

**11<sup>th</sup> August 2020**

**The British Pain Society's interim statement on NICE draft guidance on  
Chronic pain in over 16s: assessment and management**

The British Pain Society welcomes the opportunity to comment on the Draft Guidance from NICE for assessment and management of chronic pain, including the section on management of chronic primary pain.

We recognise that the term 'chronic primary pain' is relatively new, having only been formally introduced in 2019<sup>i</sup>. This term should not be confused with the term 'chronic pain' as currently recognised by the medical community and the public.

Population statistics suggest that between one third and one half of the adult population of the United Kingdom experience chronic pain<sup>ii</sup> (defined as pain present in one or more areas of the body, for a period of three months or more), which covers a variety of widely prevalent pain conditions including: musculoskeletal pain, back pain, joint arthritis, neuropathic pain disorders; while the prevalence of chronic primary pain syndromes, such as fibromyalgia, are thought to be in the region of 5% (or 1 in 20) of the UK population<sup>iii</sup>.

In our view, it is vital to recognise that the proposed NICE management recommendations for the distinct group of patients with 'chronic primary pain' are not immediately applicable to the wider population of 'chronic pain' patients, many of whom have clear mechanisms for their pain. In contrast the group 'chronic primary pain' refers to conditions for which the underlying biological mechanism is not yet clearly understood, and it seems psychological and social factors tend to play a more dominant role.

Furthermore, the Society recognises the likelihood for co-existence, within an individual, of both 'chronic primary pain' (with no discernible cause) as well as more prevalent recognised pain conditions (for example severe back pain) which are known to benefit from certain analgesics or interventions. In contrast such treatments are less likely to be helpful in chronic primary pain, which is better treated with psychological therapy and other non-drug therapy.

What seems to be of greater importance to the Society is the clinical identification of all of the conditions present in an individual patient by primary or secondary care healthcare practitioners, with onward referral to speciality teams in Pain Medicine in cases of doubt, in order to tailor treatment and improve the quality of life for that individual patient.

The Society finds blanket diagnostic labelling of patients or indiscriminate withdrawal of pain treatments therapy to be unhelpful and potentially harmful. These could lead to unnecessary distress and suffering in the large number of chronic pain patients in the British population.

Before any proposed withdrawal of treatment in a complex patient suffering pain, the Society prefers a holistic approach whereby patients with complex pain are assessed using multidisciplinary skills, as are found in specialist pain clinics, and appropriate therapies are offered, sometimes on an individual trial basis, according to the best available evidence<sup>iv</sup>.

## References

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<sup>i</sup> Nicholas, M; Vlaeyen, JWS; Rief, W; Barke, A; Aziz, Q; Benoliel, R; Cohen, M; Evers, S; Giamberardino, MA; Goebel, A; Korwisi, B; Perrot, S; Svensson, P; Wang, S-J; Treede, R-D;

The IASP Taskforce for the Classification of Chronic Pain The IASP classification of chronic pain for ICD-11: chronic primary pain. *PAIN*. 2019; 160(1):28-37. doi: 10.1097/j.pain.0000000000001390

<sup>ii</sup> Fayaz A, Croft P, Langford RM, Donaldson LJ, Jones GT. Prevalence of chronic pain in the UK: a systematic review and meta-analysis of population studies. *BMJ Open*. 2016;6(6)

<sup>iii</sup> Jones GT, Atzeni F, Beasley M, Flüß E, Sarzi-Puttini P, Macfarlane GJ. The Prevalence of Fibromyalgia in the General Population: A Comparison of the American College of Rheumatology 1990, 2010, and Modified 2010 Classification Criteria. *Arthritis & Rheumatology*. 2015;67(2):568-75.

<sup>iv</sup> Vohra S, Shamseer L, Sampson M, Bukutu C, Schmid CH, Tate R, Nikles J, Zucker DR, Kravitz R, Guyatt G, Altman DG, Moher D; CENT Group. CONSORT extension for reporting N-of-1 trials (CENT) 2015 Statement. *J Clin Epidemiol* 2016 Aug;76:9-17 doi: 10.1016/j.jclinepi.2015.05.004.