

Surveillance proposal consultation document

2018 surveillance of [urinary incontinence in neurological disease](#) (NICE guideline CG148)

Proposed surveillance decision

We propose to not update the NICE guideline on urinary incontinence in neurological disease at this time.

Reasons for the proposal to not update the guideline

The recommendations in this guideline were largely based on consensus because of inadequate quantity and quality of evidence. Since then, the evidence base, and clinical practice do not appear to have progressed enough to support an update of this guideline. Most of the new evidence was consistent with current recommendations.

Overview of 2018 surveillance methods

NICE's surveillance team checked whether recommendations in [urinary incontinence in neurological disease](#) (NICE guideline CG148) remain up to date. The static list process was followed consisting of:

Feedback from topic experts and voluntary and community sector organisations via a questionnaire.

- A search for new or updated Cochrane reviews
- A search of trial registries
- Examining related NICE guidance and quality standards
- Examining the event tracker for relevant ongoing and published events
- Consultation on the decision with stakeholders (this document).

After consultation on the proposal we will consider the comments received and make any necessary changes to the decision.

For further details about the process and the possible update decisions that are available, [see ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

Evidence considered in surveillance

Search and selection strategy

Using the static list process, we searched for new Cochrane reviews related to the whole guideline. We found 2 relevant Cochrane reviews published between September 2013 and September 2018.

We considered these studies in conjunction with 4 additional relevant publications from a total of 21 identified by topic experts. Many of the publications identified by topic experts were not eligible for consideration because were general narrative reviews of a topic rather than systematic reviews.

From all sources, we considered 6 studies to be relevant to the guideline.

Intelligence gathered during surveillance

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline. For this surveillance review topic experts completed a questionnaire about developments in evidence, policy and services related to NICE guideline CG148.

We sent questionnaires to 15 topic experts and received 6 responses of which 4 suggested an update, 1 suggested no update and 1 provided no comment. The main area suggested for updating the guideline included the following:

Electrical nerve stimulation

- In the original guideline sacral nerve stimulation was given as an example of a treatment to improve bladder storage of urine. However, the guideline development group made a decision to exclude sacral nerve stimulation from the formal literature review on the basis of the known sparsity of published data on its application to neurogenic incontinence. No new evidence was identified through intelligence gathering on electrical stimulation targeting neurological incontinence at the current surveillance review. NICE has published [Percutaneous posterior tibial nerve stimulation for overactive bladder syndrome](#) (NICE interventional procedure guidance [IPG362] 2010) but the targeted population is not specific to the population with neurological disease.

Urethral tape and sling surgery

- Current recommendation state ‘consider autologous fascial sling surgery for people with neurogenic stress incontinence (1.4.2) and ‘do not routinely use synthetic tapes and slings in people with neurogenic stress incontinence because of the risk of urethral erosion (1.4.3).’ NICE has published: [Insertion of biological slings for stress urinary incontinence in women](#) (IPG154) and [Single-incision short sling mesh insertion for stress urinary incontinence in women](#) (IPG566). However on 10 July 2018, Clinical Advisory Group, NHS England and NHS Improvement have announced that a process of high vigilance scrutiny should apply to the use of a group of procedures, including pause on the use of vaginally inserted mesh and tape that are used to treat stress urinary incontinence and pelvic organ prolapse in England. For details, see the [letter from NHS England and NHS Improvement](#) to trust medical directors. NICE will work with NHS England to produce a shared decision making tool, to be available when NICE [guideline on urinary incontinence and pelvic organ prolapse](#) publishes early 2019. We will add an alert note to NICE guideline CG148 webpage to address the government’s announcement on the use of vaginally inserted mesh and tape to treat stress urinary incontinence.

Topic experts identified 4 published studies relevant to this guideline. However, none of these studies impact on the guideline as they either support current recommendations or the new evidence is insufficient to change recommendations. One study ([Hoen et al. 2017](#)) supports the recommendations to consider bladder augmentation in patients with neurogenic bladder dysfunction. Three further studies ([Krhut et al. 2018](#), [Chen et al. 2018](#), [Welk et al. 2018](#)) assessed the effectiveness of beta 3 agonist mirabegron for treatment of neurogenic detrusor overactivity and overactive bladder. Mirabegron may improve some urodynamic variables of overactive bladder but the evidence was based on small scale studies and was considered to be insufficient to have an impact on the guideline. The use of beta-3-adrenoceptor agonists are not covered by the current guideline. NICE has published [Mirabegron for treating symptoms of overactive bladder](#) (NICE technology appraisal guidance [TA290] 2013) but the targeted population is not specific to the population with neurological disease.

Cochrane reviews

We found 2 Cochrane reviews relevant to this guideline. However, none were considered to impact on current recommendations in the current guideline.

One review ([Utomo et al. 2014](#)) assessed different surgical therapies and botulinum A toxin injections for the treatment of functional bladder outlet obstruction. However, five studies were identified and the results were inconclusive. The second review ([Jamison et al. 2013](#)) planned to examine different types of catheter for managing the neurogenic bladder incontinence but no relevant studies were found.

Ongoing research

We checked for relevant ongoing research; of the ongoing studies identified, 6 studies were assessed as having the potential to impact recommendations; therefore we plan to monitor these studies and when they are published, evaluate the impact of the results on current recommendations as quickly as possible. These studies are:

- [Stimulation of the Tibial nerve – A Randomised Trial for Urinary problems associated with Parkinson’s disease](#)
- [Optimising pelvic floor muscle training to improve quality of life outcomes for individuals with progressive multiple sclerosis and incontinence](#)
- [Prevention of recurrent symptomatic urinary tract Infections in participants with chronic neurogenic bladder dysfunction](#)
- [ICONS II: Identifying Continence OptioNs after Stroke](#)
- [Improving Parkinson's related overactive bladder](#)
- [Fesoterodine fumarate for the treatment of neurogenic bladder](#)

Implementation of the guideline

One topic expert indicated that there is a lack of community based services for children with bladder and bowel problems which results in inability to implement relevant NICE Guidelines and recommendations at a local level. A commissioning guide ([Paediatric Continence Commissioning Guide](#)) prepared by the Paediatric continence services addresses service provision and has been accredited by NICE. This commissioning guide provides support for the local implementation of NICE guidance through commissioning and should be read together with NICE urinary incontinence guidelines.

Views of stakeholders

Stakeholders are consulted on all surveillance reviews except if the whole guideline will be updated and replaced. Because this surveillance proposal was to not update the guideline, we are consulting with stakeholders.

See [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual for more details on our consultation processes.

Equalities

No equalities issues were identified during the surveillance process.

Editorial amendments

During surveillance of the guideline we identified the following points in the guideline that should be amended.

Recommendation 1.1

Contains a hyperlinked-cross-reference to an old version of the guideline on urinary incontinence (<https://www.nice.org.uk/guidance/cg40>). Because this guideline has been updated, this page simply contains text about the update with a link to the new guidance (<https://www.nice.org.uk/guidance/cg171>).

The hyperlink should be updated to take the reader directly to the updated guideline.

Recommendation 1.11.4

[Transition from children's to adults' services for young people using health or social care services](#) (2016) NG43 published after publication of NICE guideline CG148. A cross referral to this in recommendation 1.11.4 (Transfer from child to adult services) at this point may be useful.

Footnote 6

Footnote 6 contains a hyperlinked-cross-reference to an old version of the guideline on chronic kidney disease (<https://www.nice.org.uk/guidance/cg73>). Because this guideline has been updated, this page simply contains text about the update with a link to the new guidance (<https://www.nice.org.uk/guidance/cg182>).

The hyperlink should be updated to take the reader directly to the updated guideline.

Overall decision

After considering all evidence and other intelligence and the impact on current recommendations, we propose that no update is necessary at this time.

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