

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Chronic pain: assessment and management

The Department of Health in England has asked NICE to develop a clinical guideline on chronic pain.

The guideline covers all people with chronic pain (also known as persistent pain or long-term pain). The guideline will use the ICD-11 Beta Draft definition of chronic pain, which is 'pain that persists or recurs for longer than 3 months'. It is intended to be used alongside existing NICE guidance for specific conditions that cause pain, including headaches, low back pain and sciatica, rheumatoid arthritis, osteoarthritis, spondyloarthritis, endometriosis and irritable bowel syndrome.

One part of the guideline covers specific pharmacological and non-pharmacological interventions for chronic primary pain conditions for which there is no existing NICE guidance. This part of the guideline will use the ICD-11 Beta Draft definition of chronic primary pain, which is: 'chronic pain in one or more anatomical regions that is characterized by significant emotional distress (anxiety, anger/frustration or depressed mood) and functional disability (interference in daily life activities and reduced participation in social roles). The diagnosis is appropriate independently of identified biological or psychological contributors unless another diagnosis would better account for the presenting symptoms.'. This part of the guideline will not cover specific interventions for chronic primary pain when this is covered by existing NICE guidance.

The guideline will be developed using the methods and processes outlined in [Developing NICE guidelines: the manual](#).

This guideline will also be used to develop the NICE quality standard for chronic pain.

1 Why the guideline is needed

Chronic pain is often difficult to treat. There has been little change in the prevalence and time course of chronic pain despite significant scientific advances to improve understanding of the neurobiology of pain. Pain is not a well-defined disease entity with a predictable prognosis and response to treatment. Chronic pain can be associated with many different types of tissue injuries and disease processes. Sometimes no underlying disease process can be found. Pain has a significant impact on individuals and their families and carers. Pain affects mood, sleep, mobility, role within the family, ability to work as well as other aspects of life. Current mood, anxiety about pain, previous experience of pain, and unpleasant life events not associated with pain can influence how pain is perceived.

Key facts and figures

- The prevalence of chronic pain has been difficult to define: a recent systematic review identified prevalence estimates ranging from 8.7% to 64.4%, with a pooled mean of 31%. An earlier systematic review suggests that chronic pain in the UK affects between one-third and one-half of the population: what is not known is the proportion of people with chronic pain who have debilitating symptoms and seek support from healthcare services. There is uncertainty around the proportion of people meeting criteria for chronic pain who either need or wish for intervention.
- Almost half of people with chronic pain have a diagnosis of depression and two-thirds of people are unable to work outside the home. Studies of disability in relation to a number of long-term health conditions show that pain contributes the most to disability measures.
- Attempts to treat chronic pain are costly to the healthcare system. In 2016, £537 million was spent on prescribing analgesics, with at least an additional 50% cost incurred from the prescription of other drug classes such as antidepressants and antiepileptic drugs. Further healthcare costs

include visits to primary care, referrals to secondary care for opinions from pain and other specialists, and costs of investigations and interventions, including surgery.

- The economic impact of pain is high due to absenteeism, poor productivity and people with pain leaving the work force. The annual indirect (productivity) cost of back pain in the UK was estimated to be between £5 billion and £10.7 billion.
- Painful conditions such as arthritis and back pain account for one-third of all claims for disability benefits in the UK.

Current practice

- There is no medical intervention, pharmacological or non-pharmacological, that is helpful for more than a minority of people with chronic pain, and benefits of treatments are modest in terms of effect size and duration.
- Additional morbidity resulting from treatment for chronic pain is not unusual, so it is important to evaluate the treatments we offer for chronic pain, to focus resources appropriately and to minimise iatrogenic harm.
- The complexity of chronic pain and the association with significant distress and disability can influence clinical interactions. People often expect a clear diagnosis and effective treatment, but these are rarely available. GPs and specialists in other fields find chronic pain very challenging to manage and often have negative perceptions of people with pain. This is despite the fact that in every specialty there are some people with chronic pain. This can have important consequences for the therapeutic relationship between healthcare professionals and patients.
- A clear understanding of the evidence for the effectiveness of chronic pain treatments:
 - improves the confidence of healthcare professionals in their conversations about pain, and
 - helps healthcare professionals and patients to have realistic expectations about outcomes of treatment.

2 Who the guideline is for

People using services, their families and carers, and the public will be able to use the guideline to find out more about what NICE recommends and help them make decisions.

This guideline is for:

- healthcare professionals in all settings where NHS or local authority funded care is provided
- commissioners and providers of services.

It may also be relevant for:

- employers
- third-sector organisations.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#), and [Northern Ireland Executive](#).

Equality considerations

NICE has carried out [an equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified and how they have been addressed
- explains why any groups are excluded from the scope.

3 What the guideline will cover

3.1 Who is the focus?

Groups that will be covered

- Adults and young people (16 years and over) with chronic pain.

Groups that will not be covered

- Children and young people (under 16 years) with chronic pain.

3.2 Settings

Settings that will be covered

All settings in which NHS and local authority commissioned care is provided.

3.3 Activities, services or aspects of care

Key areas that will be covered

We will look at evidence in the areas below when developing the guideline, but it may not be possible to make recommendations in all the areas.

- 1 Assessment of chronic pain (for all people with chronic pain)
 - Assessment of biological, psychological and social factors that may cause or perpetuate the experience of chronic pain.
- 2 Management of chronic pain (for all people with chronic pain)
 - Strategies to improve quality of life.
 - Pain management programmes, including pain self-management and peer-led programmes.
- 3 Pharmacological and non-pharmacological interventions for chronic primary pain (when pain management is not addressed by existing NICE guidance).

Note that guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine's summary of product characteristics to inform decisions made with individual people.

Areas that will not be covered

- 1 Specific management of chronic pain when this is covered by existing NICE guidance, for example, managing chronic pain in headaches, low back pain and sciatica, neuropathic pain, rheumatoid arthritis, osteoarthritis, spondyloarthritis, endometriosis and irritable bowel syndrome.

2 Pain management as part of palliative care.

Related NICE guidance

- [Endometriosis: diagnosis and management](#) (2017) NICE guideline NG73
- [Spondyloarthritis in over 16s: diagnosis and management](#) (2017) NICE guideline NG65
- [Neuropathic pain in adults: pharmacological management in non-specialist settings](#) (2017) NICE guideline CG173
- [Low back pain and sciatica in over 16s: assessment and management](#) (2016) NICE guideline NG59
- [Multimorbidity: clinical assessment and management](#) (2016) NICE guideline NG56
- [Palliative care for adults: strong opioids for pain relief](#) (2016) NICE guideline CG140
- [Controlled drugs: safe use and management](#) (2016) NICE guideline NG46
- [Rheumatoid arthritis in adults: management](#) (2015) NICE guideline CG79
- [Headaches in over 12s: diagnosis and management](#) (2015) NICE guideline CG150
- [Workplace health: management practices](#) (2015) NICE guideline NG13
- [Osteoarthritis: care and management](#) (2014) NICE guideline CG177
- [Common mental health problems: identification and pathways to care](#) (2011) NICE guideline CG123
- [Depression in adults with a chronic physical health problem: recognition and management](#) (2009) NICE guideline CG91
- [Depression in adults: recognition and management](#) (2009) NICE guideline CG90
- [Post-traumatic stress disorder: management](#) (2005) NICE guideline CG26

NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to chronic pain:

- [Medicines adherence](#) (2009) NICE guideline CG76
- [Service user experience in adult mental health](#) (2011) NICE guideline CG136
- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- [Medicines optimisation](#) (2015) NICE guideline NG5
- [Transition from children's to adults' services for young people using health or social care services](#) (2016) NICE guideline NG43

3.4 Economic aspects

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so, whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services perspective, as appropriate.

3.5 Key issues and questions

While writing this scope, we have identified the following key issues and key questions related to them:

- 1 Assessment of chronic pain (for all people with chronic pain)
 - Assessment of biological, psychological and social factors that may cause or perpetuate the experience of chronic pain
 - 1.1 What psychological factors may be barriers to pain management (for example, anxiety, depression and adverse childhood experience)?
 - 1.2 What social factors may be barriers to pain management (for example, unemployment, isolation and caring responsibilities)?
 - 1.3 What biological factors may be barriers to pain management (for example, age, gender, comorbidity, number of pain sites and pain intensity)?
- 2 Management of chronic pain (for all people with chronic pain)
 - Strategies to improve quality of life

2.1 What is the clinical and cost effectiveness of strategies aimed at improving the quality of life of people with chronic pain (for example, sleep management, mobility, social engagement and confidence in managing the condition)?

- Pain management programmes, including pain self-management and peer-led programmes

2.2 What is the clinical and cost effectiveness of self-management programmes for the management of chronic pain?

2.3 What is the clinical and cost effectiveness of peer-led programmes for the management of chronic pain?

3 Pharmacological and non-pharmacological interventions for chronic primary pain (for people with chronic primary pain whose pain management is not addressed by existing NICE guidance)

3.1 What is the clinical and cost effectiveness of pharmacological interventions for chronic primary pain?

3.2 What is the clinical and cost effectiveness of non-pharmacological interventions for chronic primary pain?

The key questions may be used to develop more detailed review questions, which guide the systematic review of the literature.

3.6 *Main outcomes*

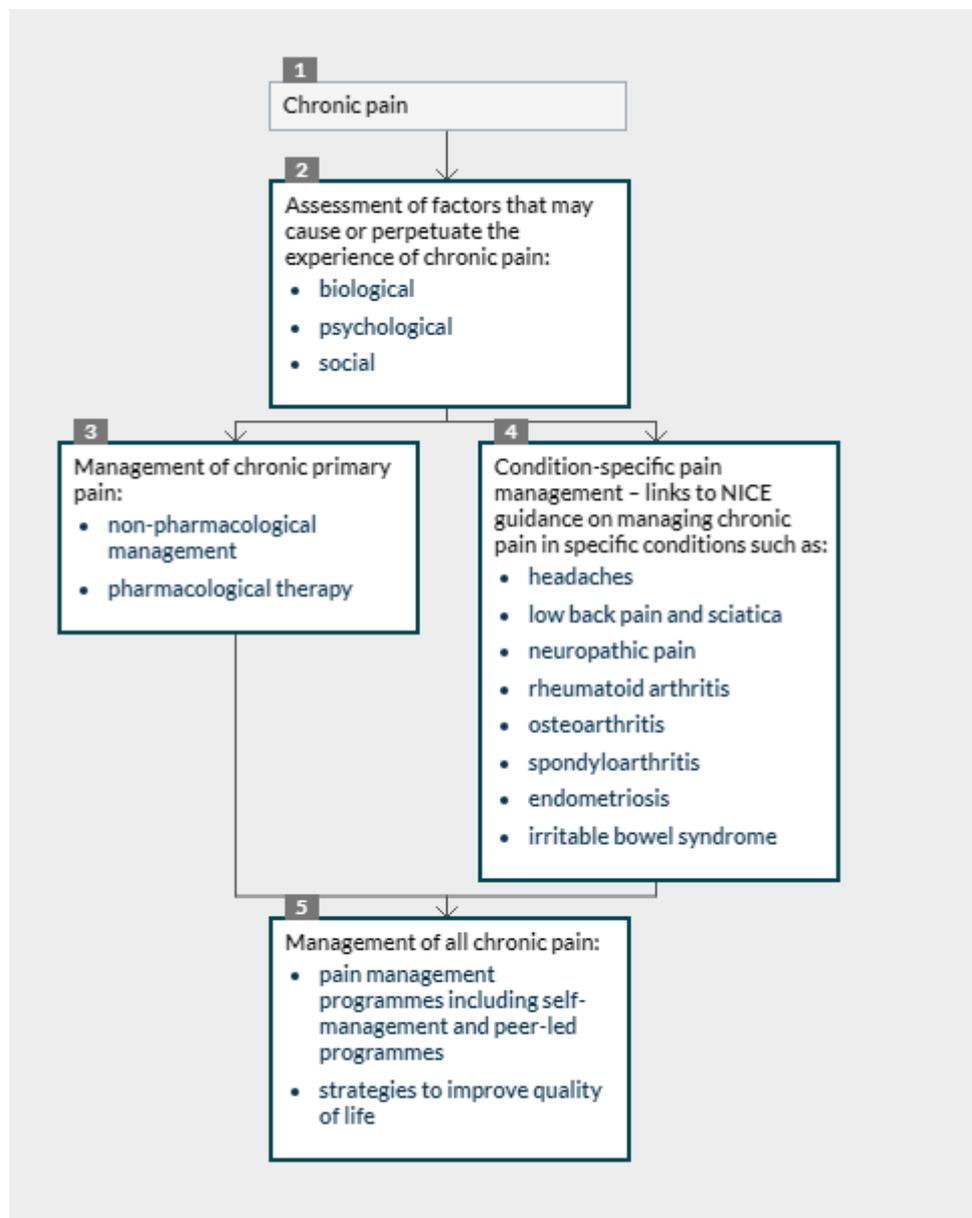
The main outcomes that will be considered when searching for and assessing the evidence are:

- Pain reduction
- Health-related quality of life (for example, as measured with EQ-5D, SF36, SF12)
- Physical function
- Depression/anxiety
- Adverse events.

4 NICE Pathways

[NICE Pathways](#) bring together everything we have said on a topic in an interactive flowchart. When this guideline is published, the recommendations will be included in the NICE Pathway on chronic pain (in development).

An outline based on this scope is included below. It will be adapted and more detail added as the recommendations are written during guideline development.



5 Further information

This is the final scope, taking account of comments from registered stakeholders during consultation.

The guideline is expected to be published in January 2020.

You can follow progress of the [guideline](#). Our website has information about how [NICE guidelines](#) are developed.