

Date and Time: *Tuesday 26th November 2013*
10:00 – 16:30

Minutes: Confirmed

Guideline Development Group Meeting

*Diabetes in children and young people:
diabetic ketoacidosis subgroup*

Place: *Royal College of Obstetricians and Gynaecologists
London*

Present:

Julie Edge (Chair) (JE)	(Present for notes 1 – 13)
Sarah Eaton (SE)	(Present for notes 1 – 13)
Jacqueline Double (JDo)	(Present for notes 1 – 10)
William Lamb (WL)	(Present for notes 1 – 13)
Andrew Durward (AD)	(Present for notes 1 – 13)

In attendance:

NCC-WCH staff: Sarah Bailey (SB) Rupert Franklin (RF) Moira Mugglestone (MM) Stephen Murphy (SM) Katie Webster (KW)		(Present for notes 1 – 10) (Present for notes 1 – 13) (Present for notes 1 – 13) (Present for notes 1 – 13) (Present for notes 1 – 4 & 11 – 13)
NICE attendees: Sarah Dunsdon (SD)		(Present for notes 1 – 13)

Observers:

None		
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Notes

1. JE welcomed the group to the meeting. Apologies were received from Claire Pesterfield.
2. JE asked all the GDG members and other attendees to declare any new interests that they had accrued since the full GDG 8 and reiterate any interests declared previously that were relevant to the meeting agenda.

JE

Personal pecuniary

Spoke at the Australia Paediatric Society Diabetes Meeting which was funded by a number of commercial sources. Registration and travel costs were paid for by the Australian Paediatric Society. These constituted reasonable expenses. The content of the presentation was on cerebral oedema in children and young people with diabetic ketoacidosis (DKA).

Personal non-pecuniary

Author of a paper looking at the timing of insulin therapy which was included in the systematic review for this question.

JD

Personal pecuniary

Will be attending a meeting in Australia which is funded by a number of commercial sources. Travel costs will be paid for by the meeting organisers. These constitute

Notes

reasonable expenses.

BL

Personal pecuniary

Spoke at a conference on diabetes and exercise. The conference was sponsored by a number of insulin pump manufacturers. Travel expenses were paid for by the meeting organisers. These constituted reasonable expenses.

Spoke at a training course on the use of insulin pumps. The course was sponsored by a number of insulin pump manufacturers. All expenses were paid for by BL's university. These constituted reasonable expenses.

SE

Non-personal pecuniary

Member of a conference planning team for a conference held on 6th November 2013. The conference was organised by Diabetes UK and the Universities of York and Huddersfield. The conference was sponsored by a number of pharmaceutical companies but SE did not receive any funding herself and was not responsible for the management of the funds.

Personal non-pecuniary

Attended a GP education event funded by a number of pharmaceutical companies. No direct funding was received.

No other new declarations of interest were received from the GDG members or the other attendees.

Because JE was the author of a paper included in the review on the timing of insulin therapy, she stepped down as chair for the GDG discussion of this topic. SM chaired the GDG for this topic discussion. It was agreed that whilst JE would be able to participate in the discussion, she would not have a casting vote on recommendations should this arise.

It was agreed that no interests declared at this meeting or previously warranted exclusion of any GDG members from discussion of evidence or formulation of recommendations at the meeting.

Declarations are kept on record at the NCC-WCH and will be published in the full guideline.

3. KW gave a presentation to the group on the interpretation of diagnostic studies.
4. KW presented the review on symptoms, signs and biochemical abnormalities for identifying DKA in children and young people. The group discussed the review findings.
5. The group developed recommendations and drafted an explanation of their interpretation of the evidence for the question on symptoms, signs and biochemical abnormalities. Notes were made live on screen.
6. SB presented the review on insulin dosage for children and young people with DKA. The group discussed the findings of the review.
7. The group developed recommendations and drafted an explanation of their interpretation of the evidence for the question on insulin dosage for children and young people with DKA. Notes were made live on screen.
8. JE stepped down as chair for the discussion of insulin timing for children and young people with DKA. SM chaired this discussion (see point 2 above).
9. SB presented the review on insulin timing for children and young people with DKA. The group discussed the findings of the review.
10. The group developed recommendations and drafted an explanation of their interpretation of the evidence for the question on insulin timing for children and young people with DKA. Notes were made live on screen.
11. KW presented the review on anticoagulant prophylaxis for children and young people with DKA. The group discussed the findings of the review.
12. The group developed recommendations and drafted an explanation of their interpretation of the evidence for the question on anticoagulant prophylaxis for children and young

Notes

people with DKA. Notes were made live on screen.

13. There were no other items of business. JE thanked the group for attending and closed the meeting.

Date, time and venue of the next DKA subgroup meeting

Tuesday 11th & Wednesday 12th March 2014 10:00 – 16:30 at the Royal College of Obstetricians and Gynaecologists, London