



Surveillance report 2017 – Neuropathic pain in adults: pharmacological management in non- specialist settings (2013) NICE guideline CG173

Surveillance report

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Surveillance decision

We will not update the guideline on [neuropathic pain in adults](#).

The following research recommendations will be withdrawn:

- RR-05: What is the impact of drug-related adverse effects on health economics and quality of life in neuropathic pain?
- RR-06: Is there a potential for dependence associated with pharmacological agents for neuropathic pain?

Reason for the decision

Assessing the evidence

We found 84 studies through surveillance of this guideline.

This included evidence on pharmacological treatment for all neuropathic pain, peripheral neuropathic pain, central neuropathic pain and trigeminal neuralgia that supports current recommendations.

We found evidence on combination pharmacological therapy, which was considered to be insufficient in volume and conclusive results to add new recommendations at this time.

Equalities

No equalities issues were identified during the surveillance process.

Overall decision

After considering all the evidence and views of topic experts and stakeholders, we decided to not update this guideline at this time.

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

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 NICE's guideline on [neuropathic pain in adults](#) (NICE guideline CG173) in 2013.

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.

Evidence

We found 84 studies in a search for systematic reviews and randomised controlled trials published between 31 July 2012 and 24 January 2017.

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 evidence from surveillance for details of all evidence considered, and references.

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. Overall, 6 stakeholders commented. See [appendix B](#) for stakeholders' comments and our responses.

Six stakeholders commented on the proposal including 2 NHS foundation trusts, British Pain Society, Royal College of Anaesthetists, Royal College of Nursing and Cochrane Pain Palliative and Supportive Care Review Group. Three stakeholders agreed with the decision; 2 disagreed; and 1 stated that they had no comments on the proposals.

Of the 2 stakeholders who disagreed, 1 provided reference for a relevant ongoing systematic review which has been added to our event tracker. Two other stakeholders that disagreed with the proposal suggested that oxycodone and tapentadol should be included in the list of initial treatment for neuropathic pain in [recommendations 1.1.8–1.1.11](#); current evidence on oxycodone and tapentadol is very limited and was judged to be insufficient to trigger an update to the guideline. One stakeholder asked for a clearer statement promoting cannabinoids as a safe medicine to be used outside of medical control but new evidence on cannabinoids was also judged to be insufficient to trigger an update of this topic and addition of new recommendations. All these areas will be examined again at the next surveillance point.

Three stakeholders disagreed with the decision to remove 2 of the research recommendations from the NICE version of the guideline and NICE research database because of evidence of research activities; therefore these recommendations will be retained.

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

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