National Open Meeting to discuss the draft SIGN guideline on Chronic Pain

 On 12th December an interdisciplinary open meeting in Edinburgh discussed the ***draft*** Scottish guidelines for primary care non – malignant pain management. The draft was developed by the Scottish Intercollegiate Guidelines Network (SIGN) which included physiotherapists Paul Cameron (NHS Fife) and Dr Heather Cameron (NHS Glasgow). The guideline development group (GDP) reviewed available evidence to provide guidance on best practice pharmacological and non pharmacological pain management in non specialist primary care settings and this open meeting was part of a consultation process. Headache, children and treatments available only in secondary care were not within the remit. Patients were well represented at the meeting and were involved in development.

In the Scottish Service Model for Chronic Pain (1), primary care delivers education, support and provides early MDT pain management to reduce disability. This requires GP’s and AHP’s with knowledge of pain management. The Scottish Government aim to increase the focus on chronic pain management in primary care and these guidelines support that.

The draft asks key questions, presents the evidence then makes recommendations. It became clear that there was often a scarcity of good quality evidence on which to base recommendations. Dr. Andrew Moore (2) outlined some difficulties of reporting in chronic pain trials: averaging results obscures which groups are likely to benefit and which not; trials need longer follow up because efficacy tends to be greater short term; “Last observation carried forward” (LOCF) statistics tends to exaggerate efficacy and small trials ( < 100 per treatment arm!) overestimate treatment effect. He warned that changes in evidence are likely to downgrade the evidence for talking therapies and this needs to be considered in the design of future research.

In addition to pharmacological therapies, assessment tools, aspects of care, supported self management, psychologically based interventions, physical therapies, complementary and dietary therapies are covered.

The draft is available on

[Www.sign.ac.uk/guidelines/drafts/index.html](https://web.nhs.net/owa/redir.aspx?C=EZXNbliBdkKsVcQC6pqJ0pXPNX7_sM9IS-_4w2R24QQmVYmXRS99jo_MdlHdVZO561HoMUfNC4U.&URL=http%3a%2f%2fWww.sign.ac.uk%2fguidelines%2fdrafts%2findex.html)

***Physiotherapist are invited to comment on the draft,*** ***by January 7th***bearing in mind that this is a draft and there are likely to be some amendments as a result of the meeting. Please e mail any comments to [ailsa.stein@nhs.net](https://web.nhs.net/owa/redir.aspx?C=EZXNbliBdkKsVcQC6pqJ0pXPNX7_sM9IS-_4w2R24QQmVYmXRS99jo_MdlHdVZO561HoMUfNC4U.&URL=mailto%3aailsa.stein%40nhs.net) .

Reference:

1 <http://www.knowledge.scot.nhs.uk/pain/scottish-service-model.aspx>

2. Moore A et al. 2010. “Evidence” in chronic pain – establishing best practice in the reporting of systematic reviews. *PAIN* 150 pp 386-389