

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

The scoping process identified three broad areas which had potential equality issues: recognition of axial spondyloarthritis in women; people with co-morbidities related to HLA B27; discrimination based on sexual orientation and practice regarding screening sites for sexually acquired reactive arthritis.

The GDG has addressed these areas as follows:

Recognition of axial spondyloarthritis in women – the GDG have made a specific recommendation related to recognition of spondyloarthritis which highlights the fact that axial spondyloarthritis “affects a similar number of women as men”

People with co-morbidities related to HLA B27 – throughout development the GDG have considered, where available, evidence on the choice of therapeutic agent and ongoing management of people with spondyloarthritis and co-morbidities such as inflammatory bowel disease and psoriasis. The committee agreed a number of recommendations which aim to ensure that where treatment of extra-articular disease is controlled by an existing standard DMARD but spondyloarthritis is not to consider adding another DMARD rather than switching to ensure ongoing treatment of the co-morbidity alongside treatment for spondyloarthritis. The recommendations also give guidance for occasions where people need treating with biological therapies for more than one indication.

The committee also made a number of recommendations relating to ongoing management of people with spondyloarthritis and co-morbidities to ensure access to other specialist services, effective communication and co-ordination between healthcare professionals. The recommendations also highlight the need to take co-morbidities into consideration in the treatment and management of flare episodes.

Finally no evidence of benefit was found in relation to the review question on the diagnostic utility of testing for infection in cases of suspected reactive arthritis. The GDG made a recommendation to not offer long-term antibiotic treatment for the management of reactive arthritis caused by a gastrointestinal or genitourinary infection after management of the initial infection. It was felt that this recommendation would not introduce any inequalities, as guidance on the use of antibiotics to treat the initial infection is unchanged. Although concerns were raised during scope consultation on possible inequalities due to inappropriate screening for infection, screening was outside the scope of the guideline.

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

No further potential equality issues have been identified during development of the guideline.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

The GDGs considerations of equality issues are described in the full guideline, in particular in the linking to evidence tables associated with the relevant review questions.

3.4 Do the preliminary recommendations 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?

The draft recommendations do not make it more difficult in practice for any specific group to access services. The recommendations have been developed to specifically highlight the prevalence of axial spondyloarthritis in women and to address the management of HLA-B27 related co-morbidities. The aim of these recommendations is to improve rates of referral and diagnosis of axial spondyloarthritis in women and to improve the treatment and management of co-morbidities in people with spondyloarthritis.

3.5 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?

No

3.6 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 questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

No

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Date 15 July 2016

Approved by NICE quality assurance lead Sarah Willett

Date 24/08/2016