



## Let's talk about... Chronic pain

NICE guideline for chronic pain: painkillers out, acupuncture in

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The National Institute for Health and Care Excellence (NICE) has published [a new guideline for chronic pain](#) in April 2021. We are delighted to see that acupuncture is one of only four treatments recommended, while most painkillers should no longer be prescribed.

Around a third of the population may be affected by chronic pain; many of those also have a diagnosis of depression, and two-thirds are unable to go out to work because of it. Thus the implications of these recommendations are enormous for UK healthcare policy and allocation of resources. NICE points out that current treatments of any sort are helpful for no more than a minority of the population and the benefits are modest.

This is NICE's first guideline for chronic pain in general, rather than a specific painful condition, though the equivalent Scottish guideline agency (SIGN) has had one for several years (and it, too, endorses acupuncture).

It is very important to realise that this guideline **excludes** any condition whose pain management is addressed by existing NICE guidance, that is headaches, low back pain, sciatica, osteoarthritis, rheumatoid arthritis, spondyloarthritis, endometriosis, and irritable bowel syndrome (IBS).

Pain management in this new guideline is focused on chronic primary pain, i.e. there is no underlying condition that adequately accounts for the pain or its impact. It is often accompanied by significant emotional distress and functional disability. Common conditions that would qualify are fibromyalgia, myofascial pain (i.e. in the muscles and surrounding connective tissue), chronic neck pain and chronic pelvic pain, though there are many more possibilities.

### Which treatments are recommended by NICE in this guideline?

- acupuncture
- exercise: a supervised group programme, preferably followed up long-term by the patients themselves

- psychological therapies: specifically cognitive behavioural therapy (CBT) and acceptance and commitment therapy (ACT)
- antidepressant drugs: ten other classes of medication were considered and rejected, including opioids, anti-inflammatories, paracetamol, benzodiazepines and gabapentinoids: none of these were found to have evidence of benefit for chronic pain and there are possible harms associated with their use.

### **What's the story behind this result?**

This guideline was driven by the urgent need to cut down prescriptions of opioids and other painkillers. Allied to this, acupuncture is supported by an increasingly solid body of evidence.

### **What sort of acupuncture, what dose, and delivered by whom?**

For NICE's purposes it can be acupuncture or dry needling, within a traditional Chinese or a western framework.

In order to reduce the cost of rolling out new acupuncture services in the NHS, and to stay below the threshold indicated by their cost-effectiveness analysis, acupuncture should be:

- limited to a total of five hours treatment, which might typically mean ten half-hour sessions
- done in the community, not hospitals
- done by health professionals at NHS band 7 or lower. Bands 6 and 7 are typical levels at which acupuncturists are currently employed in the NHS
- Alternatively it can be delivered by other healthcare professionals in other settings as long as the cost is equivalent or lower.

### **What did the acupuncture evidence show?**

NICE included 32 studies in their review. They were looking for randomised controlled trials comparing acupuncture either to sham or to usual medical care, hence the results come separately for these two categories. Also, they separated data at up to three months from the longer-term follow-up data. Nine different outcome measures were used, some with multiple scales, so there are lots of different results, and we present here only those from the largest number of trials.

For pain, acupuncture was superior to both sham and usual care, by 1.41 and 1.46 units respectively, on a 0-10 scale. NICE sets the bar for determining clinical importance at 1.0, so these both pass that test. (In the back pain guideline, the sham comparison came in below 1, on which basis they rejected acupuncture.) To be able to get over the sham hurdle, which has bedevilled so much of acupuncture research and its interpretation, is particularly satisfying.

Those were the results for the shorter term. There is much less longer-term data, and none here for the usual care comparison. For sham, the acupuncture advantage was

0.81, which is quite good but falls below the cut-off. Lack of long-term data is a general issue, not just with acupuncture.

Acupuncture was also superior to sham or usual care for quality-of-life measures. For all other outcomes there are few studies for any one of them, with mixed results in terms of clinical significance.

Two existing studies, and a further analysis by NICE, showed fairly conclusively that acupuncture was cost-effective within an NHS framework.

### **What did the committee say in its summing up?**

They agreed that there was good enough evidence that acupuncture was beneficial for pain. They discussed the credibility of the sham comparison data but crucially were able to recognise that it could possibly underestimate the acupuncture effects as well as overestimate them; also that sham acupuncture could be therapeutic in its own right. These are subtle but quite profound differences to the way they've argued before in recent years.

They decided to make the lesser recommendation of 'consider', rather than 'offer', acupuncture. This was probably mainly due to concerns about the 'high resource impact of implementing this in current practice'. They noted that acupuncture used to be widely available in the NHS but many of those services have been decommissioned now.

### **Comment from other stakeholder groups**

Below is a range of stakeholder comments, from the first release of the draft guidelines in August 2020.

**Chronic pain patients:** welcomed the non-pharmacological treatments but thought that they should add to the available options, not replace them. The waiting time for these for treatments is too long and the amount of treatment offered does not address the long-term needs.

**GPs:** they welcomed the guideline but pointed out that drugs were sometimes the only thing that work and sometimes the only available option. Specialist services for chronic pain are already patchy in their availability. Patients will only be able to benefit if they have guaranteed access to the recommended treatments.

**Pharmacists:** welcomed the use of counselling, acupuncture and exercise: all of them had the potential to be a "valuable" part of an individual's treatment. They highlighted the confusion between chronic pain and chronic primary pain, and the danger that many people with common pain conditions would not get the medications they needed.

**Physiotherapists:** welcomed the guideline for showing that there are many other effective means to address chronic pain than drugs.

### **Implications for BAAC members**

Given what happened after the 2008 green light on back pain, we can't be complacent about getting showered with NHS jobs or referrals: the money is always an issue.

Potentially, it's a wonderful opportunity for acupuncture to get more recognition in the national healthcare scene, and BAAC acupuncturists are particularly well qualified for this sort of work as their wide scope of practice matches perfectly with the wide spectrum of symptoms seen in people with chronic primary pain. This was emphasised by NICE in their wide choice of critical outcomes

Simply having this recommendation on the record will add to the credibility of acupuncture here and across the world, for NICE guidelines are highly rated. Being endorsed for two such important health concerns as headache and chronic pain gives us a stronger platform when approaching doctors, NHS funders, charities, government, insurers and others. It will also strengthen the confidence in acupuncture that GPs have when talking about treatment options with their patients and increase the likelihood of people thinking about it for themselves.

### **What to do next**

The BAAC has [launched a campaign](#) to coincide with publication of this NICE guideline. We [have put out a press release](#) and posts on social media; also contacting media titles and relevant charities.

For your use there are:

- webinars running weekly from 12 April through into May.
- written and video resources to inform, enjoy and share
- template letters for you or your patients to send to GPs and MPs

All of these resources can be found on the [Let's talk about... Chronic pain](#) campaign page.