

NICE Clinical Guideline: Management of acne vulgaris

Stakeholder scoping workshop notes

29th August 2018

Presentations
N/A
Scope
General Comments
<p>The group made the following general comments</p> <ul style="list-style-type: none">• Be mindful of the group of people with acne who are unable to use topical treatments• Make it clear in the scope that acne ranges from mild to moderate to severe, and that the severity is subjective to the person. There is currently no set standard for classifying these ranges. The group suggested it would be best to remove references to 'moderate to severe acne' and leave it as 'acne vulgaris' to reflect this variation.• Stipulate in scope that the guideline covers acne vulgaris including severe variants such as acne conglobata and fulminans• Be cautious that the use of language in the scope is inclusive for LGBTQI people who may identify with a different gender
Section 3
Groups that will be covered
<p>Stakeholders were happy with the groups identified, and made a few comments:</p> <ul style="list-style-type: none">• Group agree that we should not stipulate an age limit• Suggest changing wording of 'women of childbearing age' to 'people/those with pregnancy potential' - use inclusive language/terminology• It is important to include women with PCOS as an important sub-group for review questions
Groups that will not be covered
<ul style="list-style-type: none">• Attendees agreed that neonates should be excluded as per draft scope• Stakeholders suggested that infants should be included in the scope (would fall under 'children') – delete from 'groups that will not be covered'

Key areas that will be covered

The group were broadly happy with the key areas to be covered, and suggested the following:

- Key area 1. 'Self-care advice' – change this key area to 'hygiene interventions and antiseptics'
- Key area 2. Add nicotinamide as bullet
- Key area 3. Change to 'oral antibiotic treatments for acne' & delete listed antibiotics
- Delete references to 'moderate to severe' from the scope to ensure that the range of severity is reflected
- Key area 7. Change to 'Hormone modifying agents for women with acne secondary to PCOS'
- The group noted that risks/pitfalls in practice should be included – suggestion to add under 'Information and support'.
- Key area 10. This should also include 'home use light devices'
- Key area 11. Change to 'Dietary or nutritional interventions...' to make it clearer
- Suggestion to add 'cosmetic camouflage and usage' because it is a big area, forms part of acne management and is important to the wellbeing of many people with acne. This could fall under Management of scarring, or Information and support?
- Suggestion to add 'psychological interventions' (e.g. CBT)
 - The group asked if there is sufficient evidence to include this as a review question, and if the work would be manageable to review. Scoping group to discuss at SGM2
- Key area 13. The group flagged that there are issues specific to children and young people, e.g. consent, confidentiality, risks associated with some medications. Instead of making this a separate group, we could cross-ref the new NICE guideline on CYP experience of healthcare, or changing references to the population to 'people with acne and their parents or carers where relevant'

Main outcomes

- No change

Equalities

- Include LGBT community (ensure we use correct terminology in the guideline)

Care settings

- No change was suggested

Draft Review questions

- Broadly discussed under 'key areas'

GC composition

Included members

The group agreed with the draft Committee composition, and made a few slight changes. The main comments were:

- Young person – do we need to specify what age we mean (e.g. teenager)? The group thought it would be important to have input from a young person, and also discussed the potential difficulties in recruiting a young person to the committee, e.g. consent, attendance at GC meetings during term time, level of time commitment required, etc. The group suggested alternative options, such as having a young person as co-opted member, using a focus group, or recruiting a parent/carer of a child or young person with acne.
- Microbiologist/infectious disease consultant – change to co-opted rather than full member as their input would not be needed for all review areas
- Plastic surgeon – or a laser dermatologist as an alternative. The group suggested that this expertise could be provided by an expert witness, especially if the literature search did not yield sufficient data to warrant the need for a co-opted member.

Members that should be included

- Advanced nurse practitioner should be added to the composition list as a full committee member