

National Institute for Health and Clinical Excellence

Rheumatoid Arthritis Stakeholder Comments

Name:		John Goddard		
Organisation:		BRITISH PAIN SOCIETY		
Order number	Document	Page Number	Line Number	Comments
	Indicate if you are referring to the Full version or the Appendices to full version.	Indicate Page number or 'general' if your comment relates to the whole document	When commenting on the full version Indicate the line number	<p>Please insert each new comment in a new row.</p> <p>Please do not paste other tables into this table, as your comments could get lost – type directly into this table.</p>
1	NICE Draft	general		<p>“If people with RA are asked to single out one symptom which causes the most difficulty, it is pain first, second and third.” This statement is prominently displayed on page 8 of the guideline. Despite this acknowledgement, no specialist in pain medicine was included in the guideline development group. Rheumatologists and General Practitioners are not specialists in pain medicine. This lack of specialist pain expertise is illustrated in several areas of the document.</p>
2	NICE Draft	8	5	<p>The guideline states “Pain can be difficult for other people to see”. Pain cannot be seen, it is a subjective sensation. Its presence can often be inferred by observation of deformity and behaviour, but often not when it is chronic. Most patients with RA will have chronic pain, which is not apparent from their behaviour; enquiry should specifically address pain and its impact on the patient’s activities. The International Association for the Study of Pain defines pain as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage”.</p>
3	NICE Draft	Item 1.3.2.1		<p>Acupuncture could also be included based on efficacy in other musculoskeletal conditions.</p>
4	NICE Draft	Item 1.4.1.2		<p>NSAIDs and Cox2 inhibitors have analgesic properties as well as anti-inflammatory properties. More specific guidance should be given on what alternative analgesics can be used to minimise/avoid the use of NSAIDs or COX2 inhibitors, these would include;</p> <p>Oral Paracetamol up to 4 g/day either continuous or intermittent</p>

				<p>Topical NSAIDs Topical Capsaicin 0.025% Oral Tramadol Oral weak Opioids Systemic low dose (Oral or Transdermal) Opioids</p>
5	NICE Draft	Item 1.5.1.1		<p>The composite score of disease activity used, the DAS28, does not include pain measurement. Pain assessment needs to be included; we recommend either a Numerical Rating Scale (0-10) or Visual Analogue Scale (0-100). Pain is an important component of the patient's experience, and the proper management of pain requires that it be regularly assessed. This is integral to section 1.4.1.2.</p>
6	NICE Draft	Item 1.5.2.2		<p>We recommend that the annual review should include assessment of pain. If the multidisciplinary team review concludes that moderate or severe pain is persistent, is non responsive and there is no appropriate surgical intervention, referral to a chronic pain clinic may be indicated. Specialist pharmacological expertise will be available, as well as other services that may not be available to the RA multidisciplinary team. Access to a pain management programme may be appropriate and can be facilitated (1). 1. British Pain Society. Recommended guidelines for pain management programmes for adults. London. British Pain Society, 2007.</p>
7	Full	108	31	Sativex is a cannabinoid not an opioid.
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