

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults

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

4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

- **Disability** – Stakeholders raised that people with learning disabilities are frequently prescribed medication for reasons other than the what the medication is intended for, often due to challenging behaviour. An additional recommendation has been included in the guideline to highlight the potential for inappropriate prescribing in this population, noting that a full assessment should be offered to the person before prescribing and to consider involving the relevant specialist teams. This recommendation also cross-refers to the NICE guideline on challenging behaviour and learning disabilities where this is also addressed.

Stakeholders also noted that some people with severe learning disabilities have limited verbal communication, and necessary reasonable adjustments should be made to help the individual understand medication options and gather their views. Additional recommendations have been made to highlight this in the sections on making decisions on prescribing dependence forming medicines and antidepressants, and identifying and managing withdrawal symptoms. Also noting the importance of appropriate involvement of family members, carers or advocates in these situations. Where recommendations refer to giving information to individuals, these include the caveat 'in their preferred format' to note the possible need for adapted information provision.

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Stakeholders suggested that people with severe learning disabilities should be considered for more frequent reviews due to the risk of putting this group at greater risk by not safely managing medications. This has been added as a consideration to the relevant recommendation for reviewing medicines.

It was also raised that virtual appointments may not be suitable for people with a learning disability. The guideline recommendations do not specify how consultations should be held, but note that phone, video or face to face are options. Therefore no changes have been made to the recommendations.

A stakeholder raised that the recommendation highlighting possible risk factors for developing problems associated with dependence might lead to people with a comorbid mental health diagnosis or history of substance misuse being excluded from appropriate treatment. It had previously been clarified in the rationale that these factors alone should not be a barrier to prescribing. A similar statement has now been added to the recommendation to clarify that prescribing should not be avoided due to these factors alone.

A stakeholder raised that people with dementia are frequently prescribed these medicines and steps should be taken to facilitate their involvement in decision-making. It was also noted that this group is more likely to have remained on these medicines for a long time without timely review. Additional recommendations were made to consider the needs of people with communication difficulties, for example those with dementia in the sections on making decisions on prescribing dependence forming medicines and antidepressants, and identifying and managing withdrawal symptoms. This group has also been added as one to consider for more frequent reviews in the relevant recommendation for reviewing medicines.

- Pregnancy and maternity – A stakeholder raised that there are examples of failure to prescribe, or de-prescribing, medications such as antidepressants due to pregnancy unnecessarily. A recommendation had been included to consider the additional implications of the medicine if the person was pregnant or planning pregnancy. This has been slightly reworded to state ‘any additional implications’ rather than ‘the additional implications’ to reflect that there might not be any relevant to the medicine they are taking. The stakeholder also noted that decisions on continuing, stopping or changing medication in pregnancy should be made only after careful review of the benefits and risks of doing so, to both mother and infant. The committee agreed this was already reflected in the recommendations for all people taking these medicines and so amendments were not required.
- Race – A stakeholder raised that black men are more likely to be prescribed antipsychotic medicines, however it was noted that antipsychotic medicines are outside of the scope for this guideline.
- Sex – A stakeholder raised that women are more likely to be prescribed antidepressants than men. The committee noted that although they are aware

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of these reports, it has also been proposed that depression is underdiagnosed in men, which may be the reason for this discrepancy, rather than women being overprescribed. The committee agreed that the recommendations in this guideline would equally apply to men and women irrespective of current patterns of prescribing and therefore no amendments were required.

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

- No changes to the recommendations will disadvantage any specific group.

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

4.4 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 to services identified in question 4.2, or otherwise fulfil NICE's obligations to advance equality?

None identified

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

The committee's considerations of equality issues have been described in the rationale and impact sections for:

- Making decisions about prescribing and taking a dependence forming medicine or antidepressants
- Starting a dependence-forming medicine or antidepressants (Prescribing strategies)
- Withdrawing a dependence-forming medicine or antidepressants (Strategies if withdrawal cannot be agreed or is unsuccessful)

They have also been described in the discussion of the evidence in the following evidence reviews:

- A – Patient information and support
- C – Safe withdrawal
- E – Risk factors for dependence or withdrawal
- F – Monitoring content and frequency

Updated by Developer: Serena Carville

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Approved by NICE quality assurance lead: Kay Nolan

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