NICE National Institute for Health and Care Excellence

Economic plan

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

1   Guideline

Subarachnoid haemorrhage caused by a ruptured aneurysm: diagnosis and management

2   List of modelling questions

Review question by scope area	What is the clinical and cost effectiveness of different strategies for diagnosing subarachnoid haemorrhage, including the timing, location and sequencing of investigations?
Population	Adults (16 years and older) with a suspected subarachnoid haemorrhage caused by a ruptured aneurysm with a GCS of 15 at presentation.
Interventions and comparators considered for inclusion	1. CT head followed by lumbar puncture if the CT scan is normal 2. CT head only (if CT scan is normal then the person is discharged) Two time intervals of the CT scan being undertaken were assessed: - Within 6 hours of symptom onset - Post 6 hours of symptom onset
Perspective	Interventions with health outcomes in the NHS setting (UK NHS and PSS costs)
Outcomes	Costs, Quality Adjusted Life Years (QALYs)
Type of analysis	Threshold analysis
Issues to note	Due to a lack of data on the consequences of a misdiagnosis of subarachnoid haemorrhage on mortality and morbidity it was not feasible to undertake a full cost-utility analysis. Instead, a threshold analysis was undertaken to determine what QALY gain would be required for lumbar puncture to be considered cost effective given a normal CT scan.