

From the Chief Medical Officer
Dr Michael McBride



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

Circular HSC (SQSD) (NICE) 04/09 TA 146

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydënter Heisin
an Fowk Siccar**

Chief Executives of HSS Boards – **for distribution to:**
Directors of Public Health
Directors of Nursing
Directors of Pharmaceutical Services
Directors of Primary Care – for cascade to prescribing and GP
Advisors

Castle Buildings
Stormont Estate
Belfast BT4 3SQ
Tel: 028 9076 5615
Fax: 028 90523206
E-mail: [sgu-
niceguidance@dhsspsni.gov.uk](mailto:sgu-niceguidance@dhsspsni.gov.uk)

Chief Executives of HSC Trusts – **for distribution to:**
Medical Directors – for cascade to relevant staff
Directors of Nursing – for cascade to relevant staff
Directors of Pharmaceutical Services – for cascade to relevant
staff

Date: 19 January 2009

General Practitioners

HSC Clinical and Social Governance Leads

Chief Executives of HSC Special Agencies and NDPBs

For Information

Chairs of HSS Boards
Chairs of HSC Trusts
Chief Executive, Regulation & Quality Improvement Authority
Chief Officers HSC Councils
Chief Executive/Postgraduate Dean, NIMDTA
Chief Executive, NIPPET
Chief Executive, NIPEC
Chief Executive, RMSC

Dear Colleagues

Technology Appraisal No 146 – Adalimumab for the Treatment of Psoriasis

Adalimumab is recommended as a possible treatment for adults with plaque psoriasis only if:

- their condition is severe **and**
- their condition has not improved with other treatments such as ciclosporin, methotrexate **and** PUVA (psoralen and long-wave ultraviolet radiation), or they have had side effects with these in the past or there is a medical reason why they should not be given these treatments.

Adalimumab treatment should be continued beyond 16 weeks only if the psoriasis has clearly improved within this time.

The severity of a person's psoriasis before and during treatment should be assessed by considering the redness, thickness and scaliness of the plaques, the area of the body involved, and how the condition affects the person's quality of life.

When assessing a person's psoriasis, healthcare professionals should take into account any disabilities or difficulties in communicating, which might mean that standard assessments do not provide accurate information about their condition.

DHSSPS advises that this guidance is valid for Northern Ireland and endorses it for implementation in HSC.

The full NICE clinical guideline is available for download at:

<http://www.nice.org.uk/guidance/index.jsp?action=byID&o=12007>

The HSC sector also should note that;

1. The Department expects HSC organisations to put plans in place within 3 months of this e-mail alert to facilitate implementation of the guidance.
2. This guidance will be considered for review by NICE in July 2008 at the same time as Etanercept and Efalizumab for the Treatment of Adults with Psoriasis (NICE TA 134).
3. This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.
4. NICE has developed tools to help organisations implement this guidance. These are available at <http://www.nice.org.uk/guidance/index.jsp?action=byID&o=12007> and include costing tools, implementation advice and audit criteria to monitor local practice.

All NICE guidance endorsed by the Department to date can be viewed on the DHSSPS website at:

<http://www.dhsspsni.gov.uk/sqsd-guidance-nice-guidance>

Circular HSS (PPMD) (NICE)01/006 issued on 30 June 2006 provides further information on the Northern Ireland process for reviewing NICE guidance and further details on the local status of the Institute's guidance. This circular can be accessed at:

http://dhsspsni.gov.uk/nice_guidance_01-06.pdf

Michael McBride

DR MICHAEL MCBRIDE
Chief Medical Officer