

Alcohol Dependence and Harmful Use GDG - Meeting 5
Thursday 10th September 2009, 10.30 - 16.00
6th Floor Standon House, 21 Mansell Street, London E1 8AA

Present:	Pamela Roberts (PR)	Brendan Georgeson (BG)	Suffiya Omarjee (SO)
GDG:	Julia Sinclair (JS)	Eilish Gilvarry (EG)	Esther Flanagan (EF)
Colin Drummond (CD)	Jan Fry (JF)	NCCMH:	Rob Saunders (RS)
Stephenie Noble (SN)	Edward Day (ED)	Steve Pilling (SP)	NICE:
Anne lingford-Hughes (ALH)	John Dervan (JD)	Amina Udechuku (AU)	Claire Turner (CT)
	Tom Phillips (TP)	Laura Shields (LS)	

Agenda item	Discussions and conclusions	Actions	Who
Introductions and apologies	CD welcomed the GDG to its 5 th meeting, and introduced the new systematic reviewer (Amina Udechuku) and Research Assistant (Laura Shields) to the group. Apologies were received from Alex Copello, Trevor McCarthy, Jayne Gosnall, Adrian Brown, Linda Harris & Marsha Morgan.		
Declaration of interests (DOI)	The Chair asked all GDG members to declare any new relevant conflicts of interest. CD, SN, ALH, PR, JS, JF, BG, EG, ED, JD, TP, SP, AU, LS, SO, EF & RS all declared that they knew of no new personal specific, personal non-specific, non-personal specific or non-personal non-specific interest in the development of this guideline other than those already reported in the conflict of interest forms already submitted.		
Service user/carer concerns	<ul style="list-style-type: none"> EF asked the GDG whether they could suggest organisations to contact to obtain testimonies. JF has contact with Camden and Islington and offered to interview some service users for their accounts. Other local PCTS contact would also be useful. Next step is to start on literature search, and see whether some themes emerge from this. ALH mentioned a systematic review on patient experience of detox/medication. 	<ul style="list-style-type: none"> GDG send contacts to EF Send details of study to EF 	<p>JS & TP</p> <p>ALH</p>
Psychological	AU & LS presented psychological data on BCT:	<ul style="list-style-type: none"> 	

interventions review work	<ul style="list-style-type: none"> • CD noted use of term Brief Intervention- shouldn't get this confuse with screening as very different populations, maybe use 'briefer treatment' instead. EG added that motivational interviewing can be an extended assessment as well as a treatment- be sure of intention. • 12-step needs to be defined clearly as can refer to AA/self-help, but also a facilitated programme- implications of cost differences. • The MesaGrande trial was used as an example of how the literature is divided, however our data will vary from this, partly because we are looking at more severe end of alcohol misuse. Should consider treatments such as relaxation therapy, acupuncture, case monitoring, assertive engagement etc. which are routinely provided in the NHS. • Outcomes: some will be difficult to group- e.g. intensity, duration, complexity of treatment. Even then, difficult to know how many sessions attended. Could consider the literature on coercive treatments. • Population: need to be careful in identifying whether populations are opportunistic or not, e.g. lots of student pops, recruited through adverts (motivational issues). EG noted that will be difficult to classify young people, likely to be dived up as 12-17, or 16-25 years. SP mentioned that there are varied comparative groups, e.g. other active interventions and lack of TAU. Could possibly do a mixed treatment comparison, but depends on resources. ALH- also need to consider when/if detox has occurred. • Aims: need to consider whether aim is abstinence or controlled drinking. Moderate drinkers may aim to reduce rather than stop drinking, whereas more severe drinkers may aim for abstinence. 		
Pharmacology review	<p>RS presented data on Acamprosate, Naltrexone and Topriramate.</p> <ul style="list-style-type: none"> • Niederhofer study- should be looked at separately as adolescents. • Chick & Combine- both very heterogeneous, could remove or keep in analysis, but needs to be explained in narrative. • Need to distinguish between drinking goals in recommendations, e.g. abstinence for acamprosate and controlled drinking for naltrexone. 	<ul style="list-style-type: none"> • Contact Jonathan Chick about data 	CD
Other alcohol guidelines	<p>CT updated the group on the progress of the other alcohol guidelines:</p> <ul style="list-style-type: none"> • Other guidelines are going out for consultation this month, so this GDG will need to comment. • The proposed guideline titles for the three guidelines were examined. Still need to clarify use of 'alcohol misuser' as a shorthand for 'person with an alcohol use disorder'. • Joint glossary was distributed- need to add our relevant terms at a later date. 	<ul style="list-style-type: none"> • Discuss at next GDG 	
Minutes/ matters arising	<ul style="list-style-type: none"> • The GDG went through the minutes of the last meeting- some amendments to make in pharm section. • JD raised issue of GDG membership- EF send info to clarify GDG membership of technical 		EF

	team		
Topic groups	<ul style="list-style-type: none">• The GDG split into topic groups for the remainder of the afternoon		