

Appendix B: equality and health inequalities assessment (EHIA)

2023 exceptional surveillance of acute kidney injury: prevention, detection and management (NICE guideline NG148)

STAGE 1. Surveillance review

Date of surveillance review: September 2023

Focus of surveillance review: Assessing risk factors for acute kidney injury in adults having iodine-based contrast media

Exceptional review

1.1 On reviewing the existing EIA or EHIA and issues log for the guideline(s), describe below any equality and health inequalities issues relevant to the current surveillance review

The [equality impact assessment \(EIA\) for NICE guideline CG169](#) (the predecessor to NG148) identified older people as a subgroup that may need particular consideration. The EIA noted that specific wording has been included in the relevant recommendations for those aged over 65 years (for the recommendations on risks of contrast media, no specific considerations were recommended for older people – although age 75 years or over was noted as risk factor for increased risk of acute kidney injury [AKI]).

This EIA additionally noted an issue of the potential impact of inadequate hydration in people with neurological or cognitive impairment or the very young – this could be of relevance as these populations could be at greater risk from contrast media.

The [EIA relating to a 2019 update of NG148](#) (around preventing contrast-induced AKI) stated that the committee noted that eGFR thresholds vary in some ethnic backgrounds. Since this is widely known, the committee agreed that this is part of routine clinical practice, however they chose to highlight it in the committee discussion section of the evidence review. The committee did not feel that they could make any recommendations on people from different ethnic backgrounds because they did not identify any evidence reporting on these populations. [Note: In 2021, NICE guideline NG203 on chronic kidney disease removed the 2014 recommendation on how to adjust the CKD-EPI creatinine equation for adults of African-Caribbean or African family origin, because the committee agreed that adding an ethnicity adjustment to eGFR equations for different ethnicities may not be valid or accurate – see rationale and impact section under [NG203](#)]

[recommendations 1.1.1-1.1.2](#) for more details]. Calculation of eGFR is not a specific focus of this surveillance review so this issue is not of direct relevance.

This EIA also reiterated issues from previous EIAs around people who find it difficult to hydrate orally or who will not self-hydrate with encouragement alone, for example people who have dysphagia or conditions that affect their short-term memory. The committee agreed that people who could not orally hydrate would normally have provision in place to mitigate this.

The [scoping EIA for NICE diagnostics guidance DG37](#) point-of-care creatinine devices to assess kidney function before CT imaging with intravenous contrast, noted that kidney disease occurs more frequently in males, people over the age of 60, and those of African-Caribbean, African or South-Asian family origin. It noted that the eGFR equation (which the creatinine result is used in) can be adjusted to reflect the race, age and sex of the patient [however note information above about recent changes in NICE guideline NG203 on CKD around adjusting for race]. The EIA further noted that eGFR should be interpreted with caution in people with extremes of muscle mass, for example, in bodybuilders, people who have had an amputation or people with muscle wasting disorders. It also noted that people who have an ileostomy are at an increased risk of becoming dehydrated and may need special consideration when pre- and post-scan hydration is recommended. These are all potential considerations for this surveillance review.

The [consultation EIA for DG37](#) noted that DG37 recommendation 1.2 is included which states: Take age, sex and ethnicity into account when assessing risk of acute kidney injury using a questionnaire-based tool. The committee also noted that the availability of POC devices could have a greater benefit in groups at higher risk of kidney disease than others (including men, people over the age of 60, and those of African-Caribbean, African or South-Asian family origin are). Again, these are potential considerations for this surveillance review.

1.2 Did you identify any equality and health inequalities issues through initial intelligence gathering (for example, national policy documents, topic expert/patient group feedback, evidence searches, implementation data)?

No further health inequalities were identified during the surveillance review process.

1.3 If you have consulted stakeholders or topic experts, what questions did you ask about equality and health inequalities issues?

Information for this surveillance review was provided by topic experts, they did not provide any information specific to equality and health inequality issues.

Stakeholders were consulted on the proposal to temporarily suspend recommendation 1.1.5 in the NICE guideline on acute kidney injury until the update publishes. No specific questions were asked about inequalities, but stakeholders agreed that suspending recommendation 1.1.5 was unlikely to cause any harm to patients, and agreed that the suggested wording to be added to recommendation 1.1.6 would mitigate the absence of recommendation 1.1.5. No additional issues were raised by stakeholders relating to inequalities.

1.4 What equality and health inequalities issues have been identified during this surveillance review and what was the impact on the current review and outcome decision? [If an update is proposed, include information in the update and outcomes plan]

No new equality and health inequalities issues have been identified during this surveillance review. New evidence related to assessing risk factors for acute kidney injury in adults having iodine-based contrast media was identified and discussed in the review.

Completed by surveillance reviewer: PL, technical analyst

Date: 14.7.23

Approved by NICE surveillance associate director: KN, associate director

Date: 14.7.23