

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

EQUALITY IMPACT ASSESSMENT

NICE guidelines

**Adrenal Insufficiency: acute and long-term
management**

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Age- A recommendation was made to review the information and support needs of children as they grow up and referred to NICE's guideline on Transition from children's to adult services for generic recommendations to ensure health and social care needs continue to be met.

Recommendations were made for alternative formulations of glucocorticoid medication such as prednisolone or modified-release hydrocortisone, for children and young people who have difficulty adhering to standard regimens. See recommendation 1.3.4, 1.3.5, 1.4.4

The committee recognised that babies, children, and people under 16 years require more frequent monitoring than adults and highlighted in the recommendations the times and situations where more monitoring would be needed. This includes during periods of rapid growth, when transitioning from child to adult services, if adherence to medication is an issue, for vulnerable children or concerns with the child's condition not being managed by family or carers adequately.

Disabilities

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

The committee referred to NICE's guideline on decision making and capacity when working with people with adrenal insufficiency and learning disabilities.

In the pharmacological management of psychological stress, the committee recommended considering using intramuscular hydrocortisone rather than an oral preparation for people in severe mental health crises. The committee also referred to the recommendation on referral to NHS talking therapies or mental health services within the NICE guideline Managing anxiety and depression.

Pregnancy and maternity care

Consensus recommendations have been made for counselling women and people with adrenal insufficiency planning pregnancy. The committee also made recommendations on advice for managing their medication during pregnancy, including modification of dosages during periods of physiological or psychological stress, and monitoring by healthcare professionals during a person's pregnancy. The committee referred to the steroid replacement recommendations within the NICE guideline on intrapartum care for women with existing medical conditions or obstetric complications and their babies. The committee also provided guidance on the dosage of glucocorticoid medication after the birth of the baby and advised breastfeeding is safe when taking glucocorticoid or mineralocorticoid.

Access to health care - The committee made a recommendation to advise health care providers in other settings such as residential care and prisons on the needs of a person with adrenal insufficiency and provide them with a management plan.

The committee recognised some groups of people may require more frequent monitoring by health professionals and made a consensus recommendation for vulnerable adults. This could include people with disabilities, older people in residential care, and people in prison.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

No additional equality issues were identified.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Where equality issues have been identified these are discussed in the committee discussion sections of 1.1 Information and support review, 4.5 Pharmacological management of physiological stress, 5.1-5.2 Ongoing care and monitoring, 4.1 Routine pharmacological management, 4.2 routine pharmacological management of secondary and tertiary AI, 4.6 Routine pharmacological management of psychological stress, 4.8 Non-pharmacological management of psychological stress

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No barriers to access services were identified.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No adverse impacts on people with disabilities have been identified.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE's obligation to advance equality?

N/a

Completed by Developer: Gill Ritchie

Date: 13/12/23

Approved by NICE quality assurance lead: Rupert Franklin

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