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## self help for chronic pain sufferers

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## AFFA SAIR OPINION ON NICE GUIDELINES FOR CHRONIC PRIMARY PAIN

The recent NICE guidelines on treating chronic pain have caused a great deal of consternation in the chronic pain community. In the guidelines for chronic primary pain they describe it as chronic pain in one or more anatomical regions that is characterised by significant emotional distress (anxiety, anger/frustration or depressed mood) or functional disability (interference in daily life activities and reduced participation in social roles). They also describe Chronic primary pain as multifactorial with biological, psychological and social factors contributing to the pain syndrome.

They go on to say that “people have the right to be involved in discussions and make informed decisions about their care.” Any chronic pain sufferer will tell you that this just does not happen in the real world. More often than not, the patient is told their opiate analgesia is being stopped and self-management will be recommended. This is something not available free of charge with continual complementary therapies being out of the financial reach of most patients and as NICE go on to say there is not enough evidence that this sort of treatment actually works.

To put it simply. On the one hand NICE say analgesia isn't allowed – only self-management is, but there is no evidence it actually works. The 28 page guidelines just confirm the complete disarray and understanding of chronic pain conditions. On the one hand they say that analgesia does more harm than good and then they admit that there is not enough evidence that the alternatives work.

The part of the guidelines which is of most concern to chronic pain sufferers is the assertion that chronic pain patients not be given analgesia to help them.

*“Do not offer any of the following, by any route, to people aged 16 years and over to manage chronic primary pain: • opioids • non-steroidal anti-inflammatory drugs • benzodiazepines • anti-epileptic drugs including gabapentinoids, unless gabapentinoids are offered as part of a clinical trial for complex regional pain syndrome\* (see research recommendations) • local anaesthetics, by any route, unless as part of a clinical trial for complex regional pain syndrome (see research recommendations)”*

The only medication fully recommended by NICE are antidepressants. Yet they also come with serious side effects in the shape of “serotonin syndrome” and cognitive impairment. I know from first-hand experience how dangerous that condition is. It causes so much pain that the patient needs to be put into a medical coma and intubated because they can no longer breathe on their own.

The guidelines are not compulsory in themselves and in Scotland it is the Scottish Medicines Consortium and the Scottish Intercollegiate Guidelines Network (SIGN that develops evidence-based clinical guidelines for NHS Scotland. However, the Scottish Government often says NICE guidelines should be implemented and used as guidance, and good practice.

The problem comes from those whose main interest are budgets not patients will use the guidelines to justify their actions. The guidelines themselves report that 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 anti-epileptics.

The favourite alternative just now to analgesia are Pain Management Programmes. Yet NICE again say that there is inconsistent evidence on the effectiveness of them, so the committee made a recommendation for research.

*‘Evidence from 8 studies showed a very small improvement in quality of life with pain management programmes led by professionals compared with usual care or waiting list controls.’*

NICE also suggest trying a course of acupuncture or dry needling, within a traditional Chinese or Western acupuncture system. “Oh that’s good,” you may think but then they go on to say that this should be delivered in a community setting, and delivered by a band 7 (or lower) healthcare professional, and is made up of no more than 5 hours of healthcare professional time (the number and length of sessions can be adapted within these boundaries). This clearly shows their complete lack of understanding of chronic pain and how to deal with it. Why such a short time? Is the lower banding to save money? A lifelong condition needs lifelong treatment.

TENS, ultrasound and interferential treatments are also considered inappropriate just because there has not been studies done on their efficacy for chronic pain. How can their use be measured when their usage is not recommended in the first place.

In effect the NICE guidelines just encourage advisors and some health professionals to say there is nothing they can do to help the sufferers and leave them on their own to get through their excruciating pitiful lives which often lead to suicidal thoughts and attempts.

Surely the best thing to be done is to fully inform chronic pain sufferers of all the risks any medication comes with and let the patient decide what is best for them. The health professionals say they ‘must do no harm’ yet by the current blanket policies they harm the patients more in allowing the intractable pain to take over the sufferers’ lives causing them so much despair that suicide seems the only option of escape.