

## National Institute for Health & Clinical Excellence

### Osteoarthritis consultation (19 July – 13 September 2007) Stakeholder Comments

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1. Please put each new comment in a new row.
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<b>Document.</b>  Indicate if you are referring to the <b>Full version</b> and the <b>NICE version</b> .	<b>Section number</b>  Indicate <b>section number</b> or ' <b>general</b> ' if your comment relates to the whole document	<b>Comments</b>  <b>Please insert each new comment in a new row.</b>
<i>Full</i>	<i>general</i>	<i>The guideline highlights throughout the document where there are gaps in the evidence to support clinical practice. Although these areas are in the main text of the document, it would be helpful if there could be an additional section at the end of each chapter with areas where further research would be helpful. This would support the research agenda and maximise resources. ... example comment.</i>
<i>Full</i>	<i>1.4.2</i>	<i>Whilst we agree in principle with ... example comment.</i>
Full	General	Pain is acknowledged to be the commonest reason why patients consult their GP (1.5.1.2), yet no pain specialist appears to have been included in the guideline development group.
Full	General	Animal studies demonstrate that neuropathic pain can be a component of pain experienced in osteoarthritis. Ivanavicus SP et al. Structural pathology in a rodent model of osteoarthritis is associated with neuropathic pain. Pain; 2007; 272-282. Observational studies support this evidence in human subjects. There is no mention of neuropathic pain within the guideline. The presence or absence of allodynia should be assessed. Gabapentin and Lidocaine patches can be effective treatments.
Full	Section 7	Cognitive behavioural therapy (CBT) does not appear to have been assessed as a non-pharmacological management of osteoarthritis. The American pain society has published a guideline on pain in osteoarthritis. Simon LS, Lipman AG, Jacox

