

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG799 Electrically stimulated intravesical therapy for interstitial cystitis or overactive bladder in adults

The impact on equality has been assessed during guidance development according to the principles of the NICE Equality scheme.

Briefing

1. Have any potential equality issues been identified during the briefing process (development of the brief or discussion at the committee meeting), and, if so, what are they?

Age:

- Both conditions can affect adults of any age but differ in prevalence:
 - Interstitial cystitis (IC) is typically diagnosed between the ages of 40-60 years.
 - Overactive bladder (OAB) is more common in older adults, particularly those over 65 years, due to age-related changes in bladder function.
 - Urinary Incontinence and Age: All types of urinary incontinence, including those related to OAB, become more prevalent with increasing age.

Sex:

- IC predominantly affects women (up to 90% of cases), while OAB is slightly more common in women but also affects men, particularly those with prostate issues.
- Pregnancy can also be a risk factor for urinary incontinence, which may exacerbate symptoms of OAB in women.

Disability:

- People with IC or OAB may be covered by the Equality Act 2010 if their condition has a substantial adverse impact on normal day-to-day activities for over 12 months or is likely to do so.
 - Those with small, occasional leakages are unlikely to qualify, but individuals with severe symptoms or related neurological diseases (e.g., stroke, dementia, Parkinson's disease) may be included under this protection.

Ethnicity:

- Both conditions are reported across ethnic groups, but variations in prevalence, diagnosis, and management exist:
 - IC is more frequently diagnosed in White/Caucasian individuals, though this may reflect healthcare access and diagnostic disparities rather than true prevalence.
 - OAB is reported more often in Black/African American women than in other groups. However, underdiagnosis and cultural barriers may lead to lower reporting in populations such as Hispanic/Latino or Asian individuals.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the committee? (If there are exclusions listed in the brief (for example, populations, treatments or settings), are these justified?)

This was not thought to have an impact on the assessment of the procedure. No exclusions were applied.

3. Has any change to the brief (such as additional issues raised during the committee meeting) been agreed to highlight potential equality issues?

No

4. Have any additional stakeholders related to potential equality issues been identified during the committee meeting, and, if so, have changes to the stakeholder list been made?

No

Consultation

1. Have the potential equality issues identified during the briefing process been addressed by the committee, and, if so, how?

The studies in the overview included both men and women.

The age range of people in the included studies varied widely (ranged from 22 to 84).

2. Have any other potential equality issues been raised in the overview, specialist adviser questionnaires or patient commentary, and, if so, how has the committee addressed these?

No.

3. Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?

No

4. Do the preliminary recommendations make it more difficult in practice for a specific group to access a technology or intervention compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No

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?

Not applicable.

6. Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 4 or 5, or otherwise fulfil NICE's obligation to promote equality?

Not applicable.

7. Have the committee's considerations of equality issues been described in the consultation document, and, if so, where?

The draft guidance includes a comment to say the committee was informed that:

- The procedure needs to be repeated multiple times, and this may be needed frequently

Helen Gallo

Senior analyst

Date: 18/11/2024

Final interventional procedures document

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?

No

2. If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access a technology or intervention compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

Not applicable

3. If the recommendations have changed after consultation, 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?

Not applicable

4. If the recommendations have changed after consultation, are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?

Not applicable.

5. Have the committee's considerations of equality issues been described in the final interventional procedures document, and, if so, where?

Yes, as previously described, the following considerations were included in the final guidance document:

The committee was informed that the procedure needs to be repeated multiple times, and this may be needed frequently.

Anastasia Chalkidou

Programme Director

Date: 26/11/2024