National Institute for Health andClinical Excellence

Clinical guideline: Alcohol dependence and harmful alcohol use

PRE-PUBLICATION CHECK ERROR TABLE

Organisation	Section number in FULL guideline	Page number	ERROR REPORT	RESPONSE
Archimedes Pharma UK Ltd.	7.18.3	460	The principle is that due to the high risk of long term brain injury and the potentially serious consequences of WE, ~~that~~ a ~~low~~**high** index of suspicion for WE be adopted and thiamine prescribed accordingly.	Thank you for your comment. We agree and this sentence has now been amended in light of this.
Association for Family therapy and Systemic Practice (AFT)	General	General	*This stakeholder responded with no factual inaccuracies to report on this document.*	
Department of Psychology, Northumbria University	5.20.1	131	It is incorrect to say that the RCQ-TV "… also has items which refer to maintenance as well as a (sic) preparation stages." The sentence in question should simply read: "However, the treatment version also refers to abstinence from drinking."	Thank you for your comment. We agree and this sentence has now been amended in light of this.
RCGP	5.29.7	195	The draft states: "According to Alwyn and colleagues (2004), inpatient/residential assisted withdrawal lasts 2 weeks and requires an extra outpatient visit. The GDG estimated that inpatient assisted withdrawal may last longer, between 2 and 3 weeks. The unit cost of NHS adult acute mental health inpatient care is £290 per patient day (DH, 2010). The unit cost of hospital outpatient consultant drug and alcohol services is £85 per face-to-face contact for a follow-up visit (DH, 2010). By combining the above resource use estimates with the respective unit costs, the total cost of inpatient/residential assisted withdrawal is estimated to range between £4,145 and £6,175 per person treated." However, I am the medical director of an inpatient/residential unit where NICE guidelines on detox are followed with a symptom triggered CIWA approach with 24 hour nursing care.	Thank you for your comment. The recommendations in the guideline concerning assisted withdrawal in inpatient and specialist residential services were aimed at achieving the most clinically effective results as well as the best use of resources. They should be read in conjunction with the recommendations for medically managed intensive community based assisted withdrawal. As a result, our recommendations focus on the provision of inpatient and specialist residential service for those with complex psychiatric and physical comorbidities. Given the complications and treatment challenges that will arise with this group, we believe our estimates of duration of the intervention and costs are appropriate for the populations in receipt of these services. Other patients with less complex comorbidities could, of course, be in receipt of assisted withdrawal in inpatient and specialist residential services but it is our view that these individuals would be more

			The stay is 1 week for a full alcohol detox and the cost is from approx £1200 for a block PCT contract, and up to £2000 for self funding patients. There are other similar units throughout the UK. The draft only considers hospital based detoxes which are definitely more expensive. Therefore the basis on which the economics is done misrepresents the cost to be 3–5 times the necessary cost and 2-3 times the necessary stay. This new information should be stated in the guideline as it is misleading as it stands and does not represent the whole of current UK practice.	appropriately treated in community settings. This has obvious implications for our costs. Duration of stay will be longer (and so we consider our estimates of duration of stay to be accurate) and costs will rise not just because of the increased duration of stay but also because of the complexity of the presenting problems and the additional interventions required. In developing our costings we used data for a general population undergoing withdrawal which is a conservative figure and further supports our view of the relative costs and cost-effectiveness of the various options considered.
Royal College of Nursing		140	A possible typographical error was spotted on page 140 - under Alcohol Withdrawal heading: staff will need understand ('to' is missing).	Thank you. This has now been amended in the guideline.
United Kingdom Clinical Pharmacy Association	General	General	*This stakeholder responded with no factual inaccuracies to report on this document.*	