National Institute for Health and Clinical Excellence

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Document cover sheet

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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Persistent pain: assessment and management

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

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 persistent pain.

1 Why the guideline is needed

Persistent pain is often difficult to treat. There has been little change in the prevalence and time course of persistent 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. Persistent 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 and ability to work. 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 persistent 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 persistent pain in the UK affects between one-third and one-half of the population. There are few data to identify what proportion of people who meet criteria for persistent pain either need or wish for medical intervention.
- Almost half of people with persistent 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 medical conditions show that pain contributed the most to disability measures.
- Attempts to treat persistent 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 medical opinions (from pain specialists and other disciplines) and costs of investigations and interventions, including surgery.

- The economic impact of pain is higher than for other medical conditions: this relates to absenteeism, poor productivity and people with pain leaving the work force. The 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 and benefits of treatments are modest in terms of effect size and duration.
- Additional morbidity resulting from treatment is not unusual in this population, so it is important to evaluate the treatments we offer to people with persistent pain, to focus resources appropriately and to minimise iatrogenic harm.
- The complexity of persistent pain and the association with significant distress and disability can influence clinical interactions around pain. People often expect a clear diagnosis and effective treatment but these are rarely available. GPs and specialists in other fields find persistent pain as one of the most challenging conditions to manage and often have negative perceptions of people with pain. This is despite the fact that in every field there is a proportion of people with persistent pain. This can have important consequences for the therapeutic relationship between healthcare professionals and patients.
- A clear understanding of the evidence for effectiveness of persistent 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
- people with persistent pain and their families and carers.

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 [add hyperlink in final version] 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 (18 and older) with persistent pain.

People with a history of addiction (including dependency on prescription drugs) have been identified as needing specific consideration.

Groups that will not be covered

- Children and young people (under 18) with persistent pain.

3.2 Settings

Settings that will be covered

All settings in which NHS 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 persistent pain
   - Risk factors for long-term persistent pain.
   - Identification of co-existing mental health conditions, emotional problems and social problems related to the person's pain.

2 Management
   - Strategies to improve quality of life.
   - Pharmacological and non-pharmacological management of non-specific[1] persistent pain.
   - Pain management programmes including pain self-management and peer-led programmes.

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.

[1] The term 'non-specific' persistent pain is used here to include conditions that may be recorded as fibromyalgia, complex regional pain syndrome, myofascial pain, somatoform disorder, functional syndromes, chronic widespread pain, pelvic pain of unknown origin.

Areas that will not be covered

1 Specific management of pain covered by related NICE guidance: endometriosis, headaches, irritable bowel syndrome, low back pain and sciatica, rheumatoid arthritis, osteoarthritis and spondyloarthritis.

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
- Chronic fatigue syndrome/myalgic encephalomyelitis (or encephalopathy): diagnosis and management (2007) NICE guideline CG53

- 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 persistent 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

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 persistent pain

- Risk factors for long-term persistent pain

  1.1 What risk factors affect the prognosis of people with persistent pain?

- Identification of co-existing mental health conditions, emotional problems and social problems related to the person's pain.

  1.2 Do co-existing mental health conditions or emotional problems (related to pain) affect the prognosis of people with persistent pain?

1.3 Do co-existing social problems (related to pain) affect the prognosis of people with persistent pain?

2 Management

- 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 persistent pain (for example, sleep management, mobility, social engagement and confidence in managing the condition)?

- Pharmacological and non-pharmacological management of non-specific persistent pain

  2.2 What is the clinical and cost effectiveness of pharmacological management of non-specific persistent pain?

  2.3 What is the clinical and cost effectiveness of non-pharmacological management for non-specific persistent pain?

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

  2.4 What is the clinical and cost effectiveness of self-management programmes for the management of persistent pain?

  2.5 What is the clinical and cost effectiveness of peer-led programmes for the management of persistent 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:

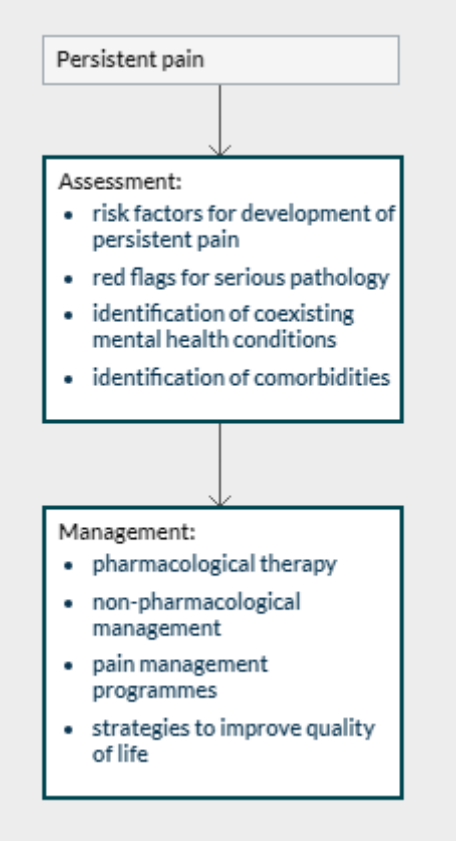
1 Pain reduction
2 Health-related quality of life (for example, EQ-5D, SF36, SF12)
3 Function
4 Depression/anxiety
5 Adverse events

4 NICE Pathways

4.1 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 persistent 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 draft scope for consultation with registered stakeholders. The consultation dates are 25 October 2017 to 22 November 2017.

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.

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