THE BRITISH PAIN SOCIETY
EXPERTISE WHERE IT MATTERS

Lidocaine 5% medicated plasters for localised neuropathic pain:
A position statement from The British Pain Society

The British Pain Society is a multidisciplinary, multiprofessional organisation representing people living with pain and the professionals who care for them.

Neuropathic pain is primarily a clinical description and not a diagnosis. People with neuropathic pain are a heterogeneous group in terms of underlying pathophysiology, clinical symptoms and signs they present with. Many people, for instance following surgery or injury or after shingles, develop features of neuropathic pain. Fortunately with time, only a very small proportion (2%-5%) is likely to have persistent symptoms. In the general population the prevalence of long term severe disabling neuropathic pain is estimated to be less than 1% [Torrance et al 2013].

Persistent neuropathic pain affects many dimensions of a person's life and can lead to significant suffering, loss of function, decrease in mobility and reduced work capacity; all of which contribute to decreased quality of life. In most people, pain which becomes persistent cannot be cured and instead has to be managed using an individualised approach that includes; education as to the nature and expected course of the condition, medicines, injections and complex interventional procedures, physiotherapy, occupational and psychological therapies.

Current medicines available for localised neuropathic pains are very limited. Many of the oral medicines used to treat persistent neuropathic pain have potentially serious side effects, such as; sedation, confusion, dizziness, visual disturbances, falls, dependence and addiction as well as effects on the cardiovascular and renal systems. Appropriate use of topical treatments (i.e. applied directly to the site of pain) for localised neuropathic pain thereby reduces or avoids the numerous side effects associated with the use of oral medicines.

Lidocaine 5% medicated plasters are one of a few topical treatments available for localised neuropathic pain. They only have a UK Marketing Authorisation for the management of persistent neuropathic pain following shingles - otherwise known as postherpetic neuralgia (PHN). However, the reason that the Marketing Authorisation was for PHN alone was simply because it was the only type of peripheral neuropathic pain studied in the registration trials. Since then, there has been considerable experience from pain specialists prescribing lidocaine 5% medicated plasters in other types of peripheral localised neuropathic pain such as post-mastectomy and post-thoracotomy pain, as well as for local scar pain, pain following nerve injury and painful diabetic neuropathy. Current international guidelines suggest that lidocaine 5% medicated plasters are an established second line treatment for peripheral neuropathic pain [Finnerup et al 2015].

No medicine, including lidocaine 5% medicated plasters, is effective for more than a proportion of people with neuropathic pain. Like any treatment, we understand that what works for one person may not work for others. At present there are no tests or predictive factors we can use to indicate whether lidocaine 5% medicated plasters are going to be

effective for a particular individual. Pain services therefore often use short sequential trials of different/several medicines to help each person to decide which medicines work best for them.

We acknowledge that pain services have historically and indeed continue to use medicines outside their Market Authorisations, so called 'off label' use. Some populations (e.g. people under-18 and over 65 years) are often excluded or underrepresented in clinical trials and use of many medicines in these groups is 'off-label' in any case. One class of medicine for neuropathic pain, namely tricyclic antidepressants, has been used 'off-label' for many years. For over a decade UK pain services have carefully assessed whether lidocaine 5% medicated plasters are appropriate for people with otherwise intractable localised neuropathic pain for a wide variety of conditions before returning management of the person back to primary care where such prescriptions have been continued.

The British Pain Society supports the widest choice of effective treatment options for people with neuropathic pain. We believe that people have the right to effective medicines with minimal side effects that allow them to lead as normal and productive lives as possible. We believe that right should extend across the UK, no matter where the person is resident.

The British Pain Society endorses the NICE clinical guidance CG173 (Neuropathic pain in adults: pharmacological management in non-specialist settings) which states clearly *'Continue existing treatments for people whose neuropathic pain is already effectively managed, taking into account the need for regular clinical reviews'***.**

In November 2017, NHS England recommended that lidocaine 5% medicated plasters should not routinely be prescribed in primary care. We suggest that if a person is referred to a specialist pain service and their expert advice is to use lidocaine 5% medicated plasters then treatment should continue to be funded in primary care. Furthermore, people who have already been prescribed lidocaine 5% medicated plasters should be reviewed to assess efficacy. Where there is evidence of substantial benefit people should not be disadvantaged by prescribing being discontinued.

We believe that looking after people living with persistent pain is best managed by primary care teams, with recourse to specialist pain services only when required. Indeed, prescribing of current NHS England advice specifically states '*that if, in exceptional circumstances, there is a clinical need for lidocaine 5% medicated plasters to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional*', indicating the need for liaison between primary care and specialist services.

References:

Torrance N, Ferguson JA, Afolabi E, et al. Neuropathic pain in the community: More under-treated than refractory? Pain 2013; 154: 690-699.

Finnerup NB, Attal N, Haroutounian S, et al. Pharmacotherapy for neuropathic pain in adults: a systematic review and meta-analysis. Lancet Neurol. 2015; 14: 162-73.

On behalf of the Council of the British Pain Society
02.08.18