 1.55 million people in England were classified as 'harmful' drinkers and further 6.3 million as 'hazardous' drinkers (North West Public Health Observatory, 2007).

f) In 2005, the rate of alcohol-specific mortality in England for people younger than 75 years was 12.5 per 100,000 for men and 5.7 per 100,000 for women. (North West Public Health Observatory, 2007).

g) The total cost to the NHS of alcohol-use disorders in England is estimated at £1.7 billion each year (Royal College of Physicians 2001).

h) In England the rates of alcohol-specific hospital admissions for 2005–6 were 339.7 per 100,000 population for men and 161.1 per 100,000 population for women. The number of alcohol-attributable admissions was 909.0 and 510.4 for men and women respectively (North West Public Health Observatory, 2007).

i) There is no national consensus on the safe and sensible levels of drinking in adolescents. Government guidance is expected in 2008.

j) A 2006 study showed that 21% of children aged 11 to 15 years who had drunk alcohol in the previous week consumed an average of 11.4 units – up from 5.4 units in 1990. Drinking prevalence increases with age: 3% of pupils aged 11 had drunk alcohol in the previous week compared with 41% of those aged 15.
k) Among children younger than 16 there were 5280 hospital admissions in England in 2005–6 with either a primary or secondary diagnosis specifically related to alcohol.

l) Binge drinking in young people is associated with alcohol-use disorders in later life (Viner and Taylor 2007).

4 The guideline

a) The guideline development process is described in detail in two publications that are available from the NICE website (see ‘Further 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. The scope is based on the referral from the Department of Health (see appendix).

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 and young people (aged 10 years and older) who have an alcohol-use disorder and whose condition is wholly alcohol-attributable or where alcohol is a contributory cause.

4.1.2 Groups that will not be covered

a) Women who are pregnant.

b) Children younger than 10 years.
4.2 **Healthcare settings**

Primary and secondary NHS care, including referral to tertiary care.

4.3 **Clinical management**

4.3.1 **Areas that will be covered**

a) Management of acute alcohol withdrawal including seizures and delirium tremens.

b) Liver damage, including hepatitis and cirrhosis:

- diagnosis and assessment of severity of alcohol-related liver disease – the role of clinical and laboratory markers in conjunction with liver biopsy
- nutrition and pharmacotherapy for the management of acute alcoholic hepatitis
- timing of referral for possible liver transplantation for alcohol-related cirrhosis.

c) Acute and chronic pancreatitis:

- comparison of diagnostic tools
- management of acute pancreatitis
- management of pain and exocrine insufficiency in chronic alcoholic pancreatitis

d) Management of Wernicke’s encephalopathy.

e) The Guideline Development Group will consider making recommendations on the principal complementary and alternative interventions or approaches to care relevant to the guideline topic.

f) The Guideline Development Group 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.

4.3.2 Areas that will not be covered

a) Comorbidities other than alcohol-use disorders, for example, drug misuse disorders or hepatitis C.

b) Disorders of the central nervous system, including Korsakoff’s syndrome and impairments of cognition (these will be considered in Part 3 of the NICE guidance on alcohol-use disorders).

4.4 Status

4.4.1 Scope

This is the final scope.

4.4.2 Related NICE guidance

Published


Behaviour change at population, community and individual levels. NICE public health guidance 6 (2007). Available from: www.nice.org.uk/guidance/PH006


In development
School, college and community-based personal, social and health education focusing on sex and relationships and alcohol education. NICE public health guidance (publication expected September 2009).

Alcohol-use disorders in adults and young people: prevention. Public health guidance (publication expected March 2010).

Care of pregnant women with complex social factors. NICE clinical guideline (publication expected June 2010).

Alcohol-use disorders: the management of alcohol dependence and related brain damage. NICE clinical guideline (publication date to be confirmed).

4.4.3 Guideline
The development of the guideline will begin in July 2008.

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.
Appendix: Referral from the Department of Health

The Department of Health asked NICE:

'To produced combined public health and clinical guidance on management of alcohol-use disorders in adults and adolescents.'