NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

GUIDANCE EXECUTIVE (GE)

Technology Appraisal Review Proposal Paper

Part review of TA139; Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome (recommendation 1.2)

Original publication date:	March 2008
Review date	N/A. TA139 was added to the static list in February 2012.
Existing recommendations:	Recommended To see the complete existing recommendations and the original remit for TA139, see Appendix A.

Proposal

1. Recommendation 1.2 of the guidance should be updated in an on-going guideline[1]. That we consult on this proposal.

Rationale

2. TA139 was added to the static list in February 2012 following stakeholder consultation on a review proposal; no new evidence had been identified that would change the current recommendations.

3. The *Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s* (*OSAHSOS*) clinical guideline currently in development is considering interventions for the treatment of obstructive sleep apnoea/hypopnoea syndrome (OSAHS), including the use of oral devices.

4. Although it had not been intended that the guideline would review evidence for continuous positive airway pressure (CPAP), a search of the available evidence for oral devices shows several studies comparing these with CPAP, mostly for mild to moderate OSAHS. The Apnoea Hypopnea Index (AHI), which is used to define OSAHS, will be used where possible to split this evidence into mild and moderate populations. The guideline is not considering oral devices for severe OSAHS unless CPAP has been unsuccessful.

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[1] Information on the criteria for NICE updating a technology appraisal in an ongoing guideline can be found in section 6.20 of the guide to the processes of technology appraisal.

5. The TA examined evidence for CPAP compared with oral devices (referred to as 'dental devices' in the TA). It is possible that the review of the evidence identified in the guideline may show that CPAP is more cost-effective for mild OSAHS than oral devices, leading to a recommendation for CPAP as a 'first line' treatment for this population. This would contradict the TA recommendation 1.2, which recommends CPAP for mild OSAHS only after other relevant interventions (including oral devices) have been unsuccessful or are considered inappropriate.

6. As a result, it is appropriate to update recommendation 1.2 of TA139 within the OSAHSOS guideline.

7. Although the guideline will also be considering the evidence for oral devices in comparison with CPAP for moderate OSAHS, as TA139 recommends CPAP as a treatment option for this population (recommendation 1.1) it will not be impacted by the guideline; although the guideline may 'contextualise' this recommendation for people with moderate OSAHS.

8. The guideline recommendations on the diagnosis and treatment of OSAHS are expected to cross-refer to recommendation 1.3 of TA139.

9. The OSAHSOS guideline is due to publish in November 2020, at which point recommendation 1.2 of TA139 will be withdrawn. However, if the recommendation is unchanged from the TA, the recommendation can be left in place; effectively the same as incorporation. Recommendations 1.1 and 1.3 will remain extant and the OSAHSOS guideline will cross-refer to these recommendations.

Equality issues

10. No equality issues were raised when the scope for this appraisal was developed, or during the course of the appraisal.

GE paper sign off: **Helen Knight, 05/09/2019**

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Appendix A – Information from existing guidance

Original remit

11. To appraise the clinical and cost effectiveness of continuous positive airways pressure (CPAP) for the treatment of obstructive sleep apnoea/hypopnoea syndrome.

Current guidance

12. Continuous positive airway pressure (CPAP) is recommended as a treatment option for adults with moderate or severe symptomatic obstructive sleep apnoea/hypopnoea syndrome (OSAHS).

13. CPAP is only recommended as a treatment option for adults with mild OSAHS if:

    - they have symptoms that affect their quality of life and ability to go about their daily activities, **and**
    - lifestyle advice and any other relevant treatment options have been unsuccessful or are considered inappropriate.

14. The diagnosis and treatment of OSAHS, and the monitoring of the response, should be carried out by a specialist service with appropriately trained medical and support staff.

Research recommendations from original guidance

N/A

Cost information from original guidance

N/A

Appendix B – Explanation of options

When considering whether to review one of its Technology Appraisals NICE must select one of the options in the table below:

Options	Consequence	Selected – 'Yes/No'
A review of the guidance should be planned into the appraisal work programme. The review will be conducted through the Technology Appraisals process.	A review of the appraisal will be planned into the NICE's work programme.	No
The decision to review the guidance should be deferred to a specific date or trial.	NICE will reconsider whether a review is necessary at the specified date.	No
A review of the guidance should be combined with a review of a related technology appraisal. The review will be conducted through the MTA process.	A review of the appraisal(s) will be planned into NICE's work programme as a Multiple Technology Appraisal, alongside the specified related technology.	No
A review of the guidance should be combined with a new technology appraisal that has recently been referred to NICE. The review will be conducted through the MTA process.	A review of the appraisal(s) will be planned into NICE's work programme as a Multiple Technology Appraisal, alongside the newly referred technology.	No
The guidance should be incorporated into an on-going guideline.	The on-going guideline will include the recommendations of the technology appraisal. The technology appraisal will remain extant alongside the guideline. Normally it will also be recommended that the technology appraisal guidance is moved to the static list until such time as the guideline is considered for review. This option has the effect of preserving the funding direction associated with a positive recommendation in a NICE technology appraisal.	No

Appendix B

Options	Consequence	Selected – 'Yes/No'
The guidance should be updated in an on-going guideline.	Responsibility for the updating the technology appraisal passes to the NICE Guidelines programme. Once the guideline is published the technology appraisal will be withdrawn. Note that this option does not preserve the funding direction associated with a positive recommendation in a NICE Technology Appraisal. However, if the recommendations are unchanged from the technology appraisal, the technology appraisal can be left in place (effectively the same as incorporation).	**Yes**
The guidance should be transferred to the 'static guidance list'.	The guidance will remain in place, in its current form, unless NICE becomes aware of substantive information which would make it reconsider. Literature searches are carried out every 5 years to check whether any of the Appraisals on the static list should be flagged for review.	No
The guidance should be withdrawn	The guidance is no longer relevant and an update of the existing recommendations would not add value to the NHS. The guidance will be stood down and any funding direction associated with a positive recommendation will not be preserved.	No