

# Guidelines in practice

## Colour Key:

- NICE or Department of Health guideline
- SIGN guideline
- Independent professional body guideline
- Working party guideline
- Other articles

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## Editorial

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## Guideline Revisited

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Fluorescent deconvolution micrograph of a section through a brain affected by Parkinson's disease © Mya C Shiess, Roger Bick/Science Photo Library

Systematic reviews and guidelines published by the National Institute for Health and Clinical Excellence or the Department of Health are highlighted in blue (■); guidelines published by the Scottish Intercollegiate Guidelines Network are highlighted in red (■); national guidelines produced by independent professional bodies are highlighted in green (■); working party guidelines are highlighted in yellow (■).

Working party guidelines featured in *Guidelines in Practice* are required to meet the following criteria:

- 1) They must be drawn up by a multidisciplinary group including at least one general practitioner
- 2) The members of the group should be drawn from several geographical locations
- 3) The content of the guidelines must be independent of and not influenced by commercial sponsorship of the working party.

# The SIGN algorithm simplifies drug treatment of blood glucose



Professor John Petrie (left), Dr Richard Quigley, and Dr Moray Nairn discuss the SIGN 116 guideline on diabetes and the influence of recent trial data and advances in drug therapy

The SIGN guideline on the management of diabetes (SIGN 55),<sup>1</sup> published in 2001, was one of the first guidelines on diabetes that was developed neither by ‘good old boys sitting around the table’ nor in an ivory tower by faceless civil servants. Instead, it was developed on the basis of the unique SIGN process ([www.sign.ac.uk/methodology/index.html](http://www.sign.ac.uk/methodology/index.html)), which supports volunteer professionals from a wide range of care disciplines—along with individuals affected by diabetes—to undertake comprehensive and systematic tabulating and grading of clinical evidence, largely independent of cost-considerations (these are the remit of a different body in Scotland). This process is designed so that SIGN guidelines are read and used by the clinical community rather than being filed under ‘W’ (for waste paper).

By the mid ‘noughties’, many sections of SIGN 55 were becoming outdated in the face of a rapid accumulation of new agents and evidence. However, SIGN was aware that a new NICE guideline on diabetes treatment was in development. Although NICE guidance has no formal status in Scotland, it was considered timely by SIGN to await the NICE publication, as its evidence review could potentially inform the SIGN process.

NICE Clinical Guideline 66 on the management of type 2 diabetes was launched in May 2008,<sup>2</sup> however some sections were already outdated at publication<sup>3</sup>—mainly due to the timing of product launches. Although NICE CG87 on newer agents was provided as a rapid update in May 2009,<sup>4</sup> busy healthcare professionals can find it challenging to cross-refer between two documents.

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Revision of the SIGN 55 guideline in 2008 provided an opportunity to draw guidance on drug therapy into a single document, while taking account of key clinical trials that had subsequently been

published and the launch of various new agents onto the market. Another aim was to go well beyond a simple review of drug treatment, with coverage of both type 1 and 2 diabetes across a range of topics including lifestyle management, pregnancy, renal disease, prevention of visual impairment, and management of foot disease.<sup>5</sup> The process in itself was seen as having added benefit in once again drawing together the Scottish diabetes community to promote evidence-based practice.

Guideline Development Groups (GDGs) for each of the nine chapters of the SIGN guideline were established by late 2008. A tight timetable was specified for a draft to be available for peer review and consultation by September 2009 for formal launch in March 2010 (which was achieved). A novel SIGN methodology was adopted that allowed retention of unaltered sections in which the evidence base was judged unchanged, reserved formal review of evidence for specific areas, and permitted incorporation of NICE evidence tables into the review process as per the rules of the Appraisal of Guidelines, Research, and Evaluation Collaboration (AGREE: [www.agreecollaboration.org](http://www.agreecollaboration.org)). A total of 1945 papers were reviewed and 759 references were cited in the final guideline.

# NICE has modified its stepped-care model for treating depression



**Professor Carolyn Chew-Graham discusses NICE Clinical Guideline 90 on depression in adults and emphasises the importance of the GP's role in its implementation**

By the year 2020, depression is predicted to be second only to cardiovascular disease in terms of the world's most disabling diseases.<sup>1</sup> The prevalence of depression may be as high as 30% in older people,<sup>2</sup> and around 20% in people with chronic physical health problems such as diabetes and heart disease.<sup>3,4</sup>

The starting point for providing effective treatment for depression is recognition of the problem and the first point of access is usually primary care. Management of patients with depression should be a core part of general practice, but GPs have long been criticised for failing to make the diagnosis or to manage patients appropriately.<sup>5,6</sup> Recent work suggests that GPs, by virtue of their longitudinal relationship with patients, are ideally placed to detect depression and are able to rule it out with reasonable accuracy in most individuals who are not depressed, but they may have difficulty diagnosing the condition in all true cases.<sup>7</sup>

## Need for update

In 2004, NICE published Clinical Guideline 23 on the management of depression in primary and secondary care.<sup>8</sup> Updates to this guidance were

published in October 2009 in the form of two guidelines: Clinical Guideline 90 (CG90) on the treatment and management of depression in adults;<sup>9</sup> and Clinical Guideline 91 (CG91) on the treatment and management of this condition in adults with a chronic physical health disorder.<sup>10</sup> This article highlights the recommendations from CG90, and it will be followed by a feature in the January 2010 issue of *Guidelines in Practice* focusing on CG91.

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**Management of patients with depression should be a core part of general practice**

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The NICE guideline on depression in adults was updated to provide current evidence-based recommendations on its management, while acknowledging the role of GPs in supporting patients who have been diagnosed with the condition. It shifts the emphasis from screening to

identification of depression, and modifies the stepped-care model presented in the original guideline (see Figure 1, p.12).<sup>9</sup>

## Role of the general practitioner

Effective communication and established rapport between the GP and patient are vital in enabling patient disclosure of symptoms, assessment, and open discussion of the possibility of depression as a diagnosis. Doctors with poor communication skills and who do not provide time and empathy are more likely to collude with patients, reinforcing beliefs that depression is a result of life circumstances. Patients may not disclose their symptoms unless the GP explores sensitively.<sup>11</sup>

The original NICE guideline on the management of depression (CG23)<sup>8</sup> suggested that the role of the GP was through passive 'watchful waiting'—a phrase believed by many GPs to undervalue their ongoing work with distressed patients. In contrast, the updated 2009 guideline emphasises the importance of the role of GPs in the support and management of patients with depression. In contrast to the 2004 NICE guideline, the updated guidance, CG90,<sup>9</sup> is not as explicit about the role of primary

# NICE publishes guideline to aid the diagnosis of delirium

Delirium is a common clinical syndrome, which can affect the patient's consciousness, cognitive function, or perception. It often presents as disorientation or confusion, or through difficulties with memory. It can affect up to one in three hospital patients and can result in longer hospital stays and bed pressure sores, and can increase the risk of dementia or death.

NICE has released *Delirium: Diagnosis, prevention and management*, with the aim of making healthcare professionals

'think delirium' whenever people are admitted to hospital for long-term care. The guideline describes methods of preventing, identifying, diagnosing, and managing delirium. In particular it focuses on preventing delirium in people identified to be at risk, using a multicomponent, drug-free intervention that is tailored to each individual.

The recommendations include:

- ▶ ensuring that people at risk of delirium are cared for

by a team of healthcare professionals who are familiar to the person at risk—moving people within and between wards or rooms should be avoided unless absolutely necessary

- ▶ delivering tailored multicomponent intervention packages by a multidisciplinary team trained and competent in delirium prevention
- ▶ assessing people at risk for recent changes or fluctuations in behaviour—

these may be reported by the person at risk, or a carer or relative

- ▶ being particularly vigilant for behaviour indicating hypoactive delirium.

The Director of the Centre for Clinical Practice at NICE, Dr Fergus Macbeth, said: '*In implementing this guideline, healthcare professionals and those working in long-term care will be providing people with, and at risk, of delirium with the highest level of care.*'

[www.nice.org.uk](http://www.nice.org.uk)

## News in brief

**A guideline on the use of non-invasive ventilation in the management of motor neurone disease (MND) has been published by NICE.** It outlines how respiratory impairment should be identified in people with MND, and when non-invasive ventilation should be considered as a treatment option.  
[www.nice.org.uk](http://www.nice.org.uk)

**The use of gefitinib for the first-line treatment of people with locally advanced or metastatic non-small-cell lung cancer has been recommended by NICE.** Treatment with this drug is subject to the patient testing positive for a specific mutation and the manufacturer providing the drug at a fixed price under the patient access scheme.  
[www.nice.org.uk](http://www.nice.org.uk)

**NICE has recommended capecitabine in combination with a platinum-based regimen for the first-line treatment of advanced gastric cancer.** Patients are eligible for this drug if they have not had previous treatment for advanced stomach cancer and their cancer cannot be removed with an operation.  
[www.nice.org.uk](http://www.nice.org.uk)

**NICE recommends rituximab in combination with fludarabine and cyclophosphamide as a treatment option for people with relapsed or refractory chronic lymphocytic leukaemia.** This technology appraisal includes guidance on who should not receive this therapy, and when this therapy can be used in the context of research.  
[www.nice.org.uk](http://www.nice.org.uk)

## Guideline released for weight management in pregnancy

NICE has published *Dietary interventions and physical activity interventions for weight management before, during and after pregnancy*. The guideline will help to make women aware of the health risks of being overweight or obese during pregnancy and the importance of achieving a healthy weight prior to pregnancy, and not to attempt

to lose weight while they are pregnant.

The recommendations cover preparing for pregnancy and supporting women after childbirth. The guideline also recommends that women should be encouraged to achieve a healthy weight before they become pregnant and that there is no need to 'eat for two' when they are pregnant.

[www.nice.org.uk](http://www.nice.org.uk)

## NICE publishes guidance on metastatic malignant disease

Specialist cancer teams will be tasked with improving the care and treatment of patients whose cancer has spread to other parts of the body from an unknown primary location. This is one of the recommendations made in the new NICE guideline *Metastatic malignant disease of unknown primary origin*.

Over 10,000 people each year in England are diagnosed with

cancer of an unknown primary origin. The new guideline will aim to tackle the inequality of care many of these patients face compared to patients with site-specific cancer. It aims to achieve this by providing effective and tailored care for patients, with specialised teams at local, regional, and national levels.

[www.nice.org.uk](http://www.nice.org.uk)