



Healthcare
Improvement
Scotland

SIGN

Evidence-based
clinical guidelines

Managing chronic pain

A booklet for patients, carers, family members and friends

Consultation draft March 2026

We would like to thank everyone who contributed to this booklet.

Parts of this booklet were generated using an artificial intelligence (AI) program to summarise the clinical guideline. The draft was then reviewed and amended as necessary by guideline group members.

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Who is this booklet for?

This booklet is for adults who are living with chronic pain. Family members, friends and carers may also find the information helpful.

The booklet explains:

- What chronic pain is and why it is managed in different ways
- Important questions you may want to ask about your treatment to help both you and your healthcare professional make the right decision for you
- What you can do to help yourself
- How taking part in everyday activities that matter most to you can help
- How psychological therapies can help
- How food choices and activities can affect pain
- The role of physical therapies in managing chronic pain
- Alternative (non-medical) treatments and their benefits
- The role of medicines in supporting chronic pain
- When a pain management programme may be recommended, what is it and similar options available

What is this booklet about?

This booklet explains the recommendations in a guideline produced by the Scottish Intercollegiate Guidelines Network (SIGN), about managing chronic pain.

Recommendations in the guideline are based on different types of evidence. Some of it comes from current research, some from the clinical experience and opinions of healthcare professionals, and some from people with lived experience.

There are two different types of recommendations in the booklet



**Recommendation
based on the research evidence**



**Recommendation
based on clinical experience**

What are the limitations of the research?

Research helps us know what works for most people, but it can't tell us exactly what will happen to you. Everyone's pain journey is different, and pain can affect people in very different ways, both physically and emotionally, and in how it impacts their everyday lives.

All treatments are tested by scientists, but some medical issues are easier to study than others. For example, healthcare professionals can measure things like blood pressure with special tools. Pain is different, because only you know how much it hurts and how it affects your life. There isn't a test that can measure pain exactly, so scientists have to listen to how people describe their pain and the impact it has on their daily activities, wellbeing and quality of life. This makes pain harder to study and means research cannot capture everyone's individual experience

Pain is tricky to research for other reasons too. There are many types and causes of pain. Pain is not just a feeling in your body; your thoughts and emotions can change how much pain you feel. This makes it hard to know if a treatment is working, or if something else is making you feel better or worse.

For this guideline, we looked at many different ways to treat pain. Some treatments, like medicines, are simple and easy to study. Others, like pain management programmes, have lots of different parts, so it's hard to tell which part helps the most. We can't always compare simple treatments with complicated ones to say which is better.

Scientists are always learning new things. Sometimes, it looks like a treatment works, but there isn't enough proof yet. Other times, new research shows that a treatment doesn't work as well as we thought. The advice in this guideline is based on the most up-to-date research in 2025, but new facts in the future might change these recommendations.

When there isn't enough information, we say in the guideline what we hope scientists will study next. But research costs a lot of money, so most new studies are done on new medicines.

What is chronic pain and how is it managed?

Living with chronic pain can be exhausting – not just physically, but emotionally and mentally too.

Pain can affect every part of life: your sleep, your work, your relationships, and the things that bring you joy. It can be invisible to others, and it's common to feel misunderstood or unsure about what will help.

Chronic pain is pain that lasts longer than 12 weeks (three months) often after an injury or illness has healed. It can affect your body, your feelings and your daily life, making it harder to move, sleep or feel well. Living with long-lasting pain can be very hard, and everyone experiences pain differently. Other people cannot always see how much pain affects your life, so it is important to talk honestly about how you feel.

Managing chronic pain usually involves a combination of treatments and support that focus on the whole person, not just the pain itself. What helps will be different for everyone, so you and your healthcare team can talk about what matters most to you and what approaches fit your needs and priorities.

What medical treatments are used for chronic pain?

Medicines that work well for short-term pain, like strong painkillers or anti-inflammatory drugs, do not help so much if your pain lasts for several months or more. Sometimes, your body gets used to strong painkillers, so they stop working as well as they used to. Anti-inflammatory drugs can cause side effects that make them hard to use for a long time.

Some medicines for pain are more suitable for long-term use, such as those usually used for epilepsy or depression. But these medicines don't help everyone with persistent pain. Even when these medicines do help, they can often cause unwanted side effects.

DRAFT

What non-medical approaches can help with chronic pain?

Chronic pain is different from other health issues because it can change how you feel and act, and this in turn can make the pain feel worse. Pain can make you feel sad, tired, and less interested in doing things or seeing friends and family. These things can all affect each other and create a cycle that makes the pain harder to deal with.

Pain is affected by how your body and brain understand signals about danger or safety. If you are tired, stressed, feeling alone, or not sleeping well, your body and brain can become extra sensitive to pain. On the other hand, when you are healthy, feel happy, and have good friends or family around you, your body may handle pain better and you might not feel it as much. Changing your habits, like eating well, moving more, or spending time with others, will not cure your pain, but it can help you feel better, do more things, and cope with pain more easily each day. Your healthcare team can support you to make positive changes that will reduce the impact pain has on your life.

Helping you make decisions that matter to you

Healthcare professionals will work with you to choose treatment based on what matters most to you, after discussing benefits and risks.

It's OK to Ask

When you go to your healthcare appointment(s), we encourage you to ask four key questions that will help you and your healthcare professionals make decisions together. This will make sure that the care is right for you.

1. What are the benefits of my treatment?
2. What are the risks of my treatment?
3. What alternative treatments can I try?
4. What if I do nothing?

Learn more about ["It's OK to ask"](#)

Learn more about [realistic medicine](#)



Recommendation based on the clinical experience

Ask: "What matters to me?" and make a personal plan combining non medicine and, if needed, pain medicine options, with regular reviews. size and style.



Recommendation based on the clinical experience

Making notes of what helps your pain or when you feel better (such as when you notice improvements in sleep, movement, work, feelings) rather than pain alone helps you to find what treatments work for you.

How taking part in important everyday activities can help

Occupation based interventions help you do the things that matter most to you. These might include getting dressed, making meals, caring for pets, working, enjoying hobbies and/or spending time with friends. What matters is different for everyone.

The aim is to help you take part in everyday life. The focus is not on reducing pain, but on helping you live well with pain. Doing meaningful activities can improve mood, independence, motivation, confidence, routine, and sense of purpose.

For someone who have been off work, a good outcome may not mean going back to the same job or hours. A good outcome might be feeling more confident in managing pain in the workplace and taking part in family life, and social activities in a way that feels right for you.



Recommendation based on the clinical experience

The word pacing is often used to describe managing activity by slowing down or taking breaks. Sometimes this can lead to people doing less and avoiding activities over time rather than doing more of what matters to them in life. A more helpful approach is activity management. This focuses on helping you do the things that matter to you, in ways that feel manageable and meaningful.



Recommendation based on the clinical experience

Learning how your body and pain system work can help you to make choices about activity. Understanding your goals, values, habits and having a flare up plan can all support activity management. A written flare up plan can include what to do, who to contact, how to adjust activity and medicines. Setting specific, realistic, meaningful goals, such as “walk 10 minutes every day” gives you targets to work towards.



Recommendation based on the clinical experience

These skills can help you decide when to start, stop, or continue activities. They can also help you gradually build up activity, improve daily function, and feel more satisfied with everyday life.



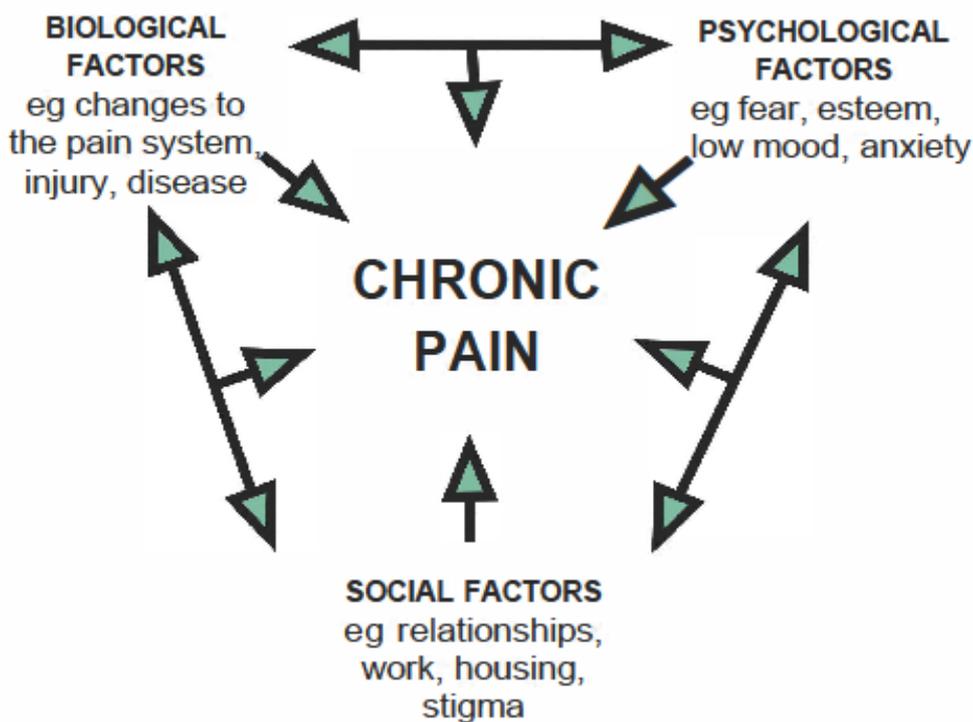
Recommendation based on the clinical experience

Health professionals supporting people with chronic pain and work should think about the whole person, not just the job. This includes wellbeing, work life balance, managing flare ups, communicating needs at work, and making changes at work that match what you can do.

The role of psychological therapies

Pain does not just affect your body. It can also affect how you think, how you feel, and your relationships with other people. This is sometimes called the biopsychosocial approach, which means that pain is influenced by your body, your mind, and your life situation.

The biopsychosocial model of chronic pain



Psychological therapies can help you live better with chronic pain. They do not mean the pain is “all in your head”. Instead, they help you understand how pain works and give you skills to cope, feel less distressed, and do more of the things that matter to you.

Examples include:

- Cognitive behavioural therapy (CBT) – a talking therapy that helps you notice unhelpful thoughts and develop more helpful ways of coping
- Mindfulness – learning to pay attention to the present moment in a calm way, which can reduce stress and help you manage pain day to day

These therapies can help you feel more in control, improve your daily function, and increase activity safely, even if the pain does not go away completely.



Recommendation based on the research evidence

Psychological therapies (such as CBT or mindfulness-based programmes) may be offered as part of routine care for chronic pain to improve daily function and quality of life.



Recommendation based on the clinical experience

Choose a format that suits you (group, one-to-one, or online) and practise the skills regularly for the best results.

DRAFT

How eating well can help

What you eat is one part of pain management, along with activity, sleep, stress, mental wellbeing and social support. Eating well supports your overall health and may help with pain for some people.

Researchers have looked at special diets and supplements for chronic pain. Overall, the evidence is mixed and often uncertain. Many diets and supplements show little or no clear benefit. Some supplements may help a small number of people, but effects are usually small.

Because of this, the focus should be on healthy, balanced eating, rather than special diets or supplements.



Recommendation based on the clinical experience

Your healthcare professionals will talk to you about healthy eating using the [Eatwell Guide](#) to help you:

- keep a healthy weight
- eat more fruit, vegetables and wholegrains
- include foods with omega-3 fats (such as oily fish or plant sources)
- drink enough fluids to avoid constipation



Recommendation based on the clinical experience

If you have special dietary needs or medical conditions, a dietitian can help you adapt healthy eating advice to suit you.



Recommendation based on the clinical experience

Turmeric may help with pain for some people and is unlikely to cause harm, different research studies used different amounts so it not possible to say how much would be best.

DRAFT

How physical therapies can help

Hands-off physical therapies

Staying physically active is an important part of managing chronic pain. This includes everyday movement, exercise, and exercise-based therapies. Any type of activity can help. What matters most is finding something you can do and keep doing.

If you have chronic low back pain, advice to stay active works best when it is combined with exercise therapy. Exercise therapy is a type of planned, guided exercise designed to help with a specific problem—like improving strength, movement, or balance. It's usually created for you by a physiotherapist and can also help you manage pain by gradually improving how your body moves and functions. Advice on its own is usually not enough to improve long-term movement and daily function.

You are more likely to keep exercising when you feel supported. This might include:

- having some supervised exercise sessions
- doing individual exercises in a group
- having written or online information to support you
- combining group sessions with exercises you do at home



Recommendation based on the research evidence

Physical activity, including exercise and exercise therapies, is recommended for managing chronic pain.



Recommendation based on the research evidence

For chronic low back pain, advice to stay active should be given alongside exercise therapy to improve long-term disability. Advice alone is not enough.



Recommendation based on the clinical experience

Support such as supervision, group exercise, extra information, and home exercise programmes should be used to help you keep exercising.

You and your healthcare professional should decide together what kind of activity is right for you. Exercise should be based on your needs, abilities, and personal situation to help make it positive, meaningful, and easier to stick with.

Hands-on physical therapies

Hands-on physical therapies use the therapist's hands to help treat pain, injury, or movement problems.

The main types are manual therapy and massage.

Manual therapy means the therapist gently moves your joints for you. These treatments may be given by a physiotherapist, osteopath, or chiropractor.

Treatments include:

- Mobilisation uses slow, gentle movements within the joint's normal range.
- Manipulation uses a quick, controlled movement at the end of the joint's normal range.

Massage therapy is another hands-on treatment. It includes different techniques such as:

- deep tissue massage
- myofascial release
- reflexology
- sports massage
- trigger point therapy

These treatments are called passive treatments because the therapist does most of the work, not the person receiving care.



Recommendation based on the research evidence

Manual therapy may be considered to help people move better for a short time if they have long-lasting low back pain or hip osteoarthritis. If it is offered, it should be used alongside other active support, such as exercise and supported self-management, not on its own.

Is Transcutaneous electrical nerve stimulation (TENS) worth trying?

A TENS machine is a small device worn on your body. Sticky pads send gentle electrical pulses through your skin. These can reduce pain signals reaching your brain, so you may feel less pain. A healthcare professional can help place the pads correctly.

Research has found inconsistent evidence to support the use of TENS to manage pain. However, TENS is generally low risk, widely available, and easy to use at home.



Recommendation based on the clinical experience

If you want to use TENS to help manage your pain, your healthcare professional should support you and talk with you about how you can access it.

How alternative approaches can be helpful

Alternative therapies are treatments that sit outside standard medical care. People sometimes try them to help manage long-term pain.

Examples include:

- acupuncture
- herbal remedies
- homeopathy
- reflexology
- other alternative treatments

Some people say these treatments help them feel better. However, good-quality evidence is limited, benefits are often short-term and results vary from person to person.

If you are thinking about using an alternative therapy:

- talk to your healthcare professional first
- check that it is safe and does not affect your medicines
- think about risks and benefits

You should feel supported to make choices that work for you. Many alternative treatments are not routinely available on the National Health Service (NHS) so it is likely that you will need to pay for them yourself which can become expensive long term. Access can also vary depending on where you live. NHS services tend to focus on treatments that have clearer evidence of longer-term benefit and make best use of available resources.



Recommendation based on the research evidence

Acupuncture may help short-term pain for some people.

Although acupuncture is recommended, getting access on the NHS can be difficult.

There is not enough evidence to recommend herbal remedies and hypnotherapy.



Information

If you decide to try herbal treatments, you should always tell your doctor or pharmacist in case they interact with prescription medication.

Medicines for chronic pain

Medicines are only one part of chronic pain management. Many medicines that help short-term pain do not work well for long-term pain.

Do simple painkillers help with chronic pain?

Simple painkillers include paracetamol and non-steroidal anti-inflammatory drugs (NSAIDs) like ibuprofen or naproxen).



Recommendation based on the research evidence

Paracetamol is not recommended for chronic pain.



Recommendation based on the research evidence

NSAIDs may help short-term pain and function in osteoarthritis or inflammatory arthritis but can cause stomach bleeding, heart problems, and kidney damage. NSAIDs should only be used short-term or occasionally, at the lowest effective dose



Recommendation based on the clinical experience

You should always tell your healthcare professional about over-the-counter medicines you take.

Do anti-seizure/antiepileptic medicines help?

This medication is commonly used to treat epilepsy but can also help reduce nerve pain (or *neuropathic pain*). Medicines such as gabapentin and pregabalin are sometimes used for nerve pain, fibromyalgia, or certain types of pelvic pain. These medicines can help some people, but they do not work for everyone and can cause side effects, including:

- drowsiness
- dizziness
- weight gain
- respiratory depression (especially with opioids). Respiratory depression means breathing becomes slow or shallow, so the body does not get enough oxygen.

Recommendation based on the research evidence

Gabapentin or pregabalin may be considered for up to six months for nerve pain, fibromyalgia or certain types of pelvic pain



Recommendation based on the clinical experience

When taking gabapentin or pregabalin, you should be reviewed regularly and they should be gradually stopped if they are not helping.



Should you use opioids for chronic pain?

Opioids include medicines such as codeine, morphine, oxycodone, or tramadol that act on special receptors in your brain and spinal cord to reduce the feeling and intensity of pain. Often called “strong painkillers”, these medicines can reduce short-term severe pain but using them for a long time to treat chronic pain is usually not helpful. Long-term use can lead to side effects, and your body may adapt so you need the medicine just to feel normal (this is called dependence). Over time, you might also need higher doses to get the same effect (known as tolerance), and in some cases, opioids can actually make you more sensitive to pain—a problem called opioid-induced hyperalgesia. Because of these risks, opioids are not recommended for most people with chronic pain, except in rare situations where they may be considered very carefully.

Recommendation based on the research evidence

Avoid starting opioids for long-term (chronic) non-cancer pain because benefits are small and harms can be significant.



Recommendation based on the research evidence

If you already take opioids, work with your healthcare professional to review whether they are helping, and any risks or side effects. If they are not helping your daily life or cause side effects, you may be supported to slowly reduce the dose, with the aim of stopping.





Recommendation based on the research evidence

Review (at least once a year) is especially important for anyone receiving a dose of more than 50mg morphine equivalence daily.



Recommendation based on the clinical experience

When opioids are used (for selected people), use the lowest effective dose, agree clear goals (like improving sleep, activity), and set a time-limited trial with planned review.

What is naloxone and when should you carry it?

Opioids can increase the risk of serious side effects, especially when taken with other medicines or alcohol. These risks include slowed breathing and overdose.

Ideally, people should use the lowest effective dose of opioids, or none at all. However, this is not always possible. Naloxone may be suitable for you. Naloxone is a medicine that can reverse dangerous effects of opioids, such as slow breathing. Having naloxone available (and knowing how to use it) can be lifesaving.



Recommendation based on the research evidence

If you're at risk of opioid overdose (for example, higher doses, other sedating medicines, breathing or kidney problems), you should be offered take-home naloxone and training in its use.



Recommendation based on the clinical experience

Your family or carers should also be shown how to use naloxone and what to do in an emergency (call 999, place you in the recovery position, give naloxone, repeat if advised).



Information

You can find more information about opioid safety, overdose risk, and naloxone at [Opioid Aware](#)

Does medicinal cannabis help chronic pain?

Medicinal cannabis (also called cannabinoids) includes products that may contain tetrahydrocannabinol (THC), which can cause a “high”, cannabidiol (CBD), which does not cause a “high”, or both THC and CBD.

There have been varying reports about whether medicinal cannabis can help chronic pain. Research so far shows limited and mixed benefits, with common side effects and important safety considerations.



Recommendation based on the research evidence

Medicinal cannabis for chronic non-cancer pain is not recommended because evidence of benefit is uncertain and side effects are common.

Should you take antidepressants for chronic pain?

Some antidepressants—medicines originally used to treat depression that can also alter how nerves process pain and help certain kinds of chronic pain, even if you're not depressed. For example, they may be useful for neuropathic pain, which is pain caused by nerve damage or disease and often described as burning, shooting, or electric shock sensations. Benefits vary by medicine and pain type, and side effects need careful monitoring.

Recommendation based on the research evidence



Consider duloxetine (an antidepressant affecting serotonin and noradrenaline) for neuropathic features of chronic pain when chronic pain hasn't been adequately managed by other medication.

Recommendation based on the clinical experience



Discuss likely benefits (modest pain relief), side effects (nausea, sleep change), and trial period with a planned review to stop or continue.

Do muscle relaxants help chronic pain

Muscle relaxants (including benzodiazepines) are sometimes used for short-term muscle spasm.

Recommendation based on the clinical experience



There is not enough evidence that they help chronic pain.



Recommendation based on the clinical experience

Muscle relaxants carry risks of dependence and harm and because of these risks your healthcare professional should keep up to date with the latest advice on using them safely.

Do pain treatments applied to the skin (topical treatments) help?

Some pain treatments are put directly onto the skin, instead of being taken by mouth. These are called topical treatments. They may help some people. They can also cause fewer side effects than products taken by mouth.

Anti-inflammatory gels (such as diclofenac)

Anti-inflammatory gels are rubbed onto the painful area.

- They may help muscle or joint pain, such as arthritis
- They have lower risks than oral anti-inflammatory tablets



Recommendation based on the research evidence

Anti-inflammatory gels can be tried for some muscle or joint pain.

Capsaicin cream (made from chilli peppers)

Capsaicin cream works by calming pain signals from nerves over time.

- It may help some nerve pain
- It needs to be used every day to work
- It can cause a burning or warm feeling at first
- This feeling usually settles after a short time

Recommendation based on the research evidence

Capsaicin cream may help some people with nerve pain.



Lidocaine patches

Lidocaine patches contain a medicine that numbs a small area of skin. They may help very specific nerve pain, for example, pain that lasts after shingles

Lidocaine patches are worn for a set number of hours each day

Recommendation based on the clinical experience

Lidocaine patches may help very specific nerve pain in some people.



Do you need a combination of medicines?

Some people are prescribed more than one pain medicine at the same time. This is quite common, but there is limited evidence that combining pain medicines helps more than using one medicine on its own. Some combinations can also be unsafe.



Information

Important safety risks

Using opioids (such as codeine, morphine, or tramadol) together with gabapentin or pregabalin increases the risk of:

- serious breathing problems
- overdose
- death



Recommendation based on the research evidence

Combining pain medicines, especially opioids with gabapentin or pregabalin, should be used with great caution and only with regular review.

How pain management programmes and community-based self-management education programmes can help

A pain management programme or community-based education programme, sometimes delivered by charities are a structured course that brings together education, exercise, psychological skills, and self-management. It's called "multidisciplinary" because it involves a team of different healthcare professionals—such as doctors, physiotherapists, and psychologists—working together to help you live well with pain. Many people find that taking part in one of these courses improves confidence, function, and quality of life. In general terms, self-management can be described as a set of approaches which aim to enable people to feel able to live well on their terms with a long-term condition. It includes different types of support that helps people to learn about their condition, acknowledge the impact it has on their life, make changes and identify areas where they require support.



Recommendation based on the research evidence

You may be offered access to a multidisciplinary pain management programme or community-based self-management programme within your health board where these are available. Talk to your healthcare professional about whether a pain management programme is suitable for you.



“Attending the course has taught me some new ways to look at things which has been very useful. I enjoyed the non-medical approach to dealing with pain as I prefer to avoid medication unless desperate.”

Health Board pain management programmes need a referral from your General Practitioner (GP). Many of the programmes offered within the community or by charities can accept self-referrals and do not always need a medical referral.

You can prepare by identifying personal goals (for example, walk your dog, return to hobbies) and be ready to practice skills between sessions.



I have found the course very helpful. In understanding why I get flare ups, how to try different things to cope with it, learning to step back and not beat myself up about not being able to do things I used to. Accepting my illness and thinking about the person I am not now the person I used to be. It has helped with my mental health and depression because I now understand this is not the end, it's the start of what I can do. Great hearing other people's stories too, I am not alone.”

Where can I find out more?

The organisations we have listed below may be able to answer any questions you have and offer support.

SIGN accepts no responsibility for the information they give.

Flippin' Pain®

www.flippinpain.co.uk

Flippin' pain is a public health campaign that aims to change the way we think about, talk about and treat persistent pain. It includes information on chronic pain, real life stories and resources to help understand pain and move towards recovery

Live Well with Pain

<https://livewellwithpain.co.uk/>

Live Well with Pain provides knowledge about and support for self-managing persistent pain. The website offers a range of materials and a Management of chronic pain 65 step-by-step online guide to living well with pain, including videos, tips and tools and links to trusted resource

Pain Association Scotland

<https://painassociation.co.uk/>

Pain Association Scotland is a national charity that aims to improve the quality of life for chronic pain sufferers by supporting and empowering them to live independently in the community. It promotes a reduced reliance on Management of chronic pain 66 clinical services through collaborative working with health and social care professionals and encourages access to self-management at an early stage of the clinical journey. The charity has developed a range of videos on topics such as stress management, pacing, relaxation and flare ups.

Pain Concern

<https://painconcern.org.uk/>

Pain concern is a national charity that provides information and support to people with pain and those who care for them and raises awareness and campaigns to improve the provision of pain management services. It has developed a range of information booklets on general topics such as stress, pain and relaxation, managing emotions with chronic pain and managing healthcare appointments, alongside booklets for specific pain conditions, such as neuropathic pain, bladder pain syndrome and vulval pain

Arthritis UK

<https://www.arthritis-uk.org/>

Arthritis UK is a charity that provides information, supports research and healthcare and influences decision makers to understand and take account of arthritis and musculoskeletal conditions. It offers information and advice on managing musculoskeletal chronic pain in the workplace and making appropriate decisions about work, education, careers and benefits that are focused on individuals' needs

The British Pain Society

<https://www.britishpainsociety.org/people-with-pain/>

The British Pain Society is a UK organisation that helps improve how pain is understood and treated. They bring together experts and people with lived experience to guide better care, raise awareness, support research, and provide helpful information for people living with pain

How are guidelines produced?

Clinical guidelines are produced by looking at the latest scientific research to find the best ways to diagnose, treat and care for people. If the research doesn't provide clear answers, healthcare professionals use their experience and judgement to suggest treatments. This ensures the guidelines are both evidence-based and practical.



1
Gather lived
experience



2
Identify the
questions



3
Search for the
evidence



4
Look at the
evidence



5
Make judgements
and
recommendations



6
Ask people for
feedback



7
Publish



8
Let everybody
know about our
guidelines

You can read more about us by visiting www.sign.ac.uk or you can phone 0131 623 4720 and ask for a copy of our booklet 'SIGN guidelines: information for patients, carers and the public'.

The Scottish Intercollegiate Guidelines Network (SIGN) writes guidelines which give advice for healthcare professionals, patients and carers about the best treatments that are available. We write these guidelines by working with healthcare professionals, other NHS staff, patients, carers and members of the public.

We are happy to consider requests for other languages or formats. Please phone 0131 623 4720 or email sign@sign.ac.uk

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