Complete Summary

GUIDELINE TITLE

United Kingdom national guideline on the management of scabies infestation.

BIBLIOGRAPHIC SOURCE(S)

Clinical Effectiveness Group, British Association for Sexual Health and HIV (BASHH). United Kingdom national guideline on the management of scabies infestation. London (UK): British Association for Sexual Health and HIV (BASHH); 2008 Feb 15. 6 p. [10 references]

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Association for Genitourinary Medicine (AGUM), Medical Society for the Study of Venereal Disease (MSSVD). 2002 national guideline on the management of scabies. London: Association for Genitourinary Medicine (AGUM), Medical Society for the Study of Venereal Disease (MSSVD); 2002. Various p.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

- Scabies
- Norwegian scabies

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Dermatology
Family Practice
Infectious Diseases
Internal Medicine
Obstetrics and Gynecology
Urology

INTENDED USERS

Advanced Practice Nurses
Nurses
Physician Assistants
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

To present a national guideline on the management of scabies

TARGET POPULATION

Patients in the United Kingdom with scabies

Note: This guideline is aimed primarily at people aged 16 or older presenting to health care professionals working in departments offering level 3 care in sexually transmitted infection (STI) management in England and Wales, tier 5 in Scotland. However, the recommendations are appropriate in all health care settings.

INTERVENTIONS AND PRACTICES CONSIDERED

Evaluation/Diagnosis

1. Assessment of clinical features, including signs and symptoms of scabies and signs of secondary infection
2. Microscopic examination of scrapings taken from burrows

Management/Treatment

1. General advice and patient education
2. Further investigation of sexually transmitted infections in the sexually active
3. Creams and lotions for treatment of scabies
    - Permethrin 5% cream
    - Malathion 0.5% aqueous lotion
4. Antihistamines and crotamiton cream to relieve itching

5. Oral ivermectin for treatment of Norwegian scabies
6. Management of potentially contaminated clothes and bedding
7. Management of sexual and household or institutional contacts
8. Follow-up

Note: Guideline developers considered but did not recommend benzyl benzoate and crotamiton as treatment options for scabies. Ivermectin is not licensed as a treatment for scabies in the United Kingdom.

MAJOR OUTCOMES CONSIDERED

- Efficacy of treatment
- Infection and re-infection rates
- Symptomatic relief
- Adverse effects of treatment

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

A Medline search was undertaken using search terms scabies, treatment and randomised controlled trial (RCT). The Cochrane database was also searched under scabies. One Cochrane review and one other evidence-based review published since the previous guideline were identified. Three additional clinical trials were considered. Drugs considered were ivermectin, permethrin, crotamiton and benzyl benzoate.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

Ia: Evidence obtained from meta-analysis of randomised controlled trials

Ib: Evidence obtained from at least one randomised controlled trial

IIa: Evidence obtained from at least one well designed controlled study without randomisation

IIb: Evidence obtained from at least one other type of well designed quasi-experimental study

III: Evidence obtained from well designed non-experimental descriptive studies such as comparative studies, correlation studies, and case control studies

IV: Evidence obtained from expert committee reports or opinions and/or clinical experience of respected authorities

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Grading of Recommendations

A (Evidence Levels Ia, Ib)

- Requires at least one randomised controlled trial as part of the body of literature of overall good quality and consistency addressing the specific recommendation.

B (Evidence Levels IIa, IIb, III)

- Requires availability of well conducted clinical studies but no randomised clinical trials on the topic of recommendation.

C (Evidence Level IV)

- Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates absence of directly applicable studies of good quality.

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Successive drafts of the guideline have been reviewed by the clinical effectiveness group of British Association for Sexual Health and HIV (BASHH). The guideline was posted for comment for 3 months on the BASHH website.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Definitions of the levels of evidence **(I-IV**) and grades of recommendation **(A-C)** are defined at the end of the "Major Recommendations" field.

Diagnosis

- The clinical appearance is usually typical, but there may be diagnostic confusion with other itching conditions such as eczema.
- Scrapings taken from burrows may be examined under light microscopy to reveal mites.

Management

General Advice

- Patients should be advised to avoid close body contact until they and their partner(s) have completed treatment.
- Patients should be given a detailed explanation of their condition, and clear and accurate written information on applying the treatment.

Further Investigation

- A full screen for other sexually transmitted infections (STIs) should be undertaken, as there is anecdotal evidence of rates of infection similar to other patients attending Genitourinary Medicine (GUM) clinics.

Treatment

Two topical treatments are recommended in the United Kingdom (UK). Benzyl benzoate is regarded as too irritant, and crotamiton is ineffective compared to the recommended options.

Recommended Regimens

- Permethrin 5% cream (**Level of evidence Ib**, **Grade of recommendation A**)
- Malathion 0.5% aqueous lotion (**Level of evidence IV**, **Grade of recommendation C**)

These should be applied to the whole body from the neck downwards, and washed off after 12 hours, usually overnight.

Itch may persist for several weeks. Application of crotamiton cream may give symptomatic relief and antihistamines may also be helpful.

Potentially contaminated clothes and bedding should be washed at high temperature (>50 degrees C) if possible.

Mites separated from the human host die within 72 hours.

Norwegian scabies may be treated with oral Ivermectin, available on a named-patient basis, in a dose of 200 mcg/kg. Deaths in elderly patients treated with this drug have not been seen in other settings.

Allergy

Treatments to which there is known hypersensitivity should be avoided.

Pregnancy and Breastfeeding

Permethrin is safe during pregnancy or breast-feeding.

Sexual Partners

- Current sexual partners as well as other members of the household should be examined and treated.
- An arbitrary time span widely quoted is for contacts from the previous 2 months to be traced.

Follow-Up

- No clear evidence exists as to optimal follow-up
- The appearance of new burrows at any stage post-treatment is indicative of a need for further therapy, although in re-infection symptoms of pruritus may recur before typical burrows have developed.
- Pruritus persisting more than 2 weeks after treatment may reflect treatment failure, reinfection or drug allergy to anti-scabetics.

<u>Definitions</u>:

Levels of Evidence

Ia: Evidence obtained from meta-analysis of randomised controlled trials

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Grading of Recommendations

A (Evidence levels Ia, Ib)

- Requires at least one randomised controlled trial as part of the body of literature of overall good quality and consistency addressing the specific recommendation.

B (Evidence levels IIa, IIb, III)

- Requires availability of well conducted clinical studies but no randomised clinical trials on the topic of recommendation.

C (Evidence level IV)

- Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates absence of directly applicable studies of good quality.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for selected recommendations (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate management of patients with scabies

POTENTIAL HARMS

Pruritus persisting more than 2 weeks after treatment may reflect a drug allergy to anti-scabetics.

CONTRAINDICATIONS

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Treatments to which there is known hypersensitivity should be avoided.

QUALIFYING STATEMENTS

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- Drugs considered were ivermectin, permethrin, crotamiton and benzyl benzoate. Ivermectin is not licensed as a treatment for scabies in the United Kingdom (UK). There were no randomized controlled trials (RCTs) found involving malathion. Lindane is no longer available in the UK because of its toxicity. There were no controlled studies found of treatments for crusted (Norwegian) scabies.
- The recommendations in this guideline may not be appropriate for use in all clinical situations. Decisions to follow these recommendations must be based on the professional judgement of the clinician and consideration of individual patient circumstances.
- All possible care has been undertaken to ensure the publication of the correct dosage of medication and route of administration. However, it remains the responsibility of the prescribing physician to ensure the accuracy and appropriateness of the medication they prescribe.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Audit Criteria/Indicators

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1999 Aug (revised 2008 Feb 15)

GUIDELINE DEVELOPER(S)

British Association for Sexual Health and HIV - Medical Specialty Society

SOURCE(S) OF FUNDING

Not stated

GUIDELINE COMMITTEE

Clinical Effectiveness Group (CEG)

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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Clinical Effectiveness Group (CEG) Members: Dr Keith Radcliffe, Whittal Street Clinic, Birmingham (BASHH); Dr Imtyaz Ahmed-Jusuf, Nottingham City Hospital (BASHH); Dr David Daniels, West Middlesex Hospital (Chair NAG); Dr Mark FitzGerald, Taunton and Somerset (BASHH); Dr Neil Lazaro (RCGP); Dr Guy Rooney, Swindon and Oxford (RCP); Dr Gill McCarthy, Kingston Hospital (BASHH)

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Conflict of Interest: None

This guideline was commissioned and edited by the Clinical Effectiveness Group (CEG) of the British Association for Sexual Health and HIV (BASHH), without external funding being sought or obtained.

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GUIDELINE AVAILABILITY

Electronic copies: Available from the British Association for Sexual Health and HIV Web site.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Specifications for the development of UK guidelines on the management of sexually transmitted infections (STIs) and closely related conditions 2005. London (UK): British Association for Sexual Health and HIV (BASHH); 2005. 14 p. Electronic copies: Available in Portable Document Format (PDF) from the British Association for Sexual Health and HIV Web site.

Additionally, auditable outcome measures can be found in the original guideline document.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on December 8, 2000. The information was verified by the guideline developer on January 12, 2001. This summary was updated on August 5, 2002. This summary was updated by ECRI Institute on June 24, 2008. The updated information was verified by the guideline developer on June 30, 2008.

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