Prescribing...

For Sciatica December 2020

- This bulletin summarises the advice on sciatica in the NICE National Guidance 59 on Low Back Pain and Sciatica.
- There is limited evidence of benefit from NSAIDs and none for antidepressants in sciatica.
- Anticonvulsants, local anaesthetics, paracetamol alone and opioids are **not** recommended.
- Suspected addiction or dependence to any drug, including an opioid or a gabapentinoid, should be reported via the Yellow Card Scheme, using the term "dependence".

What is sciatica ?

Sciatica is a general term for pain in the leg as a result of nerve compression or irritation in the lumbar spine. Many people with low back pain have referred pain in the leg, without nerve compression. It can be difficult to differentiate referred pain from sciatica, and they may co-exist. Clinicians will be aware that the diagnosis of sciatica can often be challenging. A thorough risk assessment to exclude causes of pain such as cancer, infection, trauma or inflammatory conditions such as spondyloarthritis is recommended plus referral if serious underlying pathology is suspected. It can also be difficult to distinguish between true sciatic pain (caused by compression or irritation of the lumbrosacral nerve roots) and somatic referred leg pain (arising from joints, ligaments and discs).

What are the key points ?

- Self-management including exercise, weight reduction if appropriate, stretching and increased flexibility are recommended by NICE as first-line interventions.
- Clinicians are advised to offer advice and information, to help them self-manage their pain.
- But NICE reminds us that these patients will need alot of support to do so and that the quality of lfe in people with long-term pain is often very low.
- Improving an individual's resilience, their community and social supports is also recommended.
- Return to work or normal activities of daily living is an important goal.
- NICE advises that imaging is not routinely recommended in a non-specialist setting, or in any setting unless the results are likely to change management.
- Assess the risk of chronicity for people with low back pain as well as sciatica, using the following https://startback.hfac.keele.ac.uk/training/resources/startback-online/
- Simpler and less intensive support e.g. advice, reassurance and pain relief, is recommended for people identified at being lower risk and hence likely to recover quickly.
- For people at medium risk a course of physiotherapy would be recommended and for people at the highest risk a course of psychologically-informed physiotherapy.
- NICE recommends consideration of spinal decompression when non-surgical treatment has not improved pain or functions and their radiological findings are consistent with sciatic symptoms.
- Non-drug treatments not recommended include accupuncture, PENS and TENS.

What are the pharmacological recommendations ?

- As is already our practice, managing sciatica is not just about prescribing analgesia.
- NICE advises against offering gabapentinoids, other antiepileptics, oral corticosteroids or benzodiazepines.
- There is no recommendation about local anaesthetics, so lidocaine plasters should not be offered and they should be stopped in patients already using them for sciatica.
- Opioids should not be offered for managing chronic sciatica and there is no reccommendation for opioids in acute sciatica.
- If a person is already taking gabapentinoids, opioids or benzodiazepines for sciatica, the considerable risks of continuing should be explained and consideration given to deprescribing.
- The wider risks and benefits of all prescribing decisions should be taken into account.
- There is limited evidence of benefit and known risk of harms with oral NSAIDs.
- If an NSAID is prescribed, NICE advises that risk factors including age, gastroprotection, and GI, cardio-renal or liver toxicity should be taken into account.
- The lowest dose for the shortest possible period of time should be prescribed.
- NICE does not include a recommendation for antidepressants because there is no trial evidence either way at the moment. However is accepts that they are commonly prescribed in sciatica and that clinical experience suggests that they may be of benefit in some people.
- The potential harm from anti-depessants is less than the harms of prolonged use of opioids, so a research recommendation has been made to determine if there is any clinical benefit.
- Clinicians will be aware that the MHRA further strengthened its warning about opioids for non-cancer pain in September 2020. https://www.gov.uk/government/news/uk-regulator-strengthens-opioid-warnings
- Suspected addiction or dependence to any drug, including an opioid or a gabapentinoid, should be reported via the Yellow Card Scheme, using the term "dependence".
- Epidural injections of a local anaesthetic and steroid in people can be offered with acute and severe sciatica.

What are the implications for local practice ?

1. The advice from NICE in this National Guidance is unbiased and of high quality, so it is very important that we take it on board.
2. It is therefore extremely important that no new patients presenting with acute sciatica or a flare-up of chronic sciatica are offered an opioid, gabapentin, a local aneasthetic or an antidepressant, unless of course the person also has diagnosed depression.
3. For patients with sciatica already on opioids, gabapentin or benzodiazepines, the significant risks of harm to the individual, potentially to the prescriber and to the community of continuing should be explained and deprescribing agreed on.
4. Patients whose primary diagnosis is sciatica already on lidocaine plasters should be stopped or transferred to private prescribing.

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References : NICE NG 59