8 April 2021

The British Pain Society's initial statement on NICE guideline NG193 on Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain

The British Pain Society (BPS) commented in August 2020 on the draft Guidance from NICE for assessment and management of chronic pain, including the section on management of chronic primary pain. We now note the final published version of the guidance NG193 https://www.nice.org.uk/guidance/ng193, along with the NICE Pathway https://pathways.nice.org.uk/pathways/chronic-pain-primary-and-secondary and the visual summary.

The BPS is the main UK professional body which supports multidisciplinary pain services, and we, along with our Patient Voice Committee, are concerned that there is still scope for confusion in the final guidance about how it might be applied in chronic primary pain, chronic secondary pain and in the significant proportion of patients who experience both types of pain. Specifically, the new concept of chronic primary pain, in terms of both diagnosis and management, will require further discussions and education with primary care and commissioners before they could implement the guidance. Patients too will need to be re-educated about their pain and its management, including self-management. The BPS is prepared to continue its key role in this work.

We welcome the recommendations for individualised assessment of patients in pain and for shared decision-making.

We welcome the recognition of flare-ups, which can be frequent and disruptive in the lives of people with chronic pain, but there is no specific recommendation about how such flare-ups, can be managed. In particular, short-term use of analgesics is not offered.

The remainder of the guidance focuses on managing *chronic primary pain*. Despite the wealth of stakeholder feedback on the draft guidance, none has been adopted. This included multiple pieces of evidence submitted by the British Pain Society on interventions that are currently 'standard of care'. Failure to incorporate such evidence will adversely affect the pain management and quality of life of many people living with chronic pain.

Chronic primary pain, that is chronic pain without an obvious cause, is difficult to diagnose, even for specialists. There is no single pathophysiological mechanism and no single test to identify it; each patient needs to be considered individually. Yet the guidance recommends that such patients should only be offered 'antidepressants', psychological therapies, acupuncture or group-based exercise. Whilst we support these inclusions, we regret the many evidence-based exclusions.

This guidance could encourage busy non-specialist clinicians to withdraw existing medication other than antidepressants in an overzealous fashion. While NICE wrote back reassuringly to concerned stakeholders that "*The committee agree that the guideline should not be interpreted to mean all medicines should be withdrawn*. ", no such caveat was given in the final guidance. Recommendation 1.2.11 encourages clinicians to 'review the prescribing as part of shared decision-making', but we are concerned about the resource implications of these reviews, especially for primary care.

There is no comment that access to acupuncture and psychological therapy is currently woefully inadequate within the NHS. Further, NHS facilities for supporting people with chronic pain who have been taking drug treatments for many years – under supervision of clinicians including pain specialists – falls far short of need and is geographically inequitable. We again stress that, in our view, blanket and inexpert withdrawal of medication in such a vulnerable group of patients could easily lead to despair and unintended harm.

In summary, the new NICE guideline NG193 acknowledges that individual and indeed specialised chronic pain assessment and management is required. However, The British Pain Society feels that the guidance as it stands could lead to the withdrawal of supervised short-term therapies which can work safely in carefully selected and monitored patients with forms of chronic primary pain.

The BPS will continue to work with other interested stakeholders including patient advocacy groups, in producing evidence- and expert consensus-based guidance for chronic pain management which is clinically appropriate and represents the standard of care and practice of clinicians involved in chronic pain treatment within the United Kingdom.