BLMK Integrated Care System

NHS Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group

INTERIM Primary Care Guidelines for the Management of Chronic Non-Cancer Pain in Adults

November 2021

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This document should be used in conjunction with the current NICE guideline NG 193 and Bedfordshire and Luton "Primary Care Guidelines for the Management of Chronic Non-Cancer Pain in Adults guidelines .

The Chronic Pain Guideline for Primary Care July 2020 Milton Keynes CCG is now officially RETIRED.

INTRODUCTION:

1. In April 2021, new Chronic Pain Guidelines were released by NICE; NG 193 Chronic Pain (Primary and Secondary) in over 16s: Assessment of all chronic pain and management of primary pain.

   BLMK CCG recognise that both guidelines held on the BLMK CCG medicines management website are automatically due for renewal and do not reflect expected current practice suggested by NICE in their entirety.

2. We are therefore undertaking steps to re-write and issue a BLMK CCG Chronic Pain management guideline to reflect NG193 in the longer term.

3. **IN THE INTERIM:**

   The following pieces of information have been developed as an interim measure to help guide health care professionals and prescribers across BLMK in the management of non- cancer chronic pain in patients aged 16 and over.

The following pages and sections of the Bedfordshire and Luton "Primary Care Guidelines for the Management of Chronic Non-Cancer Pain in Adults guidelines are to be DISREGARDED.

Pages 4 (Assessment and Early Treatment of chronic Pain in Primary Care)

Page 9 and 10 (Pharmacological Treatment Pathway for Chronic Non- Neuropathic Pain)

Page 38 (Current Locally Commissioned Pain Services)

IMPORTANT DEFINITIONS:

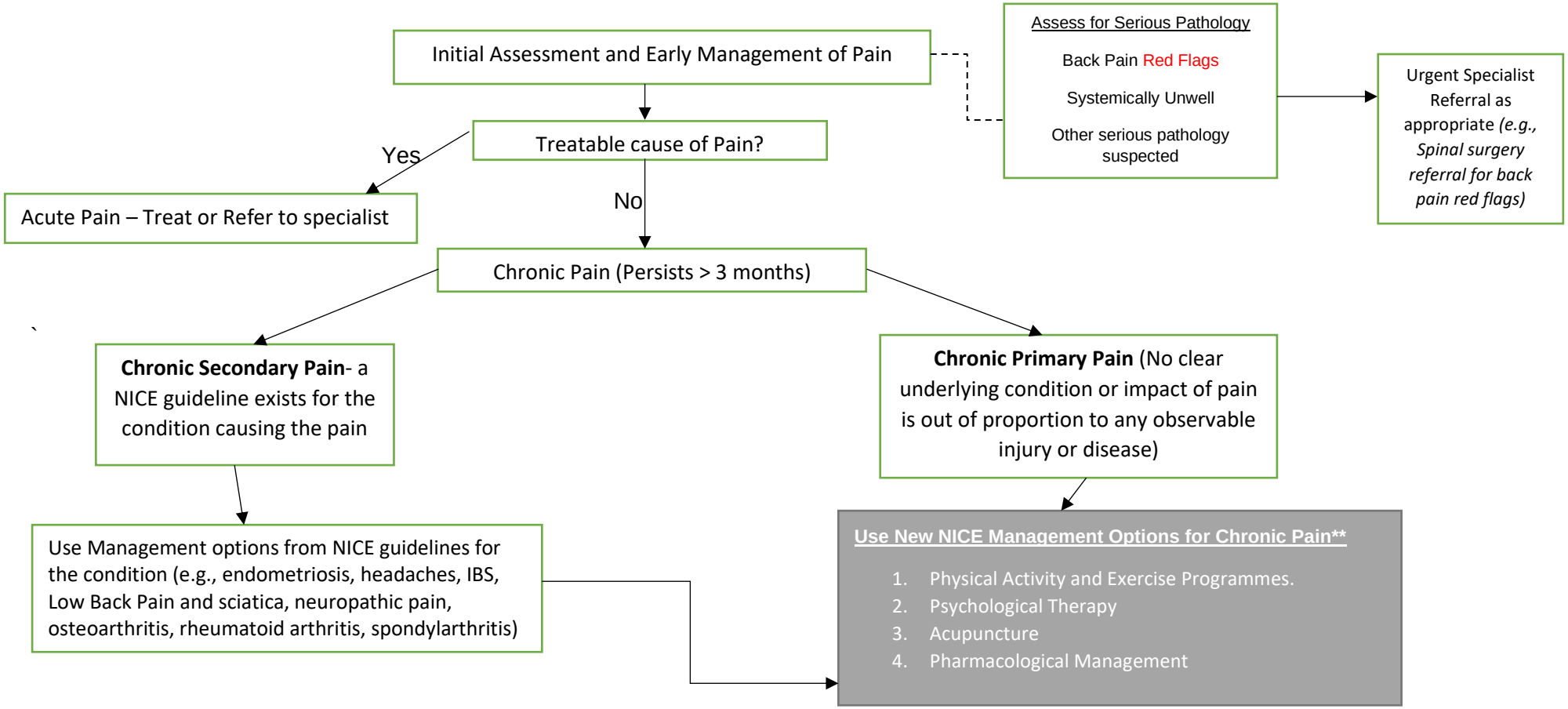
Chronic Pain: also known as long term pain or persistent pain and lasts for more than 3 months.[1]

Chronic Primary Pain (CPP): Chronic pain that has no clear underlying condition or the pain (or its impact) appears to be out of proportion to any observable injury or disease.[1]

Chronic Secondary Pain (CSP): Pain caused by and is secondary to an underlying condition such as osteoarthritis, rheumatoid arthritis, ulcerative colitis, endometriosis.[1]

Chronic primary pain and chronic secondary pain can co-exist. *[1]*

Assessment and Treatment of All Chronic Pain in Primary Care



**If pain or impact of pain is out of proportion to the underlying condition- it may be better managed as chronic primary pain utilising the treatment options above. Chronic secondary pain and chronic primary pain can co-exist, and clinical judgement should be used to inform shared decision making about treatment options in the NICE guideline for both the underlying condition and for chronic pain if they co-exist.*

*** Not all non-pharmacological methods of pain management will be commissioned in your locality; please refer to your local commissioning guide (page 6)*

Key points to consider

Identify patients at high risk of poor outcomes. *Assess pain from a biopsychological perspective, consider impact of pain on quality of life. Consider Yellow flags. Complete STarT Back for back pain. Complete GAD-7 and PHQ-9 to assess anxiety and Depression.* ***IF POOR OUTCOMES ARE IDENTIFIED- REFER TO PAIN SERVICES.***

Give the patient advice and support on self-management. (see self-management prescription leaflet- appendix 4 of main guideline).

Non- Pharmacological management of chronic primary pain (CPP). (patients aged 16 and over). [1.]

1. Exercise programmes and physical activity for chronic primary pain *

   – offer group exercise programme to those 16 and over taking specific needs, preferences, and abilities into account.

   - Encourage patients with CPP to remain physically active for long term health benefits.

2. Psychological Therapy for chronic primary pain *

   – ACT (acceptance and commitment theory) and CBT (cognitive behavioural therapy) may be offered and delivered.

   DO NOT offer biofeedback for management of CPP.

3. Acupuncture for chronic primary pain- consider a single course of acupuncture or dry needling, within a traditional Chinese or Western acupuncture system, for those over 16yrs. BUT ONLY IF

   - the course is delivered in a community setting

   - delivered by band 7 or lower HCP with appropriate training

   - is no more than a total of 5 hours of the HCP time

   - delivered by another HCP with appropriate training and/or in another setting for equivalent or lower cost.

4. *Electrical physical modalities for chronic primary pain –*
   DO NOT OFFER TO PEOPLE OVER THE AGE OF 16 due to lack of evidence of benefit in CPP.

*Access to the above services vary across BLMK in the community and secondary care, so please refer to locally commissioned services prior to making suggested referrals.

Pharmacological management of chronic primary pain (CPP). (patients aged 16 and over). [1].

Ensure non-pharmacological strategies have been adequately implemented when considering pharmacological treatment

1st Line: Consider **Antidepressants** [4] (**off label use**) in patients aged 18 or over.

Consideration of contra-indications and all possible side effects should also be discussed at initiation and periodic review of use/benefit.

Examples such as

Amitriptyline [4]

Citalopram [4]

Duloxetine [4]

Fluoxetine [4]

Paroxetine [4]

Sertraline [4]

In patients aged 16 and 17years, specialist advice will need to be sought if this form of pharmacological therapy with antidepressants for pain management is being considered.

It should be explained to patients that these antidepressants may help with quality of life, pain, sleep, and psychological distress, even in the absence of a depression diagnosis.

DO NOT INITIATE ANY OF THE FOLLOWING MEDICINES FOR CPP IN PATIENTS AGED 16 OR OVER.

Gabapentinoids (except as part of a clinical trial for complex regional pain syndrome- CRPS)

Antipsychotic drugs

Benzodiazepines

Corticosteroid trigger point injections (in isolation or as a combination with local anaesthetics)

Ketamine

Local anaesthetics (topical or intravenous), unless as part of a clinical trial for CRPS

NSAIDs

Opioids

Paracetamol

REVIEWING CURRENT PATIENTS AND DEPRESCRBING

It is important to review prescribing (as part of shared decision making) every 3- 6 months if patients are already taking any of the medicines not currently recommended for chronic primary pain (CPP) management citing the following:

- Lack of evidence for these medications in CPP
- Risks associated with continued use if little benefit or significant harm is reported.

If benefit is reported at a safe dose and few harms have occurred, then a shared plan for safe continuation should be agreed and routinely reviewed, ideally every 3-6 months.

An opioid dose tapering guide is available on page 35/36 of the Bedfordshire and Luton pain management guideline.

Problems associated with withdrawal should be discussed with patients when deciding to stop antidepressants, opioids, gabapentinoids or benzodiazepines.

REFERRAL INTO LOCAL PAIN SERVICES:

Below is a snapshot of locally commissioned pain management services.

These vary across BLMK and as such prescribers must check for current locally commissioned pain services prior to initiating suggested referrals.

Primary Care

Service **Place Base**	MSK Pain Management Service	Street Drug Addiction	Rx - Prescribed Opioid Addiction	Pain Management Programme
Luton	**Virgin MSK** *Physiotherapy* *Pain Psychology*	CGL (Resolutions)	*	Virgin
Bedford	**Circle MSK** *Physiotherapy* *Pain Psychology*	P2R (Path to Recovery)	P2R	Circle
Milton Keynes	**Ravenscroft** *Physiotherapy* *MSK*	ARC (Addiction Recovery Community)	ARC	Ravenscroft

* *A commissioned service supporting prescribed opioid addiction in Luton is being explored with a view to being resolved.*

Secondary Care

Complex Pain Management Referral into BLMK Hospitals (Luton and Dunstable, Bedford, and MK) for patients aged 18 and above.

Musculoskeletal (MSK) related pain - referral is through the local MSK Pain management service (Virgin, Circle or Ravenscroft).

Non- MSK related pain - a general referral is needed into the Integrated Pain Management service prior to triage by pain specialist(s) at each hospital.

REFERRAL CRITERIA INTO SECONDARY CARE FOR COMPLEX PATIENTS:

It has been recommended by both The Royal College of General Practitioners (RCGP) and The Pain Society that primary care physicians and hospital specialists should work together to manage patients with chronic pain in the most appropriate setting.

Appropriate and timely referral is an essential part of effective pain management and these guidelines are designed as an aid to this.

A referral of a person with pain for pain management must provide as a minimum [3]

- details of pain assessment within the context of the current presentation (applying the biopsychosocial framework)
- details of comorbidities, including acute, chronic, and mental health conditions
- details of treatment and response to pain management strategies offered to date, including adverse effects and complications
- details of treatment and response to pain management strategies offered to date, including adverse effects and complications
- details of relevant investigations performed to date or in progress
- for people referred for management of chronic pain conditions, information on their involvement in self-care and their expectations towards referral

A) Criteria for referral to the Integrated Pain Services at ***Bedfordshire Hospitals NHS Foundation Trust*** are listed here (page 25; appendix 3 of the Bedfordshire and Luton Guidelines)

B) Criteria for referral to the specialist services available at ***Milton Keynes University Hospital NHS Foundation Trust*** are listed below.

Referral of patients with severe resistant pain should be considered in any of the following circumstances:

- Where no significant improvement after initial treatment escalation or rapid escalation of opioid dosage
- Where a patient is responding to treatment but is suffering unacceptable side effects which require alternative treatment options to be considered
- Where patients present with difficult pain syndromes e.g.: neuropathic pain, resistant trigeminal neuralgia (TGN)
- Complex regional pain syndrome (CRPS) and complex cancer pain
- Where further advice or diagnosis on a particular clinical symptom set is needed
- Where prominent yellow flags are identified
- Where all other treatment measures in the community have been tried and were unsuccessful

REFERENCES:

1. NICE Chronic Pain Guidelines - NG 193 (April 2021) : Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain (nice.org.uk)

2. Bedfordshire and Luton Primary Care Guidelines for the Management of Chronic Non-Cancer Pain in Adults. https://medicines.blmkccg.nhs.uk/guideline/primary-care-guidelines-for-the-management-of-chronic-non-cancer-pain-in-adults/

3. General Medical Council. *Good Medical Practice*, London 2013 via the Faculty of Pain Core Standards for Pain Management Services in the UK. (Feb 2021) https://fpm.ac.uk/sites/fpm/files/documents/2022-01/FPM-Core-Standards-Dec-2021_0.pdf

4. British National Formulary: Online Edition