National Institute for Health and Care Excellence

Single Technology Appraisal

Rifaximin for maintaining remission from episodes of hepatic encephalopathy [ID496]

Royal College of Nursing

Introduction

The Royal College of Nursing (RCN) was invited to review the Appraisal Consultation Document (ACD) for Rifaximin for maintaining remission from episodes of hepatic encephalopathy.

RCN Gastrointestinal nurses comprising of a group of nurses that care for people with hepatic encephalopathy reviewed the document on behalf of the RCN.

Appraisal Consultation Document – RCN Response

The Royal College of Nursing welcomes the opportunity to review this document. The RCN's response to the questions on which comments were requested is set out below:

i) **Has the relevant evidence been taken into account?**

Whilst we understand that all the relevant clinical evidence has been taken into account, it is important to stress that the evidence base is small and the New England Journal of Medicine article only followed patients up to the first readmission. In clinical practice our experience is that patients that have failed standard therapy of lactulose, have fewer or

no readmissions with hepatic encephalopathy (HE) when commenced on Rifaximin in addition to lactulose. The paper fails to show the scale of the impact of HE on, not just patients but their carers. This may include loss of earnings; need to stop working to become a full time carer, financial hardship and deterioration of relationships.

ii) **Are the summaries of clinical and cost effectiveness reasonable interpretations of the evidence?**

Patients with HE are often difficult to manage when they have an acute episode of HE, often refusing or not cooperating to come into hospital, requiring services from the police and ambulance services on some occasions. When in hospital, they are often difficult to keep in hospital and require extra nursing and medical resources to maintain safety and enable treatment. All these costs should be taken into consideration in appraising the cost effectiveness of this technology.

iii) **Are the provisional recommendations sound and a suitable basis for guidance to the NHS?**

We are of the opinion that Rifaximin should be considered for this group of patients that have failed standard treatment with lactulose because recurrent and frequent admissions in this group of patients are expensive to the NHS. Minimising HE often improves the overall condition of the patient due to a number of factors such as improved nutrition, reduced infection and improved well being. In the group of patients who are awaiting liver transplantation, remaining out of hospital and maintaining health status is a very important factor, as it is widely recognised that 1 in 5 patients become too ill to transplant / die whilst waiting for an organ.

If Rifaximin is not considered favourable at this point by NICE, we would suggest that NICE recommends that the manufacturer undertakes more in-depth quality of life and economic analysis of the real life impact of HE, to include not only the effects on the patient with HE but their carers, families and the impact on secondary and primary care.

iv) **Are there any aspects of the recommendations that need particular consideration to ensure we avoid unlawful discrimination against any group of people on the grounds of gender, race, disability, age, sexual orientation, religion or belief?**

None that we are aware of this stage.

v) **Are there any equality-related issues that need special consideration that are not covered in the appraisal consultation document?**

We are not aware of any specific issue at this stage. We would ask that any guidance issued should show that an equality impact analysis has been considered and that the guidance demonstrates an understanding of issues relating to all the protected characteristics where appropriate.