

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

MTA Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease (review of NICE technology appraisal guidance 111)

The impact on equality has been assessed during this appraisal according to the principles of the NICE Equality scheme.

Consultation

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

The Committee were made aware of the comments relating to equality issues received during the consultation on the scope and highlighted during the assessment of evidence. The focus of the comments was on the use of the MMSE to measure severity.

A number of scales are used to estimate the severity of Alzheimer's disease. The severity of AD by MMSE score was included as it formed the basis of recommendations of TA111, in which AChE inhibitors were recommended in patients with moderate disease, as measured by the MMSE. Section 1.2 of NICE Technology Appraisal 111 and section 1.6.2.2 of NICE Clinical Guideline 42 on Dementia note that the MMSE score alone may not be suitable in all situations to assess the severity of dementia.

The preliminary recommendations in the Appraisal Consultation Document (ACD) for this review did not specifically mention MMSE but the notes from TA111 on equality issues relating to using assessment scales (such as MMSE and other cognitive scores) to determine severity were repeated in the ACD of this review in section 1.5 of the recommendations.

It was also noted from the comments during the consultation on the scope and the appraisal of evidence that many of those with dementia are elderly which may affect access and that any technology appraisal should not discriminate on the basis of age.

The Committee were made aware of the prevalence of Alzheimer's disease by age group and were made aware of their obligations in relation to equality legislation. The population in the scope included adults of all ages.

The Committee did not consider there to be any equality issues, including any issues relating to age. The Committee recommended AChE inhibitors within their licensed indications for mild to moderate Alzheimer's disease as options for managing Alzheimer's disease and memantine within its licensed indication as an option for managing Alzheimer's disease for people with moderate Alzheimer's disease who are intolerant of or have a contraindication to AChE inhibitors or severe Alzheimer's disease. The Committee did not make any recommendations or conditions of prescribing based on age.

2. Have any other potential equality issues been raised in the submissions, expert statements or academic report, and, if so, how has the Committee addressed these?

No further issues.

3. Have any other potential equality issues been identified by the Committee, and, if so, how has the Committee addressed these?

No

4. Do the preliminary recommendations make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to access for the specific group?

No

5. Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to access identified in question 4, or otherwise fulfil NICE's obligations to promote equality?

These are already included in the Appraisal Consultation Document (see

under point 1. Above)

6. Have the Committee's considerations of equality issues been described in the appraisal consultation document, and, if so, where?

Yes in Section 4.3.43

Approved by Associate Director (name): ...Helen Chung...

Date: 11 January 2011

Final appraisal determination

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed these?

Comments on the ACD consultation raised the issue of whether a high level of education can limit the degree to which assessment scales such as the MMSE are able to capture changes in severity of disease and benefit of treatment. The terminology used to describe this issue varied between comments, including premorbid educational level, high level of educational attainment, and cognitively normal as compared with people with a learning disability) See point 3. below for how this has been addressed by the Committee in the Final Appraisal Determination.

2. If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to access for the specific group?

NA

3. If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to access identified in question 2, or

otherwise fulfil NICE's obligations to promote equality?

Level of educational has been added to the recommendations in section 1.6 and additional text has been added to 4.3.43 to describe the Committee's discussion of the issue of high level of education and MMSE score.

4. Have the Committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?

Yes in section 4.3.3 and 4.3.43 and in the final summary table

Approved by Centre or Programme Director (name): Meindert Boysen

Date: 11 January 2011