

Chronic pain

NICE NG193, 2021

More details can be found in the full article



Red Whale

GEMS

Guidelines & Evidence Made Simple

How to use the NICE guideline on chronic pain: start with 3 questions

QUESTION 1

Does this person have chronic pain?
(defined as constant or intermittent pain lasting 3 months or more with significant emotional distress or functional impact)

No

This guideline does not apply!

Yes

Assess holistically using a biopsychosocial approach (see later)

QUESTION 2

Is there an underlying condition (for which there is a NICE guideline) that is thought to be the main underlying cause of the chronic pain?

Yes

No

NICE considers all these as 'chronic SECONDARY pain'

FIRST:

Manage in accordance with the relevant NICE guidance for the underlying condition

Remember, there are NICE guidelines on many conditions that can cause chronic pain, including:

IBS

Headaches

Low back pain and sciatica

Neuropathic pain

Osteoarthritis/rheumatoid

arthritis/spondyloarthritis

Endometriosis

AND ALSO ask...

QUESTION 3

Is the pain, or its impact, disproportionate to the underlying condition, and would it be more helpful to ALSO manage as chronic PRIMARY pain alongside the management of the disease itself? Use clinical judgement to determine this

Yes

This is 'chronic PRIMARY pain'

(no clear underlying cause, or the impact of the pain is out of proportion to the injury or disease)

Examples from NICE: fibromyalgia, complex regional pain syndrome, chronic primary headaches and orofacial pain, chronic visceral pain, chronic MSK pain

Manage as chronic PRIMARY pain

Options include:

Exercise programmes/physical activity

Psychological therapy (ACT or CBT)

Acupuncture (up to 5 hours in community delivered by band 7 clinician or lower or cost equivalent)

Consider an **antidepressant** even in the absence of depression (off-label use)

Do NOT offer (to new patients): opioids, NSAIDs, paracetamol, antiepileptics (including gabapentinoids), antipsychotics, benzodiazepines, steroid+/- local anaesthetic trigger point injections, ketamine, local anaesthetics, TENS, ultrasound, biofeedback
If **already taking** these drugs:

- Explain lack of evidence in chronic pain
- Agree a plan to continue safely if they report benefit/few harms and are on a safe dose **or**
- If little benefit or significant harm, encourage and support them to reduce and stop