LISBON ADDICTIONS 2022

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Changing perspectives on the use of medicines for pain

Dr Cathy Stannard

cathy.stannard@nhs.net

Disclosures

- NICE Guideline NG193 Chronic Pain
  - Clinical Lead
- NICE Guideline NG215 Safe prescribing and withdrawal management DFMs
  - Topic Adviser

- *The guidelines referred to in this presentation were produced by the National Guideline Centre for the National Institute for Health and Care Excellence (NICE). The views expressed in this presentation are those of the presenter and not necessarily those of NICE.*

“It’s so much easier to suggest solutions when you don’t know too much about the problem”

Malcolm Forbes 1919-1990

Session overview

- About pain and UK national context
- About medicines for pain
- Prescribing dependence forming medicines safely
- Takeaways

Changing perspectives on the use of medicines for pain

ABOUT PAIN

Chronic pain in the UK: some numbers

- Chronic pain is common
- Between a third and a half of the adult population in the UK experience chronic pain
- 14% of the population have disabling symptoms
- 90% of people with severe chronic pain will never see a specialist

Persistent/chronic pain

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- Persistent pain is complex
- Strong links to mental health
- Medicines often don’t work and can cause harm
- *Doing nothing is better than doing something harmful*
- Clinicians want other options to offer
- Patients and Clinicians want better conversations

What patients want from a consultation about pain

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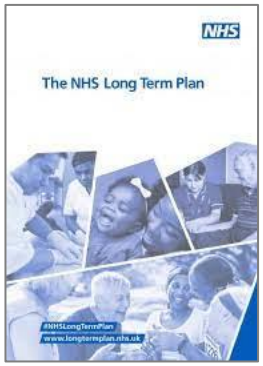
- Engagement and concern from provider (*Empathy*)
- Empowerment
- Being partners in their own care
- Understanding the experience of the illness not just the illness itself
- Understanding the patient as a person

UK National context



NHS Long-term Plan 2019

Themes:

- place-based care
- personalisation
- integration with social and other care providers
- ARRs
- value of interventions

2023

NHSEI Commissioning Framework
Optimising prescribing of medicines which may cause dependence and withdrawal

NHSEI (Title TBA) Guide to systems and smaller entities on approaches to supporting people living with chronic pain

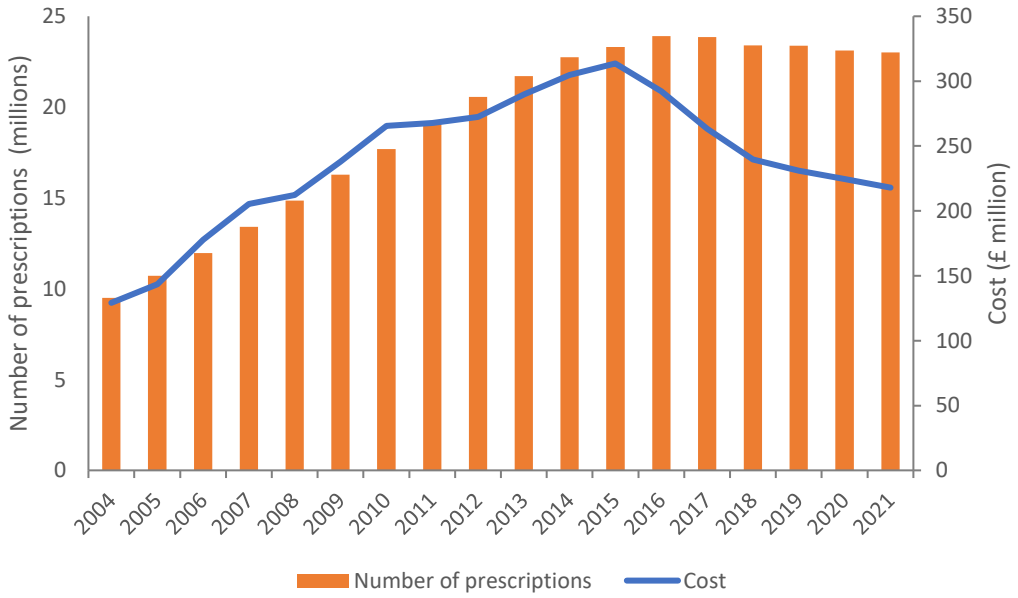
Themes:

- more psychosocial model of care /holistic approach to supporting the health and wellbeing of a community
- realignment of health and care system to a population-based approach

Changing perspectives on the use of medicines for pain

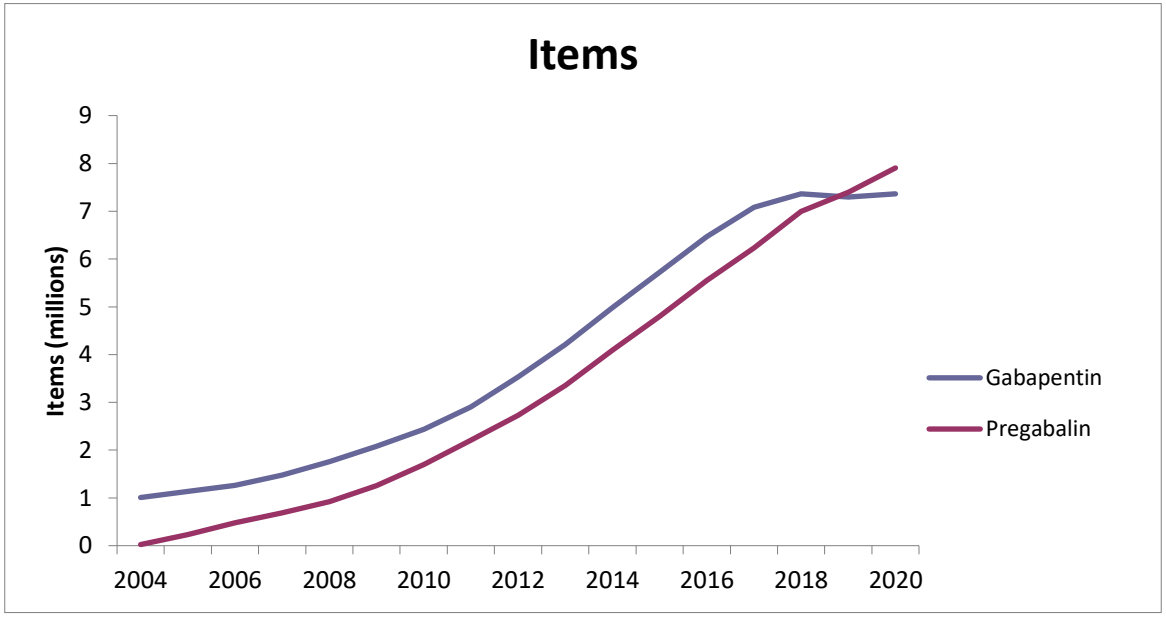
ABOUT MEDICINES FOR PAIN

Opioid prescribing in England



Source: NHSBSA published June 2022

Gabapentinoid prescribing in England



Source: NHSBSA published June 2022

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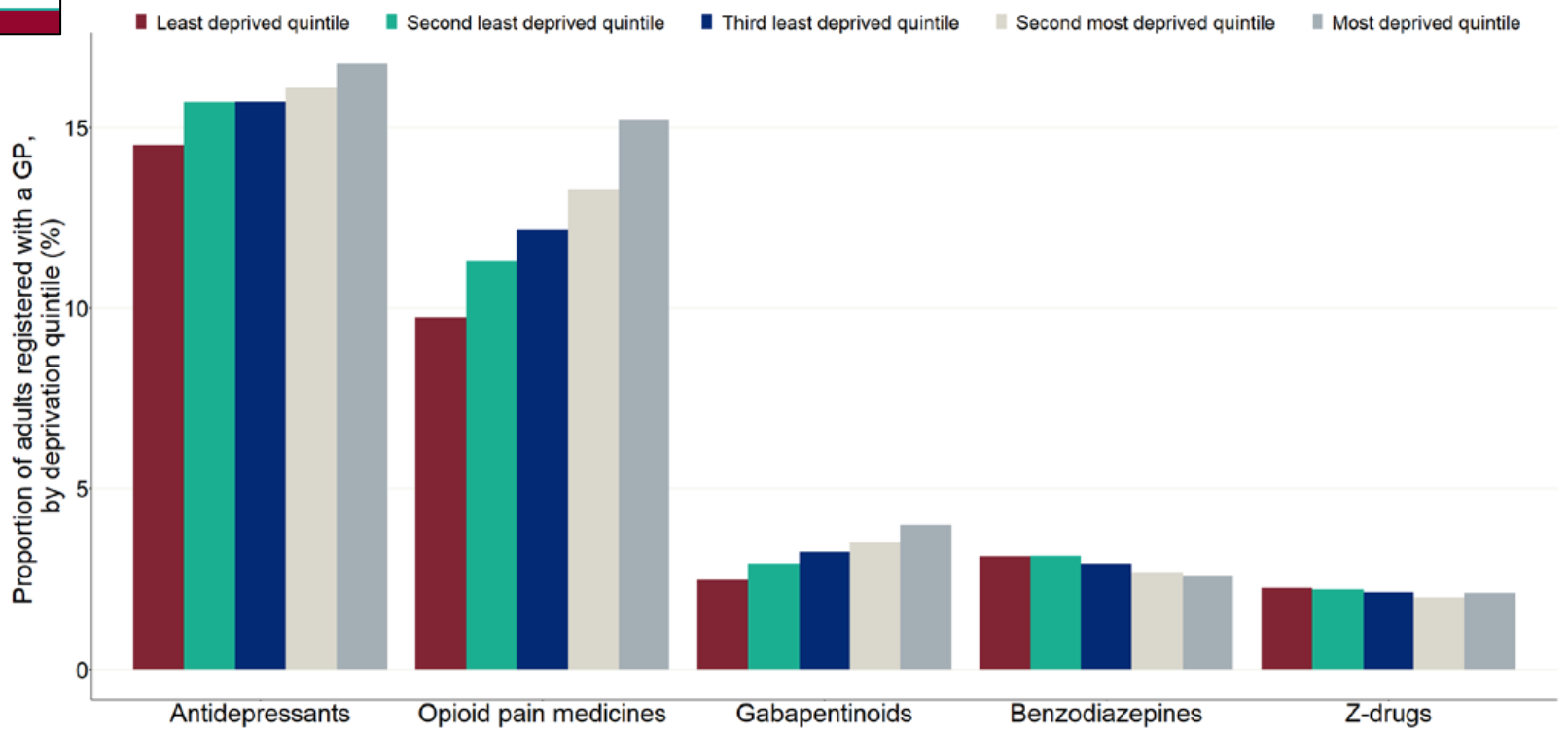
Proportion of population registered with GPs in England receiving a prescription in 2017/18, by deprivation quintile and class of medicine



Patients on long term opioids
Campbell G et al. *Pain* 2015;156(2):231-42

- 60% unemployed/on benefits
- 50% on very low income
- 80% multiple pain conditions
- 50% depression
- 50% on antidepressants
- 50% have suicidal ideation
- 50% childhood trauma
- 30% alcohol disorder
- >60% on benzodiazepines

Epidemiology of opioid use

Macfarlane et al *EClinicalMedicine* 2020 Apr; 21: 100321

- 466 486 participants
- 5.5% regularly using opioids

- 87% persons using reported chronic pain
- Highest rates of use in people
  - With low household income
  - Who left school<16years
  - Who lived in areas with high deprivation

- Amongst 15 032 people out of work because of ill-health, 1 in 3 regularly taking opioids
- Regular users reported
  - insomnia (88.7%)
  - a recent major life event (57.3%) and
  - were more likely than non-users to rate their health as poor

- Those taking opioids were more likely to die during follow-up (remained after adjustment for demographic, socio-economic, health and lifestyle factors)

About The National Institute for Health and Care Excellence (NICE)

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- Internationally respected
- Transparent methodologies
- Makes decisions on a national level so evidence has to be robust
- Recommendations have to demonstrate value for money
- Commitment under NHS constitution to provide ‘the best value for taxpayers’ money and the most effective, fair and sustainable use of finite resources’

Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain

NICE guideline [NG193] Published date: 07 April 2021

Guidance

NG193
NICE Guideline on Chronic Pain

- Empathic, person-centred relationships are the central pillar of good pain management
- Exercise is the gold standard intervention for chronic pain
- Psychological interventions are a rational option
- Medicines rarely help chronic pain
- Acupuncture may be helpful for chronic pain

Pharmacological management of chronic primary pain

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- **Do not** initiate
  - Antiepileptic drugs including gabapentinoids
  - Antipsychotic drugs
  - Benzodiazepines
  - Corticosteroid trigger point injections
  - Ketamine
  - Local anaesthetics (topical or intravenous)
  - LA/steroid trigger point injections
  - NSAIDs
  - Opioids
  - Paracetamol

Pharmacological management of chronic primary pain

- **Consider** an antidepressant (amitriptyline, citalopram, duloxetine, fluoxetine, paroxetine, sertraline)
- Explain that the medicines may help with quality of life, pain, sleep and psychological distress even in the absence of a diagnosis of depression

Pharmacological management of chronic primary pain

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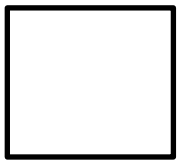
- For people already taking these medicines review prescribing as part of shared decision making
  - Explain lack of evidence for CPP
  - Agree a shared plan for continuing safely if they report benefit at a safe dose with few harms
  - Explain the risks of continuing if they report little benefit or significant harm: encourage and support to reduce or stop if possible
  - Discuss problems associated withdrawal

Evidence matrix key



No evidence

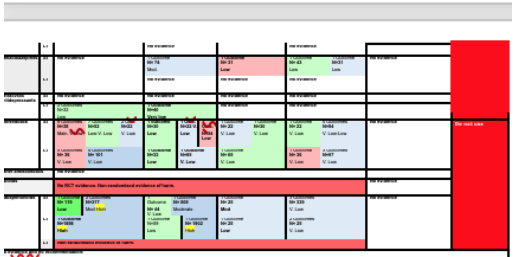
Evidence of no benefit

Evidence of benefit

Evidence of harm

Intervention	TP	Quality of life	Pain (reduction or interference/self-efficacy)	Physical function	Psychological distress	Health economic evidence	Rec
Exercise	ST	10 Outcomes **N=724** Mainly Low 8 Outc. **N=667** Mixed	8 Outcomes **N= 844** Low-V. Low 3 Outc. **N=332** V. Low	1 Outc. **N= 46** Low 9 Outcomes **N=628** Low-V Low	34Outcomes **N= 469** Mainly V Low 7 Outcomes **N=367** Mainly Low	**1 study found gym-based exercise not cost effective (complete case analysis – but was in imputed analysis).**	**Offer**
	LT	27 Outcomes **N= 1084** Mainly Low-V Low 8 Outcomes **N=624** Mixed	7 Outcomes **N= 1238** Low-V. Low 3 Outc. N=669	7 Outc. **N= 683** Low-V Low 7 Outc. **N=1112** Mainly Low-VL	**3 Outcomes N=150 Low – V. Low** 12 Outcomes **N= 1465** Mainly Low	**1 original model found exercise was cost effective**	
Acupuncture (versus sham/UC)	ST	25 Outcomes **N=>3000** Mainly Low-Mod. **1 outcome N=178 Low**	5Outcomes **N=5079** Mainly Low 1 Outc. **N=384** Low	1 Outc. **N= 100** V Low 2 Outcomes **N=163** V. Low	2 Outcomes **N= 256** Low-Mod 2 Outcomes **N=245** Mainly Low	**2 studies showed acupuncture cost effective. Uncertainty in UK study.** **1 original model found acupuncture was cost effective**	**Consider**
	LT	4 Outcomes **N= 592** Mainly Low 3 Outcomes **N= 518 Mainly Low**	2 Outc. **N= 259** Mod. 3 Outcomes **N=781** Mainly Low	1 Outcome **N= 106** V. Low	1 Outcome **N= 155** Low		
SNRIs	ST	1 Outcome (Mental) **N=1112** V. Low 1 Outcome1 **N=1112** Low	**No evidence**	**No evidence**	**No evidence**	**No evidence**	
	LT	9 Outcomes **N=733** V low - moderate 1 Outcome N=520 Very low	1 Outcome **N=2194** Moderate	1 Outcome **N=1231** Low	1 Outcome **N=1731** Very low		
Tricyclic antidepressants	ST	1 Outcome **N=106** Mod.	2 Outcomes **N= 477** Mainly V Low 1 Outcome **N=131** Mod.	1 Outcome **N=212** High 1 Outc. **N=122** V. Low	2 Outcomes **N=334** Low-moderate	**No evidence**	
	LT	**No evidence**	1 Outcome; **N=48** Low 1 Outcome **N=114** V Low	1 Outcome **N=114** V. Low	1 Outcome **N=114** Low		
SSRIs	ST	1 Outcome **N=51** V. Low	1 Outcome **N=150** V. Low	2 Outcomes **N= 117** V Low	3 Outcomes **N= 177** V. Low	**No evidence**	
	LT	**No evidence**	1 Outcome **N= 65** V Low 1 Outcome **N=46** V Low	**No evidence**	1 Outcome **N= 46** V. Low		
CBT for pain	ST	8 Outcomes **N= 233** V. Low 5 Outcomes **N=365** V. Low	2 Outc. **N= 136** V. Low - Mod. 4 Outcomes **N=994** V. Low	1 Outcome **N= 140** Low 2 Outcomes **N=190** V. Low	2 Outcomes **N= 1054** V. Low	**2 studies showed CBT is cost effective/dominant** **Some informal calcs**	
	LT	1 Outcome **N= 256** Low 1 Outcome **N=73** V. Low	1 Outc. **N=47** V. Low 5 Outc. **N=406** V. Low 1 Outc. N=76 V. Low	**1 Outcome N=28 V. Low** 1 Outcome **N= 118** V. Low	4 Outcome **N= 469** V. Low		
ACT	ST	3 Outcomes **N= 201** Mainly V. Low 1 Outcome **N=63** V. Low	2 Outc. **N=89** V. Low 4 Outc. **N=53** V. Low	1 Outcome **N=61** V. Low	3 Outcomes **N= 447** V. Low 1 Outcome **N=36** V. Low	**1 study showed ACT is dominant** **Some informal calcs**	
	LT	3 Outcomes **N= 198** Mainly Low **1 Outc. N=33 V Low**	1 Outcome **N=33** V. Low	1 Outcome **N= 61** V. Low	3 Outcomes **N= 335** V. Low 1 Outcome **N=33** V. Low		
Laser therapy (versus sham)	ST	2 Outcomes **N=386** V Low-Mod 1 Outcome **N=110** Low	1 Outcome **N= 558** V. Low	**No evidence**	2 Outcomes **N= 44-8** Low	**No evidence**	**Research rec**
	LT	1 Outcome **N= 117** Low	1 Outcome **N= 71** Mod.		**No evidence**		

PMPs	**ST**	11 Outcomes **N= 735** Mainly V. Low	5 Outcomes **N=317** Mainly V. Low	2 Outc. **N= 340** **Low**	9 Outcomes **N=2538** Mainly Low	6 Outcomes **N= 1541** Mixed	1 Outc. N=69 Mod.	3 Outcomes **N= 114** **Low-V. Low**	4 Outcomes **N=1347** Mixed	**1 study found phone CBT + gym-based exercise not cost effective (complete case analysis – but was in imputed analysis).**		
	LT	10 Outcomes **N= 1029** Mainly Low-Mod	5 Outcomes **N= 328** Mainly V. Low	6 Outcomes **N=2932** Mainly Low		4 Outcomes **N= 1247** Mixed			3 Outcomes **N=1520** Mixed			
TENS (versus sham)	**ST**	2 **Outcomes** **N=202** **Mod.**		3 Outcomes **N= 242** V. Low-High.		**1 Outcome** **N=202** **High**		**2 Outcomes** N=202 Low-Mod.		**No evidence**		
	LT	**No evidence**		**No evidence**		**No evidence**		**No evidence**				
Biofeedback	**ST**	8 Outcomes **N=38** Main. V.Low	7 Outcomes **N=52** Low-V. Low	2 Outc. **N=22** V. Low	**1 outcome** **N=30** **Low**	**1 Outc.** **N=22 V. Low**	**1 Outc. N=34 Low**	1 Outcome **N= 22** V. Low	1 Outcome **N=30** V. Low	1 Outcome **N= 22** V. Low	4 Outcomes **N=94** V. Low-Low	**No evidence**	**Do not use**
	LT	5 Outcomes **N= 36** V. Low	4 Outcomes **N= 101** V. Low		**1 Outcome** **N=32** **Low**	**1 Outcome** **N=65** **V. Low**		1 Outcome **N= 65** V. Low		1 Outcome **N= 36** V. Low	3 Outcomes **N=97** V. Low		
Other antiepileptics		**No evidence**											
Opioids		**No RCT evidence. Non-randomised evidence of harm.**										**No evidence**	
Gabapentinoids	**ST**	1 Outcome **N= 119** **Low**	2 Outcomes **N=317** Mod-High	1 Outcome **N= 44** V. Low	1 Outcome **N= 508** Moderate	1 Outcome **N= 25** **Mod**		3 Outcomes **N= 339** V. Low		**No evidence**		
	LT	**1 Outcome** **N=1898** **High**		1 Outcome N=59 Low	1 Outcome **N= 1902** High	1 Outcome **N= 25** **Low**		2 Outcomes **N= 25** V. Low				
	LT	**Non-randomised evidence of harm.**											



NICE National Institute for Health and Care Excellence

Improving health and social care through evidence-based guidance

Home > NICE Guidance > Conditions and diseases > Neurological conditions > Neuropathic and persistent pain

Neuropathic pain in adults: pharmacological management in non-specialist settings

Clinical guideline [CG173] Published date: November 2013 Last updated: April 2018

Home > NICE Guidance > Service delivery, organisation and staffing > End of life care

Palliative care for adults: strong opioids for pain relief

Clinical guideline [CG140] Published date: May 2012 Last updated: August 2016

Home > NICE Guidance > Service delivery, organisation and staffing > Medicines management > Medicines management: general and other

Controlled drugs: safe use and management

NICE guideline [NG46] Published date: April 2016

Home > NICE Guidance > Conditions and diseases > Musculoskeletal conditions > Low back pain

Low back pain and sciatica in over 16s: assessment and management

NICE guideline [NG59] Published date: November 2016

Home > NICE Guidance > Service delivery, organisation and staffing > Medicines management > Medicines management: general and other

Medicines optimisation in long-term pain

Key therapeutic topic [KTT21] Published date: January 2017 Last updated: February 2018

Home > NICE Guidance > Conditions and diseases > Musculoskeletal conditions > Low back pain

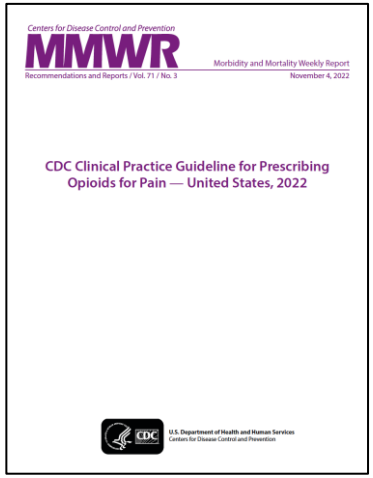
Chronic pain: assessment and management

In development [GID-NG10069] Expected publication date: 20 January 2020 Register as a stakeholder

Home > NICE Guidance > Health and social care delivery > Medicines management

Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults

NICE guideline [NG215] Published: 20 April 2022



Updates 2016 guidance (problems with misapplication)

- Addresses acute, subacute and chronic pain
- Maximise non opioid therapies where appropriate
- Lowest dose shortest duration
- Weigh up benefits and risks
- Avoid LA/ER preparations
- Diminishing returns when >50mg MED
- Use of naloxone

Key points

- there are persistent barriers to access to pain care and evidence-based treatment
- shared decision making by patients and clinicians is critical
- discontinuing opioids after extended use can be very challenging and potentially harmful
- the new recommendations need to be communicated and implemented carefully

https://www.cdc.gov/mmwr/volumes/71/rr/pdfs/rr7103a1-H.pdf

Changing perspectives on the use of medicines for pain

PRESCRIBING DEPENDENCE FORMING MEDICINES SAFELY

Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults

In development [GID-NG10141] Expected publication date: 20 April 2022 Register as a stakeholder

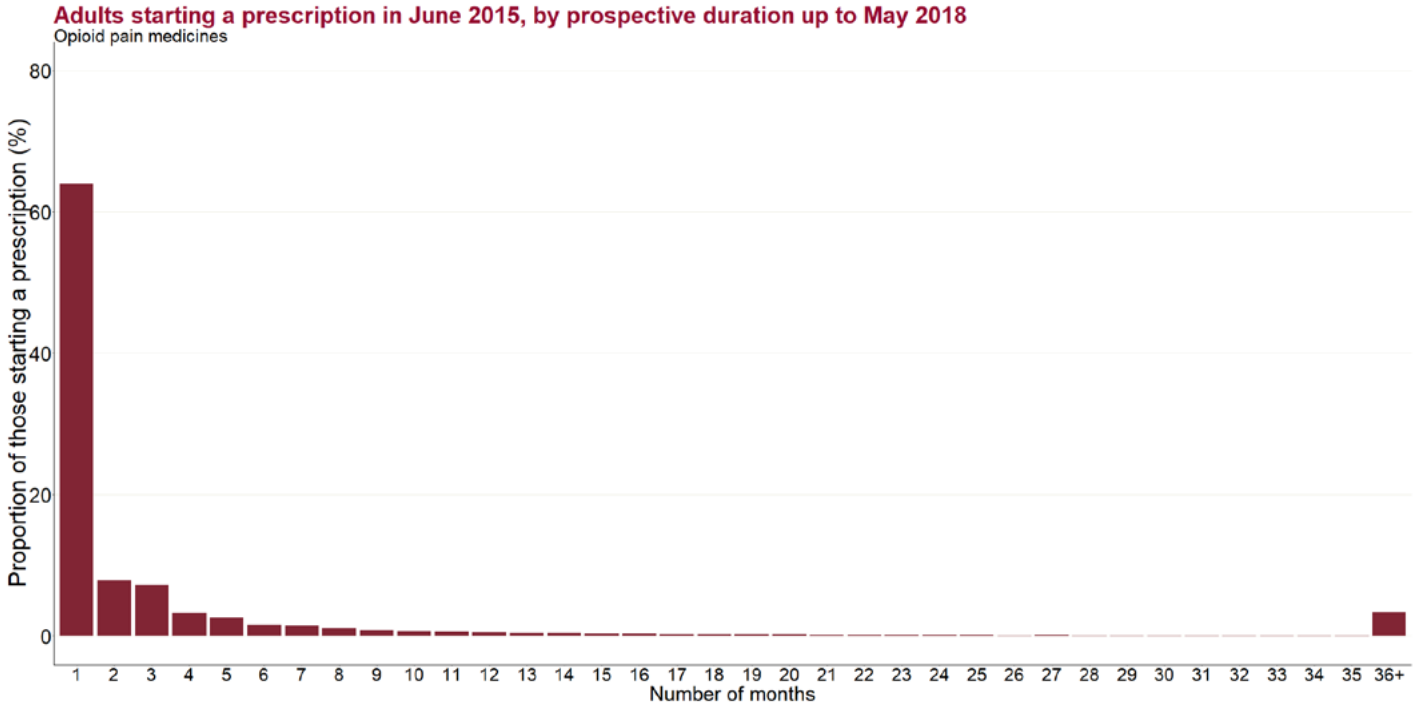
Project information | Project documents

Definitions

- *Dependence* is characterised by both tolerance (the need for increasing doses to maintain the same effect) and withdrawal symptoms.
- *Addiction* also features tolerance and withdrawal but is accompanied by additional characteristics of cravings, lack of control, overuse and continued use despite harm. Addiction is also associated with problematic behaviours…

Public Health England

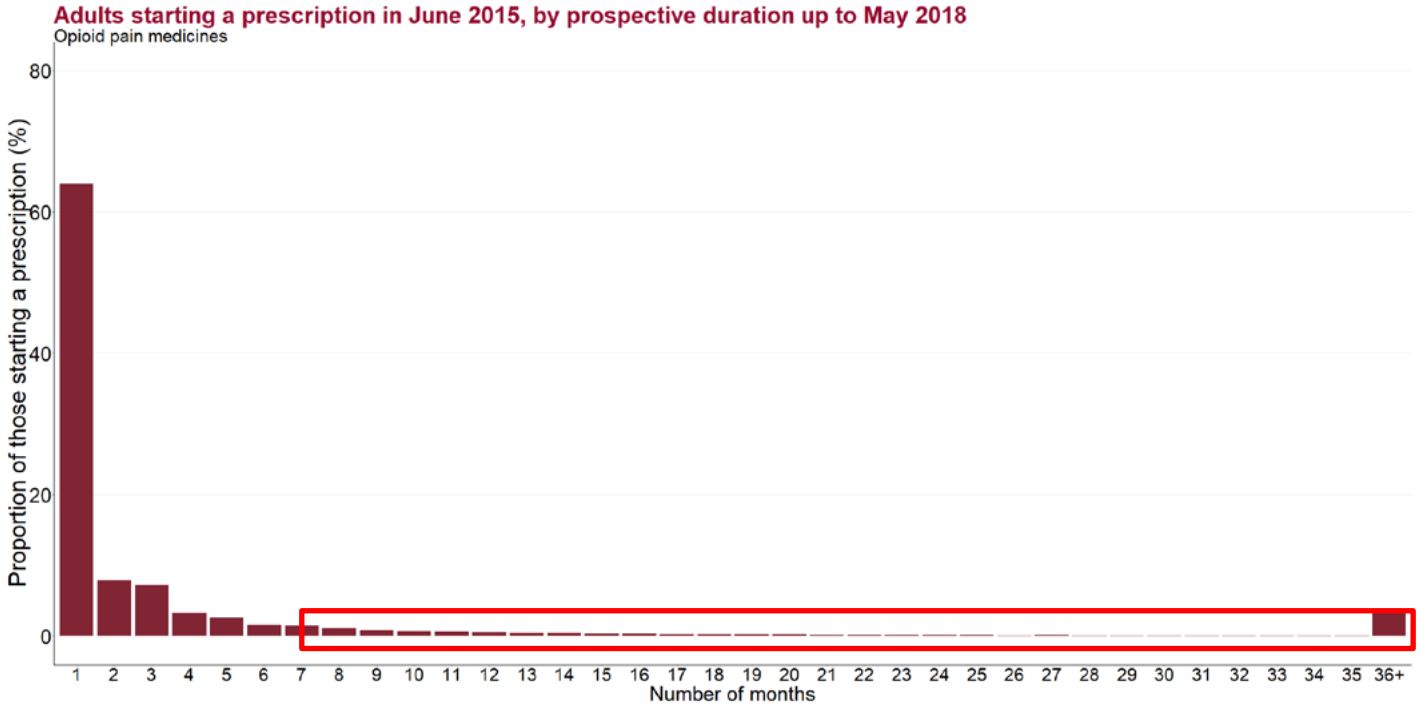
Duration of prescription is not the same as addiction



Dependence and withdrawal associated with some prescribed medicines 2019

Public Health England

Duration of prescription is not the same as addiction



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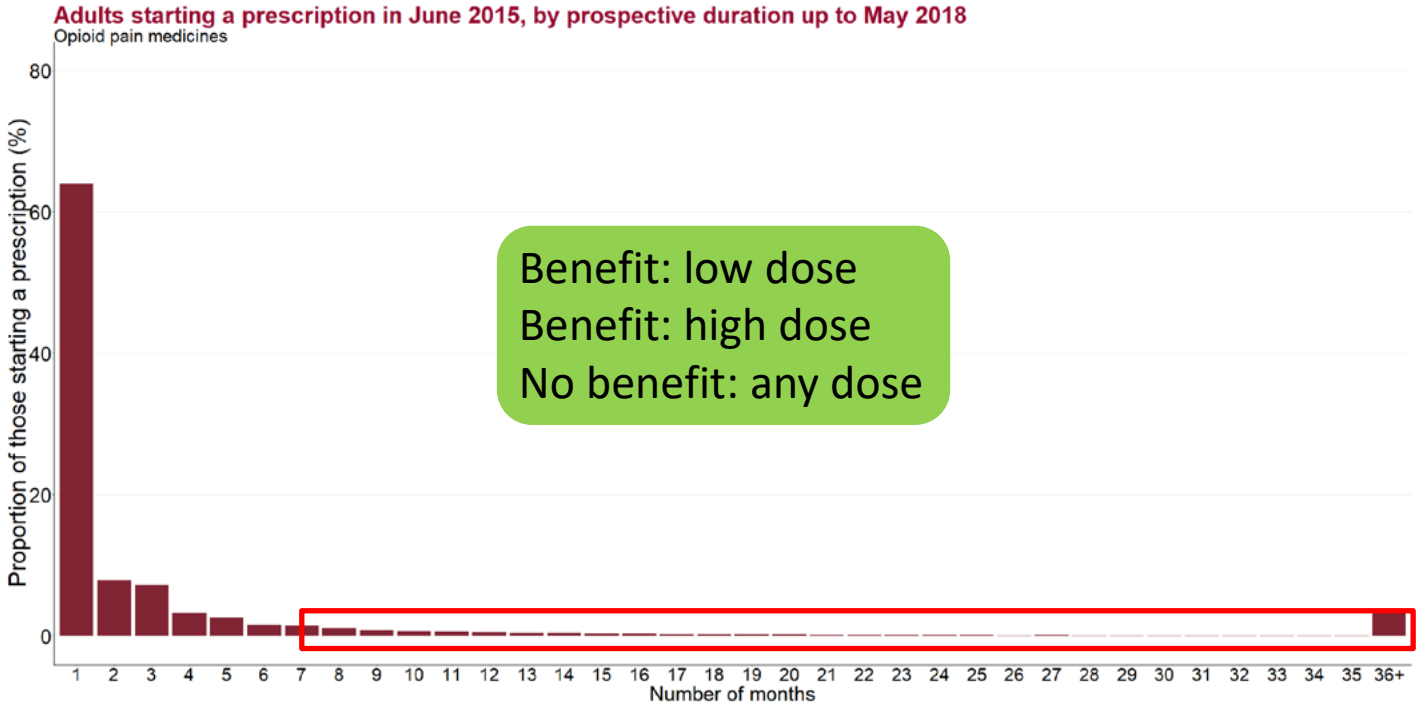

Dependence and withdrawal associated with some prescribed medicines 2019

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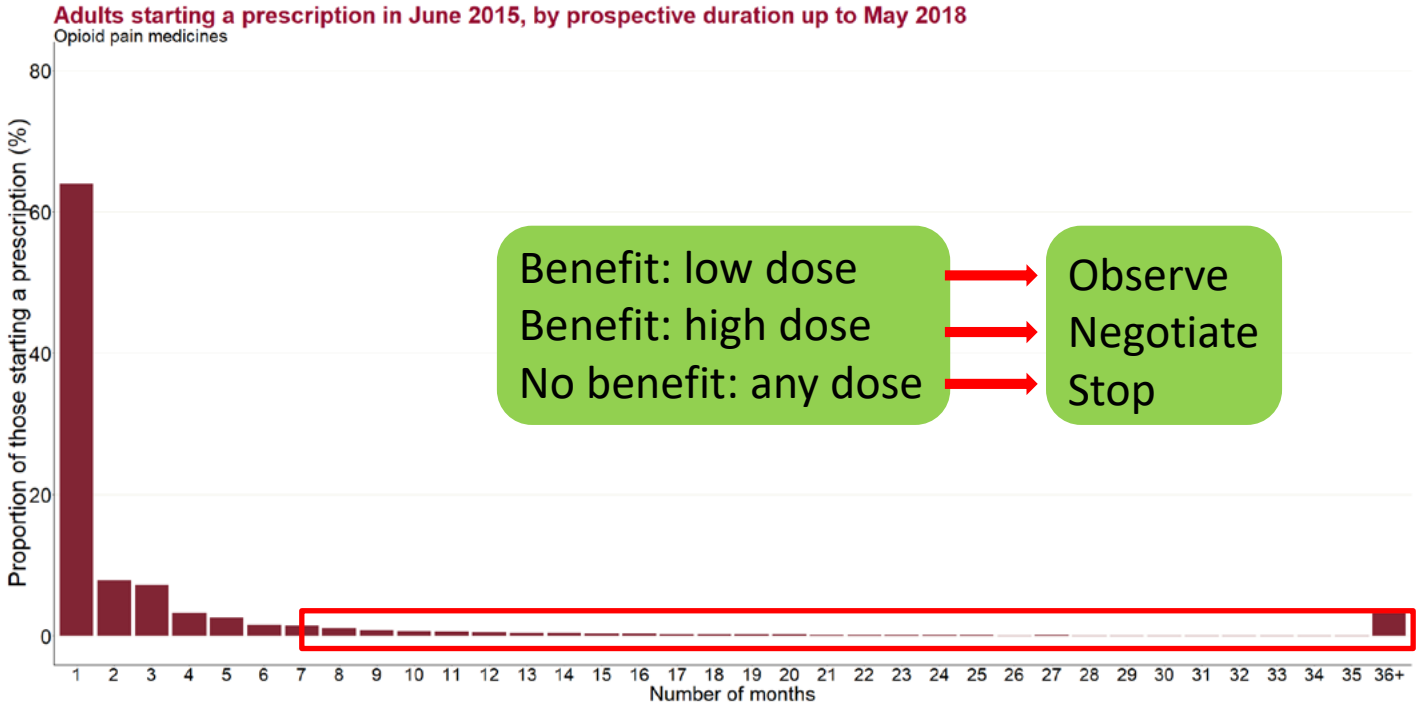

Dependence and withdrawal associated with some prescribed medicines 2019

NG125: themes

- Supporting people taking a dependence forming medicine (DFM)
- Making decisions about prescribing and taking a medicine
- Starting a medicine
- Reviewing a medicine
- making a shared decision about withdrawing a medicine
- Dose reduction, managing withdrawal symptoms, interventions to support withdrawal

Changing perspectives on the use of medicines for pain

TAKEAWAYS

Pain and pain medicines: takeaways

- Emerging recognition of complexity of chronic pain and need assess appropriately with consideration of patients' preferences
- Prescribing medicines for pain may add to a patient's burden
- Building better relationships comes before and during prescribing and de-prescribing

- Changing prescribing practice is about much more than medicines

Further reading

Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain. NICE Guideline (NG193) https://www.nice.org.uk/guidance/ng193

Chronic pain in England: unseen, unequal, unfair. VersusArthritis 2020 https://www.versusarthritis.org/about-arthritis/data-and-statistics/chronic-pain-in-england/

Dependence and withdrawal associated with some prescribed medicines. An evidence review. Public Health England 2019 https://www.gov.uk/government/publications/prescribed-medicines-review-report

Dowell D et al Prescribing opioids for pain – the new CDC practice guideline 10.1056/NEJMp2211040

Good practice in prescribing and managing medical devices https://www.gmc-uk.org/-/media/documents/prescribing-guidance-updated-english-20210405_pdf 85260533.pdf

Low back pain and sciatica in over 16s: assessment and management. NICE Guideline (NG59) https://www.nice.org.uk/guidance/ng59

Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults NICE Guideline (NG215) https://www.nice.org.uk/guidance/ng215

Neuropathic pain in adults: pharmacological management in non-specialist settings. NICE Guideline (CG173) https://www.nice.org.uk/guidance/cg173

Opioids Aware www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware

Prescribing opioids for pain – the new CDC practice guideline https://www.cdc.gov/mmwr/volumes/71/rr/pdfs/rr7103a1-H.pdf