

National Institute for Health and Clinical Excellence

**Use of tumour necrosis factor alpha (TNF a) inhibitors (adalimumab, and
infliximab) for Crohn's disease**

Royal College of Nursing

Introduction

With a membership of over 400,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

DSU Report Response

The Royal College of Nursing welcomes the opportunity to review and comment on the Decision Support Unit (DSU) Report to inform the appraisal of use of tumour necrosis factor alpha (TNF a) inhibitors (adalimumab, and infliximab) for treating Crohn's disease.

Whilst scientifically the report appears to address the differences between the various analytical models, the main emphasis appears to be on cost rather than the disabling nature of this incurable disease. There appears to be a lack of consideration for the age range of those affected by Crohn's disease, as well as the complexity of this condition, i.e. fistulating peri-anal disease and all the stigma and disability that is associated with it. There is a definite lack of holism in this highly technical report, which could be due to its remit.

From the nursing perspective, we consider that this report almost dehumanises care and appears to offer episodic care as a suitable alternative to ultimately save money rather than spare the patient from disabling symptoms. This in itself may lead to more complications and poorer patient outcomes in the longer term. After all it is far better to attempt to control a chronic condition than to wait for it to relapse.

Should clinicians be advised to use episodic than the maintenance treatment, it is inevitable that they will find alternative ways of getting around such a recommendation.