

National Institute for Health and Clinical Excellence

**Myocardial Infarction: secondary prevention (update)
Scope Consultation Table
13 December 2012 - 17 January 2012**

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	ACTION HEART	1	General	Action Heart has no comments to make on the draft scope.	Thank you for your comment.
SH	Bayer plc (Bayer HealthCare)	1	4.3.1 c	Consideration should also be given to emerging evidence on oral antithrombotics e.g. rivaroxaban, ¹ which is currently at the scoping stage for a potential NICE single technology appraisal for this indication 1. Mega JL, et al. Rivaroxaban in patients with a recent acute coronary syndrome. N Engl J Med. 2012 Jan 5;366(1):9-19. Epub 2011 Nov 13.	Thank you for your comment. As you correctly note, rivaroxaban is covered by the remit of a technology appraisal in development by NICE. For further information on this technology appraisal see http://guidance.nice.org.uk/TAWave24/18
SH	Bayer plc (Bayer HealthCare)	2	4.3.1 f	Consideration should also be given to emerging evidence on oral antithrombotics e.g. rivaroxaban, ¹ which is currently at the scoping stage for a potential NICE single technology appraisal for this indication 1. Mega JL, et al. Rivaroxaban in patients with a recent acute coronary syndrome. N Engl J Med. 2012 Jan 5;366(1):9-19. Epub 2011 Nov 13.	Thank you for your comment. As you correctly note, rivaroxaban is covered by the remit of a technology appraisal in development by NICE. For further information on this technology appraisal see http://guidance.nice.org.uk/TAWave24/18
SH	Bayer plc (Bayer HealthCare)	3	4.4	Both 'all cause' and 'cardiovascular' mortality outcome measures should be included	Thank you for your comment. This is not intended to be an exhaustive list and additional outcomes will be considered throughout guideline development.
SH	Bayer plc (Bayer)	4	4.4	Stent thrombosis should be included as a relevant outcome	Thank you for your comment. This is not intended to be an exhaustive list and

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	HealthCare)				additional outcomes will be considered throughout guideline development.
SH	Bayer plc (Bayer HealthCare)	5	5.2	Rivaroxaban for the secondary prevention of atherothrombotic events in acute coronary syndrome (ACS) is currently at the scoping stage for a potential NICE single health technology appraisal	Thank you for your comment. As you correctly note, rivaroxaban is covered by the remit of a technology appraisal in development by NICE. For further information on this technology appraisal see http://guidance.nice.org.uk/TA/Wave24/18
SH	Bayer plc (Bayer HealthCare)	6	general	<p>The secondary prevention of myocardial infarction and cardiac rehabilitation is an important and relevant topic for quality standard development. As part of the quality standard, it would be particularly important to address the uptake of and adherence to secondary prevention following a myocardial infarction.</p> <p>Secondary prevention of MI may involve taking multiple medications over long periods of time, and since it has been suggested that between a half and third of all medicines prescribed for long term conditions are not taken as recommended,^{2,3} patient education is crucial in aiding adherence to treatment.</p> <p>2. Nunes V, Neilson J, <i>et al.</i> Clinical Guidelines and Evidence Review for Medicines Adherence: involving patients in decisions about prescribed medicines and supporting adherence. London: National Collaborating Centre for Primary Care and Royal College of General Practitioners. http://www.nice.org.uk/nicemedia/live/11766/42971/42971.pdf 2009. Accessed 5/10/2011.</p> <p>3. Haynes RB, McDonald H, <i>et al.</i> Interventions for helping</p>	<p>Thank you for your comment. There are currently no plans to develop a quality standard on the secondary prevention of myocardial infarction.</p> <p>As you correctly note, medicines adherence is covered by the remit of another clinical guideline published by NICE. For further information on the Medicines Adherence guideline see http://guidance.nice.org.uk/CG76.</p>

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				patients to follow prescriptions for medications. <i>Cochrane Database Syst Rev</i> 2002;(2):CD000011.	
SH	British Association for Cardiovascular Prevention and Rehabilitation	1	4.3.2	It is suggested that except for fish diet and omega-3-acid ethyl esters no new evidence has been identified to change the 2007 recommendations on lifestyle. In fact a considerable and growing literature questions the scientific validity of lifestyle weight management and the ethical, costs, and equalities issues raised by relying on a weight centred approach to nutritional change rather than supporting a shift to a health-centred approach. See http://www.nutritionj.com/content/10/1/9 http://www.nutritionj.com/content/9/1/30 http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=3509096	Thank you for your comment. The section on weight management is not due to be updated and has not been prioritised specifically. Obesity is covered by the remit of another NICE guideline. For further information on the NICE Obesity guideline see http://publications.nice.org.uk/obesity-cg43 .
SH	British Association for Cardiovascular Prevention and Rehabilitation	2	4.3.2	It is encouraging that this update is providing a focus on “uptake” of cardiac rehabilitation, which is a consistent highlight of the annual National Audit for Cardiac Rehabilitation (NACR). There is concern, however, that there are plans not to alter any other elements related to cardiac rehabilitation. In 2007 the British Association for Cardiac Rehabilitation (BACR, now BACPR) published its Standards and Core Components that defined a comprehensive and integrated delivery of Six Components: Lifestyle, Risk Factor Management, Education, Psychosocial health, Cardio-protective therapies and implantable devices, and Long-term management. Many national documents including these from NICE, have only	Thank you for your comment. We are not able to refer to guidelines or standards that are not developed by NICE. Recommending core components of a cardiac rehabilitation programme is outside the remit of this guideline.

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				<p>highlighted exercise, education and psychology as the main parameters of cardiac rehabilitation. It would be helpful if Cardiac Rehabilitation were more explicitly defined and inclusive of all these components in this new update.</p> <p>Furthermore, the BACPR are in the final stages of updating its Standards and Core Components where seven minimum standards and seven core components have been defined. This will certainly be completed well before these new NICE guidelines are produced and it would be helpful if these were clearly outlined in this update. Equal value should be placed on 1. Health Behaviour Change & Education; 2. Lifestyle (physical activity, diet, smoking); 3 Psychosocial health; 4. Medical risk factor management; 5. Cardioprotective therapies, 6. Long-term management. 7. Audit and evaluation.</p>	
SH	Department of Health	1	general	The Department of Health has no substantive comments to make, regarding this consultation.	Thank you for your comment.
SH	Eli Lilly and Company Ltd	1	4.3.1 c	<p>Daiichi Sankyo and Lilly would like to suggest additional considerations within section 4.3.1.c, antiplatelets:</p> <ul style="list-style-type: none"> • Management of clopidogrel non-responders • Adherence to antiplatelet therapies 	<p>Thank you for your comment. Unfortunately, the management of clopidogrel non-responders has not been prioritised for inclusion in the guideline and therefore, this has not been included in the scope.</p> <p>Medicines adherence is covered by the remit of another clinical guideline published by NICE. For further information on the Medicines Adherence guideline see http://guidance.nice.org.uk/CG76.</p>

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SH	Eli Lilly and Company Ltd	2	4.3.1 c	It would be valuable for this section to address the duration of antiplatelet therapy in patients after all types of MI, i.e. provide guidance on the duration of antiplatelet agents after UA/NSTEMI, alongside the STEMI population.	Thank you for your comment. We agree, and the duration of antiplatelet therapy will be included in the guideline. The scope has been amended to reflect this. However, people with unstable angina will not be included in the guideline; secondary prevention of myocardial infarction in these people will be clarified in the guideline introduction.
SH	Eli Lilly and Company Ltd	3	4.3.1 f	It would be valuable for this section to also provide guidance on the duration of antiplatelet agents after insertion of bare metal stents, alongside drug eluting stents.	Thank you for your comment. We have revised the scope to clarify that we will be updating the section on antiplatelet agents.
SH	Merck Sharp and Dohme Ltd	1	3.1 a	Our comments are as follows: The word "men" is missing from the third sentence in this paragraph, specifically after the wording "...62,000 MIs per year in". The full sentence as it is currently written in the draft scope is shown below for reference: "From these statistics, it has been estimated that there are about 62,000 MIs per year in and 39,000 in women, giving a total of 124,000 MIs annually in England."	Thank you for your comment. We have taken note of your comment and made this section of the scope clearer.
SH	Merck Sharp and Dohme Ltd	2	3.2 b	The definition of "(ACE)" has been stated as "acetylcholinesterase". However this requires correction as "ACE" is the abbreviation of "Angiotensin Converting Enzyme"	Thank you for your comment. We have taken note of your comment and made this section of the scope clearer.
SH	MHRA	1	3.2 b	There is a major error in section 3.2 (b) that refers to the current practice of '...acetylcholinesterase (ACE)	Thank you for your comment. We have taken note of your comment and made this

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				inhibitors...' we think this should be angiotensin-converting enzyme (ACE) inhibitors.	section of the scope clearer.
SH	NHS Plus	1	4.2	NHS Plus agrees that the guideline will be relevant to occupational health. The central importance to rehabilitation of a focus on resuming work (and other activities) needs to be reflected throughout the guideline.	Thank you for your comment.
SH	NHS Plus	2	4.4	Return to work (and possibly other activities, such a physical activity) should be included in the list of outcomes.	Thank you for your comment. This is not intended to be an exhaustive list and additional outcomes will be considered throughout guideline development.
SH	Papworth Hospital NHS Foundation Trust	1	4.3.1	My comment is as follows: I understand that statin therapy will be in a separate guideline. However, should there be some reference to the prescribing of a statin or statin equivalent, as part of expected clinical management and pharmacological interventions?	Thank you for your comment. As stated in section 4.3.2, recommendations relating to lipid lowering pharmaceutical agents (including statins) will be removed from the updated guideline. However, the guideline will continue to recommend the prescription of statins as part of clinical management following a myocardial infarction.
SH	Randox Laboratories Ltd	1	3.2 b	Our comments are as follows ACE Inhibitors are Angiotensin Converting Enzyme Inhibitors not Acetylcholinesterase Inhibitors	Thank you for your comment. We have taken note of your comment and made this section of the scope clearer.
SH	Randox Laboratories Ltd	2	4.3.1	<i>Areas that were not part of the original guideline but will be included in the update</i> Our comments are as follows – The evidence base for the use of cardiac biomarkers (Troponin and Heart-Type fatty Acid Binding Protein [H-FABP]) as prognostic markers has grown since the publication of the original guideline. The use of these quantitative tests can help risk stratify patients	Thank you for your comment. Unfortunately, it was not felt that the use of cardiac biomarkers was currently relevant to the scope of the update.

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				and identify those who may warrant more aggressive investigation and management. The developers should consider the role of these cardiac biomarkers in aiding management strategy.	
SH	Roche	1	3.2.b	We respectfully suggest that the word 'acetylcholinesterase' might be replaced by 'angiotensin converting enzyme'	Thank you for your comment. We have taken note of your comment and made this section of the scope clearer.
SH	Royal College of Nursing	1	General	The Royal college of Nursing welcomes proposals to update this guideline. The draft scope seems comprehensive.	Thank you for your comment.
SH	Royal College of Nursing	2	4.3.1	There is no mention in the scope of reviewing the use of beta blockers post MI. Is this being included?	Thank you for your comment. We agree. The use of beta blockers post myocardial infarction has now been included in the scope.
SH	Royal College of Nursing	3	4.3	The majority of research data to support the use of drugs such as ACEi and beta blockers post MI comes from the pre thrombolysis era. As most patients will now be treated with primary PCI or thrombolysis, will the update look at whether different recommendations need to be made for these groups as opposed to the few who are treated medically?	Thank you for your comment. We recognise that treatment for those with myocardial infarction has changed. As such, the sections on beta blockers and ACE inhibitors will be updated and the scope has been amended to reflect this.

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