Meeting Minutes
Incontinence in Neurological Disease - GDG Meeting 7
Location: National Clinical Guidelines Centre - Boardroom
20th May, 2011

GDG		**NCGC**	
Alison Bardsley	AB	Mark Perry	MP
Alun Williams	AW	Ralph Hughes	RH
Amelia Denny	AD	Sharon Swain	SS
Christine Anderson	CA	Tamara Diaz	TD
Doreen McClurg	DM	Norma O' Flynn	NO'F
Judith Jesky	JJ		
Keith MacDermott	KM	**NICE Observer**	
Laura Graham	LGr	Sarah Dunsdon	SD
Noreen Barker	NB		
Paul Tophill	PT	**Apologies**	
Simon Harrison (Chair)	SH	Clare Fowler	CF
Sue Woodward	SW	Gill Ritchie	GR
Susie Orme	SO	Julie Vickerman	JV

1. Welcome and Apologies

1.1. The Chair (SH) welcomed attendees to the Incontinence in Neurological Disease (IND) guideline development group (GDG) meeting 7 and apologies were heard for: GDG members Clare Fowler and Julie Vickerman and the NCGC's guideline lead Gill Ritchie. Norma O'Flynn, Clinical Director at the NCGC was introduced to the group, she would stand in as guideline lead in absence of Gill Ritchie.

2. Declarations of Interest

2.1. The following personal non-pecuniary interests were declared to the group by PT:

- 2.1.1. 9.5.2011 sponsorship of a teaching course I manage by Amdipharm
- 2.1.2. 10.5.2011 sponsorship of a teaching course I manage by American Medical Systems
- 2.1.3. 10.5.2011 sponsorship of a teaching course I manage by GSK
- 2.1.4. 11.5.2011 sponsorship of a teaching course I manage by Coloplast

2.2. The following personal non-pecuniary interests were declared to the group by DM:

- 2.2.1. "As part of my PhD I undertook two research studies relating to pelvic floor muscle training in people with multiple sclerosis. I am the author of two of the papers reviewed."

DM acted as expert for the group in this area and did not participate in the drafting of recommendations in this area.

2.3. The chair declared the following personal non-pecuniary interest to the group:

- 2.3.1. Sponsorship of Spinal Injury course – 9th – 13th May – Amdipharm, American Medical SystemsGSK and Coloplast.
- 2.3.2. Additional Urological Consultant's meetings – 4th May – sponsored by Pfizer.

2.4. There were no further declarations of interest relevant to the day's agenda.
Action: TD to follow up with SH for written DOI form.

3. Minutes of GDG 6

The Minutes of GDG 6 were reviewed and agreed pending the following changes:

3.1. Page 1: Amelia Denny's apologies to be noted on attendance list and in apologies in point 1.1.
3.2. Page 2: point 3.1.3 Discussions, line 6 should read: 'unsuitability of augmentation cystoplasty for patients who do have'
3.3. Page 2: point 3.2.1 Clinical evidence, spelling to be corrected on 'creatinine' in line 4 and 'scintigraphic' in line 5.
3.4. Page 3: point 3.2.3 Discussions, line 6 should read: 'progressive renal damage, the limited effectiveness of Serum Creatinine and the long'
3.5. Page 3: point 5.1 line 5, the list of volunteers that form the economic subgroup should include Alun Williams.

There were no matters arising from the minutes of GDG 6.

4. The Chair presented an overview of the agenda.

5. Review of Clinical and Health Economic Evidence:

5.1. Do behavioural management programmes (timed voiding, voiding on request, bladder retraining, habit retraining) compared with a) each other b) usual care, improve outcomes?

5.1.1. Introduction: Behavioural management programmes
SO and LG provided introductory presentations. These introductions covered the patient populations who would most benefit from behavioural management programmes, existing interventions used and the pre-requisites for the delivery of effective behavioural management programmes.

5.1.2. Clinical Evidence:
No Randomised Controlled Studies were found for the predetermined population for this clinical question. 2 Cochrane reviews and 1 RCT on an elderly population were found. The RCT was not included in either Cochrane Review.

5.1.3. Health Economic Evidence:
No relevant economic evaluations comparing behavioural management programmes with each other or with usual care were identified. Costs related to the delivery of behavioural management programmes were presented to the group and discussed.

5.2. Does pelvic floor muscle training with or without electrical stimulation or biofeedback compared with treatment as usual, improve outcomes?

5.2.1. Introduction: Pelvic Floor Muscle Training
DM delivered a presentation which introduced the group to pelvic floor muscles, their function, and what PFMT entails. The presentation also covered how stress urinary incontinence and urgency/urge urinary incontinence are affected by PFMT, the effectiveness of biofeedback tools, DM also offered a briefing on existing evidence that looks at PFMT.

5.2.2. Clinical Evidence: 1 RCT included in the review looked at pelvic floor muscle training (PFMT) vs untreated group in a population of stroke survivors. The 4 other RCTS included in the review looked at patients with multiple sclerosis.

5.2.3. Health Economic Evidence:
No studies were identified that analysed the cost-effectiveness of Pelvic floor muscle training for the treatment of neurological incontinence. Costs related to the delivery of behavioural management programmes were presented to the group and discussed.

5.3. Research Recommendations

5.3.1. After consideration of the clinical review and discussions on the quality and applicability of evidence the GDG drafted recommendations for both behaviour management programmes and pelvic floor training. It was agreed that there was a need for further research on these interventions.

6. Any other business and close of meeting

There being no further business the meeting ended at 3:00 p.m.

The next GDG meeting will be held on 24th June, 2011 from 10:30 – 16:30 and take place at the NCGC's offices located at 180 Great Portland Street, London, W1W 5QZ.