

1.0.7 DOC EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Acne vulgaris: management

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Yes, the following issues were identified during scoping. How they were dealt with is also described below:

- People with darker skin colour because post-inflammatory hyperpigmentation may occur as a result of acne.

This was dealt with by a recommendation on referral to specialist services which states the following:

1.4.2 Refer people to a consultant dermatologist-led team if any of the following apply:

- *there is diagnostic uncertainty*
- *they have acne fulminans without systemic symptoms*
- *they have conglobate acne*
- *they have nodulo-cystic acne*
- *they have persistent pigmentary changes secondary to acne.*

This was recommended to avoid further pigmentary changes which could have a long-term impact.

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3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

- People whose first language is not English because they may find it difficult to access services.

This was dealt with by a cross-reference to the patient experience guideline which includes recommendations related to the use of interpreters in recommendation 1.1.1:

See also the [NICE guidance on patient experience in adult NHS services](#) (particularly recommendations 1.5.11 to 1.5.19) for advice on giving information.

- Transgender people particularly in relation to pregnancy tests when using isotretinoin

This has been dealt with by using gender neutral language, for example:

- *‘people with child-bearing potential’ (recommendations 1.5.5 and 1.5.16) and ‘if the person has the potential to become pregnant’ (recommendation 1.5.16)*
- *‘people with polycystic ovary syndrome’ has also been used throughout.*

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

The following additional equality issues have been identified:

- Mental distress caused by acne or acne related scarring:

1.4.5 Consider referring people to a consultant dermatologist-led team if their acne, whatever its severity, or acne related scarring, is causing or contributing to persistent psychological distress or a mental health disorder.

1.4.6 Consider referral to mental health services if a person with acne experiences significant psychological distress or a mental health

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3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

disorder, particularly if future treatment with isotretinoin is anticipated, including those with a current or past history of:

- *suicidal ideation or self-harm*
- *a severe depressive or anxiety disorder*
- *body dysmorphic disorder.*

When considering referral, take into account the person's potential treatment options (for example, oral isotretinoin).

Also see the NICE guidelines on [depression in children and young people: identification and management](#) for advice on recognition, [depression in adults: recognition and management](#) for advice on recognition and assessment, and [self-harm in over 8s: long-term management](#) for advice on self-harm.

- Pregnancy – treatments that can be taken during pregnancy where other treatments are contraindicated:

1.5.2 Consider topical benzoyl peroxide monotherapy as an alternative treatment to the options in table 1, if:

- *these treatments are contraindicated*
- *the person wishes to avoid using a topical retinoid or a topical or oral antibiotic.*

- Furthermore, the committee recognised that there is a wide range of ages that are included in the guideline. Generally, throughout the guideline recommendations apply to people of any age with acne vulgaris. However, there are some exceptions where medication is contraindicated for people under the age of 12 years due to drug safety reasons (for instance related to oral isotretinoin) and these recommendations exclude a younger age group.

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3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Yes, they have been described in the relevant discussion sections in the evidence reports (evidence report D referral, and evidence reports E1 and F1).

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No, they do not.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No, there is not.

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3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

Recommendations have been made to specifically address the identified equality issues (see box 3.1 and 3.2) and reasons for these are described in the committee's discussion of the evidence sections of the evidence reports. These were made with the aim to alleviate barriers and fulfil NICE's obligation to advance equality.

Completed by Developer: Katharina Dworzynski

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Approved by NICE quality assurance lead: Christine Carson

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