National Institute for Health and Clinical Excellence

Transient Loss of Consciousness - Scope Consultation
April 2008

Type

SH = Registered Stakeholders. These comments and responses will be posted on the NICE website after guideline development begins.
GRP = Guidelines Review Panel member. These are added to this table for convenience but will not be posted on the web.
NICE = Comments from NICE. These are added to this table for convenience but will not be posted on the web.
Non Reg = Comments from organisations and people who have not registered as stakeholder. These are added for convenience but will not be posted on the web.

Type	Stakeholder	No	Section number	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	Addenbrookes Hospital, Cambridge University Hospitals NHS Foundation Trust			This organisation was approached but did not respond.	
SH	Addenbrookes Hospital, Cambridge University Hospitals NHS Foundation Trust			This organisation was approached but did not respond.	
SH	Arrhythmia Alliance			This organisation was approached but did not respond.	
SH	Association of British Neurologists	1	**General**	The draft guideline's title implies inclusion of management aspects and not just diagnosis. However, section 4.3.d specifies that the management of epilepsy and syncope (comprising the large majority of TLOC) will not be covered. We should therefore welcome greater clarity on which aspects of treatment are to be covered. Although there is already NICE guidance on management of epilepsy in adults, as well as on some important cardiological aspects of syncope management (listed in the document), there is hitherto no NICE guidance specifically on the management of vasovagal, orthostatic, and other reflex syncopes (carotid hypersensitivity, cough, micturition etc). We were therefore looking to this document to deliver definitive guidance on the management (not just the diagnosis) of syncope as the major cause of T-LOC. The scope will involve the management of recurrent TLOC (paragraph	Thank you for your comment. Clinical guidelines usually provide guidance on the appropriate treatment and care of people with specific diseases and conditions. As T-LOC can be caused by a wide variety of conditions, each of which will have their own treatment pathway, the management pathway must begin with a diagnosis of the underlying cause. This has been identified as an area where there is a need for

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				4.3.e) but this actually refers to their reassessment (for diagnosis) rather than their specific management. Interestingly, the guidance will cover some more obscure aspects of treatment such as complementary therapy, even though this is already addressed in the NICE guidance on epilepsy.	guidance. Given the diversity of conditions which may cause T-LOC we are not able to cover the treatment of all of these within the scope. Where there is existing guidance on the treatment of a particular condition this will be sign-posted. The management of recurrent T-LOC will focus on reassessment to determine whether the underlying condition has been misdiagnosed. The wording of the scope has been amended to make it clearer that treatment following diagnosis is not covered. We agree that the statement on complementary and alternative therapies is not appropriate given the scope of this guideline and this has been removed.
SH	Association of British Neurologists	2	**4.1.1**	The scope of the guidance appropriately includes adults aged >18 years only; the causes of TLOC in children are sufficiently different to justify this. However, we welcome the proposal for separate assessment of subgroups based on age, particularly given the need for special consideration of T-LOC in the elderly.	Thank you for your comment. We agree that the causes in children are likely to differ significantly from the causes in adults. Our remit from the department of health specifies adults but we will seek clarification regarding the appropriate age cut-off as we have received feedback from

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					several stakeholders on this issue.
SH	Association of British Neurologists	3	**4.1.2**	The exclusion criteria appear fine, with no need to consider TLOC provoked by severe brain injury, nor those "blackouts" where there is no LOC and no spontaneous recovery. Although it is reasonable to exclude patients with severe learning disability (4.1.2.) it would be helpful to define "severe" (e.g. IQ <70 or IQ <50).	Thank you for your comment. Following comments received from the NICE Patient and Public Involvement Programme (PPIP) we have amended the scope to include people with learning disabilities.
SH	Association of British Neurologists	4	**3A**	In paragraph 3a, transient loss of consciousness (TLOC) appears to be defined using the same words, "transient loss of consciousness". Using "spontaneous" in the definition is also not completely correct as many provoked or situational causes of TLOC episodes will need to be included in the guidance e.g. exercise-induced, cough induced, etc.	Thank you for your comment. We have revised the wording in section 3a.
SH	Association of the British Pharmaceuticals Industry (ABPI)			This organisation was approached but did not respond.	
SH	Barnsley Hospital NHS Foundation Trust			This organisation was approached but did not respond.	
SH	Barnsley PCT			This organisation was approached but did not respond.	
SH	Bedfordshire PCT			This organisation was approached but did not respond.	
SH	Birmingham Early Intervention Service			This organisation was approached but did not respond.	
SH	BMJ			This organisation was approached but did not respond.	
SH	Bournemouth & Poole PCT			This organisation was approached but did not respond.	
SH	British Association for Counselling and Psychotherapy			This organisation was approached but did not respond.	
SH	British Association of Neuroscience Nurses			This organisation was approached but did not respond.	
SH	British Cardiovascular Society			This organisation was approached but did not respond.	

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SH	British Dietetic Association			This organisation was approached but did not respond.	
SH	British Geriatrics Society	1	General	Some patients that you are hoping to capture will turn up in TIA clinics and more will be seen in Falls clinics. Most geriatric dept. run Falls clinics. I suggest that a Geriatrician with a special interest in Falls should be on the GD group.	Thank you for your comment. The guideline will cover the referral of people who have experienced a T-LOC to appropriate specialist clinics. Existing guidance on the management of Falls in older people will be sign-posted and we are intending to seek expert input from the Chair of the GDG which developed the Falls Guideline. There is a guideline on the diagnosis and acute management of stroke and TIA due to be published in July 2008 which will be sign-posted.
SH	British Heart Foundation	1	4.1.2	The British Heart Foundation (BHF) is the nation's heart charity. We're fighting to eradicate early death from heart and circulatory disease – which is the UK's biggest killer and caused 57,000 premature deaths in 2005[1]. Preventing heart disease by tackling the risk factors which cause it is central to our strategy. The Charity is also a major funder and authority in cardiovascular research and education. We rely predominantly on voluntary donations to meet our aims. BHF welcomes and supports the work to produce NICE guidance improving the diagnosis in patients who suffer from transient loss of consciousness. However, BHF is very concerned that the current scope does not cover young people less than 18 years of age. This excludes young people with	Thank you for your comment. We agree that the underlying conditions causing T-LOC in young people aged 16 to 18 are similar to those in adults aged 18 and over. However, our remit specifies that we consider the management of T-LOC in adults. We will request clarification on the appropriate age threshold from the Department of Health.

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				cardiomyopathy or chanelopathies (abnormal heart rhythms) who are at risk of sudden death. Young people with these conditions who participate in sport are at risk of dying suddenly. It is the sudden death of a 16 year old on the rugby field or tennis court which alerts a family to an inherited cardiac condition. These young people often have a history of fainting which has been inadequately investigated by their GP or other health professionals. Therefore, BHF strongly suggests that young people (younger than 18 years) are included in this NICE guidance and its title changed accordingly to: 'Transient loss of consciousness in adults and young people'.	
SH	British National Formulary (BNF)			This organisation was approached but did not respond.	
SH	British Society of Neuroradiologists	1	General	I was pleased to hear that the committee regarded a careful history as a central aspect of TLOC investigation. I am not infrequently involved in the imaging of patients with this problem. At present it would appear that what happens is dependent upon the path the patient has taken through the system rather than the underlying problem. I concur that careful history is paramount, brain imaging may be appropriate sometimes but generally it is unrewarding. I was therefore pleased to see that the scope of these guidelines will cover the diagnostic work up including brain imaging of patients with a history of TLOC and would welcome guidance being given to referrers about the appropriate use of radiology.	Thank you for your comment. The guideline will address the variation in current practice which you have highlighted.
SH	CASPE Research			This organisation was approached but did not respond.	
SH	Central Lancashire PCT			This organisation was approached but did not respond.	
SH	Commission for Social Care Inspection			This organisation was approached but did not respond.	
SH	Connecting for Health			This organisation was approached but did not respond.	

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SH	Department for Communities and Local Government			This organisation was approached but did not respond.	
SH	Department of Health			This organisation was approached but did not respond.	
SH	Department of Health, Social Security and Public Safety of Northern Ireland			This organisation was approached but did not respond.	
SH	Derbyshire Mental Health Services NHS Trust			This organisation was approached but did not respond.	
SH	Diabetes UK			This organisation was approached but did not respond.	
SH	East & North & West Hertfordshire PCTs			This organisation was approached but did not respond.	
SH	Epilepsy Action			This organisation was approached but did not respond.	
SH	Global Market Access Solutions			This organisation was approached but did not respond.	
SH	Gloucestershire Hospitals NHS Trust			This organisation was approached but did not respond.	
SH	Harrogate & District NHS Foundation Trust	1	General	As there is no longer a College of ***Accident*** and Emergency Medicine, you can no longer gain a CCST in ***Accident*** and Emergency Medicine and the majority of the doctors working in the speciality refer to Emergency Medicine. Are there plans to use the term Emergency Medicine (rather than Accident and Emergency Medicine) throughout the proposed NICE guidance? The International Federation for Emergency Medicine defined the remit of Emergency Medicine in 1991. Now 17 years later, is it time to drop the Accident?	Thank you for your comment. We have amended the wording accordingly.
SH	Health Commission Wales			This organisation was approached but did not respond.	
SH	Healthcare Commission			This organisation was approached but did not respond.	
SH	Heart Rhythm UK			This organisation was approached but did not respond.	
SH	Joint Royal Colleges Ambulance Service Liaison Committee	1	4.1.1 a)	The age of 16 would be reasonable from a clinical perspective, but in the ambulance service 18 is recognised as the cut off. However it should not be too confusing to them if 16 is chosen (which is more sensible clinically)	Thank you for your comment. We will request clarification on this aspect of the remit from the Department of Health.
SH	Joint Royal Colleges	2	4.3	It would be helpful to include specific advice for care /	Thank you for your comment.

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	Ambulance Service Liaison Committee			conveyance of patients pre-hospital, whether seen by paramedics or Emergency Care Practitioners.	The guideline will cover pre-hospital healthcare settings as outlined in 4.2.
SH	Joint Royal Colleges Ambulance Service Liaison Committee	3	4.3	If a patient has a diagnosis simply of TLOC, i.e. no formal diagnosis initially but is allowed home, it would be good to know what advice should be given with relation to specifically driving, but also what to expect to happen next and to reassure.	Thank you for your comment. Section 4.3 of the scope has been amended to include the information that should be provided to people who have experienced T-LOC and to their family, carers or others providing witness accounts.
SH	Joint Royal Colleges Ambulance Service Liaison Committee	4	4.3	A reliance on diagnostic tests should not be over emphasised. We see all too often a 'scan' performed as it is easier than a complete history and examination. Guidance on what to ask and to look for in the initial stages is vital, prior to investigations.	Thank you for your comment. We agree that history and physical examination are key aspects of the care pathway and these are included in the scope.
SH	Kirklees PCT			This organisation was approached but did not respond.	
SH	Leeds PCT			This organisation was approached but did not respond.	
SH	Luton & Dunstable Hospital NHS Foundation Trust			This organisation was approached but did not respond.	
SH	Medicines and Healthcare Products Regulatory Agency (MHRA)			This organisation was approached but did not respond.	
SH	Medtronic International Trading Sarl			This organisation was approached but did not respond.	
SH	Medtronic Ltd	1	General	Within the scope of the TLOC clinical guideline, we suggest that the committee considers how this guidance can potentially assist NHS Hospital Trusts to achieve the 18-Weeks referral-to-treatment targets. The 18-Weeks programme has currently developed a specific 18-Week pathway for "Blackouts" diagnosis	Thank you for your comment. The aim of a clinical guideline is to develop a care pathway based on the best available evidence of clinical effectiveness whilst taking into account the cost-effective use

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					of NHS resources. It is not within the remit of the guideline to address the delivery of services within specific government targets. The published guideline will inform the developmental standards applied to the NHS and therefore we anticipate that it will have an indirect impact on the 18-week targets.
SH	Medtronic Ltd	2	3 & 4	We would like the GDG to consider including paediatric and adolescent cases of TLOC in its review and guideline development work. TLOC among young patients has been shown to be significant, and children pose unique challenges for the diagnosis of TLOC including difficulties providing a clear history or poor compliance with repeated, inconclusive tests. The inclusion of paediatric cases of TLOC was raised at the stakeholder meeting on 24th April 2008, and we believe consideration of such cases is important.	Thank you for your comment. We agree that care provided to children with T-LOC is likely to be different to that provided to adults due to the difficulties you highlight. For these reasons we believe that it is reasonable to exclude children from the scope of the guideline and this is consistent with our existing remit from the Department of Health. However, we feel that the management of T-LOC in young people aged 16 to 18 is similar to the management in adults aged 18 and over. We would support a change in the scope to include young people aged 16 – 18 years and will request clarification on this aspect of the remit from the Department of Health

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SH	Mental Health Act Commission			This organisation was approached but did not respond.	
SH	Milton Keynes PCT			This organisation was approached but did not respond.	
SH	National Institute for Mental Health in England			This organisation was approached but did not respond.	
SH	National Patient Safety Agency			This organisation was approached but did not respond.	
SH	National Public Health Service – Wales			This organisation was approached but did not respond.	
SH	National Treatment Agency for Substance Misuse			This organisation was approached but did not respond.	
SH	NHS Direct	1	General	NHS Direct happy with the scope . Welcomes this guideline to support the assessment of callers with transient loss of consciousness	Thank you for your comment.
SH	NHS Plus			This organisation was approached but did not respond.	
SH	NHS Purchasing & Supply Agency			This organisation was approached but did not respond.	
SH	NHS Quality Improvement Scotland			This organisation was approached but did not respond.	
SH	North Yorkshire and York PCT			This organisation was approached but did not respond.	
SH	Northern Ireland Chest Heart & Stroke			This organisation was approached but did not respond.	
SH	Nottingham University Hospitals NHS Trust			This organisation was approached but did not respond.	
SH	PERIGON Healthcare Ltd			This organisation was approached but did not respond.	
SH	Primary Care Neurology Society			This organisation was approached but did not respond.	
SH	PRIMIS+			This organisation was approached but did not respond.	
SH	Royal College of General Practitioners			This organisation was approached but did not respond.	
SH	Royal College of Nursing	1	General	With a membership of over 400,000 registered nurses, midwives, health visitors, nursing students, health care	Thank you for your comment.

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				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 scope is comprehensive. The RCN welcomes the opportunity to participate in the development of this guideline.	
SH	Royal College of Pathologists			This organisation was approached but did not respond.	
SH	Royal College of Physicians of London			This organisation was approached but did not respond.	
SH	Royal College of Radiologists			This organisation was approached but did not respond.	
SH	Royal Society of Medicine			This organisation was approached but did not respond.	
SH	SACAR			This organisation was approached but did not respond.	
SH	Sandwell PCT			This organisation was approached but did not respond.	
SH	Scottish Intercollegiate Guidelines Network (SIGN)			This organisation was approached but did not respond.	
SH	Sedgefield PCT			This organisation was approached but did not respond.	
SH	Sheffield PCT			This organisation was approached but did not respond.	
SH	Sheffield Teaching Hospitals NHS Foundation Trust			This organisation was approached but did not respond.	
SH	Social Care Institute for Excellence (SCIE)			This organisation was approached but did not respond.	
SH	STARS – Syncope Trust			This organisation was approached but did not respond.	
SH	University Hospital Birmingham NHS			This organisation was approached but did not respond.	

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	Foundation Trust				
SH	Vascular Society, The			This organisation was approached but did not respond.	
SH	Walton Centre for Neurology & Neurosurgery			This organisation was approached but did not respond.	
SH	Welsh Assembly Government			This organisation was approached but did not respond.	
SH	Welsh Scientific Advisory Committee (WSAC)			This organisation was approached but did not respond.	