



# NICE Bites

## Golimumab for the treatment of psoriatic arthritis [NICE TA220; 2011](#)

- ◆ Golimumab\* is recommended for the treatment of active and progressive psoriatic arthritis in adults if:
  - the person has three or more tender joints and three or more swollen joints\*\*, **AND**
  - there is no response to adequate trials of at least two standard DMARDs, given either alone or in combination\*\*, **AND**
  - a patient access scheme provides the 100mg dose of golimumab at the same cost as the 50mg dose.

\* See Summary of Product Characteristics for full prescribing information.

\*\* These are the same prescribing criteria as for other TNF inhibitors; etanercept, infliximab and adalimumab. [See NICE TA199.](#)

This technology appraisal covers the use of golimumab for the treatment of psoriatic arthritis in adults. It should be read alongside [NICE TA199: Etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis.](#)

**TNF**  
**PsARC**  
**DMARDs**  
**PASI**

### Definition of terms

tumour necrosis factor  
Psoriatic Arthritis Response Criteria  
disease-modifying antirheumatic drugs  
Psoriasis Area and Severity Index

### Prescribing

- ◆ Golimumab is another option recommended for the treatment of active and progressive psoriatic arthritis.
- ◆ There is insufficient evidence to show clinically important differences between golimumab and other TNF inhibitors.
- ◆ NICE has not made any recommendation about use of golimumab following failure of other TNF inhibitors. This is due to lack of evidence.
- ◆ Start treatment with the least expensive drug taking into account: price per dose, treatment schedule and drug administration cost.

### Assessment

- ◆ Response to treatment should be assessed using PsARC.
- ◆ When using PsARC, take into account any physical, sensory or learning disabilities, or communication difficulties that may affect response to components of PsARC and make appropriate adjustments.
- ◆ Adequate response is defined as:
  - improvement in at least two of four PsARC (one of which has to be joint tenderness or swelling score), **and**
  - no worsening in any of the four criteria.
- ◆ Discontinue treatment if there is no adequate response at 12 weeks.
- ◆ Patients with a PASI 75 response at 12 weeks whose PsARC response does not justify continuation of treatment should be assessed by a dermatologist to determine whether continuing treatment is appropriate on the basis of skin response. For further guidance see:
  - [NICE TA103: Etanercept and efalizumab for the treatment of adults with psoriasis.](#)
  - [NICE TA134: Infliximab for the treatment of adults with psoriasis.](#)
  - [NICE TA146: Adalimumab for the treatment of adults with psoriasis.](#)

## Romiplostim for the treatment of chronic immune (idiopathic) thrombocytopenic purpura

[NICE TA221; 2011](#)

- ◆ Romiplostim\* is recommended for the treatment of adults with chronic immune (idiopathic) thrombocytopenia purpura:
  - whose condition is refractory to standard active treatments and rescue therapies, **OR**
  - who have severe disease and a high risk of bleeding that needs frequent courses of rescue therapy, **AND**
  - if discount is agreed as part of a patient access scheme – [see TA221 press release.](#)
- ◆ Treatment should be started and supervised by a haematologist.

## Psychosis with coexisting substance misuse

NICE CG120; 2011

This guideline refers to the assessment and management of psychosis with coexisting substance misuse in adults and young people. The main forms of psychosis are schizophrenia, bipolar disorder or other affective psychosis.

**Principles of care** – see full guideline

**Treatment** - see algorithm in full guideline

- ◆ Before starting treatment, review the:
  - diagnosis of psychosis and of substance misuse,
  - effectiveness and acceptability of previous and current treatments and discontinue ineffective treatments.

- ◆ Develop a treatment plan which is tailored to the person's needs. Take into account the:
  - relative severity of both conditions at different times,
  - person's treatment and social context,
  - person's readiness for change.
- ◆ Offer evidence-based treatments for both conditions according to relevant NICE guidance – see Table 1.

### Psychosis

For use of antipsychotics see: [NICE CG38](#) OR [NICE CG82](#)

### Substance Misuse

See [NICE CG100](#), [CG115](#), [CG51](#) and [CG52](#).

Table 1

Bipolar disorder	<a href="#">NICE CG38</a>	NICE Bites – coming soon
Schizophrenia	<a href="#">NICE CG82</a>	<a href="#">NICE Bites April 2009; No. 04</a>
Aripiprazole for schizophrenia in 15 to 17 year olds	<a href="#">NICE TA213</a>	
Alcohol-use disorders; physical complications	<a href="#">NICE CG100</a>	<a href="#">NICE Bites August 2010; No. 20</a>
Alcohol-use disorders; harmful drinking and alcohol dependence	<a href="#">NICE CG115</a>	<a href="#">NICE Bites March 2011; No.28</a>
Drug misuse: psychosocial interventions	<a href="#">NICE CG51</a>	

## Drug misuse: Opioid detoxification

NICE CG52; 2007

Detoxification should be readily available for people who are opioid dependent and have made an informed choice to become abstinent.

**Assessment for detoxification** – see full guideline

### Treatment and management

#### Prescribing

**First-line** – methadone OR buprenorphine

- ◆ Choice will depend on;
  - the preference of the service-user,
  - any current maintenance treatment.
- ◆ Decide on starting dose, duration and linear/stepped regimen taking into account:
  - the severity of dependence,
  - any comorbidities, polydrug therapy or alcohol use,
  - the setting of detoxification.
- ◆ Detoxification should normally last up to:
  - 4 weeks in an inpatient/residential setting,
  - 12 weeks in the community.
- ◆ Lofexidine may be used for people who:
  - have made an informed decision not to use methadone or buprenorphine,
  - need to detoxify within a short time period,
  - have mild or uncertain dependence (including young people).
- ◆ Only use adjunctive medications when clinically indicated taking into account adverse effects and potential interactions.
- ◆ To avoid misuse and diversion:
  - monitor concordance,
  - consider methods to limit diversion e.g. supervised consumption.

**Psychosocial interventions** – see full guideline

**Accelerated detoxification** – see full guideline

- ◆ **Do NOT** routinely offer ultra-rapid, rapid or accelerated detoxification.
- ◆ **Do NOT** routinely use clonidine or dihydrocodeine.

### Special considerations

- ◆ **Do NOT** routinely offer detoxification to people:
  - with a medical condition needing urgent treatment,
  - in police custody, or serving a short prison sentence or period of remand; consider treating opioid withdrawal symptoms with opioid agonist medication,
  - who present in acute or emergency settings; address the immediate problem, treat withdrawal symptoms and refer to drug services if appropriate.
- ◆ Pregnancy; undertake detoxification with caution.
- ◆ Comorbid physical/mental health problems; treat alongside opioid dependence.

### Comorbid substance misuse

#### Alcohol

- ◆ If the person is alcohol dependent and:
  - in a community or prison setting - offer alcohol detoxification before starting opioid detoxification,
  - in an inpatient setting – offer alcohol detoxification concurrently with opioid detoxification.

#### Benzodiazepines

- ◆ If the person is benzodiazepine dependent consider benzodiazepine detoxification either concurrently or separately from opioid detoxification based on the person's preference and severity of dependency.

### Counselling

- ◆ Provide detailed information about:
  - duration and intensity of physical and psychological symptoms during opioid withdrawal and how to manage them,
  - non-pharmacological management of withdrawal symptoms,
  - loss of opioid tolerance following detoxification leading to an increased risk of overdose and death from illicit drug use,
  - a healthy lifestyle; diet, hydration, sleep and exercise,
  - the importance of continued support including self-help groups and support groups.

### Continued treatment and support

- ◆ After successful detoxification offer continued treatment, support and monitoring for at least 6 months to help maintain abstinence.