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# 100 hours: It is NICE but is it necessary?

Ajay Clare[a, b], Tamzin Bunton[b], Sarah MacNeil[c], Stephanie Jarrett[a, b]

[a] Psychological Medicine Clinical Academic Group, South London & Maudsley NHS Trust, [b] Dept. of Anaesthetics, [c] Dept. of Physiotherapy, Lewisham Healthcare NHS Trust


## Introduction:

NICE guidelines for the early management of persistent non-specific low back pain[1] recommend offering a pain management programme (PMP) of around 100 hours. Currently these are the only NICE guidelines that cover the provision of PMPs. Whilst intensive PMPs may be the ideal, does this mean that out-patient programmes are not an effective alternative option? Not all patients are able to attend an intensive programme, and not all Primary Care Trusts (PCT) are willing to fund them. This study assesses the clinical effectiveness of a new PMP set up with PCT funding in South East London, which offers around forty hours of client contact.

## Method:

Data for 50 patients who attended the PMP in 6 separate groups are included in the present study. Each patient attended a group information meeting about the programme, a comprehensive individual assessment and then the group PMP for three hours a week over ten weeks.

**Measures:**

- **Beck Depression Inventory II[2]**
- **Pain Self-Efficacy Questionnaire[3]**
- **Tampa Scale of Kinesiophobia[4]**
- **Pain Catastrophising Scale[5]**
- **Brief Pain Inventory**
- **Time taken to walk 50 metres**
- **Number of sit-down and stand-ups in 1 minute**

Measures were taken prior to the start of the programme and at the end of the ten weeks. All measures are repeated at the 6 month follow-up but an insufficient number of participants have reached this point for the data to be included in the current analyses.

## Results:

Data were analysed using a series of t-tests, with Bonferroni's correction applied for multiple analyses. Consequently we adopted a stringent alpha level of .00625 to indicate statistical significance.

| Measure | P Value |
|---|---|
| Beck Depression Inventory | < . 00625 (Significant) |
| Pain Self-Efficacy Questionnaire | > . 00625 (Non-Significant) |
| Tampa Scale of Kinesiophobia | < . 00625 (Significant) |
| Pain Catastrophising Scale | < . 00625 (Significant) |
| Brief Pain Inventory – Pain | > . 00625 (Non-Significant) |
| Brief Pain Inventory – Interference | < . 00625 (Significant) |
| 50 Metre Walk | > . 00625 (Non-Significant) |
| Sit Down/Stand Up | < . 00625 (Significant) |

Regarding the 50m walk, anecdotally, participants reported that they were pacing their walking after the PMP and so were able to achieve the 50m walk without increasing their pain.

## Discussion:

Although the NICE guidelines for acute back pain recommend PMPs of around 100 hours, our data demonstrate that clinically significant change can be produced in a less intensive outpatient programme, comprising around 40 hours of client contact. The British Pain Society (BPS) recommendations[6] for PMP's are less prescriptive in terms of length of programme, stating that "it is not possible to specify a minimum number of hours since change results from the interaction of patient needs and staff skills during treatment". This is supported by our data and our experience.

## Conclusion:

In the current economic climate, with many services being reduced, it is difficult to gain funding for new services. The case for low intensity outpatient PMPs is not helped by NICE guidelines specifying 100 hours of clinical contact. However, we found that commissioners were more interested in audit data which can demonstrate clinical (and cost[7]) effectiveness of a PMP for their local population and which can be feasibly provided within local resources.

**References**


1. National Institute for Health and Clinical Excellence (2009). *Low Back Pain: Early Management of Persistent Non-Specific Low Back Pain (CG88)*. London: National Institute for Health and Clinical Excellence.
2. Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Manual for the Beck Depression Inventory-II*. San Antonio, TX: Psychological Corporation.
3. Pain Self-Efficacy Questionnaire
4. Vlaeyen, J. W., Kole-Snijders, A. M., Boeren, R. G., & van Eek, H. (1995). Fear of movement/(re)injury in chronic low back pain and its relation to behavioral performance. *Pain*, **62(3)**, 363-372.
5. Sullivan, M. J. L., Bishop, S. R., & Pivik, J. (1995). The pain catastrophizing scale: development and validation psychological assessment. *Psychological Assessment*, **7(4)**, 524-532.
6. The British Pain Society (2007). *British Pain Society recommendations for pain management programmes for adults*. London.
7. Clare, A., Bunton, T., MacNeil, S., & Jarrett, S. R. (2011). The cost of chronic musculoskeletal pain: how to stop the revolving door. Poster presented at: *The British Pain Society Annual Scientific Meeting*, June 2011.