

NICE HTA oseltamivir, amantadine and zanamivir - influenza treatment: Comments on Assessment Report



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Diabetes UK is one of Europe's largest patient organisations. Our mission is to improve the lives of people with diabetes and to work towards a future without diabetes through care, research and campaigning. With a membership of around 175,000, including up to 6,000 health care professionals, Diabetes UK is an active and representative voice of people living with diabetes in the UK.

Facts about diabetes

- Prevalence of diabetes is 2.3 million in the UK.¹
- Diabetes affects the young and old, and has particularly poor outcomes in those of lower socio-economic status and in those from black and minority ethnic groups.^{2,3}
- Evidence is available supporting the need for improved education of people with diabetes and their carers if better control and improved outcomes are to be achieved.^{4,5,6}
- Diabetes, if undetected or not well managed, can lead to many complications and have a devastating impact on quality of life.

General Comments on the use of oseltamivir, amantadine and zanamivir in the treatment of Influenza

- All people with diabetes including people treated with diet and lifestyle interventions alone, should be considered as part of a high risk group and should have access to these technologies as a treatment option for the flu provided it is safe to do so.
- Decisions about which technology to make available to an individual should be reached in partnership with the individual and should include informed patient choice. People with diabetes should have access to information about the risks, benefits, administration method and frequency, side effects, and contraindications to inform their choice.
- People with diabetes should be screened for complications to inform the decision making process about which technology to make available. People with diabetes are at risk of micro and macrovascular complications and there is a greater prevalence of depression, anxiety and eating disorders amongst people with diabetes than the general population. If amantadine is to be available as a technology for treatment then this should include screening for psychological appropriateness by a competent professional owing to the side effects of depression, anxiety and anorexia noted in the Cochrane Review and eMC.^{7,8}

Diabetes UK comments on Assessment Report for oseltamivir, amantadine, zanamivir for the treatment of influenza (including a review of existing guidance no. 67)

Section 3.3.5 - pg 32 – Diabetes UK would like to emphasise that all people with diabetes, regardless of the type of diabetes and method of treatment, are at increased risk of developing influenza⁹ and subsequently mortality and experiencing complications. It is vital that this technology appraisal considers this. The American Diabetes Association¹⁰ identify that people with diabetes “may have abnormalities in immune function and presumed increased morbidity and mortality from infection.”¹⁰ All people with diabetes, including those who manage their diabetes

with diet and lifestyle modifications alone, should have access to these technologies as a treatment option, provided they are safe.

Section 5.2 - pg 38 – Diabetes UK acknowledges the lack of available new data surrounding amantadine and issues regarding adverse effects and would encourage future review in light of any further evidence or research made available. Provided it is safe and effective, and the necessary screening for contraindications has been undertaken, this technology could be an option for treatment in instances where other treatments are inappropriate or contraindicated.

Section 8.1.2 - pg 213 - 217 - The limitations of the cost effectiveness calculations have been identified within the Assessment Report. The calculations as they stand have the potential to limit choice of technology for people from at risk groups. Provided these technologies are considered safe and effective, the necessary screening for contraindications has been undertaken and they are used within their licensed indications, people should be able to make an informed choice with their healthcare professional regarding the choice of technology. This should consider factors such as method of administration, adverse events, and contraindications.

References

¹ http://www.diabetes.org.uk/Professionals/Information_resources/Reports/Diabetes-prevalence-2007/

² Chaturverdi N, Jarret J, Shipley MJ, Fuller JH. Socio-economic gradient in morbidity and mortality in people with diabetes: Cohort study findings from the Whitehall Study and the WHO multinational study of vascular disease in diabetes. *BMJ* 1998; 316:100-106

³ Mather HM, Chaturverdi N, Fuller JH. Mortality and morbidity from diabetes in South Asians and Europeans: 11 year follow-up of the Southall Diabetes Survey, London, UK. *Diabetic Medicine* 15: 53-59

⁴ UK Prospective Study Group (UKPDS). Effect of intensive blood glucose control with metformin on complications in overweight patients with type 2 diabetes (UKPDS 34) *The Lancet*. Vol 352, September 12, 1998

⁵ Diabetes Control and Complications Trial (DCCT) Research Group. The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. *The New England Journal of Medicine*. Vol 329: 14. September 30, 1993

⁶ UK Prospective Diabetes Study Group (UKPDS). Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes (UKPDS 38). *BMJ* Volume 317, 12 September 1998

⁷ <http://emc.medicines.org.uk/>

⁸ Jefferson, T, Demicheli, V. et al (2007) Amantadine and Rimantadine for Influenza A in adults (Review) *Cochrane Collaboration The Cochrane Library issue 3*

⁹ Smith, S.A Poland, G.A (2000) Use of Influenza and Pneumococcal vaccines in people with diabetes

¹⁰ American Diabetes Association (2004) Influenza and Pneumococcal Immunization in Diabetes *Diabetes Care* 27-supplement 1