Alcohol Use Disorders (standing committee update)

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 draft guideline consultation)

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

Not applicable (Clinical Guideline Updates do not include scoping phase).

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?

1. Gender was highlighted as a potential equalities issue. A topic expert noted that women with severe AH may have worse outcomes than men for a given degree of severity. This was taken into account when appraising the evidence for ‘indirectness’ where studies with all-male populations contributed to the analysis.

2. Ethnicity may be a potential equalities issue. The committee noted that caution is required when generalising to patients from non-White ethnic backgrounds as the majority of evidence supporting the recommendation comes from the STOPAH trial in which 96% of patients were classed as Caucasian.
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?

3. Cognitive impairment was identified as a potential equalities issue. People with severe AH may have varying degrees of hepatic encephalopathy on admission to hospital, ranging from mild confusion to coma. This may impact on the ability of clinicians to determine drinking history and symptoms. It will also be important to assess each individual's capacity to understand the relative benefits and harms prior to starting steroid treatment. Assistance from family members / carers should be sought where appropriate.

4. Poor social support, complex physical or psychological comorbidities, and social problems were identified as potential equalities issues as these factors may impact on individuals' longer-term outcomes following discharge from hospital. Clinicians should refer to NICE CG115 (Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence) regarding referral to specialist alcohol services for assessment and the implementation of appropriate support interventions to promote abstinence and prevent relapse.

5. English not being a first language was identified as a potential equalities issue. Individuals may not be able to fully describe their medical history or symptoms in English. This also has implications for discussing and understanding the relative benefits and harms of steroid treatment. Where possible, assistance of interpreters or family members should be sought.

3.3 Were the Committee’s considerations of equality issues described in the consultation document, and, if so, where?

Yes, see ‘Other considerations’ section of the Linking Evidence to Recommendations table.

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?
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No.

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.

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 questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE’s obligation to advance equality?

No.

Completed by Developer ___Nicole Elliott, Associate Director – Clinical Guidelines Update Team

Date 01/12/2016

Approved by NICE quality assurance lead ___Christine Carson, Guideline Lead

Date 16/12/2016