

Meeting Minutes
Incontinence in Neurological Disease - GDG Meeting 10
Location: National Clinical Guidelines Centre - Boardroom
9th September, 2011

GDG		NCGC	
Alun Williams	AW	Kate Kelley	KK
Amelia Denny	AD	Mark Perry	MP
Christine Anderson	CA	Ralph Hughes	RH
Clare Fowler	CF	Sharon Swain	SS
Doreen Mc Clurg	DM	Tamara Diaz	TD
Judith Jesky	JJ		
Julie Vickerman	JV	Apologies	
Keith MacDermott	KM	Gill Ritchie	GR
Laura Graham	LGr		
Noreen Barker	NB	Cooptee	
Paul Tophill	PT	Ann Pallett	AP
Simon Harrison (Chair)	SH		
Sue Woodward	SW	NICE Observer	
Susie Orme	SO	Clifford Middleton	CM

1. Welcome and Apologies

- 1.1. The Chair (SH) welcomed attendees to the Incontinence in Neurological Disease (IND) guideline development group (GDG) meeting 10 and apologies were heard for Gill Ritchie from the technical team. Dr. Kate Kelley, clinical guidelines manager at the NCGC, supporting the technical team in Gill Ritchie's absence, was introduced to the group. SO and JV were unavoidably delayed and would join the meeting at a later time.
- 1.2. Dr. Ann Pallett the microbiologist recruited to support the GDG with the day's clinical review was introduced to the group along with the day's observer, Clifford Middleton the guideline's commissioning manager from NICE. The group introduced themselves for the benefit of additional meeting attendees.
- 1.3. A cooptee has been recruited to the GDG to cover the continence advisor role following the resignation of Allison Bardsley. Joanne Mangnall will join the meeting during GDG 11.

2. Declarations of Interest

- 2.1. There were no declarations related to the day's clinical reviews.

3. Minutes of GDG 9

- 3.1. The Minutes of GDG 9 were reviewed and agreed by the GDG pending the following changes:
 - 3.1.1. Point 7.1.2: 3rd sentence should read 'The data presented in these studies only provided pre and post operative comparisons.'
 - 3.1.2. Point 7.2.2: 2nd sentence should read 'All studies were pre and post operative comparisons so the evidence was found to be of overall low quality due to the absence of a comparator'.
 - 3.1.3. Amend paragraph numbering throughout the minutes.

4. The Chair presented an overview of the agenda.

5. Review of clinical and economic evidence:

5.1. Do prophylactic antibiotics reduce the risk of symptomatic urinary tract infections?

5.1.1. Clinical evidence:

12 randomised controlled trials were included in the review, including 4 cross-over trials and 8 parallel trials. None of the studies made comparisons with other antibiotics. Studies were first stratified into those involving children and adults and then further sub-divided into the following categories:

Children

- New prophylaxis v no prophylaxis
- Continuation v discontinuation

Adults

- Spinal Cord injury cases
 - New prophylaxis
 - Continuation v discontinuation
- Before urodynamics
- Established neurological cases with a history of recurrent UTIs
- Neurogenic bladder clinic patients.

The outcomes looked at for the intervention, were: symptomatic urinary tract infections and adverse events.

5.1.2. No relevant economic evaluations looking at the effectiveness of antibiotics on reducing symptomatic urinary tract infections were identified. In the absence of recent UK cost effectiveness analysis, relevant costs related to the use of prophylactics were presented to the group and discussed.

5.2. What interventions or configuration of services improve outcomes when a patient is transferred from child to adult services?

5.2.1. Clinical evidence:

9 studies were included in the review, one addressed the effects of a specific transition intervention and 8 were observational studies used to evaluate current practice. Of the observational studies, three were family centre and five were qualitative studies looking at perceptions of current transition services.

The outcomes looked at included the following:

- Patient experience
- Quality of life
- Morbidity (renal impairment, incontinence, urinary tract infections)
- Continuity of care
- Readmission to hospital

5.2.2. Economic evidence:

No relevant economic evaluations or related costs were identified for this clinical question.

6. Any other business and close of meeting

There being no further business the meeting ended at 3:30 p.m. The next meeting of the IND GDG will take place on 14th October, 2011 from 10:30 a.m. – 4:30 p.m. at the NCGC's offices located at 180 Great Portland Street, London, W1W 5QZ.