## C.1.4 Sensory symptoms such as tingling or numbness in adults and children

Component	Description
Review question	In people who present with tingling or altered sensation in the body, what is the accuracy of accompanying signs and symptoms to support non-specialists in identifying suspected neurological conditions?
Objectives	To identify signs and symptoms that, if presenting with tingling or altered sensation in the body, would indicate a neurological condition requiring referral for further specialist assessment.
Population	People presenting to a non-specialist with tingling or altered sensation in the body stratified into the following 2 groups:
	• Adults, young people and children (>5 years)
	• Children (<5 years old) and babies
Presence or absence of predictor	The committee identified the following predictors in people presenting to a non-specialist with tingling or altered sensation in the body for inclusion in the review:  • alcohol use  • diabetes  • distribution of symptoms (for example, peripheral or particular nerve)  • duration of symptoms
	• loss of reflexes
	• pain
	• periodicity (transience) and focality
	• sensory loss
	• vitamin deficiencies
	• weakness.
Outcomes	Main outcomes:
	• Sensitivity (%) and specificity (%)
	<ul> <li>Area under the ROC curve (AUROC) – measure of predictive accuracy</li> </ul>
	Positive and negative predictive values
	Other outcomes:
	Adjusted odds ratios for the presence of the following conditions:
	<ul> <li>compression neuropathy (for example, carpal tunnel syndrome and Meralgia paresthetica)</li> </ul>
	o demyelination
	o drug toxicity – chemotherapy, alcohol, platinum-based drugs
	o functional (hyperventilation)
	o mononeuropathy multiplex
	o peripheral neuropathy
	<ul><li>radiculopathy</li><li>seizures</li></ul>
	<ul><li>seizures</li><li>small fibre neuropathy</li></ul>
	o TIAs
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Component	Description
	o tethering of the spinal cord.
Study design	Prospective or retrospective cohort studies and case-control studies with multivariate analysis.
Exclusions	Neonates (infants aged 28 days and under)
	<ul><li>Studies that are unadjusted for any of the identified predictors listed above</li><li>Studies with univariate analysis only</li></ul>
How the information will be searched	The following neurological condition groups* will form the basis of the search strategy:  epilepsy functional disorders multiple sclerosis and inflammatory disorders peripheral nerve disorders spondylotic myelopathy and radiculopathy tumours of the nervous system catch-all group – rare and other neurological diseases.  The following neurological condition groups will not be included in the search strategy: ataxia central nervous system infections cranial nerve disorder development disorders headaches and migraine neuromuscular diseases sleep disorders traumatic brain and spine injury.
	*Condition groups taken from Defining Adult Neurological Conditions, National Neurology Intelligence Network, April 2016
Key confounders	Any of the predictors listed above
The review strategy	• Statistical outputs may include sensitivity, specificity, adjusted odds rations and AUC
	Meta-analysis where appropriate will be conducted.
	<ul> <li>Evidence from indirect settings, which the committee evaluated as generalisable to a non-specialist setting, will be included in the review.</li> </ul>
	<ul> <li>The risk of bias of each study will be assessed using the QUADAS-2 checklist for diagnostic studies or the NGC checklist for prognostic studies.</li> </ul>
	<ul> <li>The overall quality of the evidence will be assessed using an adapted version of GRADE.</li> </ul>
	<ul> <li>The review may cross-refer to existing NICE guidance which has identified early signs and symptoms for neurological conditions which present with tingling or altered sensation in body.</li> </ul>