TITLE: Multidisciplinary Chronic Non-Cancer Pain Programs for Adults: Guidelines for Referral, Treatment Management and Program Duration

DATE: 12 February 2015

RESEARCH QUESTIONS

1. What are the evidence-based guidelines for the referral of adults with chronic non-cancer pain to a multidisciplinary pain clinic?

2. What are the evidence-based guidelines regarding treatment management in a multidisciplinary pain program for adults with chronic non-cancer pain?

3. What are the evidence-based guidelines regarding the length of attendance in and discharge from a multidisciplinary pain program for adults with chronic non-cancer pain?

KEY FINDINGS

Four systematic reviews and two evidence-based guidelines were identified regarding multidisciplinary chronic non-cancer pain programs for adults.

METHODS

A limited literature search was conducted on key resources including PubMed, The Cochrane Library (2015, Issue 2), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. Methodological filters were applied to limit retrieval to health technology assessments, systematic reviews, meta-analyses and guidelines. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2005 and February 2, 2015. Internet links were provided, where available.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.
SELECTION CRITERIA

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

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<th>Table 1: Selection Criteria</th>
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<td><strong>Population</strong></td>
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<td><strong>Intervention</strong></td>
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<td><strong>Study Designs</strong></td>
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RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by evidence-based guidelines.

Four systematic reviews and two evidence-based guidelines were identified regarding multidisciplinary chronic non-cancer pain programs for adults. No relevant health technology assessments were identified.

Additional references of potential interest are provided in the appendix.

OVERALL SUMMARY OF FINDINGS

Four systematic reviews\(^1\)\(^-\)\(^4\) were identified regarding multidisciplinary chronic non-cancer pain programs for adults. Two of the systematic reviews\(^1\),\(^2\) were specific to low back pain. Both of these reviews found evidence to suggest multidisciplinary pain programs provide better clinical outcomes compared to no treatment or usual care.\(^1\),\(^2\) The findings regarding less intensive interventions compared with more intensive interventions were inconclusive for one review,\(^2\) while another review\(^1\) identified evidence to suggest the effects were similar for more and less intensive interventions. One review\(^3\) found no evidence that treatment variables like duration or program components were responsible for the success of the intervention. A review from Quebec\(^4\) recommended physician and allied health professional training, and hierarchical organization of systems and services, to ensure the appropriate and timely referral of patients to multidisciplinary pain programs.
Two evidence-based guidelines\textsuperscript{5,6} were identified. The Scottish Intercollegiate Guidelines Network (SIGN) guideline\textsuperscript{5} recommends referral to pain management programs for patients with chronic pain. Conflicted evidence on the effects of delayed referral to specialist care was observed; however, higher level evidence was identified in favour of prompt referrals to specialist care.\textsuperscript{5} In particular, SIGN recommends referral to specialist care when a patient’s pain is uncontrolled, treatment with non-specialist care has failed, or the patient is in significant distress.\textsuperscript{5} The evidence-based guideline from the American Society of Anesthesiologists Task Force on Chronic Pain Management\textsuperscript{6} recommends long-term follow-up for an unspecified amount of time as part of treatment with a multidisciplinary pain program.
REFERENCES SUMMARIZED

Health Technology Assessments
No literature identified.

Systematic Reviews and Meta-analyses


   Recommendations #2, #4, pages 46-47

Guidelines and Recommendations

   3.2 Timing of intervention
   6.1 Multidisciplinary pain management programmes

   See: II. Multimodal or Multidisciplinary Interventions, pages 813 – 814

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APPENDIX – FURTHER INFORMATION:

Systematic Reviews – Non-Cancer Pain Not Specified


Technical Briefs