Is it Nice Working on a NICE Guideline?

Janey Antoniou

Working with NICE as a service user

- Orientation
- Working in the group
- Sub groups
- Timing
- Joining in…
- User and carer chapter

Key priorities for implementation

- Access and engagement
- Primary care and physical health
- Psychological interventions
- Pharmacological interventions
- Interventions for people with schizophrenia whose illness has not responded adequately to treatment

Stakeholders – psychology/psychotherapy

- Association for Dance Movement Psychotherapy UK
- Association For Family Therapy and Systemic Practice in the UK (AFT)
- Association of Professional Music Therapists Ltd
- British Association of Art Therapists British Association of Dramatherapists
- British Psychological Society
- ISPS UK (International Society for the Psychological Treatments of the Schizophrenias & other psychoses)
- United Kingdom Council for Psychotherapy

Stakeholders – pharmacological

- AstraZeneca UK Ltd
- Bristol-Myers Squibb Pharmaceuticals
- Eli Lilly
- Janssen-Cilag Ltd
- Lundbeck Ltd
- National Prescribing Centre
- Novartis Pharmaceuticals UK Ltd
- Schering-Plough Ltd
- UK Psychiatric Pharmacy Group (UKPPG)

Evidence

- Because we have a socialised health service, the idea is to get the best treatment for the most people. So the analysis of evidence is at a group level
- A given individual may or may not benefit from the resulting evidence-based treatment
- To get evidence, clinical trials have to be done to NICE standards (mostly randomised control trials). No evidence may just mean no or few trials have been done (to NICE standards).

Evidence standards

- The study addresses an appropriate and clearly focused question
- The assignment of subjects to treatment groups is randomised
- An adequate concealment method is used
- Subjects and investigators are kept ‘blind’ about treatment allocation
- The treatment and control groups are similar at the start of the trial
- The only difference between groups is the treatment under investigation

and…

- All relevant outcomes are measured in a standard, valid and reliable way
- What percentage of the individuals or clusters recruited into each treatment arm of the study dropped out before the study was completed?
- All the subjects are analysed in the groups to which they were randomly allocated (often referred to as intention-to-treat analysis)
- Where the study is carried out at more than one site, results are comparable for all sites

Comment

Just because drug companies do randomised control trials and fiddle the results a bit, it doesn’t mean that the concept of an RCT is wrong. It is still the best way of comparing treatments without prejudice.

Things we didn't look at

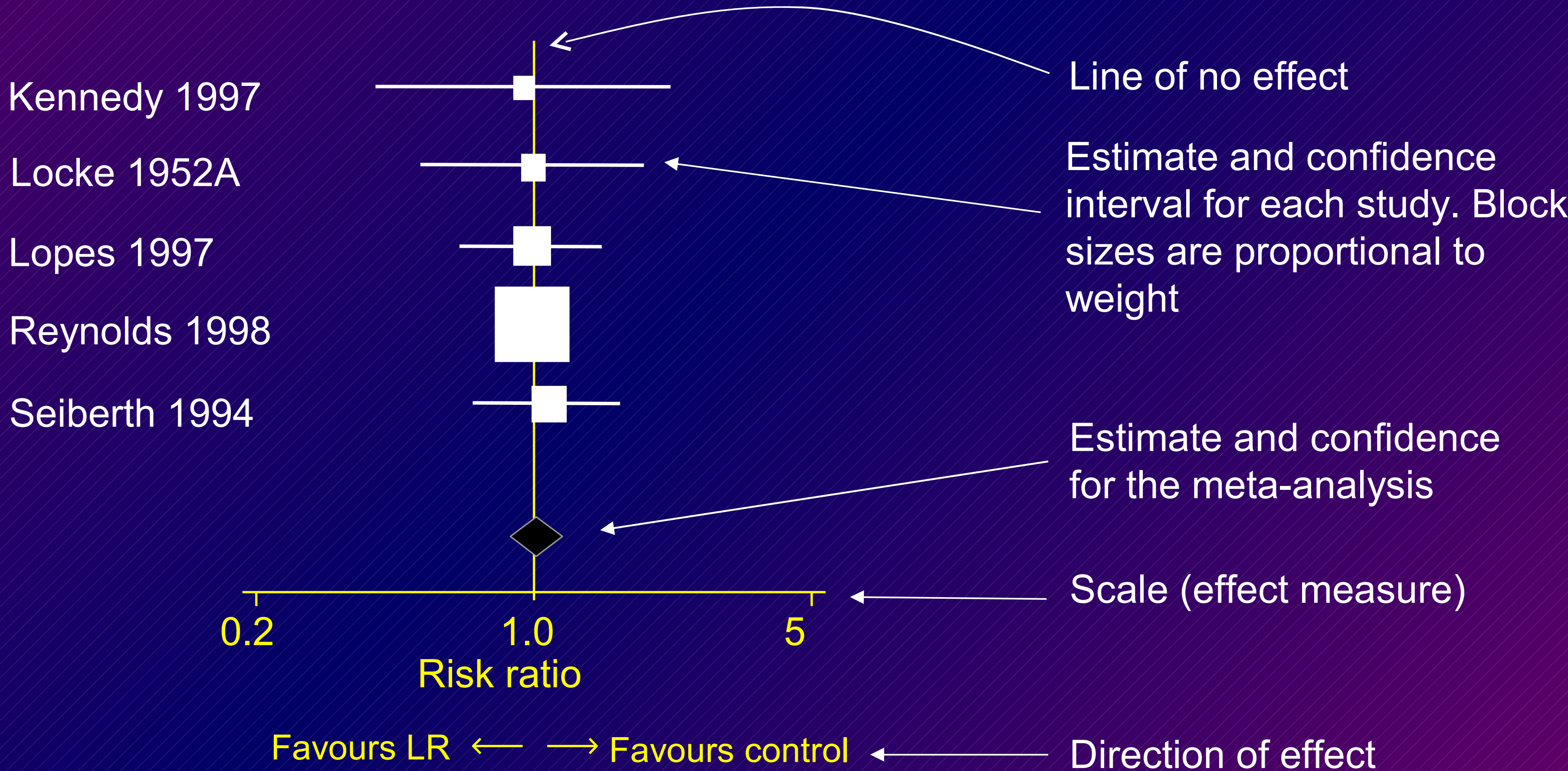
- The word 'schizophrenia'
- Co-morbid drug and alcohol use
- Co-morbid use of antidepressants or mood stabilisers

The Schizophrenia update – evidence base

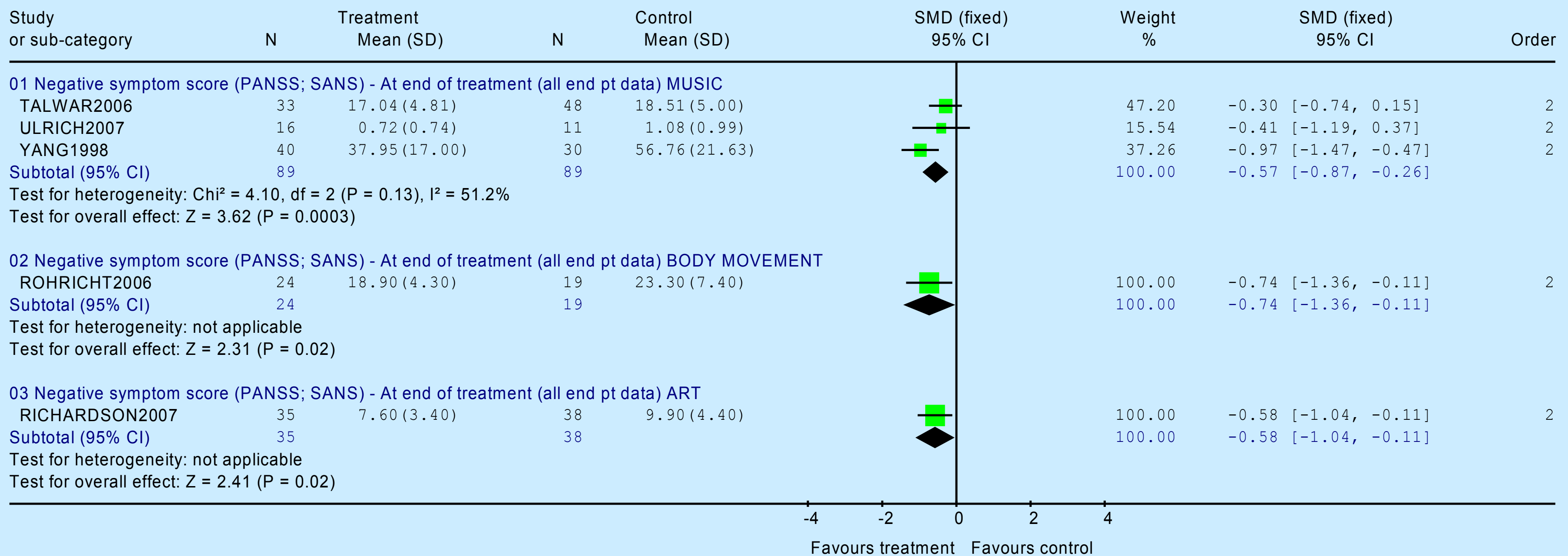
- NICE clinical guideline number 1 and Health Technology Appraisal No 43: Guidance on the use of newer (atypical) antipsychotic drugs for the treatment of schizophrenia.
- Database searched for RCT evidence from January 2002 up until July 2008.
- Total number of hits retrieved in searches: 15,728 for clinical evidence.

The Forest Plot

Estimates with 95% confidence intervals



Arts therapies – Sub-group analysis (modality)



Equivalent effect sizes for different treatment modalities: Music therapy (SMD= -0.57), Body movement (SMD = -0.74) and Art therapy (SMD = -0.58).

Medication

For people with schizophrenia, offer antipsychotic medication. Following discussion and provision of relevant information on the benefits and side effect profile of each available drug with the service user, the choice of drug should be determined in partnership between the service user and healthcare professional.

(NICE Schizophrenia Update 2009)

Psychotherapy

- Services users often want ‘someone to talk to’. The ‘talking’ therapies gives the impression that this is what they will get.
- Many people come into therapy not knowing the difference between CBT and psychoanalysis.
- Some people may just be looking for friendship and emotional support because this is what they haven’t got.

Psychotherapy

Offer cognitive behavioural therapy (CBT) to all people with schizophrenia. This can be started either during the acute phase or later, including in inpatient settings.

(NICE Schizophrenia Update 2009)

Psychotherapy

Offer family intervention to all families of people with schizophrenia who live with or are in close contact with the service user. This can be started either during the acute phase or later, including in inpatient settings.

(NICE Schizophrenia Update 2009)

Psychotherapy

Consider offering arts therapies to all people with schizophrenia, particularly for the alleviation of negative symptoms. This can be started either during the acute phase or later, including in inpatient settings.

(NICE Schizophrenia Update 2009)

Psychotherapy

Not offered (evidence not good enough):

- Psychoanalysis
- Psychodynamic psychotherapy
- Person-centred psychotherapy
- Supportive counselling

Healthcare professionals may consider using psychoanalytic and psychodynamic principles to help them understand the experiences of people with schizophrenia and their interpersonal relationships.

Do not routinely offer counselling and supportive psychotherapy (as specific interventions) to people with schizophrenia. However, take service user preferences into account, especially if other more efficacious psychological treatments, such as CBT, family intervention and arts therapies, are not available locally.

What do service users want?

- Proper listening.
- Appropriate referral.
- Relevant information.
- Acknowledgement of lifestyle issues.
- Patience.
- Honesty.
- Confidentiality.
- Choices

Modernisation of psychiatric services

Buzz words:

- Recovery.
- Social inclusion.
- Responsibility.
- Cultural awareness
- Choice.

Question: What is the most important aspect of your treatment?

Priority area	**% ranking top**	**% ranking in top 3**
Having concerns taken seriously	31	58
Choice of medication	20	42
Being treated with respect	17	52
Involvement of carer to support in treatment	9	27
Staff being friendly	7	34
Help with practical issues	5	18
Being given information about treatments	4	30
Choice of treatment types	3	33
People turning up for appointments	3	12

Table from 'Your Treatment, Your Choice', Rethink (2008)

Have you received any talking treatments and did they work?

Whether received treatment	% (n=357)	Whether treatment worked	%
CBT	14	CBT (n=49)	69
Other talking therapy	23	Other talking therapy (n=81)	80
Training/education	16	Training/education (n=57)	82
Nutritional therapy	11	Nutritional therapy (n=38)	68
Homeopathy	1	Homeopathy (n=2)	100
Herbal medicine	3	Herbal medicine (n=10)	90
Exercise	24	Exercise (n=85)	76
Art/music/creative therapy	20	Art/music/creative therapy (n=70)	83

Table from 'Your Treatment, Your Choice', Rethink (2008)

Working with NICE

- The frustration!
- Consultation process
- Implementation?

Conclusions

- Decisions about medication should be made in partnership with service users, this may be a culture-shift for some psychiatrists.
- We still need more psychotherapists and the money to get them!
- Please carry on doing research and make sure what you are doing will actually pass the criteria needed to be included in a guideline - and include an economic analysis
- The new NICE guideline is better than the old one (speaker's bias) but we have a long way to go!