IMPORTANT NEW FPM PUBLICATION: PRACTICAL PAIN MANAGEMENT

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NICE have recently produced guidance on assessment management of chronic pain in the over 16s[1] which has caused considerable professional anxiety. In a recent survey by the Faculty, the vast majority of members disagreed with the guidance on management of primary pain.

In addition, fewer than 15% of those surveyed use the diagnosis of chronic primary pain (CPP) in clinical practice. 85% of those surveyed disagreed with the management of CRPS being included under the umbrella term of CPP. However most agreed that there was some value in the guidance of assessment of chronic pain.

There is significant concern about the way evidence has been assessed by NICE in contrast to Cochrane[2]. The approaches of NICE and Cochrane produce very different conclusions from similar evidential data sets. At the heart of the problem, appears to be the decision by NICE to restrict consideration of various trials, leading to an apparent lack of any long term evidence for pain treatments. This restriction, along with other factors such as underfunding of pain trials, and the challenge of designing good quality trials in complex phenomenon of pain has led to a paucity of data or meaningful recommendations needed to guide clinical pain management. Indeed, the NICE guidelines offer very few positive clinical recommendations and instead offers a lot negative conclusions which do not sit well with the vast majority of

clinical experience. This has led to the opinion of many Clinicians that the current NICE guidelines are almost irrelevant as an aid to everyday patient-centred pain management.

Pain management has long recognised that trial results in larger populations cannot predict the response of an individual to any pain treatment. Typically, we offer treatments and assess the response of an individual patient to such a specific treatment in our clinics, before deciding whether it is successful and should be continued. The ultimate aim is to reduce the impact of pain distress, disability in a particular patient leading to better quality of life measures.

To address the lack of practical guidance in the NICE guidance the FPM has produced a document titled 'Practical Pain Management in Specialist Care: How to help people with chronic pain when population based national guidance fails to help to assist clinicians'.

This document serves to empower and reassure professionals, people with chronic pain and commissioners to make the best decisions for an individual patient. It acknowledges that the level of population based determination of efficacy of some pain management strategies is modest but the societal cost of not attempting to offer treatment to individuals with pain is enormous, when it is clear that a subgroup of patients are likely to respond favourably to treatment even if that treatment is not applicable to all patients in pain.

Specifically, there is risk that sole reliance on NICE guidance to determine which treatments to offer will lead to a needless increase in suffering of specific groups of patients. The FPM also emphasises that it does not support treatments which have no credible evidence base or treatment rationale and furthermore the safety of the patient must be paramount and the consent process meticulous.

This document sets out the FPM position and gives general principles to follow. In the future, the FPM will provide guidance focusing on pragmatic pathways of care.

References

1. National Institute for Health and Care Excellence. Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain. NICE Guideline NG193. London, 2021. Available from: https://www.nice.org.uk/guidance/ng193

2. Cochrane Pain, Palliative and Supportive Care. Stakeholder feedback from the Cochrane Pain, Palliative and Supportive Care (PaPaS) Review Group on the National Institute of Health and Care Excellence (NICE) draft clinical guideline GID-NG10069 Chronic pain: assessment and management. 2021. Available from: https://papas.cochrane.org/sites/papas.cochrane.org/files/public/uploads/papas_response_nice_chronic_pain_guideline_sep20_for_web_0.pdf

OPIOIDS AWARE KETAMINE UPDATE

We have also recently updated the Opioids Aware resource with information on Ketamine.

This information can be found in the 'Other Medicines' section of the resource:

www.fpm.ac.uk/opioids-aware

Dr Paul Wilkinson
PSC Chair

PROFESSIONAL STANDARDS

This is my last report for the Professional Standards Committee of the Faculty of Pain Medicine. It has been a great privilege to serve as chair for two terms over the last six years. I would like to introduce the new Chair, Dr Ganesan Baranidharan...

...who will be known to most of you and who has been a stalwart of the Professional Standard Committee for many years and will continue the excellent work. During my six years as Chair, we have managed in the order of 25 new Faculty of Pain Medicine publications, around 30 refreshed publications, over 50 consultations and various position statements.

Due to the hard work and considerable effort of members of the Professional Standards Committee, the Faculty of Pain Medicine now also has updated *Core Standards*, which is a crucial document for our future. I must specifically thank Robert Searle and Anna Weiss for their considerable effort in bringing this renewed version together. Many of our other documents link into this or are derived from this bedrock.

COVID

We have faced the COVID challenge and produced multiple guidance at short notice. Through our multiprofessional guidance group we have also produced guidance to help reduce the community load of opioids from surgery. The stature of the Faculty in promoting the highest standards of pain practice within our professional group and influencing practice beyond, continues to grow from strength to strength. I know that with the new Chair, the continuation of this process is in safe hands.

Practical pain management

As stated in the Royal College of Anaesthetists' *Bulletin* (and discussed elsewhere in this issue) NICE have recently produced guidance on assessment and management of chronic pain in the over 16s, which has caused considerable professional anxiety and dominated attention in recent months. We undertook a survey which showed that most members disagreed with their guidance on the management of primary pain and few people actually use this diagnosis in clinical practice. In addition to bringing political attention to some of these issues at a Westminster forum, we have produced a new document titled *Practical Pain Management and Specialist Care* to assist clinicians. It is important that the Faculty continue to support practices only underpinned by the best possible evidence. However, it is clear that the current positivist approached evidence is not serving pain practice well. The first document gives general principles to follow for practical pain management. Patient safety is clearly very important, and it is also important that practitioners are given some latitude to provide the best care for their patients. The follow on from this work will involve reconsidering the issue of practical pain pathways and how we integrate treatments while being mindful to emphasise safety and consent.

Cancer Pain

A further important area of work is with the National Cancer Pain Network. Dr Matthew Brown continues to lead this work with Manohar Sharma. The network comprises four focus groups which are considering interventions, education guidance, project advocacy and survivorship bound by a steering commitment and including two trainee representatives. This is an important piece of work with the aim of operationalising the strategic content of a previous cancer publication from the Faculty in this area.