

<b>HEALTH TECHNOLOGY APPRAISAL ORAL NALTREXONE AS A TREATMENT FOR RELAPSE PREVENTION IN FORMERLY OPOID DEPENDENT DRUG USERS Assessment Report</b>	
<b>To: NICE</b>	<b>FROM: NHS QIS</b>

### **General comments**

The report is very comprehensive and comprises a systematic review of the literature on effectiveness and “economic evaluation”.

It was disappointing that it made no attempt to address implants. This would not have added many relevant studies and would have considered an approach which has some support in the UK.

### **Economic evaluation**

I have little expertise on the methodologies used in economic evaluation – though my impression is that they are always based on assumptions which can skew results and limit any valuable interpretation. The evaluation presented here I found unhelpful – it certainly would not see it influencing use of the drug by clinicians.

### **Effectiveness review**

The review of effectiveness is comprehensive and thorough. It reflects clearly that interpretation of the diverse research is complex and that at present no solid body of evidence has emerged to support particular approaches or uses. As I expected they repeatedly concluded there’s not enough research of appropriate quality to comment on.

However, I felt that their conclusion was, in my view, misleading. They correctly interpret the information to date that naltrexone “appears to have some limited benefit” but “quality of evidence is relatively poor” and touch on the issue for clinicians – patient selection for this intervention – to say that the quality of evidence doesn’t help here either.

2.

They don't compare their cost-effectiveness model with other interventions so I'm not clear they can say its "poorly cost-effective" when compared to other interventions for this group. (This may reflect my own ignorance on economics!)

So, for me, the conclusion is that there's possibly some benefits for some patients but more research is required to explore this further.

Their final statement is misleading and may be misinterpreted to suggest it should not be available – the wording could be improved –eg “..this is appropriate – the limited evidence base, however, does not support any programme to increase its use at this time”.

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