

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality and health inequalities assessment (EHIA)

### NG100 – Rheumatoid arthritis in adults: management

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in [Developing NICE guidelines: the manual](#).

This EHIA relates to:

NG100 – rheumatoid arthritis in adults: management, sections:

- [Section 1.1 Referral, diagnosis and investigations](#)
- [Section 1.8 Non-pharmacological management](#)

## Appendix B: equality and health inequalities assessment (EHIA)

### 2023 surveillance of rheumatoid arthritis in adults: management (NICE guideline NG100)

#### STAGE 1. Surveillance review

Date of surveillance review: November 2023

Focus of surveillance review: whole guideline- focussed on the below areas following intelligence gathering.

- Section 1.1 referral, diagnosis and investigations
  - The role of anti-CCP in diagnosis and monitoring
  - The role of MRI in diagnosis and monitoring
- Section 1.8 non-pharmacological therapy
  - Exercise/physical activity
  - CBT for improving fatigue.

Standard review

1.1 On reviewing the existing EIA or EHIA and issues log for the guideline(s), describe below any equality and health inequalities issues relevant to the current surveillance review
---

There is one previous EIA for NG100, from June 2016, which raises the issue of pharmacological management for pregnant women as a potential health inequality issue. This is due to pharmacological treatments for RA being toxic and therefore contraindicated in pregnancy. After consulting stakeholders in a workshop, it was decided that this issue represents a small, very specialist subgroup of the RA population in which the main pharmacological therapies were not licensed. A recommendation was added in 2018 which includes pregnant women with RA: “Recommendation 1.6.1 Consider oral non-steroidal anti-inflammatory drugs (NSAIDs, including traditional NSAIDs and cox II selective inhibitors), when control of pain or
---

stiffness is inadequate. Take account of potential gastrointestinal, liver and cardio-renal toxicity, and the person's risk factors, including age and pregnancy”  
No equality/health inequality issues were noted on the guideline issue log.

1.2 Did you identify any equality and health inequalities issues through initial intelligence gathering (for example, national policy documents, topic expert/patient group feedback, evidence searches, implementation data)?

One patient group highlighted geographical variations with biological treatment availability due to some clinical commissioning groups restricting access to such treatments. One patient group highlighted that health inequalities continue to exist for people from areas of social deprivation and for people from ethnic minorities. However, the patient group did not provide further details on their experiences.

One topic expert mentioned that people with moderate RA are a subgroup that is not currently addressed in the guideline. The other 4 topic experts did not raise any equalities issues.

No equality issues were noted during intelligence gathering or evidence searches.

1.3 If you have consulted stakeholders or topic experts, what questions did you ask about equality and health inequalities issues?

We followed the standard topic expert questionnaire and did not add any additional questions. For responses relating to equality and health inequalities please see section 1.2 above.

1.4 What equality and health inequalities issues have been identified during this surveillance review and what was the impact on the current review and outcome decision? [If an update is proposed, include information in the update and outcomes plan]

## Appendix B EHIA NG100 – rheumatoid arthritis

No evidence was found at this review that focussed on people with moderate RA, or on the geographical inequalities raised by patient groups. As the sections proposed for update do not focus on pharmacological treatment options, they are unlikely to be included in the update. These issues will be noted on the guideline issue log for future consideration.

Completed by surveillance reviewer: CR, Technical analyst

Date: 09/11/2023

Approved by NICE surveillance associate director: KN, associate director

Date: 23/11/2023