

**Date and Time:** *Friday 20<sup>th</sup> September 2013*

**Minutes:** confirmed

**Guideline Development Group Meeting 8: Dyspepsia & GORD**

**Place:** NICE office, Level 1A, City Tower, Piccadilly Plaza, Manchester, M1 4BD

**Present:** Peter Barry (Chair) (PB)  
 Hugh Barr (HB)  
 John de Caestecker (JD)  
 Mark Follows (MF)  
 Ann Harding (AH)  
 Mimi McCord (MM)  
 Tin Siuman (TS)

**Apologies:** Alex Ford (AF)  
 Janusz Jankowski (JJ)

<p><b>In attendance:</b>                  NICE Staff:                   Emma Banks (EB)                  Ben Doak (BD)                  Michael Heath (MH)                  Ruth Garnett (RG)                  Rachel Houten (RH)</p>	<p>Gabriel Rogers (GR)                  Claire Stevens (CS)                  Toni Tan (TT)                  Jonathan Underhill (JU)</p>	
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**Notes**

1. PB welcomed the group to the 8<sup>th</sup> meeting of this GDG. Apologies were received from AF and JJ and no new conflicts of interest were declared. Minutes for the previous meeting were agreed.
2. TT presented a summary of the clinical evidence for review question 1 which asks *what signs and symptoms indicate the need for endoscopy*. The group then discussed the information presented, commenting on the very low quality evidence and the overlaps with review question 3 (*what characteristics indicate the need for referral of a patient with dyspepsia, heartburn or confirmed GORD to a specialist service*) and the Referral for suspected cancer clinical guideline (CG27). It was concluded all subgroups were considered within review question 3 and CG27 and therefore no recommendations were made in this clinical area.
3. RG then went on to present a summary of the clinical evidence for review question 4 which asks *what is the clinical effectiveness of PPIs in patients with severe erosive reflux disease?* The group discussed the evidence particularly around dosage, healing and

## Notes

maintenance. Evidence statements were reviewed and agreed. It was confirmed that recommendations would be made once the health economics was presented and discussed at the next GDG meeting.

5. EB discussed with the group how the final guideline might look once the original Dyspepsia clinical guideline (CG17), updated and new clinical areas reviewed were brought together. The group agreed this approach was an appropriate way forward.
6. PB closed the meeting and thanked everyone for attending.

### **Date and venue of the next meeting:**

Next Meeting: 8<sup>th</sup> November 2013 at NICE office, City Tower, Manchester, M1 4BD