

NICE

'do not do'
recommendations

Using evidence to
promote good health
and treat ill health





What are the NICE 'do not do' recommendations?

During the process of guidance development NICE's independent advisory bodies often identify NHS clinical practices that they recommend should be discontinued completely or should not be used routinely. This may be due to evidence that the practice is not on balance beneficial or a lack of evidence to support its continued use. It is these recommendations that have been pulled together into this 'do not do' recommendations booklet.



CG115
Alcohol dependence and
harmful alcohol use

Do not use blood tests routinely for the identification and diagnosis of alcohol use disorders.

Do not offer clomethiazole for community-based assisted withdrawal because of the risk of overdose and misuse.

Do not use antidepressants (including selective serotonin reuptake inhibitors (SSRIs) routinely for the treatment of alcohol misuse alone.

Do not use gammahydroxybutyrate (GHB) for the treatment of alcohol misuse.

Benzodiazepines should not be used as ongoing treatment for alcohol dependence.

CG100
Alcohol use disorders



Do not offer phenytoin to treat alcohol withdrawal seizures.

Do not give prophylactic antibiotics to people with mild acute alcohol-related pancreatitis, unless otherwise indicated.

Do not prescribe pancreatic enzyme supplements to people with chronic alcohol-related pancreatitis if pain is their only symptom.

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CG45

Antenatal and postnatal mental health



Psychosocial interventions (for example, group psychoeducation) designed specifically to reduce the likelihood of developing a mental disorder during pregnancy for the postnatal period should not be part of routine antenatal and postnatal care.

Single-session formal debriefing focused on the birth should not be routinely offered to women who have experienced a traumatic birth. However, maternity staff and other healthcare professionals should support women who wish to talk about their experience, encourage them to make use of natural support systems available from family and friends, and take into account the effect of the birth on the partner.

CG77

Antisocial personality disorder

Additional interventions targeted specifically at the parents of children with conduct problems (such as interventions for parental, marital or interpersonal problems) should not be provided routinely alongside parent-training programmes, as they are unlikely to have an impact on the child's conduct problems.

Pharmacological interventions should not be routinely used for the treatment of antisocial personality disorder or associated behaviours of aggression, anger and impulsivity.

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CG72
Attention deficit
hyperactivity disorder
(ADHD)

Universal screening for attention deficit hyperactivity disorder (ADHD) should not be undertaken in nursery, primary and secondary schools.

Primary care practitioners should not make the initial diagnosis or start drug treatment in children or young people with suspected attention deficit hyperactivity disorder (ADHD).

A diagnosis of attention deficit hyperactivity disorder (ADHD) should not be made solely on the basis of rating scale or observational data. However rating scales such as the Conners rating scales and the Strengths and Difficulties questionnaire are valuable adjuncts, and observations (for example, at school) are useful when there is doubt about symptoms.

Dietary fatty acid supplementation is not recommended for the treatment of Attention deficit hyperactivity disorder (ADHD) in children and young people.

Drug treatment is not recommended for pre-school children with attention deficit hyperactivity disorder (ADHD).

Antipsychotics are not recommended for the treatment of attention deficit hyperactivity disorder (ADHD) in children and young people.



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CG72

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Attention deficit hyperactivity disorder (ADHD)

Antipsychotics are not recommended for the treatment of attention deficit hyperactivity disorder (ADHD) in adults.

For people taking methylphenidate, dexamfetamine and atomoxetine, routine blood tests and electrocardiograms (ECGs) are not recommended unless there is a clinical indication.

Liver damage is a rare and idiosyncratic adverse effect of atomoxetine and routine liver function tests are not recommended.

Drug treatment is not indicated as the first-line treatment for all school-age children and young people with attention deficit hyperactivity disorder (ADHD).



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CG142 Autism in adults



Do not use biological tests, genetic tests or neuroimaging for diagnostic purposes routinely as part of a comprehensive assessment.

Do not provide 'facilitated communication' for adults with autism.

Do not use anticonvulsants for the management of core symptoms of autism in adults.

Do not use chelation for the management of core symptoms of autism in adults.

Do not use the following interventions for the management of core symptoms of autism in adults: – exclusion diets (such as gluten – or casein-free and ketogenic diets) – vitamins, minerals and dietary supplements (such as vitamin B6 or iron supplementation).

Do not use drugs specifically designed to improve cognitive functioning (for example, cholinesterase inhibitors) for the management of core symptoms of autism or routinely for associated cognitive or behavioural problems in adults.

Do not use oxytocin for the management of core symptoms of autism in adults.

Do not use secretin for the management of core symptoms of autism in adults.

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CG142

Autism in adults

Do not use testosterone regulation for the management of core symptoms of autism in adults.

Do not use hyperbaric oxygen therapy for the management of core symptoms of autism in adults.

Do not use antipsychotic medication for the management of core symptoms of autism in adults.

Do not use antidepressant medication for the routine management of core symptoms of autism in adults.

Do not routinely use anticonvulsants for the management of challenging behaviour in adults with autism.



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CG128
*Autism in children
and young people*

Do not rely on any autism-specific diagnostic tool alone to diagnose autism.

Do not routinely perform any medical investigations as part of an autism diagnostic assessment, but consider the following in individual circumstances and based on physical examination, clinical judgment and the child or young persons profile: – genetic tests, as recommended by your regional genetics centre, if there are specific dysmorphic features, congenital anomalies and/or evidence of intellectual disability – electroencephalography if there is suspicion of epilepsy.



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CG78

Borderline personality disorder

Drug treatment should not be used specifically for borderline personality disorder or for the individual symptoms or behaviour associated with the disorder (for example, repeated self-harm, marked emotional instability, risk-taking behaviour and transient psychotic symptoms).

Antipsychotic drugs should not be used for the medium – and long-term treatment of borderline personality disorder.



Do not use brief psychological interventions (of less than 3 months duration) specifically for borderline personality disorder or for the individual symptoms of the disorder, outside a service that has the (following) characteristics: (an explicit and integrated theoretical approach used by both the treatment team and the therapist, which is shared with the service user structured care in accordance with this guideline provision for therapist supervision.)

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CG123
Common mental
health disorders

Do not offer antidepressants routinely for people with persistent subthreshold depressive symptoms or mild depression but consider them for, or refer for an assessment, people with: – initial presentation of subthreshold depressive symptoms that have been present for a long period (typically at least 2 years) or – subthreshold depressive symptoms or mild depression that persist(s) after other interventions or – a past history of moderate or severe depression or – mild depression that complicates the care of a physical health problem.



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CG90

Depression in adults

When prescribing drugs other than serotonin reuptake inhibitors (SSRIs), dosulepin should not be prescribed.

Medication management as a separate intervention for people with depression should not be provided routinely by services. It is likely to be effective only when provided as part of a more complex intervention.

Augmentation of an antidepressant with bupirone*, carbamazepine*, lamotrigine* or valproate* (should not be used routinely) as there is insufficient evidence for their use.

Augmentation of an antidepressant with pindolol* or thyroid hormones* (should not be used routinely) as there is inconsistent evidence of effectiveness.

Current evidence suggests that there are no major safety concerns associated with transcranial magnetic stimulation (TMS) for severe depression. There is uncertainty about the procedures clinical efficacy, which may depend on higher intensity, greater frequency, bilateral application and/or longer treatment durations than have appeared in the evidence to date. TMS should therefore be performed only in research studies designed to investigate these factors.



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CC90

Depression in adults



Do not use antidepressants routinely to treat persistent sub threshold depressive symptoms or mild depression because the risk benefit ratio is poor, but consider them for people with: A past history of moderate or severe depression or: Initial presentation of sub threshold depressive symptoms that have been present for a long period (typically at least 2 years) or Sub threshold depressive symptoms or mild depression that persist(s) after other interventions.

Although there is evidence that St John's wort may be of benefit in mild or moderate depression, practitioners should not prescribe or advise its use by people with depression because of uncertainty about appropriate doses, persistence of effect, variation in the nature of preparations and potential serious interactions with other drugs (including oral contraceptives, anticoagulants and anticonvulsants).

Do not switch to, or start, dosulepin because evidence supporting its tolerability relative to other antidepressants is outweighed by the increased cardiac risk and toxicity in overdose.

Do not use electroconvulsive therapy (ECT) routinely for people with moderate depression but consider it if their depression has not responded to multiple drug treatments and psychological treatment.

Please visit the NICE website for full guidance - www.nice.org.uk

CG28

Depression in children and young people

Antidepressant medication should not be used for the initial treatment of children and young people with mild depression.

Antidepressant medication should not be offered to a child or young person with moderate to severe depression except in combination with a concurrent psychological therapy.

Paroxetine and venlafaxine should not be used for the treatment of depression in children and young people.

Tricyclic antidepressants should not be used for the treatment of depression in children and young people.

Electroconvulsive Therapy (ECT) is not recommended in the treatment of depression in children (5-11 years).

Office-based serological tests for *H. pylori* cannot be recommended because of their inadequate performance.



CG91

Depression with chronic physical health problems

When prescribing antidepressants, be aware that dosulepin should not be prescribed.

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CG52

Drug misuse: opioid detoxification

Opioid detoxification should not be routinely offered to people: with a medical condition needing urgent treatment: in police custody, or serving a short prison sentence or a short period of remand; consideration should be given to treating opioid withdrawal symptoms with opioid agonist medication: who have presented to an acute or emergency setting; the primary emergency problem should be addressed and opioid withdrawal symptoms treated, with referral to further drug services as appropriate.

Clonidine should not be used routinely in opioid detoxification.

Dihydrocodeine should not be used routinely in opioid detoxification.

Ultra-rapid and rapid detoxification using precipitated withdrawal should not be routinely offered. This is because of the complex adjunctive medication and the high level of nursing and medical supervision required.

Accelerated detoxification, using opioid antagonists at lower doses to shorten detoxification, should not be routinely offered. This is because of the increased severity of withdrawal symptoms and the risks associated with the increased use of adjunctive medications.



CG51

Drug misuse: psychological interventions

Group-based psychoeducational interventions that give information about reducing exposure to blood-borne viruses and/or about reducing sexual and injection risk behaviours for people who misuse drugs should not be routinely provided.

Cognitive behavioural therapy and psychodynamic therapy focused on the treatment of drug misuse should not be offered routinely to people presenting for treatment of cannabis or stimulant misuse or those receiving opioid maintenance treatment.

CG113

Generalised anxiety disorder (GAD)



Benzodiazepines are associated with a less good outcome in the long term and should not be prescribed for the treatment of individuals with panic disorder.

Sedating antihistamines or antipsychotics should not be prescribed for the treatment of panic disorder.

Do not offer an antipsychotic for the treatment of generalised anxiety disorder (GAD) in primary care.

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CG133

Longer term care and treatment of self-harm

Do not use risk assessment tools and scales to predict future suicide or repetition of self-harm.

Do not use risk assessment tools and scales to determine who should and should not be offered treatment or who should be discharged.

Do not offer drug treatment as a specific intervention to reduce self-harm.

When prescribing drugs for associated mental health conditions to people who self-harm, take into account the toxicity of the prescribed drugs in overdose. For example, when considering antidepressants, selective serotonin reuptake inhibitors (SSRIs) may be preferred because they are less toxic than other classes of antidepressants. In particular, do not use tricyclic antidepressants, such as dosulepin, because they are more toxic.



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CG26

Post-traumatic stress disorder

Drug treatments for post-traumatic stress disorder should not be used as a routine first-line treatment for adults (in general use or by specialist mental health professionals) in preference to a trauma-focused psychological therapy.

Non-trauma-focused interventions such as relaxation or nondirective therapy, that do not address traumatic memories, should not routinely be offered to people who present with post-traumatic stress disorder (PTSD) symptoms within 3 months of a traumatic event.

Non-trauma-focused interventions such as relaxation or nondirective therapy, which do not address traumatic memories, should not routinely be offered to people who present with chronic post-traumatic stress disorder (PTSD).

For individuals who have experienced a traumatic event, the systematic provision to that individual alone of brief, single-session interventions (often referred to as debriefing) that focus on the traumatic incident should not be routine practice when delivering services.



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CG120

Psychosis with coexisting substance misuse

Do not use biological or physical tests in routine screening for substance misuse in adults and young people with psychosis.

CG82

Schizophrenia



Do not use a loading dose of antipsychotic medication (often referred to as rapid neuroleptisation).

Do not initiate regular combined antipsychotic medication, except for short periods (for example, when changing medication).

Do not routinely offer counselling and supportive psychotherapy (as specific interventions) to people with schizophrenia. However, take service user preferences into account, especially if other more efficacious psychological treatments, such as cognitive behavioural therapy (CBT), family intervention and arts therapies are not available locally.

Do not offer adherence therapy (as a specific intervention) to people with schizophrenia.

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CG82 Schizophrenia

Do not routinely offer social skills training (as a specific intervention) to people with schizophrenia.



For pharmacological interventions, do not use targeted, intermittent dosage maintenance strategies routinely. However, consider them for people with schizophrenia who are unwilling to accept a continuous maintenance regimen or if there is another contraindication to maintenance therapy, such as side-effect sensitivity.

TA136 Structural neuroimaging in first-episode psychosis



Structural neuroimaging techniques (either magnetic resonance imaging (MRI) or computed axial tomography (CT) scanning) are not recommended as a routine part of the initial investigations for the management of first-episode psychosis.

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Support the implementation of NICE guidance

You can support the implementation of NICE guidance in several ways:

- **Comment on guidance in development.** The Trust is a registered stakeholder and invites it's clinicians to comment on the scope and draft versions of new guidance throughout the development process. For information on how you can comment on any guidance in development, please contact the NICE team.
- **Subscribe to the NICE e-newsletter.** This will keep you up to date with links to all the new guidance issued and on-going consultations.
- **Subscribe to the Local Services NICE newsletter.** This is produced bi-monthly by the NICE team. It includes news on all the NICE issues relevant to the Division and keeps you up to date on how NICE guidance is being implemented locally.
- **Sign up for NICE e-alerts** to get regular information on topics of interest.
- **Tell NICE about good practice** and they will share it.
- **Join a committee or topic-based group.**

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