NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Proposed Health Technology Appraisal

Quetiapine for the treatment of generalised anxiety disorder

Draft scope

Draft remit/appraisal objective

To appraise the clinical and cost effectiveness of quetiapine within its licensed indication for the treatment of generalised anxiety disorder.

Background

Generalised anxiety disorder (GAD) is a chronic illness characterised by excessive worry and tension about everyday events and problems that occur most days, for at least six months. The DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders, Fourth Text Revision) defines generalised anxiety disorder as anxiety and worry accompanied by at least three additional symptoms including restlessness, being easily fatigued, difficulty concentrating, irritability, muscle tension and disturbed sleep. Additional symptoms of GAD include trembling, twitching, feeling shaky, muscle aches, soreness and somatic symptoms of sweating nausea and diarrhoea.

GAD is associated with increased use of mental health services, especially for patients with co-morbidities. It was found that over 90% of people with GAD were diagnosed with co-morbidities, including dysthymia, depression, somatisation, other anxiety disorders, bipolar disorder or substance abuse.

Accurate information about the incidence and prevalence of anxiety disorders is difficult to obtain. In 2000 the prevalence of GAD was estimated to be 44 cases per 1000 with higher prevalence in women compared to men. In Europe the illness has a lifetime prevalence of 4.3-5.9% and a probable 12 month prevalence of 1.2-1.9%.

Current NICE guidance (CG22) recommends a range of pharmacological, psychological and self-help therapies for the treatment of GAD. Immediate management of GAD may include the use of benzodiazepines, sedative antihistamines, problem solving, self-help and support and information. The guideline maintains that benzodiazepines should not be used beyond 2-4 weeks. The longer-term care of individuals with GAD includes psychological therapy, antidepressant medication and self-help (based on CBT principles). If, following the course of a treatment, there has been no significant improvement, venlafaxine can be prescribed. If symptoms persist, then referral to specialist mental health services should be offered.

The technology

Quetiapine (Seroquel XL, AstraZeneca) is an oral atypical antipsychotic agent. It acts on the norepinephrine, serotonin and dopamine neurotransmitter systems which are all associated with depression. Quetiapine and the active human plasma metabolite, N-desalkyl quetiapine exhibit affinity for brain serotonin (5HT2) and dopamine D1- and D2-receptors. It is available in standard and prolonged release formulations.

Quetiapine does not currently have a marketing authorisation in the UK for the treatment of people with GAD. The sustained release formulation has been studied in clinical trials as monotherapy in comparison with placebo and in comparison with escitalopram and also paroxetine.

Intervention(s)	Quetiapine
Population(s)	Adults with generalised anxiety disorder
Comparators	Pharmacological interventions: • Benzodiazepines (diazepam, lorazepam) • Sedative antihistamines (hydroxyzine) • Antidepressant medication (paroxetine or venlafaxine)
Outcomes	The outcome measures to be considered include: • change from baseline in anxiety • time to relapse • response rate • severity of depression • quality of sleep • adverse effects of treatment • health-related quality of life
Economic analysis	The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year. The reference case stipulates that the time horizon for estimating clinical and cost effectiveness should be sufficiently long to reflect any differences in costs or outcomes between the technologies being compared. Costs will be considered from an NHS and Personal Social Services perspective.

Other considerations	Guidance will only be issued in accordance with the marketing authorisation
Related NICE recommendations	Related Technology Appraisals: Technology Appraisal No.97, Feb 2006, Computerised cognitive behaviour therapy for depression and anxiety (Review of Technology Appraisal 51). To be updated as part of the clinical guideline No. CG23 Proposed Technology Appraisal, 'The clinical effectiveness and cost effectiveness of quetiapine for the treatment of depression' Publication date to be confirmed Related Guidelines: Clinical Guideline No. 22, April 2007, 'Management of anxiety (panic disorder, with or without agoraphobia, and generalised anxiety disorder), in adults in primary, secondary and community care Clinical Guideline in Preparation, Update of CG22. 'Anxiety: management of generalised anxiety disorder and panic disorder (with or without agoraphobia), in adults in primary, secondary and community care' Earliest anticipated date of publication January 2011.

Questions for consultation

What is the likely place of quetiapine in the clinical treatment pathway?

Quetiapine is available in a standard and sustained release preparation. Should both preparations be included as interventions, should the standard preparation be a comparator?

Have the most appropriate comparators for the treatment of generalised anxiety disorder been included in the scope? Should off license use of anti-psychotics also be included?

Should psychological therapies be a comparator or are they used in combination with pharmaceutical treatments?

Are the comparators listed routinely used in clinical practice?

Are there any subgroups of patients in whom the technology is expected to be more clinically effective and cost effective or other groups that should be examined separately?

Are there any issues that require special attention in light of the duty to have due regard to the need to eliminate unlawful discrimination and promote equality?

NICE intends to appraise this technology through its Single Technology Appraisal (STA) Process. We welcome comments on the appropriateness of appraising this topic through this process. (Information on the Institute's Technology Appraisal processes is available at http://www.nice.org.uk/aboutnice/howwework/devnicetech/technologyappraisalprocessguides/technology_appraisal_process_guides.jsp)