Chronic Pain Management Pathway (see also KMB 35 and AGEM Analgesic Formulary)

Advice & Information

Exercise and activity

Weight loss

Physio-therapy

Mental Health & Wellbeing

Osteoarthritis NG177

Paracetamol + /- Topical NSAID

Ineffective → **STOP Paracetamol Start oral NSAID or COX2 inhibitor** Ibuprofen 400mg TDS **or** Naproxen 500mg BD

Insufficient → **Continue Paracetamol Add oral NSAID** Ibuprofen 400mg TDS **or** Naproxen 500mg BD

Low Back Pain NG59

Oral NSAID Ibuprofen 400mg TDS **or** Naproxen 500mg BD

Not tolerated / contraindicated → **Weak Opioid** Codeine / DHC to maximum dose 120mg – 180mg daily **+ / - Paracetamol DO NOT initiate strong opioid**

Other Chronic Pain

Paracetamol + / - NSAID Ibuprofen 400mg TDS or Naproxen 500mg **BD**

Insufficient / **Not tolerated / contraindicated** → **ADD Weak Opioid** Codeine / DHC to maximum dose 120mg – 180mg daily **OR ONLY if oral route not suitable / moderate to severe renal failure:** Buprenorphine patch 5mcg or 10mcg (5mcg patch is equivalent to 5 – 10mg oral morphine daily)

Neuropathic pain likely? – see Neuropathic pain pathway and Key Message Bulletin 7

Ensure all non-pharmacologic options have been exhausted before referral to specialist or trial of strong opioid

Review Opioids (see KMB 15)

If opioid regime is **stable** and patient reports substantial relief in symptoms, **review patient every 6 months.**

If a total daily dose of 60mg oral morphine is reached without demonstrable benefit, the pain is unlikely to be opioid responsive. TAPER AND STOP.

If partial response **do not exceed 120mg daily** without specialist advice.

There is no evidence that one opioid is more effective than another**.**

Do not use a combination of opioids.

DO NOT initiate Fentanyl patches for non-cancer pain.

Consider Trial of Strong Opioid (see KMB 14)

Opioid naïve patients: titrate with immediate release morphine tablets or liquid. Aim for 30-50% reduction in pain intensity.

If reduction in pain is not achieved following a single dose of immediate relief morphine 20mg, pain is unlikely to be opioid responsive. TAPER AND STOP

Patients who have received 120mg to 180mg DHC OR Codeine daily: initiate **10mg morphine BD. Use cost effective modified release capsules.** USE **immediate release** morphine up to six times daily PRN.

Review within 4 weeks: Patients who benefit from opioids long term will demonstrate a favourable response within 2-4 weeks.

Aim for 30 - 50% reduction in pain score