



Surveillance report 2016 – Palliative care for adults: strong opioids for pain relief (2012) NICE guideline CG140

Surveillance report

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Surveillance decision

We will not update the guideline at this time.

We will amend the guideline to replace recommendation 1.1.12 about opioid equivalence for transdermal patches with a cross-reference to the more recent guidance in 'Controlled drugs: safe use and management (2016) NICE guideline NG46'.

We will transfer the guideline to the [static list](#) because:

- No evidence was identified that would impact on the current guidance and no major ongoing research has been identified as due to be published in the near future (that is, within the next 3–5 years).

Reason for the decision

We found 35 new studies through surveillance of this guideline.

This included new evidence that supports current recommendations, including:

- communication with patients and their carers
- titrating the starting dose of strong opioids
- first-line maintenance treatment
- first-line treatment if oral opioids are not suitable (transdermal patches)
- first-line treatment for breakthrough pain in patients who can take oral opioids
- management of constipation.

We did not find any new evidence on subcutaneous delivery as first-line treatment if oral opioids are not suitable, management of nausea, or management of drowsiness.

None of the new evidence considered in surveillance of this guideline was thought to have an effect on current recommendations.

In addition, no major ongoing studies or research due to be published in the next 3–5 years was identified.

Other clinical areas

We did not find any new evidence in areas not covered by the original guideline.

For any new evidence relating to published or ongoing NICE technology appraisals, the guideline surveillance review deferred to the technology appraisal decision.

Equalities

No equalities issues were identified during the surveillance process.

Overall decision

After considering all the new evidence and views of topic experts and stakeholders, we decided that no update is necessary for this guideline.

See [how we made the decision](#) for further information.

Commentary on selected new evidence

With advice from topic experts we did not select any studies for further commentary.

How we made the decision

We check our guidelines regularly to ensure they remain up to date. We based the decision on surveillance 4 years after the publication of [Palliative care for adults: strong opioids for pain relief \(2012\) NICE guideline CG140](#).

For details of the process and update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in 'Developing NICE guidelines: the manual'.

Previous [surveillance update decisions](#) for the guideline are on our website.

New evidence

We found 30 new studies in a search for randomised controlled trials and systematic reviews published between 27 November 2013 and 22 February 2016. We also considered 1 additional study identified by members of the guideline committee who originally worked on this guideline.

Evidence from 4 studies identified in an Evidence Update published 2 years after publication of the guideline was also considered.

From all sources, 35 studies were considered to be relevant to the guideline.

We also checked for relevant ongoing research, which will be evaluated again at the next surveillance review of the guideline.

See [appendix A](#): summary of new evidence from surveillance and references for all new evidence considered.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline.

Views of stakeholders

Stakeholders commented on the decision not to update the guideline and place NICE guideline CG140 on the static list. Overall, six stakeholders commented. See [appendix B](#) for stakeholders' comments and our responses.

Five stakeholders commented on the proposal to not update the guideline: 1 agreed with the decision; 2 disagreed with the decision; and 2 noted that they had no comments on the proposals. Six stakeholders commented on the proposal to put the guideline on the static list: 2 agreed with the decision; 2 disagreed with the decision; and 2 noted that they had no comments on the proposals.

One stakeholder suggested changes to several review questions addressing the side-effects of opioids. However, surveillance includes all new evidence relevant to the scope and no evidence to address either the original or the suggested questions was identified. No new ongoing or published studies were identified by the stakeholders to support views that the guideline should be updated or that it should not be placed on the static list. Finally, extensions to the scope were suggested, but these were considered to be covered by NHS England's specialised pain commissioning service.

Overall, we decided not to update the guideline and place NICE guideline CG140 on the static list.

See [ensuring that published guidelines are current and accurate](#) in 'Developing NICE guidelines: the manual' for more details on our consultation processes.

NICE Surveillance programme project team

Sarah Willett

Associate Director

Philip Alderson

Consultant Clinical Adviser

Emma McFarlane

Technical Adviser

Lynne Kincaid

Technical Analyst

The NICE project team would like to thank the topic experts who participated in the surveillance process.