

NICE-SCIE Clinical Guideline

Bipolar in adults, children and young people (Update) guideline Stakeholder consultation workshop notes

27 April 2012

Group 1

1. **Scope - Are we on the right track? Have we struck an appropriate balance between the need to keep the scope manageable and covering the most important clinical issues?**
 - *Participants discussed the benefits of including a section on bipolar spectrum in the guideline.*
 - *Participants confirmed the importance of reviewing diagnostic instruments and also suggested that time to diagnosis should be reviewed.*
 - *It was suggested that the current distribution of costs is skewed towards inpatient care and that the guideline should consider whether resources could be more usefully spent in the community to prevent hospital admission.*
 - *Participants emphasised that the most significant costs relating to bipolar disorder were the social costs of unemployment. The guideline should therefore consider therapeutic interventions that have return to employment as a goal. However, participants also stressed the importance of improving general social functioning and quality of life. While the previous guideline focused on reducing symptoms, participants hoped that this update might go further and consider the general well being of service users.*

2. **Do the topics listed in the scope (section 4.3.1) cover the most important areas? Are there any omissions or any topics on the list that should be deleted?**
 - *Although monitoring for side effects was considered important more advice was need about how to manage side effects*
 - *Good quality information was need to support shared decision making and patient choice.*
 - *Participants agreed that it was important for the guideline to review advances in technological support for monitoring, concordance and therapeutic interventions.*
 - *Participants suggested that the inclusion of the following additional outcomes:*
 - *Empowerment*
 - *Social capital*
 - *Recovery*

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- 3. Equalities – how do inequalities impact on the provision of care for people with Bipolar Disorder? Should any particular subgroups of the population be considered within the guideline?**
 - *Participants agreed that, while the inclusion of children and young people was appropriate there was a lack of focus on older people, who are often more vulnerable to the toxicity of treatment. It was suggested that in this context older people should be defined as 60 years and over.*
 - *BME groups are often over represented in patient populations and cultural differences can be misinterpreted by clinicians when diagnosing bipolar disorder.*
 - *At the same time it can be difficult for some people to access services, where cultural differences act as a barrier to seeking health care.*
 - *The guideline should also be mindful of those minority groups (for example the South Asian population) who have greater risk of health conditions such as cardiovascular disease and diabetes, which are also risk factors associated with the pharmacological management of bipolar disorder. Some BME groups metabolise drug differently and this should be accounted for in the guideline.*

- 4. Regarding the suggested guideline development group composition – are all the suggested members appropriate? Should we be including any other types of members for this guideline? Could there be a role for expert advisers in this guideline?**
 - *The group agreed with the suggested guideline development group composition.*

Group 2

- 1. Scope - Are we on the right track? Have we struck an appropriate balance between the need to keep the scope manageable and covering the most important clinical issues?**
 - *The group suggested consideration validity of bipolar spectrum disorder is needed.*
 - *It was suggested that high level communities need to be identified. Data on how people enter the service, and who is already in the service should be reviewed.*
 - *It was discussed that 'high' and 'low' intensity are not easily defined.*

- 2. Do the topics listed in the scope (section 4.3.1) cover the most important areas? Are there any omissions or any topics on the list**

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that should be deleted?

- *Exercise and peer support should be added.*
- *Key nutritional supplements such as omega 3, zinc and folic acid were identified. It was mentioned that more service users are requesting nutritional supplements in clinical practice*
- *It was raised that it may be difficult to find trials with patients without co morbidities*
- *Rapid cycling trials should be reviewed.*
- *Mixed affective states should be looked at.*
- *Risk of suicide and adverse effects should be considered.*
- *Safeguarding both children and adults needs to be addressed.*

3. Equalities – how do inequalities impact on the provision of care for people with Bipolar Disorder? Should any particular subgroups of the population be considered within the guideline?

- *Access to an appropriate service is an issue.*
- *The transition between services (child to adult, adult to older adult)*
- *The transition in diagnosis (depression to bipolar)*
- *Afro Caribbean groups*
- *Men and boys. Females are more likely to present themselves to services.*
- *Pre-conception and pharmacological intervention*

4. Regarding the suggested guideline development group composition – are all the suggested members appropriate? Should we be including any other types of members for this guideline? Could there be a role for expert advisers in this guideline?

- *Pharmacist with an interest in paediatric pharmacology*
- *Care manager*
- *Parent carer (to show the view of a carer who has seen the transition between CAMHS and adult mental health services)*

Group 3

1. Scope - Are we on the right track? Have we struck an appropriate balance between the need to keep the scope manageable and covering the most important clinical issues?

- *Older adults should be specified under populations due to the differences in mental and physical health problems.*
- *The group were concerned that some people are misdiagnosed with personality disorders and do not receive treatment for bipolar disorder.*
- *The interaction between primary and secondary care should be reviewed.*

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- *There are important differences in prescribing for different age groups which should be considered.*

2. Do the topics listed in the scope (section 4.3.1) cover the most important areas? Are there any omissions or any topics on the list that should be deleted?

- *Monitoring of physical issues should be added.*
- *The acceptability of medication should be added.*
- *Psycho-education should not be listed as a low intensity intervention.*
- *It was suggested that mood clinics and early intervention clinics specific to bipolar are considered.*
- *Drug sequencing should be added.*
- *It is important to look at the different treatments suitable for the different types of bipolar disorder.*
- *Patient decision aids should be considered.*
- *Relapse should be added as an additional outcome.*

3. Equalities – how do inequalities impact on the provision of care for people with Bipolar Disorder? Should any particular subgroups of the population be considered within the guideline?

- *Older adults*
 - *Women of a childbearing age, pre and postnatal women should be added as a subgroup.*

4. Regarding the suggested guideline development group composition – are all the suggested members appropriate? Should we be including any other types of members for this guideline? Could there be a role for expert advisers in this guideline?

- *A representative from a voluntary organisation.*
- *A clinician with experience in metabolic problems.*