

Pain Signals

Country in focus



Thailand

Thailand's *Neuropathic Pain Treatment Guidelines for Primary Medical Care* was published in 2008



Development of neuropathic pain guidelines in Thailand

Thailand's *Neuropathic Pain Treatment Guidelines for Primary Medical Care* was published in 2008. At the Bali meeting, Dr Pongparadee Chaudakshetrin of Mahidol University in Bangkok provided an overview of the process for developing these guidelines and their subsequent dissemination.

The main features of the Thai clinical practice guidelines on neuropathic pain are as follows:

- A Thai language diagnostic screening tool based on the Neuropathic Pain Diagnostic Questionnaire (DN4)
- A diagnostic algorithm
- Specific instructions on when to refer to a specialist
- Treatment algorithms for common neuropathic pain syndromes
- Tables of first- and second-line agents for neuropathic pain
- Recommendations for surgical management
- Recommendations for rehabilitation management
- Recommendations for complementary treatment

Copies of the guidelines have been provided to every hospital and medical library in Thailand, and are made available at relevant scientific meetings. A lecture tour of Thailand's regional hospitals will be used as an opportunity to further disseminate the guidelines.

Pain Signals interviewed Dr Pongparadee:

Q: What compelled you and your colleagues to develop local guidelines?

A: Neuropathic pain is underdiagnosed and undertreated, there are too few pain specialists in our country, and general practitioners (GPs) are the primary healthcare provider giving medical treatment to these patients. There are a lot of misconceptions among GPs in treating neuropathic pain, with some believing it doesn't exist, others believing it is psychological, and some giving anxiolytic or analgesic medication only to control pain. The Thai Association for the Study of Pain (TASP) was requested to develop clinical practice guidelines for pain management; given neighbouring countries already had their own, we felt it was time to have one too.

Q: What process did you observe in coming up with evidence-based guidelines?

A: Firstly, we set out a project plan, which consisted of 3 phases:

developing a practice guideline in neuropathic pain management for primary care physicians, disseminating guidelines to the primary care setting, and developing a national survey for gathering epidemiological data. Then, in June 2007, we convened a meeting of medical college representatives during which it was agreed to provide expert training. Between October and December 2007, experts conducted systematic reviews and translated the evidence into algorithms that were used to formulate recommendations. Between March and May 2008, a draft clinical practice guideline was sent out for external review. Subsequently, the guidelines were published in July 2008.

Q: What issues arose during guideline development? How did you address these issues?

A: We wanted the guidelines to be of practical benefit to GPs and to be aligned with healthcare policy. So we applied the recommendations for guideline development of the Taskforce on Evidence-Based Medicine and the Royal College of Physicians of Thailand (*RCPT News* 2001;18:6). This method differs from other standards because the criteria for grading recommendations are based on safety, efficacy, effectiveness, efficiency, and benefit to the population as a whole. In addition, alternative medicine is widely applied in our country's healthcare system. Therefore, to overcome any problems, we invited a representative expert of the Thai Traditional and Alternative Medicine Ministry to join our group.

Q: What recommendations can you provide to Asian colleagues interested in developing and implementing local neuropathic pain guidelines?

A: The development of guidelines is costly and time consuming. In order to utilize any guidelines effectively, they need to be well disseminated, monitored and have a plan for revision within a few years. Above all, clinical practice guidelines are a tool for improving treatment outcomes in a way that society deems "cost-effective".

Pfizer Expert Panel on Neuropathic Pain Guideline Development in the Asia-Pacific Region

- Dr Guy Bashford, *Australia*
- Dr Pongparadee Chaudakshetrin, *Thailand*
- Dr RP Gehdoo, *India*
- Professor Doo-Ik Lee, *Korea*
- Dr Carina Li, *Hong Kong*
- Professor Lucas Meliala, *Indonesia*
- Professor Setsuro Ogawa, *Japan*
- Dr Pradit Prateepavanich, *Thailand*
- Professor Raymond Rosales, *Philippines*
- Professor Ramani Vijayan, *Malaysia*
- Professor Shuu-Jiun Wang, *Taiwan*
- Dr Alex Yeo, *Singapore*
- Professor Bu-Wei Yu, *China*

Introduction

Welcome to the third transmission of *Pain Signals*, the official newsletter of the Pfizer Expert Panel on Neuropathic Pain Guideline Development in the Asia-Pacific Region.

In this issue, we present highlights from the Panel's third meeting in Bali, Indonesia, in 2009. Dr Carina Li of Hong Kong proposes a neuropathic pain management resource exchange programme to assist practitioners in the region in the development of local management guidelines. We also present a consensus statement of the Panel to come out of the 2008 meeting in Seoul, Korea. We look at the different ways local guidelines have been disseminated together with the challenges and opportunities this aspect of guideline development produces. Finally, we interview Dr Pongparadee Chaudakshetrin of Thailand for our country-in-focus feature.

News

Towards a neuropathic pain management resource exchange programme: Highlights of the 2009 Bali meeting

The third meeting of the Pfizer Expert Panel on Neuropathic Pain Guideline Development in the Asia-Pacific region was held in April 2009 in Bali, Indonesia. The meeting, chaired by Professor Lucas Meliala, brought together the region's leading pain clinicians with the following aims in mind:

- Evaluate the development and implementation of local neuropathic pain treatment guidelines
- Identify ways to best communicate these guidelines to non-pain specialists
- Plan the development of a regional neuropathic pain expertise exchange programme to further increase awareness of neuropathic pain and its management

During the meeting, Dr Bruce Parsons gave an overview of the evidence base for treatment of diabetic polyneuropathy, for which many of the drugs used have little or no evidence to support their use and the quality of the evidence for first-line

treatments differs. Professor Troels Jensen, co-author of the European Federation of Neurological Societies (EFNS) neuropathic pain guidelines, explained the mechanisms of action of the main drug classes used in neuropathic pain treatment. Among these, Professor Jensen reported that tricyclic

antidepressants, opioids and alpha-2-delta ligands have the lowest numbers-needed-to-treat (NNTs), with the NNTs of pregabalin and gabapentin based on the largest aggregate sample size.

Dr Carina Li provided an overview of a proposed neuropathic pain management

Panel members and Pfizer staff in Bali. Left to right: Professor Yansheng Li, Dr Richard Santoso, Dr Alex Yeo, Professor Doo-Ik Lee, Professor Lucas Meliala, Ms Rosalie Go, Dr Bruce Parsons, Professor Ramani Vijayan, Mr John Schalhou, Dr Pongparadee Chaudakshetrin, Dr Lakshmi Vas, Professor Shuu-Jiun Wang, Dr Jocelyn Que, Mr Manoj Irap, Dr Carina Li, Mr Teddy Horas and Ms Sondang Rinna Mariana





News

resource exchange programme. This would involve members of the regional neuropathic pain expert panel – all of whom are relatively senior neuropathic pain specialists – becoming consultants to various countries in the region, with the aim of guiding pain practitioners through the process of developing and implementing neuropathic pain management guidelines. Benefits would include:

- Improved knowledge of neuropathic pain pathophysiology, diagnosis and management
- Impetus to develop or enhance management infrastructure
- Promote closer collaboration amongst the various pain specialties and practitioners
- Better care of the neuropathic pain patient and improved patient outcomes in Asia

Dr Li suggested that one way of implementing the programme would be

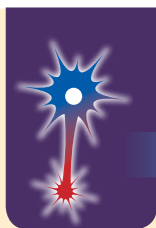
to have panel experts conduct neuropathic pain seminars and workshops in any given country. This would involve:

- Identifying the current needs of a country around the issues of guideline development and implementation
- Liaising with the local International Association for the Study of Pain (IASP) chapter/pain society with a view to sharing knowledge and experience
- Conducting pilot resource exchange meetings in 2 or 3 countries based around the needs that have been identified and validated

Alternatively, Dr Li proposed identifying 1 or 2 countries with an established infrastructure for managing neuropathic pain, with representatives of other countries then invited to observe and learn. The panel members approved in principle the exchange programme proposal and individually expressed their willingness to participate. A

majority of members favoured the second exchange method, whereby countries with less developed neuropathic pain management infrastructure would send representatives to more developed countries to learn.

The panel members emphasized the importance of developing a structured and comprehensive curriculum along with the need to formulate tangible programme outputs for participants to use, such as guidelines, published articles and neuropathic pain programmes. In addition, given that the current status of neuropathic pain management is different in each country, the panel noted that it would be crucial to map these differences accurately in order to deliver effective, targeted interventions. Finally, panel members stressed that the proposed programme was an opportunity for resource exchange between specialties (eg, anaesthesiologists and neurologists), as well as between countries.



Feature

Articulating consensus: The panel writes to *Pain Practice*

During their 2008 meeting in Seoul, the expert panel produced a consensus statement. This was recently published as a letter to the editor in *Pain Practice*, the official journal of the World Institute of Pain (Rosales R, et al. *Pain Pract* 2009;9:322-323), and is summarized as follows:

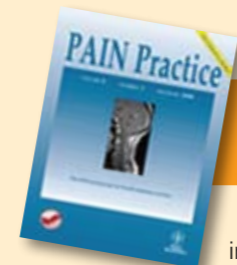
“Accord must be reached worldwide on a common definition of neuropathic pain.” The expert panel indicated the recent redefinition of neuropathic pain by Treede, et al. (Treede R-D, et al. *Neurology* 2008;70:1630-1635) should address the current ambiguous definition of the IASP.

“Local guidelines should be tailored to the needs of the country or region.” The expert panel advocated for a rigorous and scientifically based guideline development process, with current guide-

lines having been limited by a small number and spectrum of studies used in their derivation. The expert panel insisted there is a need for a stringent monitoring mechanism to continuously assess the applicability of guidelines to local clinical practice.

“Greater effort must be exerted to communicate neuropathic pain concepts to nonpain physicians.” The expert panel emphasized the need for education of general practitioners in order to accurately identify neuropathic pain and advocated for a detailed discussion of neuropathic pain screening tools in country-specific treatment guidelines.

“The pain experience happens within the context of a patient’s culture.” When adapting international neuropathic pain guidelines to the local setting, the expert panel emphasized the



The panel’s consensus statement was recently published in *Pain Practice*

importance of considering cultural factors.

“Neuropathic pain treatment guidelines should be easy to implement in everyday clinical practice.”

When implementing neuropathic treatment guidelines, the expert panel emphasized the need for a multidisciplinary approach and specific recommendations on when to refer a patient to a pain specialist.

“Building relationships and forging consensus among stakeholders (including patient advocacy groups) are necessary to ensure guideline implementation.” The expert panel advocated for engagement of all relevant stakeholders early on in the guideline development process, with subsequent involvement at every step of the process.



Feature

Disseminating neuropathic pain principles and guidelines to non-pain specialists: Challenges faced and lessons learned

The dissemination of new information is a key requirement for effective implementation of clinical practice guidelines. It is a time consuming process that requires an ongoing commitment to ensure that guidelines are not only adopted, but that the physicians at whom the guidelines are aimed can become partners in advocating for their use. Dissemination is often complicated due to the large number of channels available. However, a persistent approach is likely to pay dividends.

Malaysia

The development of neuropathic pain guidelines began in Malaysia in 2003 when the Malaysian Association for the Study of Pain was established to improve physicians’ knowledge about neuropathic pain and to provide information for management. Guidelines were subsequently published in 2004. Among the issues that arose during guideline development, selection of a pain scale and finding a balance between simplicity and detail to suit the end user were the main ones. Consensus was reached in most cases, with all members of the panel having appropriate experience and knowledge of the target audience. The guidelines were launched in conjunction with a chronic pain workshop, which was covered by the medical media and included presentations by the panelists. Guidelines have since been distributed to GPs in their clinics, at conferences, and at workshops and seminars. The feedback from physicians has been very positive and awareness of neuropathic pain appears to be increasing together with an increased awareness of the need for education on pain management.

Korea

In undertaking to develop treatment guidelines in Korea, it was recognized that the symptom-and-sign-oriented approach that had previously been emphasized would need to give way to a more disease-oriented approach. This caused concerns that the publication of disease-oriented treatment guidelines would lead to reimbursement limitations due to accusations of over-treatment. As a result, neuropathic pain treatment guidelines in Korea continue to be based on a symptom-and-sign-oriented approach, with training offered to physicians through case reviews rather than publication of a guideline booklet.

The Philippines

Guideline development in the Philippines has been undertaken by

the Clinical Practice Guidelines Formulation on Neuropathic Pain (FilNeP) group, which is a collaboration between the Pain Society of the Philippines and the Philippine Society for NeuroRehabilitation. The finalized guidelines, which were considered at a stakeholders’ meeting in July 2008, are being disseminated to non-pain specialists as printed materials, and through additional channels such as continuing medical education programmes and workshops. A planned guideline for the management of trigeminal neuralgia had to be shelved due to the potential it had to antagonize various professional societies laying claim to the management of this condition.

Indonesia

In an effort to overcome its unmet needs in neuropathic pain management, the Pain Study Group of the Association of Indonesian Neurologists adopted in 2000 the IASP recommendations on neuropathic pain diagnosis and treatment. A second edition was published in 2007 with the updated document including the Indonesian translation of *ID Pain* together with recommendations on the management of various neuropathic pain conditions, including back pain and central pain states. The principal method of disseminating the guidelines has been through workshops, which have been offered in 27 Indonesian cities. However, despite the guideline group’s efforts, the majority of Indonesian primary care physicians remain unaware of the concept of neuropathic pain and continue to treat all types of pain in a similar manner.

Thailand

The Thai Association for the Study of Pain (TASP), which is responsible for neuropathic pain guideline development in Thailand, formulated an action plan for the dissemination of its guidelines. The plan called for the publication of guidelines on the TASP website, as well as direct mailing to members, and to every medical library and hospital in Thailand. Dissemination has also been facilitated through presentations at medical association meetings, and a lecture tour is planned for two regional hospitals later this year.

The Malaysian Association for the Study of Pain conducting a guideline dissemination workshop

