

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Drug-eluting coronary stents for treating coronary artery disease: late-stage assessment

Equality impact assessment: Scoping

1. Have any potential equality issues been identified during the scoping process?

Potential equality issues were commented on during the draft scope consultation 31 May to 7 June 2024 and discussed in the scoping workshop 19 June 2024.

The following were identified as potential equality issues relating to the condition:

- Prevalence rates of coronary artery disease are higher in men and older people (aged over 65 years)
- Women are underdiagnosed, may have different symptoms to men, and are less likely to receive heart treatments such as PCI ([National Heart, Lung and Blood Institute](#))
- Some underlying risk factors for coronary artery disease are more common in some ethnic minority groups, such as people with type 2 diabetes in South Asian, African Caribbean or Black Asian groups and hypertension in Black African or Black Caribbean groups
- Clinical experts noted that they see people from Black African, Black Caribbean and East Asian groups with symptoms of coronary artery disease that tend to be 5 to 10 years younger than people from European groups
- Prevalence and mortality of coronary artery disease is higher in people from lower socioeconomic groups
- People with advanced coronary artery disease may be covered under disability legislation in the Equality Act 2010 if symptoms substantially affect the ability to carry out day to day activities for longer than 12 months. Many may have a co-existing long-term condition.

The following were identified as potential equality issues relating to the technologies:

- PCI outcomes for women may be worse because they tend to have smaller vessels
- Women are underrepresented in clinical trials of stents
- PCI outcomes for people from South East Asian groups may be worse because they tend to have smaller vessels
- There is limited data to support decision making in different ethnic groups. For example in the NICOR data, only 70% of the people have their ethnicity recorded ([BCIS Audit](#)).
- Stent failure in people with type 2 diabetes is more common.
- Dual antiplatelet therapy is needed for some time following a coronary stent implantation. People with mental health problems, or learning difficulties, or people who do not speak English (if translation is not available) may find it difficult to take the medication regularly or to understand how to follow the therapy.
- Safety and effectiveness of stents has not been established for pregnant women, women nursing or for children. But clinical experts noted that PCI involving drug-eluting stents or drug-coated balloons would likely still be used in pregnant or breastfeeding women following myocardial infarction.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the committee?

The committee should consider all the equality issues when making recommendations.

3. Has any change to the draft scope been agreed to highlight potential equality issues?

Potential equality issues or considerations have been included in section 3.1 of the final scope. The following have also been included as subgroups:

- Women
- Ethnicity (important subgroups are discussed in section 3.1 of the final scope)

- People with diabetes

4. Have any additional stakeholders related to potential equality issues been identified during the scoping process, and, if so, have changes to the stakeholder list been made?

No additional stakeholders related to potential equality issues were identified during the scoping process.

Approved by Associate Director: Anastasia Chalkidou

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