NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Anxiety (update) GDG - Meeting 2
Friday 17th July, 10.30-16.30
6th Floor Standon House, 21 Mansell Street, London E1 8AA

Present:	Judy Leibowitz (JL)	NCCMH:
GDG:	Catherine O'Neill (CO)	Tim Kendall (TK)
John Cape (JC)	Phillip Cowen (PC)	Nick Meader (NM)
Marta Buszewicz (MB)	Joanna Hackman (JH)	Ifigeneia Mavranezouli (IM)
Paul Salkovskis (PS)	NICE:	Esther Flanagan (EF)
Jill Keegan (JK)	Claire Turner (CT)	Sarah Stockton (SS)
		Jennie Robertson (JR)

Agenda item	Discussions and conclusions	Actions	Who
Introductions and apologies	The chair (JC) welcomed the group to its second GDG meeting and everyone introduced themselves. Apologies were received from Carolyn Chew-Graham, Jan Scott & Karina Lovell.		
Declaration of interests (DOI)	GDG members declared any new conflicts of in interest. JC, MB, JK, PC, JL, JH, TK, NM, IM, EF, SS, CT & JR all declared that they knew of no new personal pecuniary, personal family, non-personal pecuniary or personal non-pecuniary interest in the development of this guideline other than those already reported in the conflict of interest forms already submitted. PS declared two non-personal pecuniary interests: 1) Receiving £2154.10 from Meiji Seika Kaisha, Ltd for flights from London to Tokyo and Hong Kong to London for teaching in Japan and Hong Kong in October 2009. 2) My group has been contracted to provide "top-up" training in CBT for the London IAPT services. This funding is awarded to King's College. CO declared a ….*to be inserted*		
Matters arising	• The GDG went through the minutes of the last meeting which were agreed to be accurate. • No rationale was found for the discrepancy between the age of population in original scope (16+) and the guideline (18+). Therefore, we will look at 18+ years for consistency.		
Service	• JK raised the importance distinguishing between service users and carers, and also		

user/carer concerns	reiterated the issue of choice along care pathways. PS has been involved in some pilot work on patient choice and shared decision-making which may be of use. • Terminology for the guideline is yet to be agreed. • CO raised a question on the patient booklet in original guideline. TK explained how we now have a product called 'Understanding NICE guidance' which aims to assist interactions between service users and services, by paralleling the 'Quick Reference Guide' for health professionals. • A discussion ensued on levels of evidence. TK explained how it would be hard to consider aids such as helplines without RCT evidence. Though we do make good practice points derived from consensus and the service user & carer chapter, which may for example address experience of services in the NHS and ethical issues.		
Clinical Questions	The GDG revisited the Clinical Questions for the final time. • Following discussion, Trazodone, dose response and withdrawal symptoms were added to the pharmacological section. Risk of withdrawal symptoms for pregnant women on SSRIs needs to be highlighted somewhere in the guidance. • Following discussion, the GDG thought it better to remove 'brief interventions' and list them instead. Performance arts therapies were also added. • Issues of access need to be considered, especially where there is a lack of evidence- e.g. for those with language difficulties, learning disabilities and the elderly. • The following complementary therapies were added for consideration: Hypnotherapy, acupuncture, aromatherapy, valerian, kava and homeopathy (though could be taken as placebo).	- Ask KL and JS specific brief interventions they want listed.	EF
Outcomes	NM asked the GDG their views on the size of improvement as well as differences in clinician rated vs. self-reported outcomes. • Most outcomes are reported using the HAM-A. How many points would we consider a significant change? How is this reflected in the change to the person's life? • Need to be aware of training and quality assurance on such scales. • Clinician rated and self report both offer different things- but older trials unlikely to have self-report data. • NM noted that most small effects exist only because of what is not published. We also need to consider cut-off points, e.g. even with substantial improvement an individual may reach threshold for diagnosis. • Conclusion: remission is better than response is better than symptoms. (Function better than QoL). PC- Number needed to treat is also useful to distinguish between those in remission. • Remission would also be the best common outcome between clinical- and cost-effectiveness.	- Need to decide on clinical significance.	GDG
Economic plan	IM presented the economic plan. • Complimentary treatment should not be 4th comparator as unlikely to be any health economic data.	- Send out revised version of economic plan	IM

	• Will include out of patent drugs, but not newer unlicensed drugs as we cannot recommend as first line treatment.		
Antidepressants	NM presented the data on antidepressants in treating GAD: • Exclusion criteria for pharm trials will be more clear cut than for psychology. • IM noted we need to be aware of placebo effects in relation to the comparator drug's efficacy. Placebo will be included in HE analysis.	- Send GDG exclusion criteria and included studies for anti-depressants. - If GDG know of further trials please let NM know: - List pharm companies already contacted	NM GDG EF
Introduction to GL and SU/C chapter	• The GDG were allocated writing tasks for the introduction. • The GDG discussed the format of the full guideline and how to integrate/reference the original. TK suggested the possibility of a two part guideline on GAD followed by panic. This will need to be confirmed by NICE. PS raised issue of agoraphobia without panic disorder- missed from original guideline. • Experience of care chapter- need to collect personal accounts of those who have had or cared for people with GAD. The editor will speak about this chapter more at the next GDG. • Look at research from PS depending on methods of analysis.	- Send out writing task plan to GDG and corresponding sections from depression guideline - CT confirm where this could be covered. - Send CO template questions and consent form & arrange meeting with Clare Taylor	EF EF
Any other business	• PS apologies for September GDG		