

NICE NG 59 Low back pain and sciatica in over 16s: assessment and management

September 2020



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Non Pharmacological Interventions

NICE NG 59 makes recommendations to provide or consider:

- Self-management Information, Exercise, Manual Therapies, Psychological Therapies, Physical and Psychological Therapies or Return to Work Programmes

NICE NG 59 advises against offering:

- Orthotics, Acupuncture, Electrotherapies

Pharmacological management of low back pain

Consider oral NSAIDs for managing low back pain, taking into account potential differences in gastrointestinal, liver and cardio-renal toxicity, and the person's risk factors, including age.

When prescribing oral NSAIDs for low back pain, think about appropriate clinical assessment, ongoing monitoring of risk factors, and the use of gastro-protective treatment.

Prescribe oral NSAIDs for low back pain at the lowest effective dose for the shortest possible period of time.

Consider weak opioids (with or without paracetamol) for managing acute low back pain only if an NSAID is contraindicated, not tolerated or has been ineffective.

DO NOT OFFER:

- paracetamol alone for managing low back pain.
- opioids for managing acute low back pain (other than weak opioids, as above)
- opioids for managing chronic low back pain.
- selective serotonin reuptake inhibitors, serotonin–norepinephrine reuptake inhibitors or tricyclic antidepressants for managing low back pain.
- gabapentinoids or antiepileptics for managing low back pain. [amended 2020]

Pharmacological management of Sciatica:

NSAIDs: Be aware of the risk of harms and limited evidence of benefit from the use of non-steroidal anti-inflammatory drugs (NSAIDs) in sciatica. [2020]

If prescribing NSAIDs for sciatica:

- take into account potential differences in gastrointestinal, liver and cardio-renal toxicity, and the person's risk factors, including age
- think about appropriate clinical assessment, ongoing monitoring of risk factors, and the use of gastroprotective treatment
- use the lowest effective dose for the shortest possible period of time. [2020]

DO NOT OFFER:

- gabapentinoids, other antiepileptics, oral corticosteroids or benzodiazepines for managing sciatica as there is no overall evidence of benefit and there is evidence of harm. [2020]
- opioids for managing chronic sciatica. [2020]

If a person is already taking opioids, gabapentinoids or benzodiazepines for sciatica, explain the risks of continuing these medicines. [2020]

As part of shared decision making about whether to stop opioids, gabapentinoids or benzodiazepines for sciatica, discuss the problems associated with withdrawal with the person. [2020]

For further information, please contact the Medicines Management Teams on
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