

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDANCE EXECUTIVE (GE)

Consideration of consultation responses on review proposal

Review of TA 136; Structural neuroimaging in first-episode psychosis

This guidance was issued February 2008 with a review date of January 2011.

Background

At the GE meeting of 29 March 2011 it was agreed we would consult on the review plans for this guidance. A four week consultation has been conducted with consultees and commentators and the responses are presented below.

Proposal put to consultees:	A review of the guidance should be transferred to the 'static guidance' list
Rationale for selecting this proposal	The cost effectiveness of structural neuroimaging for first episode psychosis could not be established without further information on the prevalence of treatable lesions in the population under test. Unfortunately no further information could be found on this crucial issue, and none is anticipated. Therefore it is appropriate to move this guidance to the static list.

GE is asked to consider the original proposal in the light of the comments received from consultees and commentators, together with any responses from the appraisal team. It is asked to agree on the final course of action for the review.

Recommendation post consultation:	Guidance should be transferred to the static list.
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Respondent	Response to proposal	Details	Comment from Technology Appraisals
British Association for Psychopharmacology	Disagree	<p>I understand you are collecting opinion on the issue whether new evidence has emerged to suggest a full review should be undertaken to establish what would be the benefit of a routine MRI scan in first episode psychosis. Unfortunately, the studies conducted to date are few and there have been no recent studies that could inform guidelines.</p> <p>This is certainly an area where more evidence is needed in order to inform guidelines. Possible organic causes for psychosis need to be excluded when patients present with these symptoms: if these are due to an underlying organic pathology, and patients do not have schizophrenia or another 'functional' psychosis, they will not respond to psychiatric treatment, and appropriate treatment for the organic underlying cause will be delayed.</p> <p>The presence of an organic pathology, requiring different levels of intervention, or a referral to a specialist, has been estimated, in the studies available to date, to vary widely, from 1-10% (Woolley & McGuire, 2005; McGuire, 2007) to 20% (Lubman et al, 2002). These studies have been conducted in samples not representative of the population presenting to the services with a first psychotic episode, which is the one that could most benefit from the inclusion of MRI among the routine assessment of any presentation with a first psychotic episode. Considering MRI scanning is the most effective means of detecting organic causes of psychosis, this is potentially a great tool available to guide</p>	Comments noted. Thank you for highlighting the ongoing studies in this area. As stated in your comments there is currently no new evidence that would affect the recommendations in the existing guidance. If new evidence becomes available a future review would be conducted.

Respondent	Response to proposal	Details	Comment from Technology Appraisals
		<p>clinical decisions.</p> <p>In view of these considerations, many countries have included MRI in the initial assessment of psychosis (American Psychiatric Association, 2004; Royal Australian & New Zealand Psychiatric Association, 2005). In the UK, NICE considered this issue, but in the first round of discussion deferred the decision in view of the lack of large studies and of studies conducted in more representative samples. More recently a EU funded study (Optimise) is taking place across several countries in Europe, and one of the main aims of the study is specifically to fill this gap. I am one of the Lead Investigators in this study, and I trust the results will provide the much needed evidence that can inform guidelines.</p> <p>Although we agree that there is currently no new evidence, we are aware of at least two large studies looking at predictors of treatment and course outcome using structural MRI, and we anticipate these important data will become available in the future months. We would therefore recommend that the review should be deferred for at least one year</p>	

Respondent	Response to proposal	Details	Comment from Technology Appraisals
Department of Health	Agree	We have no problem with this guidance moving to the static list, providing that it can easily be put back on the active list as and when new relevant evidence comes to light	Comment noted. Topics on the static list may be transferred back to the active list for further appraisal if new evidence becomes available that is likely to have a material effect on the existing guidance.
British Psychological Society	No comment		Comment noted.
Healthcare Improvement Scotland	No comment		Comment noted.
Public Health Wales NHS Trust	Agree	We agree with the proposal to move the guidance to the static list	Comment noted.
Royal College of Nursing	Agree	<p>Nurses caring for people with psychosis were invited to comment on the proposal to move the TA136: use of structural neuroimaging in first-episode psychosis guidance to the static list.</p> <p>The feedback received indicates that they are not aware of any changes in evidence and therefore agree that the guidance should move to the static list.</p>	Comment noted.

No response received from:

<p><u>Manufacturers/sponsors</u></p> <ul style="list-style-type: none">• Esaote• Fonar Corp• GE Medical Systems• Hitachi Medical Corporation• Phillips Medical Systems• Siemens Medical Solutions• Toshiba Medical Systems <p><u>Patient/carer groups</u></p> <ul style="list-style-type: none">• Afiya Trust• Black Health Agency• Chinese Mental Health Association• Chinese National Healthy Living Centre• Counsel and Care• Equalities National Council• Making Space• Mental Health Foundation• Mental Health Matters• Mental Health Providers Forum• MIND• Muslim Council of Britain• Muslim Health Network• National Perceptions Forum• Rethink• SANE• South Asian Health Foundation	<p><u>General</u></p> <ul style="list-style-type: none">• Association of British Healthcare Industries• Board of Community Health Councils in Wales• Care Quality Commission• Commissioning Support Appraisals Service• Department of Health, Social Services and Public Safety for Northern Ireland• EUCOMED• Hafal• Medicines and Healthcare products Regulatory Agency• MIND Cymru• National Association of Primary Care• National Mental Health Development Unit• NHS Alliance• NHS Commercial Medicines Unit• NHS Confederation• Scottish Medicines Consortium <p><u>Comparator manufacturers</u></p> <ul style="list-style-type: none">• None <p><u>Relevant research groups</u></p> <ul style="list-style-type: none">• Cochrane Schizophrenia Group• Institute of Psychiatry• MRC Clinical Trials Unit• National Institute for Health Research
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- Specialised Healthcare Alliance
- Together: Working for Wellbeing
- UK Advocacy Network
- United Response
- WISH – A Voice for Women’s Mental Health
- YoungMinds

Professional groups

- British Association for Counselling and Psychotherapy
- British Association for Services to the Elderly
- British Association of Behavioural and Cognitive Psychotherapies
- British Association of Psychotherapists
- British Confederation of Psychotherapists
- British Geriatrics Society
- British Institute of Radiology
- British Neuropsychiatry Association
- Counsellors and Psychotherapists in Primary Care
- Mental Health Nurses Association
- Primary Care Mental Health Education
- Royal College of General Practitioners
- Royal College of Pathologists
- Royal College of Physicians
- Royal College of Psychiatrists
- Royal College of Radiologists
- Royal Society of Medicine
- Society of Radiographers
- United Kingdom Clinical Pharmacy Association
- United Kingdom Council for Psychotherapy

- National Primary Care Research & Development Centre
- Research Institute for the Care of Older People

Assessment Group

- National Institute for Health Research Health Technology Assessment Programme
- Tbc

Associated Guideline groups

- National Collaborating Centre for Mental Health

Associated Public Health groups

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| <ul style="list-style-type: none">• United Kingdom Psychiatric Pharmacy Group | |
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Others

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| <ul style="list-style-type: none">• Isle of Wight NHS Primary Care Trust• North Tyneside PCT• Welsh Assembly Government | |
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GE paper sign-off: Elisabeth George, Associate Director – Technology Appraisals Programme

Contributors to this paper:

Technical Lead: Raisa Sidhu

Technical Adviser: Joanna Richardson

Project Manager: Andrew Kenyon

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