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

Stroke Rehabilitation: update

2 List of modelling questions

Review questions by scope area	**In people after stroke, what is the clinical and cost effectiveness of more intensive rehabilitation compared with standard rehabilitation?**
Population	Adults (age ≥16 years) who have had a first or recurrent stroke
Interventions and comparators considered for inclusion	More intensive physiotherapy (1 to 2 hours per day, 5 days a week) versus less intensive physiotherapy (>45 mins – 1 hour per day, 5 days a week).
Perspective	NHS and personal social services
Outcomes	Quality-adjusted life-years
Type of analysis	Cost-utility analysis
Modelling software	Excel
Issues to note	The model has four base-case analyses (as well as various sensitivity analyses) to address uncertainty in the duration of treatment affect and long-term cost savings.

Review questions by scope area	**In people after stroke, what is the clinical and cost effectiveness of interventions (oral baclofen, intrathecal baclofen, botulinum toxin, acupuncture and transcutaneous electrical nerve stimulation) to reduce spasticity?**
Population	Adults (age ≥16 years) with post-stroke focal spasticity
Interventions and comparators considered for inclusion	Lower limb spasticity: 1. OnabotulinumtoxinA (BOTOX®) 3. Usual care/placebo Upper limb spasticity: 1. AbobotulinumtoxinA (Dysport®)

Economic Plan

	2. IncobotulinumtoxinA (Xeomin®) 3. Usual care/placebo
Perspective	NHS and personal social services
Outcomes	Quality-adjusted life-years
Type of analysis	Cost-utility analysis
Modelling software	Excel
Issues to note	For upper limb spasticity, QALYs were calculated by mapping Modified Ashworth Scale scores to EQ-5D-3L. For lower limb spasticity, QALYs were calculated by assigning different EQ-5D-3L scores to responders and non-responders