ATTACHMENT 1

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Alcohol Dependence and Harmful Use GDG - Meeting 3
Friday 12 June 2009, 10.30 – 16.00
6th Floor Standon House, 21 Mansell Street, London E1 8AA

Present:

GDG:
Colin Drummond (CD)
Pamela Roberts (PR)
Stephenie Noble (SN)
Julia Sinclair (JS)
Brendan Georgeson (BG)
Alex Copello (AC)
Trevor McCarthy (TM)
Edward Day (ED)
Jan Fry (JF)
John Dervan (JD)
Tom Phillips (TP)
Adrian Brown (AB)
Jayne Gosnall (JG)
Marsha Morgan (MM)
Eilish Gilvarry (EG)

NCCMH:
Steve Pilling (SP)
Alejandra Perez (AP)
Suffiya Omarjee (SO)
Esther Flanagan (EF)
Rob Saunders (RS)

NICE:
Claire Turner (CT)

Agenda item	Discussions and conclusions	Actions	Who
Introductions and apologies	CD welcomed the GDG to its 3rd meeting and apologies were received from Anne Lingford-Hughes and Linda Harris.		
Declaration of interests (DOI)	The Chair asked all GDG members to declare any new relevant conflicts of interest. CD, PR, SN, BG, EG, AC, TM, ED, JF, JD, TP, AB, MM, JG, SP, AP, SO, EF & CT all declared that they knew of no new personal specific, personal non-specific, non-personal specific or non-personal non-specific interest in the development of this guideline other than those already reported in the conflict of interest forms already submitted. JS declared a personal pecuniary interest: Gave a talk on non-promotional training course run by the 'Lundbeck Institute' on complex depression. Talk was on suicide and co-morbidity (including alcohol) (June09).		
Business matters	• The GDG went through the minutes from the last GDG, which were agreed to be an accurate account of the meeting. • The joint glossary was briefly discussed: BG noted that terms such as AA and 12-step will need to be defined. Also terminology for 'service user/carers' needs to be agreed across the guidelines. CD mentioned that we don't necessary have to try and match DH/NTA terminology. • MM brought up the PREDICT study which looks at who does better in which treatment.		

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Child/ adolescent issues	EG presented on child and adolescent issues which may arise during development. Issues that followed included: • Need to consider whether tools are transferable to young people. • Avon study- Ongoing longitudinal study looking at numerous variables including genetics. • White paper- mortality & age. We should consider the management of harm/depression as a preventative intervention? • It may be better to have a separate child/adolescent section. SP mentioned that differences within the 10-17 age group could also be quite substantial. • Need to be careful when alcohol is reported as a secondary problem, e.g. substance use disorder. This could potentially lead to missing studies in the search, (though the word alcohol should appear in the abstract) but first we should run a search on young people + alcohol as our key priority.	Send presentation to group Do a search specifically on young people and alcohol.	EF AP
Update on Assess/ID TG	TP updated the GDG on the progress of the assessment and identification topic group: Issues that followed included: • Co-morbid populations- important issues, however to review all of these would be a large amount of work & HE modelling. Could draw upon literature from IAPT case ID instead. • CD raised the issue of assessing cognitive function/mental health. This is important as this population are often unaware of such problems, and instead may present in A&E. Effective screening tools can be borrowed from the depression guideline. • Physical assessment is also important, which may also need to be considered.		
Update on Pharma TG	RS updated the group on the progress of the pharmacology TG. Issues that followed included: • High dropout rates (approx. 50%) need to be considered carefully even with ITT analysis. SP suggested an overall and a sub-group analysis. CD noted that a 50% dropout is probably representative of the target population- and this will impact on cost-effectiveness. • SP raised the issue of preferred outcome measures- we need to establish these at the next meeting.	Decide on preferred outcomes at GDG 4	
Care pathway and joint glossary	• With regards to the care pathway model- overlap is likely to occur in the referral and treatment of harmful and hazardous drinkers. Should progress asap on the ass/ID TG in order to feed into the consultation of the NCC-CC guideline in September. • Joint glossary aims to agree appropriate terms over the three pieces of guidance for consistency, where terms are relevant to more than one guideline. Also helps make sense of source material and other lexicons.	Strike out terms obviously non relevant to this GL and send to group to comment.	SP & EF
Guideline structure	• SP described the typical chapter structure used in the full guidelines. In terms of starting on the drafts, ideally Assess/ID and Pharmacology chapters will be done by Autumn, and psychology by the end of the year. First draft of whole guideline is due in April 2010.		
Topic Groups	• The GDG split into three TGs for the remainder of the day (pharma, psych and assess/ID).		