

NIHR Cochrane Review Group Infrastructure Award

Annual Report: 1 Jan 2019 to 31 Dec 2019

Please complete and return this form by email attachment as a **Word document** using the filename format: *[name of Cochrane Review Group] Annual Report 2019*.

Report submission date: by 3rd April 2020 (latest).

Please complete the boxes within this word document – these expand to fit text

To reduce duplication please read and review all questions in each section before providing a response.

Name of Cochrane Review Group:	Pain, Palliative and Supportive Care Review Group (PaPaS)
Name of CRG Network:	Musculoskeletal, Oral, Skin and Sensory Network (MOSS)
Name of host institution:	Oxford University Hospitals (OUH) NHS Foundation Trust

Contact details:	Name	Email address	Telephone no.
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Generic Group Contact Details	-	-	-

Please provide a full and accurate update to all staff contact details

SECTION 1: STAFFING, LOCATION, SCOPE

1. Have there been any important changes to your staff, location or scope over the last year? What arrangements have been in place for development and appraisal of editorial base staff employed using NIHR funding?

[150 words max.]

New Joint Co-ordinating Editor Dr Neil O'Connell appointed in 2019, to start early 2020.

We are now hosting two Network Support Fellows, for the MOSS and Acute & Emergency Care Networks, on fixed term contracts for two years in the first instance.

Our affiliation to the Nuffield Department of Clinical Neurosciences (NDCN) at the University of Oxford was terminated in May 2019, with very little notice. We migrated all staff to the NHS IT network which involved a heavy administrative burden. We plan to relocate the office in 2020.

The ME reports to Co-ordinating Editor Professor Eccleston; the Information Specialist and Assistant Managing Editor report to the ME. Annual appraisals are held. Any training opportunities are discussed and approved by Line Managers as appropriate. OUH provides online Statutory and Mandatory training. Staff often have the opportunity to attend national and international meetings, training, workshops and conferences.

SECTION 2: TRAINING

1. What formal training in the conduct of systematic reviews has been provided by staff at the editorial base?

[250 words max.]

We provide one-to-one guidance for individual author teams when necessary, and routinely signpost online Cochrane training resources. We encourage new authors to attend the in-person training at their nearest Cochrane Centre where feasible.

Ongoing support and supervision for the core editorial team is provided by Professor Eccleston, Dr O'Connell, and other senior editors.

Professor Eccleston teaches on a variety of courses in evidence based medicine and in pain in particular.

Dr O'Connell teaches evidence synthesis principles to postgraduate and undergraduate students at Brunel University London and has taught externally to clinicians to help them to be better users of systematic reviews.

2. What Cochrane-related training have staff of the editorial base received, and how has it been provided?

[250 words max.]

The ME, AME and CIS attended the Cochrane UK and Ireland Symposium, March 2019.

The ME attended the Cochrane Methods training course on Risk of Bias 2, July 2019.

Dr O'Connell has provided two training sessions for the ME and AME on the basics of trials, methodology, and statistics, with more sessions planned for the future.

SECTION 3: COLLABORATION AND ENGAGEMENT

1. Please briefly describe what collaborations and engagements your CRG has been involved with using the following table. Note activities undertaken to date, and their purpose and outcomes	
Collaboration/engagement with	Details. If collaboration/engagement has not happened provide reasons why not
Other CRGs	<p>The ME, AME and CIS continue to attend South and West CRG meetings with Dementia, ENT, EPOC, GNOC, Injuries, and TAG, which we initiated a few years ago to bring local CRGs together to share good practice and discuss relevant issues. We organised/chaired the meeting in May and attended the second annual meeting in December.</p> <p>We routinely collaborate with other CRGs regarding any issues of overlap in scope of reviews. For such reviews, we will suggest (or request suggestions) for expert editors or peer reviewers.</p>
Your Network	<p>The Plain Language Summary (PLS) Project was established in late 2019 and MOSS is one of the two pilot Networks; the ME is a Key Contact and has already worked closely with the MOSS Network Support Fellow leading the project.</p> <p>We regularly collaborate with our Network colleagues on Slack or via email, and we attend all relevant web clinics and meetings. All these provide opportunities to share good practice and ask for advice.</p> <p>The ME is planning to lead a webinar on editorial process in 2020, to discuss differences and similarities between CRGs, with a view to potentially standardising parts of the editorial process for consistency across the Network.</p> <p>From April, all of our protocols, reviews and updates are sent to the Network Associate Editor for quality screening.</p> <p>We contribute to reports and respond to surveys as required by the Network editors.</p>
NHS	<p>NHS Trust is our host institution. We are based in an NHS Pain Unit, so have daily access to NHS staff.</p> <p>Editors are involved in NHS service development and provision. For example, Dr Peter Cole is consultant anaesthetist and pain management consultant at the Oxford Pain Clinic and an executive member of the UK Faculty of Pain Medicine. Dr Nick Wilkinson is head of paediatric pain management at the Evelina Hospital London and active in therapy design and development, with a particular focus on paediatric pain. Dr Adrian Tookman is medical director for Marie Curie Trust, a major UK charity in palliative care, focussing on terminal care. He is also medical director of a North London hospice. In this capacity he has developed novel service, and with Marie Curie helped develop novel service delivery in palliative medicine.</p> <p>Our annual editorial board meetings provide the opportunity to discuss any current priority topics in NHS practice and how we can meet those priorities in our reviews, for example by</p>

	<p>identifying the evidence for any new interventions.</p> <p>In April, the ME applied for an OUH Small Grants Fund to produce patient information leaflets and an accompanying poster summarising the latest evidence for topical treatments for acute pain. These would have been distributed in the local Pain Management Centre waiting room. The application was prepared with the support of PaPaS editors, and clinicians from the Pain unit. Unfortunately, the bid was unsuccessful.</p>
PPI	<p>We routinely request the input of consumer reviewers at review and update stage. From January 2019, in line with Cochrane's new peer review policy, we now seek consumer reviewers for protocols. We request that consumer reviewers have personal experience of the relevant condition either as a patient or by caring for someone else with the condition. We identify consumer reviewers via the Cochrane Consumers mailing list, Task Exchange, Twitter, or Archie.</p> <p>The ME was invited to join the "Embedding Consumer Peer Review in Cochrane Evidence Production Task Group", and the first meeting was held in October.</p> <p>We are committed to producing a new Network Meta-analysis Review funded by the HTA, on antidepressants for chronic pain, in response to their chronic pain themed call in 2018. As part of this grant, the ME will be working closely with the Principal Investigator in planning, facilitating and reporting all PPI activities as part of the grant. This includes working with patients as consumer reviewers, and on knowledge translation activities.</p> <p>Our plans for priority setting will involve consultation with the patient community in 2020.</p>
Complex Reviews Support Unit (CRSU)	<p>We sought input from the CRSU when preparing the application for the HTA chronic pain grant.</p>
Cochrane Knowledge Translation Initiative	<p>The ME was invited to take part in the 6-month Cochrane KT mentor scheme pilot as a mentor. The first meeting with the mentee was held in September.</p> <p>We worked closely with the KT team for our large dissemination plan for chronic pain in children (see our impact story in question 4.3).</p> <p>The AME was invited to take part in user testing of updated webpages: Cochrane Training website; Disseminating Cochrane Evidence.</p>
NICE	<p>The ME is a registered stakeholder for NICE quality standards and guidelines, and is notified when a relevant new guideline is in development or when an existing guideline is being updated. The ME circulates a request with the editorial board for comments, and returns any feedback to NICE. In 2019, we provided feedback on "Cannabis-based medicinal products, NICE guideline [NG144]".</p> <p>We were commissioned by NICE and funded to update our NMA review of interventions for malignant pleural effusions by March 2020, to inform "Lung cancer: diagnosis and management,</p>

	NICE guideline [NG122]".
	PaPaS reviews were used to inform NICE guidelines (see document prepared by Cochrane UK).
Other	For our chronic pain in children dissemination launch, we collaborated with the Cochrane Child Health Field, and the Children and Families Network. We seek input from Cochrane Methods groups for methodological and statistical support for particular reviews where necessary.

SECTION 4: PRIORITISATION, DISSEMINATION AND IMPACT

1. What has your CRG done to review priority topics, and ensure they have been addressed and are up to date?

[250 words max.]

We routinely use the Updates Classification System in Archie to categorise our reviews as Update pending, Up to date, or No update planned. We only update reviews based on need, after assessing the current evidence and discussing with authors and editors.

Our editors include professionals with expertise from multiple disciplines within our scope. We hold at least one annual board meeting and discuss emerging priorities. We often invite editors to join quarterly team meetings.

We request new review proposals address current priorities such as an urgent healthcare need, guideline development, or policy update. We seek input from editors with topic expertise to ensure proposals meet these priorities.

We routinely seek input of external peer reviewers with clinical experience, and consumer reviewers with relevant lived experience. We request feedback on whether the question is important to consumers, policy makers and healthcare providers, and whether all important outcomes (beneficial and harmful) are considered.

We respond to requests to complete priority reviews, such as the NICE malignant pleural effusions update. ILCOR and the Acute and Emergency Care Network requested we update our review on interventions for jellyfish stings, for an updated guideline.

In January 2019, we embarked on our first formal prioritisation exercise to meet KT mandatory standards (<https://papas.cochrane.org/resources/prioritisation>). We categorised our existing portfolio into four topics: acute pain; chronic pain; headache & migraine; and palliative care. The ME completed a portfolio 'gap analysis'. In 2020, we will establish Steering Groups to identify and promote priorities in collaboration with the community and stakeholders.

2. What has your group done to actively disseminate reviews to different audiences?

[250 words max.]

We routinely schedule tweets and post to our Facebook page whenever a new PaPaS review or update is published. We will usually send out a few tweets, with different audiences in mind, e.g. clinical, consumers. We have put together several social media campaigns which includes scheduling tweets and posting to our Facebook page, highlighting relevant reviews and resources. We have supported [World Cancer Day](#), Dying Matters Awareness Week, Fibromyalgia Awareness day and Migraine Awareness Week, amongst others. We have created blogshots for some of our reviews/updates which we disseminate via tweets and posting to Facebook. We also redistribute those created for us by Cochrane UK. For every

new protocol we publish we are creating a blogshot in order to publicise the future review. Our PaPaS newsletters are sent out bimonthly with the aim of updating our contributors with both PaPaS and Cochrane news. Each PaPaS review and update have their own dissemination plan which we ask authors to complete during review development, and which is updated throughout the review process. We use this information to best form a dissemination strategy for each review. We have suggested reviews to Cochrane Central where we have felt a Cochrane Editorial would be a useful additional resource, e.g. TENS for chronic pain – an overview (currently in development). The KT team approached us to write a Cochrane Community blog on '[Social media in 10 minutes a day](#)', sharing what our week in social media looks like.

3. Please briefly describe your top impact story from this contract period (2015-2020).

Please describe the research involved, timeframes, and the impact it had. Include whether the review was a result of a prioritisation process, any engagement that helped in the planning and production of it, and any dissemination activity.

Impact is defined as an effect on, change or benefit to the economy, society, culture, public policy or services, health, research, the environment or quality of life, beyond academia.

[500 words max.]

As part of our NIHR Programme Grant (<https://papas.cochrane.org/nihr-programme-grant-2014-17>) for addressing the unmet need of chronic pain, we published 7 new reviews of pharmacological interventions for chronic pain in children. These reviews identified a significant gap in the evidence base for this population. Subsequently, we held a workshop in 2018 to bring together world-leading experts to look at evidence, policy and practice in the area of childhood pain, and start a conversation in this area (<https://bit.ly/2RGOGcK>).

In 2019, we published an overview review in the PAIN Journal on the efficacy of pharmacological interventions for children with chronic pain and cancer-related pain (<https://bit.ly/313YmCj>). The overview summarises the evidence from 23 systematic reviews, including our Programme Grant reviews, and highlights the lack of available evidence across all drugs aimed at relieving pain in children (just 6 trials of 393 participants). At March 2020, the Altmetrics score is 177.

We launched a large dissemination plan to share the findings from the overview, with support from the Cochrane KT team, the press offices at the University of Bath and Versus Arthritis, and a graphic designer who provided bespoke images. We published articles, blogs, blogshots, newsletters, videos, and co-ordinated a social media campaign to help us start a conversation about the importance of evidence production in children's pain (#TimeForChange).

All the relevant links are listed on our website here (<https://papas.cochrane.org/news/chronic-pain-children-time-change>), and some key items are:

- Cochrane Special Collection: Reducing pain in infants, children, and adolescents <https://bit.ly/2IM11ta>

This was the second most accessed Special Collection on the Library (after the Best of the Cochrane Library: 2018 in review) in 2019, with 5860 page views.

- Cochrane editorial: Clinical management in an evidence vacuum: pharmacological management of children with persistent pain <https://bit.ly/2YgN5N0>

This was one of the top 5 accessed editorials in 2019, with 338 page views.

- Evidently Cochrane: Chronic pain in children and adolescents: is there evidence that drugs work? <https://bit.ly/2IPzerQ>

478 page views at March 2020.

- Press release from University of Bath <https://bit.ly/2LjwLYp>
- The Conversation: Drugs to treat chronic pain in children – perhaps the most understudied area of medicine <https://bit.ly/2YeBfmI>
- Dr Emma Fisher's summary on YouTube <https://bit.ly/2RDldjA>

- PAIN Journal Editor's Pick video <https://bit.ly/2X7HEUh>

Our time for change programme (<https://papas.cochrane.org/news/chronic-pain-children-time-change>) led to the invitation from the Lancet for Professor Eccleston and one of our editors - Dr Fisher - to lead a Lancet Commission on children's pain. This was submitted for peer review on the 21st March 2020.

Further, working with Cochrane Response we responded to the international tender to provide evidence to help the WHO update their guideline on chronic pain. In January 2020 we were selected as the evidence partner and will in 2021 provide evidence summaries for this updated guideline.

4. Please state your 2018 impact factor (as provided by Wiley) here:

8.316

SECTION 5: OBJECTIVES AND OUTPUTS

1. Please list any objectives for the year that have not been met, briefly describing why and how you are planning to address this.

We do not have any unmet objectives, although several continue to be ongoing. Many of our ongoing objectives form part of our core tasks and responsibilities as a review group, and are summarised below.

We continue to address the Cochrane Strategy to 2020 objectives:

- Goal 1: Producing evidence
- Goal 2: Making our evidence accessible
- Goal 3: Advocating for evidence
- Goal 4: Building an effective & sustainable organisation

In particular, for Goal 4, we introduced a 'paper-free meetings' policy in December, as a commitment to reduce printing and waste.

- To contribute to training and other activities to support a culture of evidence-based practice in the NHS

This is addressed in question 3.1. As part of the KT mentor pilot project, the ME is mentoring a junior doctor affiliated to the Cochrane Anaesthesia Group who is focusing on improving dissemination and awareness of evidence-based medicine in the NHS.

- To establish and publicise a policy for maintaining reviews and making improvements to the process of review production
- To maximise efficiency of review production whilst ensuring quality of outputs

We updated our 'Resources' page on our website. We restructured the pages for authors to clearly differentiate between each stage of the process from title proposal to managing updates, eg see our protocol 'step by step' page: <https://papas.cochrane.org/resources/protocol-development/protocol-development-step-step>. We also improved the information about our approach to updating or stabilising reviews (<https://papas.cochrane.org/resources/update-development>) since we are now routinely using the UCS. Our website provides estimated timelines, useful links and guidance, and details of policies and procedures. We continually assess our current guidance and update as required, eg in light of the publication of the new Handbook and updated MECIR standards.

We have updated our resources pages for peer reviewers and consumers, in line with the new Cochrane policy launched in January 2019 (<https://papas.cochrane.org/resources-peer-reviewers>; <https://papas.cochrane.org/resources-consumers>).

We have also added a page specifically for our editors, to include useful resources, links to training, and expectations of the editor role in the review process (<https://papas.cochrane.org/resources/papas-editors>). We will expand or amend this page in response to feedback from the editorial board.

As addressed in question 3.1, we are in regular contact with our Network and other CRGs to share good practice, and discuss challenges and successes, with the aim of making improvements to our editorial process wherever possible. In our annual editorial board meeting in December 2019, we identified some specific areas of the editorial process that could be amended, including requesting Conflicts of Interest forms at an earlier stage, and seeking confirmation of submission of a draft from all authors not just the Contact Person. These suggestions are under consideration for possible implementation in 2020. We will also raise these ideas during our Network web clinic on editorial process in 2020 to discuss whether a standardised approach for some/all tasks is possible across the Network.

Following the 2019 audit of Cochrane's Editorial Management System, we do expect the introduction of a new system in due course. We look forward to hearing more details and are hopeful that any new EMS will benefit us with a more up-to-date, reliable and useful system. We acknowledge the impact of this change and how its implementation will require staff training and regular dissemination of information to all those affected.

- To establish mechanisms for tracking and measuring the impact of reviews on clinical guidelines, practice and research within the NHS

This will continue to be an ongoing task, especially considering the lack of consensus on how to accurately and meaningfully monitor impact. Further to the information given elsewhere in this report, our website also includes a request for the community to inform us of any personal stories about the impact of our reviews (<https://papas.cochrane.org/resources/beyond-publication-review/impact-stories>).

2. What outputs have been accomplished during the reporting period?

Please complete tables A-F provided in the appendix. If your CRG is associated with an NIHR Cochrane Programme Grant, you **must list separately** those reviews and review updates undertaken as part of that programme. *Completed in separate report*

3. Please provide any further information you wish to give that is not covered elsewhere in the report

Podcasts (in English and other languages)

- O'Connell NE, Marston L, Spencer S, DeSouza LH, Wand BM. Non-invasive brain stimulation techniques for chronic pain. Cochrane Database of Systematic Reviews 2018 , Issue 4 . Art. No.: CD008208. DOI: 10.1002/14651858.CD008208.pub5
<https://www.cochrane.org/podcasts/10.1002/14651858.CD008208.pub5>
- Els C, Jackson TD, Kunyk D, Lappi VG, Sonnenberg B, Hagtvedt R, Sharma S, Kolahdooz F, Straube S. Adverse events associated with medium- and long-term use of opioids for chronic non-cancer pain: an overview of Cochrane Reviews. Cochrane Database of Systematic Reviews 2017 , Issue 10 . Art. No.: CD012509. DOI: 10.1002/14651858.CD012509.pub2
<https://www.cochrane.org/podcasts/10.1002/14651858.CD012509.pub2>
- Mücke M, Phillips T, Radbruch L, Petzke F, Häuser W. Cannabis-based medicines for chronic neuropathic pain in adults. Cochrane Database of Systematic Reviews 2018 , Issue 3 . Art. No.: CD012182. DOI: 10.1002/14651858.CD012182.pub2
<https://www.cochrane.org/podcasts/10.1002/14651858.CD012182.pub2>

Cochrane Corner summaries of our reviews (requests; publications linked where available)

- International Journal of Nursing Studies: McNicol ED, Ferguson MC, Schumann R. Single-dose intravenous diclofenac for acute postoperative pain in adults. Cochrane Database of Systematic Reviews. 2018(8).
- International Journal of Nursing Studies: Fisher E, Law E, Dudeney J, Palermo TM, Stewart G, Eccleston C. Psychological therapies for the management of chronic and recurrent pain in

children and adolescents. Cochrane Database of Systematic Reviews. 2018(9).

- Journal of Musculoskeletal and Neuronal Interactions: Johnson MI, Claydon LS, Herbison GP, Jones G, Paley CA. Transcutaneous electrical nerve stimulation (TENS) for fibromyalgia in adults. Cochrane Database Syst Rev 2017;10. <https://www.ncbi.nlm.nih.gov/pubmed/31475930>
- Journal of Rehabilitation Medicine: Eccleston C, Fisher E, Thomas KH, Hearn L, Derry S, Stannard C, Knaggs R, Moore RA. Interventions for the reduction of prescribed opioid use in chronic non-cancer pain. Cochrane Database of Systematic Reviews 2017, Issue 11. <https://www.ncbi.nlm.nih.gov/pubmed/31580469>
- PM&R: The journal of injury, function, and rehabilitation: Derry S, Bell RF, Straube S, Wiffen PJ, Aldington D, Moore RA. Pregabalin for neuropathic pain in adults. Cochrane Database Syst Rev 2019;1. <https://www.ncbi.nlm.nih.gov/pubmed/31729182>
- American Journal of Physical Medicine & Rehabilitation: Wiffen PJ, Derry S, Bell RF, Rice ASC, Tölle TR, Phillips T, Moore RA. Gabapentin for chronic neuropathic pain in adults. Cochrane Database of Systematic Reviews 2017;6.
- Journal of Perioperative Medicine: Derry S, Wiffen PJ, Moore RA. Single dose oral ibuprofen plus caffeine for acute postoperative pain in adults. Cochrane Database of Systematic Reviews 2015, Issue 7.

Grant applications

- Network Innovation Fund: Optimal methods for the use of 'pain' as an outcome in systematic reviews of postoperative pain management (successful bid).
- NICE Commissioned Review Update: NMA review of interventions for malignant pleural effusions to inform "Lung cancer: diagnosis and management, NICE guideline [NG122]" (successful bid).
- OUH Small Grants Fund to produce patient information leaflets summarising the evidence of topical treatments for acute pain (unsuccessful)
- HTA chronic pain themed call: new Network Meta-analysis Review on antidepressants for chronic pain (successful bid).

Cochrane

- February: Evidently Cochrane blog on pregabalin for neuropathic pain cites our review on the topic <https://www.evidentlycochrane.net/pregabalin-neuropathic-pain/>
- March: Evidently Cochrane blog on managing osteoarthritis (<https://www.evidentlycochrane.net/osteoarthritis-pain-evidence-common-treatments/>) cites Professor Andrew Moore's previous blog on paracetamol (<https://www.evidentlycochrane.net/paracetamol-widely-used-ineffective/>)
- March: our Review featured in Cochrane Library App - Transcutaneous electrical nerve stimulation (TENS) for chronic pain - an overview of Cochrane Reviews.
- April: our Review featured in Cochrane Library App - Psychological interventions for parents of children and adolescents with chronic illness.
- May: our palliative care reviews were featured on Cochrane News page for Dying Matters Week <https://www.cochrane.org/news/dying-matters-awareness-week>
- Best of the Cochrane Library: 2019 in review (<https://www.cochranelibrary.com/collections/doi/10.1002/14651858.SC000026/full>):
 - Pregabalin for neuropathic pain in adults is one of the top 5 accessed updates for 2019.
 - What are the effects of 1000 mg paracetamol (acetaminophen) for adults with episodic tension-type headache? is one of the top 5 accessed Clinical Answers.

Other activities

- February: Received a request from the producers at BBC Radio 4 series 'The best thing since sliced bread?' to provide clarification on two of our reviews (salicylates and diclofenac) for their episode on topical pain relief.
- February: PaPaS author Professor Angela Webster interviewed for the Sydney Morning Herald (<https://www.smh.com.au/lifestyle/health-and-wellness/the-blue-tide-avoid-being-stung-by-bluebottles-20190201-p50v3v.html>) and a local radio station (<https://www.facebook.com/UUUTuesdayDrive/videos/301627627374474/>) to discuss evidence from her review on treating jellyfish stings
- June: NIHR Signal 'Psychological therapies may improve parenting skills in parents of children with chronic illness' cites our review on this topic <https://discover.dc.nihr.ac.uk/content/signal-000778/parenting-skills-psychological-therapies-in-childhood-chronic-illness>

- August: NY Times article 'Johnson & Johnson Twisted the Truth. Here Are the Facts' cites our review of long-term opioids for chronic pain
<https://www.nytimes.com/2019/08/29/opinion/johnson-and-johnson-lawsuit.html>
- September: WHO call for experts – Professor Eccleston invited to join team of experts to revise and update the WHO guidance for “Ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines”, in particular medicines for the treatment of pain.
- September: Professor Eccleston and Editor Dr Adrian Tookman attended a meeting with local topic experts to discuss Pan London Research in palliative care.
- October: International Association for the Study of Pain (IASP) 2019 Global Year Against Pain in the Most Vulnerable, webinar: Pain in Survivors of Torture. Editor Amanda C de C Williams was a Speaker. <https://www.iasp-pain.org/Advocacy/GYAP.aspx?ItemNumber=8352>

Impact of Dr Neil O’Connell’s PaPaS Reviews

O’Connell NE, Marston L, Spencer S, DeSouza LH, Wand BM. Non-invasive brain stimulation techniques for chronic pain. Cochrane Database of Systematic Reviews 2018, Issue 3. Art. No.: CD008208. DOI: 10.1002/14651858.CD008208.pub4

O’Connell NE, Wand BM, Gibson W, Carr DB, Birklein F, Stanton TR. Local anaesthetic sympathetic blockade for complex regional pain syndrome. Cochrane Database Syst Rev. 2016 Jul 28;7:CD004598

Smart, KM, Wand BM, O’Connell NE Physiotherapy for pain and disability in adults with complex regional pain syndrome (CRPS) types I and II. Cochrane Database of Systematic Reviews 2016; 2: CD010853.

Gibson W, Wand BM, O’Connell NE. Transcutaneous electrical nerve stimulation (TENS) for neuropathic pain in adults. Cochrane Database of Systematic Reviews 2017; 9:CD011976.

O’Connell NE, Wand BM, McAuley J, Marston L, Moseley GL Interventions for treating pain and disability in adults with complex regional pain syndrome. Overview Cochrane Database of Systematic Reviews 2013: 4 CD009416

- These reviews were directly used as evidence to guide the reimbursement policies of health insurance providers in the USA. Based on the combined recent membership figures for 4 insurance schemes (United Healthcare, Regence, UCare and the Government Employers Health Association (GEHA); 53.4 million members) and a prevalence of persistent pain of 10-20% these policies apply to between 5.3 to 10.6 million people with health insurance.

References/links

United Healthcare Community Plan Medical Policy Transcranial Magnetic Stimulation Feb 1 2019; <https://www.uhcprovider.com/content/provider/en/viewer.html?file=https%3A%2F%2Fwww.uhcprovider.com%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fpolicies%2Fmedicaid-comm-plan%2Ftranscranial-magnetic-stimulation-cs.pdf>

Regence Medical Policy Manual 2019 Cranial Electrotherapy Stimulation.
<http://blue.regence.com/trgmedpol/dme/dme83.06.pdf>

UCare (Minnesota) Clinical and Quality Management Medical Policy. Transcranial Magnetic Stimulation. July 2015 https://docs.ucare.org/filer_public/a5/df/a5df9381-1c15-419f-b0da-1b27d3a58e94/transcranial_magnetic_stimulation.pdf

Government Employees Health Association (GEHA). Policy document 2017: Transcranial Magnetic Stimulation. https://www.geha.com/~/_media/Files/Documents/Health-Documents/coverage-policies/Transcranial-Magnetic-Stimulation.pdf?la=en

- At the invitation of colleagues in Western Australia (WA), O’Connell led the development of patient facing online information relating to CRPS for the painHEALTH website which went live in 2017. Tracking use statistics show over 1 million visitors each year benefitting from trustworthy, accessible and up to date information about their pain, and has a global reach, with users accessing the resource from >150 countries. The page on managing CRPS received over 5000 visitors in January 2019 alone suggesting a reach of 60,000 users per year for this rare condition.

References/links

painHealth. Western Australia Government Department of Health. 2017; Complex regional pain syndrome <https://painhealth.csse.uwa.edu.au/pain-module/complex-regional-pain-syndrome/> Managing complex regional pain syndrome: <https://painhealth.csse.uwa.edu.au/pain-module/managing-complex-regional-pain-syndrome/>

painHEALTH formal evaluation. Executive summary. Currently embargoed.

- Patient-facing resources include the respected and award winning UK-based “Patient.info” website (formerly patient.co.uk) who cite our review of TENS for neuropathic pain in their patient information resource on TENS, the US Women’s National Health Network who cite the same review in their information on alternatives to drugs for chronic pain, and the Canadian website “Pain Science.com” who use our overview of interventions for CRPS as the sole evidence source for their information page for that condition. Information resources for clinicians include the “Uptodate.com” and “Practical pain management” websites who have used our evidence reviews to inform clinician updates on CRPS, and ketamine use. These resources have considerable global reach. According to information on their websites Patient.info has over 6 million users, UptoDate is used by 1.7 million clinicians to stay abreast of current evidence across over 190 countries and Practical Pain Management has a print circulation of more than 41,000 with >700,000 unique website visitors per month.

References/links

TENS Machines. Patient 2018. <https://patient.info/treatment-medication/painkillers/tens-machines>

Rx for Change: Alternatives for Chronic Pain. Women’s National Health Network 2018; <https://www.nwhn.org/rx-change-alternatives-chronic-pain/>

Treatments for complex regional pain syndrome. PainScience.com 2015; <https://www.painscience.com/biblio/treatments-for-complex-regional-pain-syndrome.html>

Complex regional pain syndrome in adults: Prevention and management. Uptodate.com 2019; <https://www.uptodate.com/contents/complex-regional-pain-syndrome-in-adults-prevention-and-management>

Ketamine for the Treatment of CRPS? Practical Pain Management 2017; <https://www.practicalpainmanagement.com/treatments/pharmacological/non-opioids/ketamine-treatment-crps>

Certified as correct by:

Coordinating Editors:

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26/3/20

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Date:

Please return the completed form by email attachment to Sofia Araujo-Betancor at NETSCC (ESPinfo@NIHR.ac.uk), **by 3rd April 2020 at the latest, extensions to this deadline will not be granted.**

NB: "wet-ink" signatures and subsequent paper copies of this report form are not required. Electronic signatures are sufficient.