National Institute for Health and Clinical Excellence

Alcohol Disorders guideline scope consultation table

May 2008

No.	Status	Organisation	Order no.	Section	Comments	Responses

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50	SH	Archimedes Pharma Ltd	1	General	At the Stakeholders meeting in April the resource issues within NICE were discussed. A major concern was that the breadth of the guidelines was too restrictive in terms of additional areas which the Scope should cover e.g. drink driving, management of alcohol withdrawal in pregnancy (this does not appear to be covered in the recent Antenatal Care, Routine Care for the Healthy Pregnant Woman, March 2008, NICE). This unfortunately limits the usefulness of the guideline which is primarily to ensure the care of the patient and secondarily to inform and guide the Healthcare Professional managing such patients. There is also the potential to ignore areas which may be in the grey zone between this clinical guideline and the Alcohol Dependence Guideline which will be developed at a later stage. Thus disorders which can be preventable (Wernicke's encephalopathy) and those with an insidious onset (alcohol related cognitive dysfunction) need to be highlighted within the group of patients where a diagnosis of alcohol dependence is not made. The Scope does not reflect an inherent problem within the area of alcohol-use disorders which is the under reporting and poor coding of associated events and outcomes. We suggest changing the terminology of "alcohol detoxification" to "managed withdrawal of alcohol" to remove the stigma which may be attached to the former phraseology.	Thank you for your comments. The guideline is unfortunately unable to cover all areas associated with the topic and has instead focused on those considered to be critical given the finite resources and time scale. Further, the composition of the guideline development group was determined to ensure a broad range of experience and clinical knowledge pertaining to the clinical management of alcohol use disorders only. As such, addressing topics such as alcohol withdrawal in pregnancy using the same group would not be sufficient. The developers agree that the needs of this group should be addressed. Thank you for your comment. The developers have taken note and will discuss the terminology to be used throughout the guideline.

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5	SH	Archimedes Pharma Ltd	2	3	It would be appropriate to state that the guidelines are required to ensure adequate and consistent management of the patients with alcohol-use disorders as current practice and services have a great variability in terms of resource and implementation. Specific mention of variability in management of planned and unplanned regimens for alcohol withdrawal should be made.	Thank you for your comment. Please note that service delivery is beyond the scope of the guideline. 'Planned' detoxification will be covered by the guideline referred to the NCC for mental health (The management of alcohol dependence and related brain damage). The guidance under consideration here will cover the acute management of alcohol withdrawal, including delirium tremens.
42	SH	Archimedes Pharma Ltd	3	4.3	Identification of patients at risk should try to mirror the identification of smokers which is now second nature to all healthcare professionals. Alcohol misuse assessment of all patients should be performed in all clinical settings to ensure that appropriate withdrawal can be instituted when patients are seen for other non-alcohol related medical reasons e.g. in the primary care setting, admission for elective operations. Non-identification of these patients can lead to scenarios of unmanaged withdrawal and its associated consequences. Patients who are at high risk of future complications such as Wernicke's encephalopathy should be referred to in Section 4.3a) to ensure appropriate management in the acute setting (this is in relation to severe thiamine deficiency).	We agree that identifying patients at risk of Wernicke's is critical. Guidance on screening will largely be covered by public health and treatment by mental health. Nevertheless we will also review the evidence for thiamine prophylaxis and treatment in our guidance.
12	SH	Association of Nurses in Substance Misuse	1	3 d and j	'Binge' drinking is now a confusing term, and poorly accepted by the public who perceive it as social disorder following intoxication. The levels	Thank you for your comment. This term is used in background to the scope and it not meant to imply

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					identified (twice sensible daily limits) do not usually create social disorder, and the tem therefore has little credibility when used in the health context. Suggest it be dropped and hazardous drinking used to include it.	that the guidance will adopt the term. The GDG will consider which classification and terminology is appropriate.
26	SH	Association of Nurses in Substance Misuse	2	4.1.2 c & e	Excluding drug use will allow many problem users to be ignored. A high proportion of the young adult population use illegal drugs (not always problematically) if such drug use is disclosed it may mean that they are 'ruled out' and their alcohol problem not addressed. Experience with services addressing mental health problems and drug use leads us to believe that many service users will fall between the two services whenever there is such a separation. An integrated approach will be more effective and reflect the reality of substance misuse in the UK. Few people use just one substance; alcohol should not be seen as the sole focus of these guidelines and the services that will be based upon them.	Thank you for your comment. Unfortunately the guideline development group is unable to cover all topic areas relating to all substance misuse . It is suggested that the area of poly substance misuse is put forward as a specific topic for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
51	SH	Berkshire Healthcare NHS Foundation Trust	1	General	WE welcome these guidelines and anything which increases and improves healthcare for people affected by alcohol.	Many thanks for your comments.
18	SH	Berkshire Healthcare NHS Foundation Trust	2	4.1.2	We are rather confused by the section 4.1.2 – groups that will NOT be covered as it doesn't seem to leave anyone who will be covered by these guidelines.	Thank you for your comment. The scope has been amended to clarify the inclusions and exclusions of the guideline.
52	SH	Berkshire Healthcare NHS Foundation Trust	3	General	Please can this guidance be clear as to which organizations and tier of service each recommendation applies to. For example, drug and alcohol services are organized according to the four tiers of the NTA's "Models of Care" and "Models of care for alcohol misusers". It would be very helpful against each recommendation to state whether the recommendation applied to all four	Thank you for your comment. We will attempt to delineate the sectors that each section of our guidance should apply to in the introduction.

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					tiers, or just some of the tiers or none of the tiers. Similarly if recommendations apply or do not apply to CAMHS services, CMHTs, A & E and acute trusts, and young people's substance misuse services then it would be helpful to specify where they apply or do not apply.. (Previous guidance on substance misuse has sometimes been quite confusing to implement as people are unsure which sectors it applies to. As a result, eg CAMHs and CMHTs have sometimes assumed it doesn't apply to their service because the word "drug" or "alcohol" or "substance misuse " appears in the title .)	
53	SH	Berkshire Healthcare NHS Foundation Trust	4	General	There has been confusion created in this consultation process due to the two alcohol NICE scoping documents being produced at the same time – many people have not realized there are two different documents therefore we believe that response will have been diluted as some will have responded to one and not the other.	The centres responsible for the three guidelines on alcohol misuse are aware of the importance of liaising with one another and this has already occurred at the scoping phase. The centres will be in regular communication with each other to ensure coherence between the groups when developing the guidance and subsequent recommendations. Every effort will be made to ensure that the final guidance is fully integrated and user friendly.
41	SH	British Association for Psychopharmacology	1	4.3	There should be consideration regarding a section on recognition of situations where alcohol may be the main contributory factor. Patients may present to Emergency Departments with acute presentations that may be alcohol related but where this may not be immediately recognised. The Scope covers three fairly obvious presentations (4.3 a) but patients may present with anxiety, non-specific agitation or delirium without other obvious features of DTs.	Thank you for your comment. These types of presentations to health services are covered by the scope of the guideline.

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67	SH	British Society of Gastroenterology	1	4.1.2 and 4.3a	I have the following comments to make relating to sections 4.1.2 g and 4.3a in "The management of alcohol use disorders in adults and young people" The more common scenario for 4.1.2 g is for patients admitted to hospital for legitimate medical reasons (not alcohol related) but happen to develop acute withdrawal as a consequence of enforced abstinence as a result of their admission. There therefore needs to be some guidance for this group of patients. There are already a number of guidelines from specialist societies relating to the assessment and management of patients with hepatitis, cirrhosis and pancreatitis. These are the end stages of organ damage for which alcohol is one of a number of aetiological factors. The management is the same regardless of aetiology. Therefore I can see no value in adding another guideline to the plethora already available for the management of these conditions.	Thank you for your comments. Please be advised that the development group intends to evaluate the evidence relating to the group of patients referred to. The guideline development group is aware of the many related guidelines in existence and will refer to them where necessary. The developers highlight that the recommendations within the NICE guidelines are derived from a sound and systematic review of the evidence base. Not all of the guidelines already in existence have been developed using such a rigorous evidence-based process.
55	SH	College of Occupational Therapists	1	General	Occupational Therapy colleagues welcome such guidance and felt that document was self explanatory. The guidelines were concise and clear and the language was easy to understand. There is no reference to the impact of alcohol disorders on functional performance e.g. activities of daily living, community living skills, vocational/training, social skills. Is SIGN going to work from this guideline or are they developing their own for Scotland. Early intervention programmes including	Thank you for your comments. The impact of alcohol disorders on functional performance is outside the scope of the guideline. This Guideline is not applicable to Scotland; NICE Guidelines apply to England, Wales and Northern Ireland only. Please contact SIGN directly to discuss their topic selection.

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					education is likely to have an impact on reducing the development of alcohol related health and social issues.	
47	SH	College of Occupational Therapists	2	General	Reference should be made to exclusion criteria in the title ie. Title is not specific enough	Thank you for your comment, but we do not cite exclusion criteria in the title of the guideline. We have contacted NICE to convey your concerns as the title was given to us as the commission title.
3	SH	College of Occupational Therapists	3	2 a	Is this guideline to be incorporated in Scotland?	This Guideline is not applicable to Scotland; NICE Guidelines apply to England, Wales and Northern Ireland only.
9	SH	College of Occupational Therapists	4	3 b	Clinical need is outlined to include physical, mental and behavioural issues but these are not included in the guideline investigation, nor is social issues, drug/substance misuse and hepatitis C	We acknowledge the importance of the issues you outline. However, the scope of this guideline is the medical management of alcohol use disorders. We anticipate that the guidelines referred to public health and the NCC mental health will cover some of these issues
16	SH	College of Occupational Therapists	5	4.1.1	Consideration needs to be taken on where these issues will be addressed for the elderly population.	Thank you for your comment. The remit for the guidelines includes adults and will take into consideration evidence relevant to the elderly population wherever applicable.
40	SH	College of Occupational Therapists	6	4.3	It is not clear whether client groups with any form of hepatitis will be included in the investigation. Need to clarify if relating to which disease comes first as rarely see people in addiction service who do not have other health problems. Guidance on treatment would be very welcome for services but consideration needs to be given to the impact on functional performance and how this can be maintained for this group.	Thank you for your comment. Clients suffering from alcoholic hepatitis will be covered by the guideline. Unfortunately service provision is outside the scope of the guideline.

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13	SH	College of Occupational Therapists	7	3 g	No reference to the estimated cost to social care services which appears to hide the full extent of the issue as clients move form NHS services to social care who fall into this client group.	Thank you for your comment. Only summary background information is included in the scoping document and whilst the cost of social care is important, it is not part of our remit
4	SH	College of Occupational Therapists	8	2 c	Need to recognise the role in partnership that social services play in sacre and support for this 5client group	Thank you for your comment. A patient representative will be recruited to the Guideline Development Group to represent the views and experience of the independent sector.
11	SH	College of Occupational Therapists	9	3 c	Query if World Health classification of disease is useful global classification to use.	Thank you for your comments. The topic will be raised for discussion with the development group.
2	SH	Faculty of Public Health	1	1	The guideline appears to be about medical conditions only and it would be helpful if the title reflected this	Thank you for your comment. We agree that the title could more accurately reflect the content of the guideline and your comment has been passed on to NICE for consideration.
19	SH	Faculty of Public Health	2	4.1.2	Dual diagnosis is a common problem, ie schizophrenia & alcohol dependency, and is not addressed positively or negatively, whereas drug treatment of the psychiatric condition may be problematic in a medically compromised patient	Thank you for your comment. The guideline deals with problems directly related to alcohol use disorders and will not recommend on any associated co-morbidities.
23	SH	Faculty of Public Health	3	4.1.2.c	Are those with alcohol use disorders AND drug misuse/Hep C to be included? If not, are there guidelines that can be referred to or in development?	Thank you for your comment. Unfortunately the guideline development group is unable to cover all topic areas relating to alcohol abuse. Related guidance will be referred to and cross referenced in the Guideline when needed.
29	SH	Faculty of Public Health	4	4.1.2.e	Since psychological, emotional and social co-morbidities make up such a high proportion of the problems presented by patients with alcohol use disorder, particularly in primary care, it is	Thank you for your comment. People experiencing psychological and emotional problems will be covered by the NICE mental

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					regrettable that these are to be excluded. Are there plans to look at these separately? The current exclusions refer to psychological and emotional problems but not to psychiatric illness explicitly	health guidance on Diagnosis and management of alcohol use disorders in adults (including cognitive syndromes e.g. Wenicke's encephalopathy, Korsakoff's syndrome and dementia. However, our guideline will be covering nutritional supplementation for the prevention and prophalxis of Wernicke's encepalopathy
38	SH	Faculty of Public Health	5	4.2 a	The settings are to be NHS healthcare only. However, there may be instances where healthcare professionals operate delivering health care in non-NHS settings (eg. occupational health services, private clinics) and indeed non-healthcare settings (eg. police custody, voluntary organisations).	Thank you for your comment. The development group acknowledge that alcohol use disorders are frequently involved in delivering health care to this population but can only make recommendations applicable to NHS healthcare settings.
45	SH	Faculty of Public Health	6	4.3 a	The list of chronic conditions to be considered in depth has rather too much of a secondary care focus. More primary care issues should also be addressed, such as: sleep disturbance, depression, sickness absence, poor diet, forgetfulness, etc.	Thank you for your comments. The primary care issues mentioned are outside of the scope.
66	SH	Faculty of Public Health	6	Appendix	It is essential that close cross-links are made between this guidance and the parallel public health guidance currently being developed.	The centres responsible for the three guidelines on alcohol misuse are aware of the importance of liaising with one another and this has already occurred at the scoping phase. The centres will be in regular communication with each other to ensure coherence between the groups when developing the guidance and subsequent recommendations. Every effort will be made to ensure

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						that the final guidance is fully integrated and user friendly.
56	SH	NHS Direct	1	General	NHS Direct have considered the content and noted. No comments	
24	SH	Oxfordshire & Buckinghamshire Mental Health Partnership NHS Trust	1	4.1.2.c	Will the guideline exclude people with a comorbidity of Alcohol use disorder and a Mental Health disorder? This needs clarification as many practitioners and stakeholders are now providing services to patients with this dual diagnosis (our prevalence rates range from 57-69% for example). If not then the guidelines may only be helpful to stakeholders in specialist addictions teams.	Thank you for your comment. The guideline deals with problems directly related to alcohol use disorders and will not recommend on any associated co-morbidities.
39	SH	Oxfordshire & Buckinghamshire Mental Health Partnership NHS Trust	2	4.2 a	States the guidelines are only relevant to primary and secondary care settings, are there future plans to provide such guidelines for services that are based across specialist inpatient mental healthcare settings?	Thank you this is one of a suite of three guidelines. The NCC-mental health will be addressing the 'management of alcohol dependence and related brain damage.
1	SH	Royal College of Nursing	1	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. The RCN welcomes to opportunity to review this document.	Thank you for your comment. The Guideline Development Group looks forward to receiving your comments on the draft guideline when it is made available for consultation.

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7	SH	Royal College of Nursing	2	3 a	Government advice is 2-3 units for women and 3-4 units for men per day with 2 drink free days. 2 alcohol free days very important to include.	Thank you for your comment. The developers felt this is too much detail for inclusion in the scoping document; this level of background detail is reserved for the guideline itself.
8	SH	Royal College of Nursing	3	3 a	In this section identifying safe numbers of units of alcohol, there needs to be a clear definition as what a unit comprises, particularly in view of the concerns around middle-aged drinkers of wine where depending on the wine, one glass may comprise 3 units.	Thank you for your comment. The developers felt this is too much detail for inclusion in the scoping document; this level of background detail is reserved for the guideline itself.
10	SH	Royal College of Nursing	4	3 b	It is also important to define that health problems are not just isolated to 'heavy' alcohol use. Injuries and illnesses can also be found in hazardous and harmful drinking i.e. fractures, facial injuries, Malary Weiss tears as a result of binge drinking and vomiting. The terms 'heavy' and 'long term use' are a bit wholly. We consider that it would be better to use Babor et al (1984) Alcohol Use Identification Test as a discriminator which has clearly defined categories for drinking behaviours i.e. low risk, hazardous, harmful or dependant - Developed by the World Health Organisation.	Thank you but this is outside of the remit. Thank you for your comment. This term is used in the background to the scope and it not meant to imply that the guidance will adopt the term. The GDG will consider which classification and terminology is appropriate.
25	SH	Royal College of Nursing	5	4.1.2 c	We consider that it would be a real shame if poly substance use was not covered. In our experience, a significant proportion of people who misuse alcohol also misuse another substance particularly in young people which this document also covers. The new generation of alcohol misusers' for example are also using cocaine and alcohol. It would be a missed opportunity to exclude this especially when this problem is significant to the population of young people.	Thank you for your comment. The guideline deals with problems directly related to alcohol use disorders and will not recommend on any associated co-morbidities. It is suggested that the area of poly-substance misuse be put forward as a future topic for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp The guideline will cover the management of alcohol use

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					Statistics also show that patients misusing drugs also misuse alcohol. It was disappointing to see that the Department of Health (2007) Drug misuse and dependence UK guidelines on clinical management, also omitted guidelines on alcohol and drug use which is a significant problem in this field.	disorders only.
35	SH	Royal College of Nursing	6	4 g	We would consider that all patients who are in acute alcohol withdrawal should require medical management.	Thank you for your comment. The guideline development group agrees with your comment.
59	SH	Royal College of Paediatrics and Child Health	1	General	We have a concern that there is a danger of fragmentation of the overall guidance/ guidelines as the proposal is for 3 separate publications. This one is for the Management of alcohol use disorders in adults and adolescents, but the Draft Scope excludes large numbers of people with alcohol use disorders who have co-morbidities and other associated problems (see specific comments on Section 4). How will NICE ensure that the groups excluded from this Scope will be included in the Public Health Guidance Scope or the proposed Clinical Guideline on Alcohol dependence and related brain damage? We have commented on the Public Health Guidance Scope separately, but understand that the Scope for the Clinical Guideline on Alcohol dependence and related brain damage is not yet out for consultation. Whilst we understand the need for a separate Public Health guidance document, we feel there are risks in producing two Clinical Guidelines relating to alcohol use disorders/alcohol dependence, (or in fact 3 clinical guidelines if the one relating to pregnant women is included – see comment on section 4.1.2 (b)) as there is a danger of clinical staff managing patients with alcohol problems finding that neither guideline meets the specific needs of a particular patient. Whilst the draft scope includes young people over the age of 10 years, we feel that there needs to be	The centres responsible for the three guidelines on alcohol misuse are aware of the importance of liaising with one another and this has already occurred at the scoping phase. The centres will be in regular communication with each other to ensure coherence between the groups when developing the guidance and subsequent recommendations. Every effort will be made to ensure that the final guidance is fully integrated and user friendly..

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					a greater emphasis on the specific needs of young people as there is a risk that they will be "overlooked" by the needs of adults.	
14	SH	Royal College of Paediatrics and Child Health	2	3 i	The figure quoted for children younger than 16 who were admitted to hospital with a primary or secondary diagnosis specifically related to alcohol does not include the numbers of young people who attend A&E without being admitted.	Thank you for your comment. Only summary background information is included in the scoping document and the statistics quoted are presented to support the need for the guidance rather than a comprehensive report of all the key facts and figures
20	SH	Royal College of Paediatrics and Child Health	3	4.1.2 b	Women who are pregnant are excluded from the draft scope. At the Stakeholders meeting it was suggested by one of the Panel that this is because there are few pregnant women who have alcohol use disorders. This seems to miss the point that there are women who are pregnant and who have alcohol use disorders and some who have alcohol dependence syndrome. In the latter case, there is a need for urgent medical management of acute alcohol withdrawal as early in pregnancy as possible, to minimise risks to both mother and fetus, including the risk of Fetal Alcohol Spectrum Disorders. We understand that the NICE clinical guideline Management of Pregnant women who misuse drugs and/or alcohol, and their new-born babies is due for publication in June 2010. This will therefore be the 4th NICE publication which will relate to alcohol use disorders. Can NICE confirm that this will cover the issue raised here and will there be clear links in the different Clinical Guidelines to point practitioners to the relevant other Guidelines?	The issue regarding exclusion of pregnant women in the scope was debated at the consultation meeting. The developers acknowledge your concerns and agree that this is potentially a large & specialised area for address that will need focused expertise and GDG membership. In light of this we propose that you feed the suggestion to the NICE Topic Selection Panel as a topic worthy for a future guideline We have checked the NICE website and found the draft scope for 'Pregnant women with complex social factors' and reading the scope under 'exclusions' it cites 'women who abuse alcohol only'. We have no jurisdiction over the NCC-WCH scope

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22	SH	Royal College of Paediatrics and Child Health	4	4.1.2 c	Many people who misuse alcohol also misuse other substances. It is vital therefore that this Clinical Guideline does not exclude this group of people with co-morbidities other than alcohol use disorders	Thank you for your comment. Unfortunately the guideline development group is unable to cover all topic areas relating to all substance misuse. It is suggested that this area of clinical management be referred to the topic selection panel for future consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
27	SH	Royal College of Paediatrics and Child Health	5	4.1.2 d	In our member's experience there are some children under the age of 10 years who are drinking alcohol, although we agree that it is probably reasonable to exclude them from this Cl29inical Guideline.	Thank you for your comment.
32	SH	Royal College of Paediatrics and Child Health	6	4.1.2 e	Many people who have alcohol use disorders have psychological, emotional and social problems associated with alcohol. The wording of the draft scope would exclude them from the scope of this Clinical Guideline.	Thank you for your comment. The scope has been re-worded to clearly delineate the populations and clinical areas which will be covered by the guideline.
43	SH	Royal College of Paediatrics and Child Health	7	4.3 a	This section does not mention the specific needs of the relatively small number of young people who require in-patient detoxification. In RCPCH member's experience, there is a national lack of detox facilities for young people under the age of 18 years. There appears to be a lack of paediatric expertise in the management of this group of young people. There is a need for *clear guidelines for the medical management (including medication to cover withdrawal symptoms) of this group* when there are contra-indications to community detox and inpatient detox is required.	Thank you for your comments. The guideline development group includes a paediatrician, child and adolescent psychiatrist as well as two nurses with experience in this population. The guideline development group will look at the applicable evidence and made recommendations as required.
60	SH	Royal College of Physicians of London	1	General	We strongly support the development of this guideline which will compliment the Public Health Guidance being developed concurrently.	Many thanks for your comments.

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61	SH	Royal College of Physicians of London	2	General	So that we are working hand in hand on this and the public health guidance and a third one on alcohol dependence planned, it is vital that all three are joined-up so that there are no critical omissions in the patient pathway.	The centres responsible for the three guidelines on alcohol misuse are aware of the importance of liaising with one another and this has already occurred at the scoping phase. The centres will be in regular communication with each other to ensure coherence between the groups when developing the guidance and subsequent recommendations. Every effort will be made to ensure that the final guidance is fully integrated and user friendly.
62	SH	Royal College of Physicians of London	3	General	Considerable time and effort will go into providing these guidelines. While these guidelines are in gestation there is a real need for parallel effort to secure adequate and separate government funding (not included with the monies for drug abuse) for the treatment of alcohol related disorders before the guidance appears in 2010	The centres responsible for the three guidelines on alcohol misuse are aware of the importance of liaising with one another and this has already occurred at the scoping phase. The centres will be in regular communication with each other to ensure coherence between the groups when developing the guidance and subsequent recommendations. Every effort will be made to ensure that the final guidance is fully integrated and user friendly.
68	SH	Royal College of Physicians	4	General 4.2 and 4.2.1a)	The guidance proposes to exclude identification methods using biochemical and clinical indicators of alcohol misuse. As an example using liver disease which is responsible for around 25% of alcohol-related mortality, the use of screening questionnaires together with blood tests for liver dysfunction and fibrosis has enormous potential for detection and intervention at a much earlier	Thank you for your comment. This comment has highlighted a very difficult area. Screening questionnaires will be covered by the public health guidance but screening blood tests fall between our guidance and public health. They go hand in hand with

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					stage than present in combination with screening questionnaires and to exclude this entire methodology from consideration would be unfortunate. Screening by questionnaire and by using biochemical and clinical indicators clearly go hand in hand. NICE should not include one without the other.	questionnaires but are also markers of alcohol induced physical abnormalities. We have decided to include guidance on screening blood tests in our guidance and will make every effort to link this with screening questionnaires when the guidance is completed.
63	SH	Royal Society of Medicine	1	General	Alcohol abuse is behaviour which occurs within a social context. In some sectors of society excess is encouraged or condoned. Some demographic groups have far less problems with alcohol excess than others. We have seen a very big change in the pattern and extent of smoking and it is possible, taking a long-term view, that public attitudes can be beneficially modified. This overarching social framework and central behavioural component to the central issue, which is commonly addressed in group and individual therapy, could be usefully explored for the entire community, for example using the expertise of a psychologist and a sociologist.	Thank you for your comment. The guideline developers recognise the importance of the psychological context of alcohol use disorders. Please refer to the Mental Health Guideline titled "The management of alcohol dependence and related brain damage".
48	SH	Royal Society of Medicine	2	General	As someone with a Masters degree in psychology, in addition to qualifications in psychiatry, and having published on crowd behaviour, Prof. Malcolm Weller feels that he could be of help in this regard.	Thank you for advising of Prof. Weller's interest in the Guideline Development Group. Applications for GDG membership have recently been advertised and we would welcome applicants from anyone who feel that they have suitable expertise. The Project Manager has contacted the Royal Society of Medicine
69	SH	South Asian Health Foundation	1	4.1.2	Some guidance about alcohol use with concomitant disorders such as hep C/obesity etc. could be briefly mentioned?	Thank you for your comments. Co-morbidities are outside of the scope of the guideline.
70	SH	South Asian Health Foundation	2	4.3	As well as delirium tremens, liver damage and pancreatitis, will the report cover the association	Thank you for your comments. Co-morbidities are outside of the

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					of alcohol with other aetiologies eg. Stroke, MI, infections etc.?	scope of the guideline.
71	SH	South Asian Health Foundation	3	General	Clinical guidelines need some questions and further description as per the public health guidelines.	The centres responsible for the three guidelines on alcohol misuse are aware of the importance of liaising with one another and this has already occurred at the scoping phase. The centres will be in regular communication with each other to ensure coherence between the groups when developing the guidance and subsequent recommendations. Every effort will be made to ensure that the final guidance is fully integrated and user friendly.
72	SH	Sussex Partnership NHS Trust	1	General	Having attended the stakeholder meeting it was interesting that most of the panel members where physicians, the only psychiatrist involved had not seen the scope until the day before the meeting. Hopefully greater representation will appear on the GDG	Thank you for your comments. The developers are mindful of the need for ensuring that a broad range of experience and knowledge is represented on the group. This has to be balanced with the need to ensure that the GDG is a workable size and as such enables individuals to contribute effectively. When convening the guideline development group the developers have followed the principles outlined in the NICE technical manual. Please note that a psychiatrist with alcohol abuse experience and a child and adolescent psychiatrist are included in the group.

ADDITIONAL PUBLIC HEALTH STAKEHOLDER COMMENTS RELEVANT NCC-CC

74	Royal College of Physicians of Edinburgh		**General**	Alcohol related disorders are now a major national problem and the development of a NICE guideline on the subject is to be warmly welcomed. There appears, however, to be some lack of clarity in the scope of this particular guideline (understanding that there are other guidelines extant or in progress). The DoH request mentions production of "… combined public health and clinical guidance on management of alcohol use disorders …" but the title is shortened to not include 'public health'. If the intention is to include the wider community issues under 4.2a then this needs to be spelled out and clearly defined, otherwise the guidance may become too diffuse and unwieldy. The decision to limit consideration to 3 clinical areas is a wise one, as each in itself is a complex issue that might merit an individual guideline. The involvement of primary care in these 3 conditions would be limited to recognition and secondary (or tertiary) care referral.	Thank you for your comment. We feel that this comment is related to the clinical arm of the alcohol guidance. As such the national collaborating centre for chronic conditions will provide a more detailed response. Thank you for your comments.
75	Royal College of Physicians of Edinburgh		**3**	The clinical need for the guideline is not disputed, but there should be cross reference to guidance issued by other learned groups (such as BSG and BASL).	Thank you for your comment. We feel that this comment is related to the clinical arm of the alcohol guidance. As such the national collaborating centre for chronic conditions will provide a more detailed response. Thank you for your comment. Unfortunately the guideline development group is unable to cover all topic areas relating to alcohol abuse. Related guidance will be referred to and cross referenced in the Guideline when needed.

76	Royal College of Physicians of Edinburgh		**4.1.2**	There are some puzzling overlaps and exclusions in this section as in succeeding comments.	Thank you for your comment. We believe that you are referring to the scope for the clinical guideline relating to alcohol use disorders. As such the national collaborating centre for chronic conditions will provide a more detailed response. Thank you for your comment. The scope has been amended to clarify the inclusions and exclusions of the guideline.
77	Royal College of Physicians of Edinburgh		**4.1.2.b**	Exclusion of pregnancy is understandable.	Thank you for your comment. We believe that you are referring to the scope for the clinical guideline relating to alcohol use disorders. As such the national collaborating centre for chronic conditions will provide a more detailed response. National Collaborating Centre for Chronic Conditions: Thank you for your comment.
78	Royal College of Physicians of Edinburgh		**4.1.2.c**	In view of the not uncommon commonality of use (illicit drugs and alcohol), how can this be separated out in patients presenting with alcoholic liver disease? Similarly, while specific treatment of Hepatitis C is clearly outwith the scope of the guideline, will patients with co-infection be excluded from consideration?	Thank you for your comment. We believe that you are referring to the scope for the clinical guideline relating to alcohol use disorders. As such the national collaborating centre for chronic conditions will provide a more detailed response. National Collaborating Centre for Chronic Conditions: Thank you for your comment. The guideline deals with problems directly related to alcohol use disorders and will not recommend on any associated co-morbidities.
79	Royal College of Physicians of Edinburgh		**4.1.2.d**	It is clearly right to exclude young children.	Thank you for your comment. We believe that you are referring to the scope for the clinical guideline relating to alcohol use disorders. As such the national collaborating centre for chronic conditions will provide a more detailed response. National Collaborating Centre for Chronic Conditions: Thank you for you comment.
80	Royal College of Physicians of Edinburgh		**4.1.2.e**	This exclusion presumably means people with physically uncomplicated psychological, emotional and social problems only, since otherwise it would exclude virtually everybody covered by section 4.3.a.	Thank you for your comment. We believe that you are referring to the scope for the clinical guideline relating to alcohol use disorders. As such the national collaborating centre for chronic conditions will provide a more detailed response. National Collaborating Centre for Chronic Conditions: Thank you for your comment. The scope has been amended to clarify the inclusions and exclusions of the guideline.

81	Royal College of Physicians of Edinburgh		**4.1.2.f**	It is difficult to see how patients with acute withdrawal requiring urgent care can be discussed without covering recognition/prevention of Wernicke-Korsakoff problems.	Thank you for your comment. We believe that you are referring to the scope for the clinical guideline relating to alcohol use disorders. As such the national collaborating centre for chronic conditions will provide a more detailed response. National Collaborating Centre for Chronic Conditions: Thank you for your comment. Please note that the clinical management guideline has been amended to include the prevention of Wernickes-Korsakoff syndrome. The management of the syndrome will be covered by the scope of the Mental Health Guideline (the management of alcohol dependence and related brain damage)
82	Royal College of Physicians of Edinburgh		**4.1.2.g**	It is puzzling how, in practice, one can consider people with withdrawal requiring or not requiring "urgent management" separately. Guidance must at least be offered towards distinguishing the two.	Thank you for your comment. We believe that you are referring to the scope for the clinical guideline relating to alcohol use disorders. As such the national collaborating centre for chronic conditions will provide a more detailed response. National Collaborating Centre for Chronic Conditions: 'Planned' detoxification will be covered by the guideline referred to the NCC for mental health (The management of alcohol dependence and related brain damage). The guidance under consideration here will cover the acute management of alcohol withdrawal, including delirium tremens.
83	Royal College of Physicians of Edinburgh		**4.2.a**	The lack of clarity of what is encompassed in this section is referred to already (*vide supra)*. The importance of early recognition and brief intervention (or more specialised support) cannot be over-emphasised, but presumably are dealt with by reference to the other NICE guidelines, to SIGN 74 and similar publications. The identification of alcohol as the primary factor in the conditions to be dealt with (section 4.3.a) at the earliest possible stage is clearly crucial. The broader issues of dealing with the alcohol use *per se* (as distinct from the physical complication) including the rehabilitation in the community and its follow-up – which may seem outwith the scope of this guideline – are equally vital. Acute urgent alcohol withdrawal indicates physical dependence and requires specialist psychiatric intervention.	Thank you for your comment. We believe that you are referring to the scope for the clinical guideline relating to alcohol use disorders. As such the national collaborating centre for chronic conditions will provide a more detailed response. National Collaborating Centre for Chronic Conditions: The clinical management of alcohol withdrawal clearly falls within the scope of the NCC-CC guideline. Rehabilitation and follow-up in the community – mental health? Would this fall under remit of clinical management? Psychiatric Intervention falls within the remit of the guideline to be developed by the Mental Health Team (the management of alcohol dependence and related brain damage)

84	Royal College of Physicians of Edinburgh		**4.3.a**	To make the guidance as broadly applicable as possible, it will need to deal with not only the evidence-based management advice in appropriate settings, but also the recognition and referral criteria for less specialised centres – primary care and secondary to tertiary care, as, for example, with liver transplantation.	Thank you for your comment. We believe that you are referring to the scope for the clinical guideline relating to alcohol use disorders. As such the national collaborating centre for chronic conditions will provide a more detailed response. National Collaborating Centre for Chronic Conditions: Thank you for your comment. We plan to cover these areas in our guidance.
	Sheffield Care Trust		General	COMMENTS ON CLINICAL GUIDELINES AND PUBLIC HEALTH PROGRAMME – ALCOHOL USE DISORDER IN ADULTS AND ADOLESCENTS These comments refer to both NICE guidelines, because on review a significant proportion of the draft guidelines attempts to compartmentalise alcohol use disorder as if there were a pure form of alcohol misuse ,excluding lots of presentation that make up the core of clinical practice e.g. people with co-morbidities others then with alcohol use disorders, adults with psychosocial, emotional and social problems associated with alcohol ,women who are pregnant etc (4.1.2. scope guidelines). It seems that these guidelines are being developed by exclusion rather than by inclusion. This approach is risky given that we know that over 90% of the adult population drink alcohol (Prime Minister's Strategy Unit 2004) with 73% of men and 57% of women reporting that they had a drink on at least 1 day during the previous week (Goddard 2006). From this figures one can easily deduct that in women for example, the majority of those who drink are likely to be within the child bearing age group and are likely to become pregnant at some time. Cont'd	Thank you for your comment. We believe that you are referring to the scope for the clinical guideline relating to alcohol use disorders. As such the national collaborating centre for chronic conditions will provide a more detailed response. National Collaborating Centre for Chronic Conditions: Thank you for your comment. The guideline deals with problems directly related to alcohol use disorders and will not recommend on any associated co-morbidities. The centres responsible for the three guidelines on alcohol misuse are aware of the importance of liaising with one another and this has already occurred at the scoping phase. The centres will be in regular communication with each other to ensure coherence between the groups when developing the guidance and subsequent recommendations. Every effort will be made to ensure that the final guidance is fully integrated and user friendly.

	Sheffield Care Trust			We also know that 1 in 4 of the adult population is at risk of having a Mental disorder with increased risk of co-morbid alcohol use, excluding these groups from the guidelines at an early stages of developing this guidelines is an obvious omission. Likewise there is a need to recognise that there are hidden populations for example we know that there is a growing ageing population in Sheffield and in clinical practice we are beginning to see an increase in referrals of over 65's with alcohol related problems . It will be useful to develop specific guidance on managing alcohol misuse in Primary Care e.g. guideline for detoxification in non-acute cases, at present there is a wide discrepancy in what is prescribed for detoxification for acute withdrawal for patients who present to their GP. Considerations should be given to interventions aimed at primary presentations to services not just Primary Care i.e. presentation at A&E, criminal justice /health inter-phase etc Public Health Interventions should also take into consideration issues such as workforce competencies for e.g. in the delivery of Primary Care oriented interventions such as brief interventions. There is a need for overarching structure in developing this guidelines to ensure that they are not being developed independent of one another .	Thank you for your comment. The guideline deals with problems directly related to alcohol use disorders and will not recommend on any associated co-morbidities. The guideline development team will develop recommendations specifically related to the over 65 population where evidence is found to require medical management which is different to that required for an adult population. Management of non-acute alcohol withdrawal falls within the remit of the mental health guideline titled "the management of alcohol dependence and related brain damage". Please refer to the NICE website for more details. The centres responsible for the three guidelines on alcohol misuse are aware of the importance of liaising with one another and this has already occurred at the scoping phase. The centres will be in regular communication with each other to ensure coherence between the groups when developing the guidance and subsequent recommendations. Every effort will be made to ensure that the final guidance is fully integrated and user friendly.