



NICE Bites

Cilostazol, naftidrofuryl oxalate, pentoxifylline and inositol nicotinate for the treatment of intermittent claudication in people with peripheral arterial disease

NICE TA223; 2011

- ◆ Naftidrofuryl oxalate* is recommended for the treatment of intermittent claudication in people with peripheral arterial disease (PAD) when vasodilator therapy is considered appropriate after consideration of other treatment options.
- ◆ Cilostazol, pentoxifylline and inositol nicotinate are **NOT** recommended.

*See Summary of Product Characteristics for full prescribing information.

PAD

- ◆ PAD is a condition in which the arteries that carry blood to the legs or the arms are narrowed or blocked. The main cause is atherosclerosis. Major risk factors for the disease are smoking, diabetes mellitus, and pre-existing cardiovascular disease.
- ◆ Other risk factors include: advancing age, male sex, ethnicity, hypertension, hypercholesterolaemia, renal insufficiency, and a sedentary lifestyle.
- ◆ Intermittent claudication, and the pain associated with it is a result of muscles being starved of oxygen.

Diagnosis

- ◆ Diagnosis includes:
 - assessment of the presence and character of pain,
 - measurement of ankle-brachial pressure index.

Classification of symptoms

- ◆ PAD can be asymptomatic or symptomatic and is classified according to symptoms using the Fontaine scheme.

Fontaine scheme

Stage I	asymptomatic
Stage II	pain in legs or buttocks which occurs with exercise and is relieved with rest
Stage III	pain in extremities at rest
Stage IV	necrosis and gangrene

Treatment and management

- ◆ Treatment options include:
 - lifestyle changes such as stopping smoking and increasing exercise. Supervised exercise programmes are more beneficial,
 - angioplasty (mechanical widening of the blood vessel) or other revascularisation e.g. arterial bypass if symptoms persist despite treatment,
 - interventions to reduce the risk of cardiovascular events,
 - vasodilator drugs. These relieve symptoms but do not delay progression of PAD.

Prescribing

- ◆ Cilostazol, pentoxifylline and inositol nicotinate are not as clinically effective compared with placebo as naftidrofuryl oxalate.
- ◆ Only naftidrofuryl oxalate was shown to be a cost-effective treatment option.
- ◆ Treatment with naftidrofuryl oxalate should be with the cheapest licensed preparation i.e. a generic product.
- ◆ People currently taking cilostazol, pentoxifylline or inositol nicotinate should have the option to continue treatment until they or their clinicians consider it appropriate to stop.

Supporting documents

A costing template is available. See [TA 223: costing template](#)
Clinical audit tools are available to support the implementation of NICE guidance. See [TA 223: audit tools](#)

Common Mental Health Disorders

NICE CG123; 2011

This guideline is focused on primary care and aims to:

- ◆ improve access to services,
- ◆ improve identification and recognition of common mental health disorders,
- ◆ provide advice on treatment, referral and development of local care pathways.

Improving access to services – see full guideline

Identification – see full guideline

Local care pathways

- ◆ Primary and secondary care clinicians, managers and commissioners should work together to design local care pathways:
 - that promote access to services for people with common mental health disorders,
 - that promote a stepped-care model of service delivery,
 - that provide an integrated programme of care across primary and secondary care services,
 - with protocols for sharing and communicating information with patients, carers, health professionals and service providers.

Common Mental Health Disorders continued

NICE CG123; 2011

Definition of terms

CBT	cognitive behavioural therapy	GAD	generalised anxiety disorder	PTSD	post traumatic stress disorder
EMDR	eye movement desensitisation and reprocessing	IPT	interpersonal therapy		
ERP	exposure and response prevention	OCD	obsessive compulsive disorder		

Disorder	Psychological intervention	Pharmacological intervention	Psychosocial intervention
Step 1**			
All known and suspected presentations of common mental health disorders			
All disorders	Identification, assessment, psychoeducation, active monitoring, referral for further assessment and interventions**		
Step 2**			
Depression: persistent subthreshold symptoms OR mild/moderate depression	Offer, or refer for one or more of the following low-intensity interventions: <ul style="list-style-type: none"> ◆ individualised facilitated self-help based on CBT principles, ◆ computerised CBT, ◆ structured group physical activity programme, ◆ a group-based peer support ◆ counselling delivered at home (listening visits). 	Do NOT offer antidepressants routinely. Consider for: <ul style="list-style-type: none"> ◆ initial presentation of subthreshold depressive symptoms present for at least 2 years, OR ◆ subthreshold depressive symptoms or mild depression that persists after other interventions, OR ◆ a past history of moderate/severe depression, OR ◆ mild depression that complicates the care of a physical health problem. 	Inform people about: <ul style="list-style-type: none"> ◆ self-help groups, support groups and other local and national resources, ◆ educational and employment support services.
GAD: no improvement after Step 1 interventions Panic disorder: mild/moderate	Offer, or refer for one of the following: <ul style="list-style-type: none"> ◆ non-facilitated self-help, ◆ facilitated self-help, ◆ psychoeducational groups (GAD). 	Not recommended.	
OCD: mild/moderate	Offer, or refer for: <ul style="list-style-type: none"> ◆ individual CBT including ERP (up to 10 hours), OR ◆ group CBT (including ERP). 		
PTSD: mild/moderate	Refer for trauma-focused CBT or EMDR		
All disorders: women planning a pregnancy, during or following pregnancy	<ul style="list-style-type: none"> ◆ If previous episode of depression or anxiety offer, or refer for individual IPT or CBT (4 to 6 sessions). ◆ See within one month of initial assessment. 	For advice on prescribing. See NICE CG45: Antenatal and postnatal mental health	First presentation: consider social support during pregnancy and postnatal period e.g. regular informal individual/group-based support.
Step 3**			
Depression: persistent subthreshold symptoms OR , mild/moderate depression that has not responded to a low-intensity intervention	Offer, or refer for: <ul style="list-style-type: none"> ◆ an antidepressant, OR ◆ CBT, IPT or behavioural activation or behavioural couples therapy. For people who decline these interventions consider: <ul style="list-style-type: none"> ◆ counselling for those with persistent subthreshold symptoms or mild/moderate depression,* OR ◆ short-term psychodynamic psychotherapy for mild/moderate depression.* 	Not recommended.	Inform people about: <ul style="list-style-type: none"> ◆ self-help groups, support groups and other local and national resources, ◆ educational and employment support services, ◆ befriending or a rehabilitation programme for people with long-standing moderate or severe disorders.
Depression: moderate/severe	<ul style="list-style-type: none"> ◆ First presentation: offer, or refer for CBT / IPT combined with an antidepressant. ◆ With a chronic physical health problem: consider referral to collaborative care if no or only limited response to psychological or drug treatment alone or in combination. 		
GAD with marked functional impairment unresponsive to a low intensity intervention	Offer, or refer for: <ul style="list-style-type: none"> ◆ CBT or applied relaxation, OR ◆ drug treatment if this is what the person prefers. 		
Panic disorder: moderate/severe	◆ Offer, or refer for CBT, OR an antidepressant if the disorder is long-standing or psychological interventions are declined or of no benefit.		
OCD: moderate	<ul style="list-style-type: none"> ◆ Offer, or refer for CBT (including ERP), OR an antidepressant. ◆ Offer home-based treatment if appropriate. 		
OCD: severe	<ul style="list-style-type: none"> ◆ Offer, or refer for CBT (including ERP) combined with an antidepressant and case management. ◆ Offer home-based treatment if appropriate. 		
PTSD: moderate/severe	Offer, or refer for: <ul style="list-style-type: none"> ◆ trauma-focused CBT or EMDR. Do not delay the intervention or referral, particularly for people with severe and escalating symptoms in the first month after the traumatic event, ◆ drug treatment if the person prefers this or declines a psychological intervention. 		

* Uncertainty of effectiveness - see full guideline. **Related guidance: [NICE CG90: Depression](#), [NICE CG91: Depression in adults with a chronic physical health problem](#) see [NICE Bites November 2009; No 1](#) [NICE CG113: Generalised anxiety disorder and panic disorder in adults](#) see [NICE Bites Feb 2011; no26](#), [NICE CG26: PTSD](#), [NICE CG31: OCD](#).