

Low back pain and sciatica in over 16s: targeted review of pharmacological interventions

Consultation on draft guideline – deadline for comments 5pm on Thursday 30 July 2020 email: LowBackPain@nice.nhs.uk

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment.</p> <p>In addition to your comments below on our guideline documents, we would like to hear your views on these questions:</p> <ol style="list-style-type: none"> 1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. 2. Would implementation of any of the draft recommendations have significant cost implications? 3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) <p>See Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</p>
<p>Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):</p>	<p>Faculty of Pain Medicine</p>

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Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.		Nil		
Name of commentator person completing form:		Caitlin McAnulty		
Type		[office use only]		
Comment number	Document [guideline, evidence review A, B, C etc., methods or other (please specify which)]	Page number Or 'general' for comments on whole document	Line number Or 'general' for comments on whole document	Comments Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
1	Guideline & Evidence review	General	General	<p>The FPM has very deep concerns regarding the impact and the implications of this review. For severe and long-term pain NICE is indicating that no other therapies beyond paracetamol, codeine, physiotherapy and coping skills (whether by psychology or a PMP) are to be available on the NHS. This will create a scenario of considerable suffering with no ability to assess the potential individual options from pharmaceuticals.</p> <p>There is a significant problem with the published analysis of trials, in that to-date, even well designed trials, often resort to simple averages and confidence intervals when assessing the outcome. Where drugs have limited, but significant individual value such information is lost in this simplistic analysis of the data.</p> <p>An underlying assumption of economic benefit fails with the long-term suffering and societal costs that could have been helped with medications that have a low NNT. Without the ability to trial, there is a significant risk of cost-</p>

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				<p>burdens to society that the drug costs for the individual, or for their use in identifying 'positive responders' would have saved, in addition to the significant suffering that results.</p> <p>We recognise the importance of considerable caution and care with any medications that have tolerance, dependence, withdrawal and abuse potential, and we are clear that guidance on a clear evaluation of benefit, and of a time limited approach to stopping medications that have not achieved significant benefit is a safer, more humane and appropriate response to current concerns rather than a blanket ban on individual assessment, for options of low NNT, but very significant individual benefit.</p>
2	Guideline	7-8	21-8	<p>The FPM has significant concerns with the content of this draft guideline. It is far too restrictive. We would be very happy to support recommendations which support doctors in addressing the issues of regular assessment of patients' medications, supporting maintenance on any analgesic or co-analgesic if there is clear holistic benefit, but this does not allow that.</p>
3	Evidence review	6	25-31	<p>The 2019 surveillance review is mentioned as one of the reasons for review of this guidance.</p> <p>https://www.nice.org.uk/guidance/cg173/resources/2019-exceptional-surveillance-of-neuropathic-pain-in-adults-pharmacological-management-in-nonspecialist-settings-nice-guideline-cg173-7014450925/chapter/Surveillance-decision?tab=evidence</p> <p>The surveillance decision states: "We noted that for sciatica, a common type of neuropathic pain, evidence for gabapentin and pregabalin appears to be insufficient, and topic experts were concerned about using these drugs in this condition. Therefore, we decided that an update to the guideline should focus on treating sciatica, particularly whether gabapentin and pregabalin are suitable treatments for this condition."</p> <p>This would suggest a foregone conclusion from the outset of the review.</p> <p>We are faced with a mechanism of assessment: absence of evidence is reason to stop prescribing, however weak the negative evidence actually is.</p>
4	Guideline & Evidence review	General	General	<p>By increasing the focus on each area within the guidance, without clear reference to the overall aim of improved support and outcome for patients, this review fails to recognise the limited role that medications have in reducing suffering in a large cohort of low back pain and sciatic sufferers, who will usually already have failed to gain</p>

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				benefit from other therapies (e.g. Pain Management Programmes, Psychology, Physiotherapy, injections), which may have better NNTs and NNH's, but still fail to help large numbers of sufferers.
5				
6				
7				

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a **Word document (not a PDF)**.
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **page and line number (not section number)** of the text each comment is about.
- Combine all comments from your organisation into 1 response. **We cannot accept more than 1 response from each organisation.**
- Do not paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; do not cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use
- For copyright reasons, **do not include attachments** such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.
- **We have not reviewed the evidence for the recommendations shaded in grey. Therefore, please do not submit comments relating to these recommendations as we cannot accept comments on them.**
- **We do not accept comments submitted after the deadline stated for close of consultation.**

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You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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