

Project scope: specialist interventions for managing chronic non-malignant pain in adults

November 2024

Research questions

1. Is radiofrequency denervation effective, safe and cost effective for treating chronic non-malignant joint pain in adults?
2. Are injections (spinal axial blocks, sacroiliac joint injections, facet joint injections) with or without steroids effective, safe and cost effective treatment options for adults with chronic non-malignant pain?
3. Are lidocaine intravenous infusions effective, safe and cost effective for treating chronic non-malignant pain in adults?
4. What are patient views and experiences of chronic pain treatment in specialist secondary care settings?

Inclusion criteria

The selection of studies for inclusion in the literature review element of the project will be based on the following criteria:

Population	<ul style="list-style-type: none"> ■ Adults (aged >18 years) ■ Chronic non-malignant pain lasting at least 3 months ■ Adults with chronic low back pain, neck pain, musculoskeletal pain, neuropathic pain, osteoarthritis related pain or fibromyalgia
Intervention	<ul style="list-style-type: none"> ■ Radiofrequency denervation for joint pain ■ Injections +/- steroids, specifically spinal axial blocks, sacroiliac joint injections, facet joint injections ■ Lidocaine infusions
Comparator	<ul style="list-style-type: none"> ■ Comparisons between interventions for chronic pain ■ Short acting injections ■ Analgesics ■ Self-management

Outcomes	<ul style="list-style-type: none"> ■ Pain intensity (pain scores) ■ Functional ability (activities of daily life, mobility, work, disability) ■ HRQoL ■ Adverse effects ■ Cost effectiveness ■ Patient aspects (views, preferences, experiences)
Setting	<ul style="list-style-type: none"> ■ Interventions provided in <ul style="list-style-type: none"> ○ Secondary or tertiary care ○ Specialist pain services
Limits	<ul style="list-style-type: none"> ■ Systematic reviews, meta-analyses or network meta-analyses for clinical effectiveness and safety ■ Economic evaluations for cost effectiveness ■ Qualitative studies for patient experience ■ English language

Exclusion criteria

The exclusion of studies from the literature review element of the project will be based on the following criteria:

Population	<ul style="list-style-type: none"> ■ Children and young people (aged <18 years) ■ Pain duration <3 months ■ Cancer related chronic pain/malignant pain ■ Infection related chronic pain ■ Migraine/headache related chronic pain ■ Patients with chronic pain due to a known specific pathology (eg fractures, infection, spinal cord compression) ■ Pre or post-operative patients
Intervention	<ul style="list-style-type: none"> ■ Interventions aimed at treating the underlying condition associated with chronic pain ■ Interventions delivered only in non-specialist settings, such as primary care ■ Spinal neurostimulation which is performed out with main part of pain services and often within other specialties eg urology or neurology
Comparator	
Outcomes	<ul style="list-style-type: none"> ■ Outcomes relating to improvement or resolution of underlying conditions associated with chronic pain
Setting	<ul style="list-style-type: none"> ■ Interventions delivered only in non-specialist settings, such as primary care ■ End of life care/hospices
Limits	<ul style="list-style-type: none"> ■ Non-English language

Planned activities

SHTG have agreed on the following activities to support the development of SHTG

Recommendations on specialist interventions for managing chronic non-malignant pain in adults:

1. An evidence review of the published literature on clinical effectiveness, cost effectiveness, safety and patient experience in relation to specialist interventions (as outlined in the PICO) for managing chronic non-malignant pain in adults.
2. Producing recommendations from SHTG Council on specialist interventions for managing chronic non-malignant pain in adults.
3. Development of a plain language version of the evidence review.
4. Patient organisation involvement to represent the patient perspective. This may include patient organisation submissions if willing groups are identified.
5. Engagement with clinical experts through peer review of the literature review and consultation on the draft recommendation.

End products

At the end of the project, SHTG will publish:

- SHTG Recommendations
- Plain language summaries
- Expert comments from peer review

Timescales (approximate)

Publication in September 2025.