

**Meeting Minutes**  
**Incontinence in Neurological Disease - GDG Meeting 5**  
**Location: Royal College of Physicians – Linacre Room**  
**11<sup>th</sup> March, 2011**

<b>GDG</b>		<b>NCGC</b>	
Alun Williams	AW	Gill Ritchie	GR
Amelia Denny	AD	Ralph Hughes	RH
Christine Anderson	CA	Tamara Diaz	TD
Doreen McClug	DM	Mark Perry	MP
Judith Jesky	JJ	Sharon Swain	SS
Julie Vickerman	JV		
Keith MacDermott	KM	<b>NICE Observer</b>	
Laura Graham	LGr	Sarah Dunsdon	SD
Noreen Barker	NB		
Paul Tophill	PT	<b>Apologies</b>	
Simon Harrison (Chair)	SH	Alison Bardsley	AB
Sue Woodward	SW	Clare Fowler	CF
Susie Orme	SO		

## 1. Introduction

- 1.1. The Chair (SH) welcomed attendees to the Incontinence in Neurological Disease (IND) guideline development group (GDG) meeting 5 and apologies were heard for: Alison Bardsley and Clare Fowler.
- 1.2. Paul Tophill declared a personal non-pecuniary interest related to his attendance at a meeting sponsored by Gynaecare. There were no other declarations of interest related to the day's agenda.
- 1.3. The Minutes of GDG 4 were reviewed and agreed.
- 1.4. The Chair presented an overview of the agenda.

## 2. Review of Clinical and Health Economic Evidence:

- 2.1. What are the long term risks (renal impairment, hydronephrosis, urinary tract stones, urinary tract infection, malignancy e.g. bladder cancer) and quality of life associated with the long-term use of intermittent catheterisation, indwelling catheters (supra public and urethral) and penile sheath collection/pads?

2.1.1. Clinical Evidence: Seventeen (17) studies were included in the review for long term risks. Most of the studies presented were retrospective reviews of medical records and the results were reported by the outcomes listed below:

- renal impairment
- urinary tract stones
- urinary tract infection
- bladder cancer

Three (3) papers were identified to address quality of life for this clinical question.

2.1.2. Health Economic Evidence: No relevant economic evaluations comparing the short and long-term use of intermittent catheterisation, indwelling catheters and penile sheath collection/pads were identified for review. Relevant unit costs were provided to assist the GDG with consideration of cost effectiveness. The group noted that the intervention with the lowest rate of adverse events would likely be the most cost effective.

**3. Economic analysis: monitoring cost consequence analysis**

RH presented an economic analysis assessing the costs related to different guideline management programmes for the follow up monitoring of patients with incontinence from neurological disease.

**4. Any other business and close of meeting**

There being no further business the meeting ended at 4:00 p.m. The next GDG meeting which will be held on 14<sup>th</sup> April, 2011 from 10:30 – 16:30 and will take place at the NCGC's offices located at 180 Great Portland Street, London, W1W 5QZ.