1 May 2021

To: Nick Kosky, Chair of the Chronic Pain Guideline Committee, and
The NICE Chronic Pain Guidelines Committee

From: Psychotherapy Action Network (PsiAN)
Psychophysiologic Disorders Association (PPDA)
Stress Illness Recovery Practitioners Association (SIRPA)

Re: Guidance Recommendations for Chronic Primary Pain in Over 16s (NG 193)

Sent via email: nice@nice.org.uk, n.kosky@nhs.net

The undersigned have read your recent Guidance Recommendations for pain management with interest and believe they represent an improvement over many current practices. However, we are aware of published evidence about diagnosis and treatment of Chronic Primary Pain that might beneficially be included in the next update.

For example, the following section implies that Chronic Primary Pain (CPP) has no discernible cause.

> 1.1.4 Think about a diagnosis of chronic primary pain if there is no clear underlying (secondary) cause or the pain or its impact is out of proportion to any observable injury or disease, particularly when the pain is causing significant distress and disability.

However, there is a growing body of evidence and clinical experience that diagnosis and treatment of one or more types of underlying psychosocial stress can *alleviate* chronic pain when there is no organic or structural cause (1,2). The very term CPP actually limits the possibility of achieving the best outcomes by implying a lack of benefit from further investigation. This is why a growing number of clinicians have adopted the term Psychophysiologic Disorders (PPD).

Evidence also shows that alleviation of PPD is best done with psychotherapy of depth, insight and relationship. Outcomes generally have been superior to CBT. In fact, CBT yields small symptom benefits in somatic conditions. Moreover, CBT is typically narrowly focused on *coping* with symptoms and is less effective than emotionally focused psychotherapies in randomized controlled trials. These other methods, including intensive short-term psychodynamic psychotherapy, emotional awareness and expression therapy and pain reprocessing therapy (references), aim for symptom *relief* and, often, *cure*. They accomplish this by helping clients identify and experience

emotions that are linked to somatic symptoms. These models also aim for interpersonal change and functional gains in addition to symptom reduction. Finally, many individuals require longer-term, in-depth psychotherapy, and there is substantive evidence showing the effectiveness of such treatments, as well as its cost effectiveness (7).

Effective therapies for chronic pain treatment include Emotional Awareness and Expression Therapy (3), Intensive Short Term Dynamic Psychotherapy (4) and Pain Reprocessing Therapy. (The first paper about the latter has been submitted for publication). Consequently, the following section of the Guidelines does not reflect current science.

> 1.2.3 Consider acceptance and commitment therapy (ACT) or cognitive behavioural therapy (CBT) for pain for people aged 16 years and over with chronic primary pain, delivered by healthcare professionals with appropriate training.

For example, the United States Dept of Health and Human Services Pain Management Best Practices Inter-Agency Task Force Report (May, 2019) included the following (5):

> "**Emotional awareness and expression therapy (EAET)** is an emotion-focused therapy for patients with a history of trauma or psychosocial adversity who suffer from centralized pain conditions. In this approach, patients are taught to understand that their pain is exacerbated or maintained by unresolved emotional experiences that influence neural pathways involved in pain. Patients are taught to become aware of these unresolved experiences, which include suppressed or avoided trauma, adversity, and conflict, and to adaptively express their emotions related to these experiences. Patients learn that control over pain can be achieved through emotional awareness and expression. Enhancing the patient's capacity to approach an experience rather than inhibit or avoid important emotions and interpersonal interactions leads to increased engagement in life activities. Research indicates that EAET has a positive impact on pain intensity, pain interference, and depressive symptoms." (from p 38)

Over 200 additional annotated references that support the above concepts can be downloaded from PPDA bibliography.

Respectfully,

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