

Meeting Minutes
Incontinence in Neurological Disease - GDG Meeting 3
Location: National Clinical Guideline Centre – Board Room
15th December, 2010

GDG		NCGC	
Allison Bardsley	AB	Gill Ritchie	GR
Alun Williams	AW	Lina Gulhane	LG
Amelia Denny	AD	Philippe Laramée	PL
Christine Anderson	CA	Richard Whittome	RW
Clare Fowler	CF	Sharon Swain	SS
Doreen McClug	DM	Tamara Diaz	TD
Keith MacDermott	KM		
Noreen Barker	NB	NICE Observer	
Paul Tophill	PT	Sarah Dunsdon	SD
Simon Harrison (Chair)	SH		
Sue Woodward	SW	NCGC Observers	
Susie Orme	SO	Mark Perry	MP
		Quyen Chu	QC
		Ralph Hughes	RH

1. Introduction

- 1.1. The Chair (SH) welcomed attendees to the Incontinence in Neurological Disease (IND) guideline development group (GDG) meeting 3 and apologies were heard for: Julie Vickerman and Laura Graham. The GDG were introduced to the following observers: Sarah Dunsdon the NICE Guidelines Coordinator, and Quyen Chu, Ralph Hughes, Mark Perry and Richard Whittome from the National Clinical Guidelines Centre.
- 1.2. The following declarations of interest was submitted by Simon Harrison:
 Non-personal pecuniary interest:
 Lectures on a course twice each year on the Urological Care of the Patient with a Spinal Cord Injury. Sponsorship is by direct coverage of expenses with no additional payment beyond direct costs. The course in November received support from Medtronic. Also attended sessions sponsored by Astellas, Glaxo Smith Kline and American Medical Systems during the course of the week.
- 1.3. The following declarations of interest was submitted by Paul Tophill:
 Non-personal pecuniary interest:
 Manages the finances related to course: The Urological care of the patient with a spinal cord injury, which received support from Medtronic.
- 1.4. The Minutes of GDG 2 were agreed as an accurate account of the meeting.
- 1.5. The Chair presented an overview of the agenda for the day's meeting and invited the technical team to deliver the day's presentations.

2. Review of Clinical and Health Economic Evidence:

- 2.1. Does the use of the following direct treatment?
 - Clinical assessment
 - Urine Culture
 - Residual Urine estimate

- Bladder diary/frequency volume chart

2.1.1. Clinical Evidence

SS advised that no relevant evidence was identified for this clinical question.

2.1.2. Health Economic Evidence

PL advised that no economic evidence was sourced for this clinical question, therefore, a report on costing information and current practice was presented to the GDG for their consideration and the group held a discussion on cost effectiveness.

2.1.3. Recommendations

The GDG drafted recommendations for this clinical question.

3. Review of Clinical and Health Economic Evidence

3.1. Does the use of urodynamics (filling cystometry, leak point pressure measurements, pressure-flow studies of voiding, video urodynamics) direct treatment or stratify risk (of renal complications such as hydronephrosis).

3.1.1. Clinical Evidence

SS presented available evidence related to the clinical question. Evidence indicated that urodynamics did have a predictive value particularly in relation to upper tract deterioration in the following high-risk groups: myelodysplasia, spinal cord injury, some male multiple sclerosis, some anorectal anomalies.

3.1.2. Health Economic Evidence

PL advised that no economic evidence was sourced for this clinical question, therefore, a report on costing information and current practice was presented to the GDG for their consideration and the group held a discussion on cost effectiveness.

3.1.3. Recommendations

The GDG drafted recommendations for this clinical question.

4. Economic Workplan

PL presented the economic workplan to the GDG, identifying the priorities for economic analysis for the guideline and the proposed methods for addressing each clinical question.

5. Review and agree key clinical questions

SS presented and obtained agreement from the GDG on the review protocols for questions related to: ileal conduit diversion, augmentation cystoplasty, artificial urinary sphincter, tape and sling surgery, and antibiotics.

6. Close

There being no further business the meeting ended at 4:00 p.m. The next GDG meeting which will be held on 4th February 2011 from 10:30 – 16:30 will take place at the NCGC Offices.