



## June 2017 News and Resources

### New NICE Guidance and the Regional Back Pain Pathway

NICE guidance on management of back pain was, at last, published in November 2016 superseding the original 2009 guidance on which the Regional Back Pain Programme has been developed.

The fundamental principles in the new NICE guidance have not changed. However, some key changes in the guidance will be reflected within the Regional Pathway as summarised below:

- Acupuncture is no longer part of the 3 approved therapies and this should not be routinely commissioned
- Some changes to other treatments within secondary care, such as spinal fusion and disc replacement, which are not permitted
- Paracetamol alone is not recommended

What stays the same:

- STarT Back is recommended as a risk stratification tool. The Regional Back Pain Programme still encourage this to be undertaken on second attendance
- Psychological therapy
- Exercise
- Combined Physical and Psychological Programme (CPPP)

**Remember do not routinely offer imaging in a non-specialist setting for people with low back pain with or without sciatica, unless Red Flags are present or suspected**

There are some changes to treatments offered that are outside the pathway, which will be reflected in the revised Regional Value Based Clinical Commissioning Policy, that informs the Individual Funding Request Process (IFR) on what treatments can be offered. The spinal procedures section of this policy is due to be released June 2017

The new guidance will not affect the roll out of the pathway across the region. The revised National Guidance is available on our website

<http://www.noebackpainprogramme.nhs.uk/about-the-programme/the-pathway/>

### The pathway and Pharmacological Treatment

If needed, simple analgesics (pain killers) help people with back pain or radicular pain keep active. Many of these are available over the counter. If advice is required then the local pharmacist or GP can help. NICE 2016 recommend to:

- Consider oral non-steroidal anti-inflammatory drugs (NSAIDs) for managing low back pain, taking into account potential differences in gastrointestinal, liver and cardio-renal toxicity, and the person's risk factors, including age.

- When prescribing oral NSAIDs for low back pain, think about appropriate clinical assessment, ongoing monitoring of risk factors, and the use of gastro protective treatment.
- Prescribe oral NSAIDs for low back pain at the lowest effective dose for the shortest possible period of time.
- Consider weak opioids (with or without paracetamol) for managing acute low back pain only if an NSAID is contraindicated, not tolerated or has been ineffective.

NICE 2016 recommend against:

- Do not offer paracetamol alone for managing low back pain.
- Do not routinely offer opioids for managing acute low back pain
- Do not offer opioids for managing chronic low back pain.
- Do not offer selective serotonin reuptake inhibitors, serotonin–norepinephrine reuptake inhibitors or tricyclic antidepressants for managing low back pain.
- Do not offer anticonvulsants for managing low back pain where there is no neuropathic component.

For severe neuropathic pain NICE (2014) recommend:

- Offer a choice of amitriptyline, duloxetine, gabapentin or pregabalin as initial treatment for neuropathic pain (except trigeminal neuralgia).
- If the initial treatment is not effective or is not tolerated, offer one of the remaining 3 drugs, and consider switching again if the second and third drugs tried are also not effective or not tolerated.
- Consider tramadol only if acute rescue therapy is needed (see recommendation about long-term use).
- Consider capsaicin cream for people with localised neuropathic pain who wish to avoid, or who cannot tolerate, oral treatments.

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For those of you were unable to attend the highly successful **Teesside Symposium Event on 15<sup>th</sup> February 2017**, the vidoes of each of the speakers'are now available on the RBPP website

Please visit <http://www.noebackpainprogramme.nhs.uk/news/events/>



Clinical Commissioning Groups across the North East and Cumbria, Hambleton, Richmondshire and Whitby Clinical Commissioning Group and South Tees Hospitals NHS Foundation Trust

