Perform comprehensive assessment to identify type of pain as somatic, visceral or neuropathic. Consider early referral for non-pharmacological methods and coping strategies. Discuss with patient (see pain medicine leaflet, pain flare up leaflet) and refer as appropriate.

For all treatment options: DO NOT USE STRONG OPIOIDS IN LOW BACK PAIN AND SCIATICA (NICE NG59)

- Review adherence and response to treatment 1 month after initiation and if treatment to be continued at 3-6 monthly intervals thereafter
- Care needed in prescribing opioids, gabapentin and pregabalin to prevent possible addiction and/or misuse. Avoid in combination with other opioids (CNS depression).
- Note for Fibromyalgia there is a lack of evidence for strong opioid use
- Consider gradual reduction / withdrawal of treatment once symptoms controlled
- Refer patients to Community Pain Clinic if
  - Risk or history of substance misuse/ signs of dependency (opiates, gabapentin and pregabalin are addictive and widely misused)
  - Intolerant of therapy or treatment options exhausted
  - Severe pain

References: NICE CG173, NICE NG59, BNF Sep 2017, 3. Palliative Care Formulary (PCF4)
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