Prescribing...

Low Back Pain November 2020

- A new NICE NG on low back pain and sciatica makes recommendations on physical, psychological, pharmacological and surgical interventions to help people manage their pain in their daily lives.
- This bulletin summarises the advice on low back pain.
- NSAIDs are recommended as the principal drugs.
- Anticonvulsants, paracetamol alone, local anaesthetics and strong opioids are **not** recommended.
- Clinicians are strongly advised to avoid offering any of the drugs advised against by NICE to new patients with low back pain, and to consider deprescribing in patients already on them.

What is the NICE advice ?

The advice in this guideline is to adopt a holistic approach based on self-management, with a limited role for drugs. Helping patients manage their pain, as opposed to eliminating it completely with drugs, is recommended. Preventing acute pain from becoming chronic is considered imperative.

What are the key points ?

- As is already de-facto practice on the islands, managing low back pain is not just about providing analgesia.
- Self-management including exercise, weight reduction if appropriate, stretching and increased flexibility are recommended as first line interventions.
- Improving an individual's resilience, their community and social supports is also recommended.
- Oral NSAIDs are recommended as first line drugs, at the lowest possible dose for the shortest possible time. Regular treatment for two weeks should be followed by intermittent doses on "bad days" . Because treatment is short-term, PPIs would not normally be required.
- Weak opioids with or without paracetamol can be considered only if an NSAID is contraindicated, not tolerated or has been ineffective. Paracetamol alone is not recommended.
- Strong opioids are not recommended for managing acute or chronic low back pain.
- Anticonvulsants are also not recommended for low back pain. There is no evidence of benefit, but there is evidence of very significant harmwith gabapentinoids.
- Antidepressants such as SSRIs, SNRIs and TCAs are not recommended for low back pain.
- Local anaesthetics, including lidocaine plasters, are also not recommended.
- Spinal injections are not recommended. However epidular injections of local anaesthetic and steroid could be considered in people with acute and severe low back pain.
- The following are also not recommended : belts or corsets, foot orthotics, rocker sole shoes, traction, accupuncture, ultrasound, PENS or TENS, interferential therapy.
- NICE reminds us that the wider potential issues of any treatment decision should be considered.

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What are the implications for local practice ?

This advice from NICE is unbiased and of high quality, so it is important that we take it on board. It is extremely important that no new patients presenting with acute low back pain or a flare-up of chronic low back pain are offered a strong opioid, gabapentin, a local aneasthetic or an antidepressant. Concerns about the use of strong opioids and gabapentinoids in different types of chronic pain have been expressed in numerous outupts from some of the most respected sources e.g. Royal Colleges, NICE and the MHRA in recent years. Prescribing details and changes are as follows.

1. Local prescribing of **strong opioids** has fallen significantly in recent years, but any patient on these drugs with low back pain should be reviewed and a deprescribing plan discussed. The annual cost of opioid prescribing is now nearly **£100K** lower than it was in 2015.
2. Use of gabapentinoids is lower in the Bailiwick than in England. There were **623** prescriptions for **gabapentin** dispensed in the Bailiwick in August 2020. In England in the same period, there were **582,000** prescriptions for gabapentin and 617,000 for pregabalin dispensed. No formal advice on deprescribing gabapentin in patients with low back pain is in the new guideline. But the expectation is that this should be considered and that this can be done in Primary Care. The usual principle of tapering, by reducing the dose of gabapentin by 10% to 25% a fortnight, used successfully in the Prison, would be a reasonable position to take for all others.
3. **Lidocaine plasters** are approved for their licensed indication, post-herpetic neuralgia only, or for peripheral neuropathic pain when prescribed by the Pain Clinic only. The prescribing and cost of lidocaine plasters has fallen from **685** items costing **£43,295** in the lst quarter of 2016 to **313** items costing **£19,967** in the second quarter of 2020. So it is important that any patients on lidocaine plasters with low back pain are reviewed and stopped.

How about preventing chronic pain ?

Preventing acute pain from becoming chronic is recommended as a major goal of treatment. So, it is considered important to look at an indvidual's whole health status and the effect the pain is having on activities of daily living. Clinicians are recommended to consider a risk stratification tool such as the StarT Back risk assessment tool at the first point of contact or each new episode of low back pain. Routine imaging in a non-specialist setting is not recommended. There is some evidence that early MRI scans worsen long-term outcomes. In reality many adults have some back pain and the recommended interventions are an increase in exercise, weight reduction, stretching and increased flexibility. These should be started without delay.

The goal of treatment is not to be pain-free. It is to reduce the pain and to improve its management, using exercise, weight loss, stretching and increasing flexibility.

Written by : Geraldine O'Riordan, Prescribing Advisor, Edward T Wheadon House, Le Truchot , St Peter Port GY13WH.

References : NICE NG 59, EPACT2