

## 1.0.7 DOC EIA (2019)

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## EQUALITY IMPACT ASSESSMENT

### NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

#### NICE guidelines

#### Equality impact assessment

### **Cirrhosis in over 16s: assessment and management (update)**

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

#### **1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)**

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? No

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)

Not applicable

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

## 1.0.7 DOC EIA (2019)

- **Age**

The guideline applies to all adults with cirrhosis that is suspected or confirmed when they are 16 years or older. The [scope](#) for the original guideline explains that the aetiology of cirrhosis and therefore its' assessment and management in children and young people is different. During scoping, committee members noted that the complications of cirrhosis become more likely with age and that for some of the interventions which will be considered by this update, age may be an important consideration. For example, it is envisaged that two of the areas for update will consider the effectiveness of beta blockers, in preventing variceal bleeding and in preventing decompensation. However, beta blockers may be less-well tolerated with increasing age. This update will also consider the effectiveness of antibiotics for the primary prevention of spontaneous bacterial peritonitis. Committee members noted that the [MHRA Drug safety update on fluoroquinolones issued in 2019, advises special caution in prescribing fluoroquinolone antibiotics in people aged over 60, due to the increased risk of some adverse reactions. These are factors that the committee may need to consider when making recommendations in these areas.](#)

- **Disability**

The [scope](#) for the original guideline notes that while the most common causes of cirrhosis are alcohol, chronic hepatitis C infection and non-alcoholic fatty liver disease, less common causes include autoimmune liver diseases and some genetic conditions. Any recommendations made as a result of the update to this guideline should apply to people with disabilities and without disabilities.

When making recommendations, consideration may need to be given to any support that may be required by people with learning disabilities, including people with autism spectrum disorder, in compliance with taking oral medication if this is required while living in the community. This will apply if the committee recommends the use of non-selective beta-blockers for the primary prevention of variceal haemorrhage, the use of oral antibiotics for the primary prevention of spontaneous bacterial peritonitis in people with cirrhosis and ascites, and the use of beta blockers for the primary prevention of decompensation. As the interventions under consideration focus on the prevention of these potential complications of cirrhosis and medication may be required over the long term outside of a hospital setting, support may be needed to ensure these are taken regularly.

In addition, the committee noted that some people with learning disabilities may find it difficult to take medication in tablet form and that it may be helpful when making recommendations to consider suitable alternatives such as liquid suspensions, where these are available. The committee also noted the importance of supporting people with sensory disabilities to take any oral medication that may be recommended.

- **Gender reassignment**

No specific issues relating to the update of this guideline have been identified.

## 1.0.7 DOC EIA (2019)

- **Pregnancy and maternity**

Women who are pregnant or breastfeeding are not specifically excluded by the scope for the original guideline. The committee noted that while it is rare to require treatment for the potential complications of cirrhosis during pregnancy, this can occur, particularly where cirrhosis is caused by autoimmune conditions. The committee noted that some of the antibiotics that may be considered for the prevention of spontaneous bacterial peritonitis in people with cirrhosis and ascites, are contraindicated during pregnancy and that the committee may need to take this into account when making recommendations.

- **Race**

The committee noted that if recommendations are made for the use of antibiotics for the primary prevention of spontaneous bacterial peritonitis in people with cirrhosis and ascites, consideration needs to be given to suitability of certain types of antibiotics for people of sub-Saharan Africa and Middle Eastern heritage as they may be unable to tolerate certain antibiotics e.g. fluoroquinolones, due to a specific genotypic variant which is more prevalent in these groups.

- **Religion or belief**

No specific issues relating to the update of this guideline have been identified.

- **Sex**

Data for England for 2020-2021 from the [Hospital Admitted Patient Care Activity](#) shows that more men than women were admitted to hospital for fibrosis and cirrhosis of the liver (56% of patients admitted were male and 44% were female). The same applied for admissions for alcoholic cirrhosis of the liver (68% of patients admitted were male and 32% were female) (NHS Digital 2021). Men are therefore more likely than women to require treatment for the potential complications of cirrhosis. However no specific issues relating to the update of this guideline have been identified.

- **Sexual orientation**

No specific issues relating to the update of this guideline have been identified.

- **Socio-economic factors**

Data from the Office for Health Improvement and Disparities shows that areas with the highest levels of deprivation, experience the highest rates of hospital admissions for liver disease. This shows that rates of admission are 2.3 times greater in the most deprived decile than in the least deprived decile ([OHID 2022](#)). The original scope highlighted that prevalence of cirrhosis varies according to deprivation for both men and women and that the highest prevalence occurs in the most deprived quintile. This is also reflected in hospital admissions for cirrhosis and may therefore be the case for the complications of cirrhosis and therefore the areas of the guideline being considered in this update.

Data from OHID for 2022 also indicates regional variation in rates of admission to hospital for liver disease, with these being greatest in the North East of England,

## 1.0.7 DOC EIA (2019)

Yorkshire and Humber and the North West of England ([OHID 2022](#)).

The original equality impact assessment highlighted regional variation in liver services. Committee members noted that this regional variation still occurs. They also noted that while the rates of hospital admissions for cirrhosis are greater in the North of England, specialist services including those conducting research in this area, tend to be concentrated in the south.

- **Other definable characteristics**

- People who are homeless**

- People who are homeless may be at greater risk of developing cirrhosis for example through drinking alcohol at levels which are harmful or hazardous to health (Jones et al 2015 reported in [Homeless Link 2019](#)). People who are homeless may be less likely to access health services if they do develop cirrhosis and its complications and so may not be offered or take up the interventions being considered in this update.

- Consideration may need to be given to any support that may be needed by people who are homeless in compliance with taking oral medication if this is required while living in the community. This will apply if the committee recommends the use of non-selective beta-blockers for the primary prevention of variceal haemorrhage, the use of oral antibiotics for the primary prevention of spontaneous bacterial peritonitis in people with cirrhosis and ascites, and the use of beta blockers for the primary prevention of decompensation. As the interventions under consideration focus on the prevention of these potential complications of cirrhosis and medication may be required over the long term outside of a hospital setting, support may be needed to enable people to take these regularly.

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

Most of the issues raised will not be directly addressed by this guideline as they relate to service provision, however by bearing them in mind when making recommendations and when writing the rationale for those recommendations the committee may be able to highlight these issues to ensure that they are taken into account when implementing the overall guideline.

Completed by Developer Chris Carmona

Date 21 September 2022

## **1.0.7 DOC EIA (2019)**

Approved by NICE quality assurance lead: Simon Ellis

Date: 3 October 2022