SIGN guideline on management of chronic pain
Consultation report on: Plain language version

The consultation
Open consultation took place from 5 March to 2 April 2026. Interested stakeholders were invited to complete a survey to provide feedback on the draft information. 20 people participated in the consultation process. All participants declared their interests.

1. Please tell us about the way the booklet is written. Is the language and tone appropriate?			
Responses: **Yes – 18** **No – 2**			
	Feedback	**Group Response**	
	Clear and simple. Any Medical terms are explained.	Thank you	
	Clear language showing understanding and empathy	Thank you	
	I like the clear concise manner with no jargon	Thank you	
	Arrangement of the information is good. Language is generally clear and simple but see below.	Thank you	
	Good easy layout, well explained and easy to understand for any person	Thank you	
	Plain English used and pitched at the right level. Any medical terms are explained, great. The way it is set out makes it easy to read. Useful to have background information and not just recommendations	Thank you	
	It is realistic and does not talk down to people.	Thank you	
	It unfortunately is too text dense and does not utilise 'easy-read' in a way that would make it meaningful to people with Down's Syndrome and other learning disabilities. Some of our	We have also produced this in easy read format.	

	community members could read and understand the 'plain language' version with time and support, but the vast majority would be excluded by the text heavy nature of the document.		
	It's very clear and doesn't use medical terms. If there is medical terms used they are explained well. It's sensitively written as well. Set out well so it's easy to read.	Thank you	
	YES BUT: I would avoid categorising treatments as "medical" and "non-medical" (this makes the latter sound non-evidence-based). The non-medical treatments section seems to be mostly about lifestyle, and could be titled so. "Occupation based interventions" may be confusing. Avoid the word "proof". Chronic pain may occur without a clear cause such as injury or illness, which is not included.	Retained medical treatments and changed non-medical to 'other approaches' Page 9 - occupation-based interventions rewritten to explain better. Changed proof to evidence in the 'Limitations of research' section. Added 'Chronic pain may occur without a clear cause such as an injury or illness.'	
	Language used is broad yet captures what I feel is important to all involved in pain management	Thank you	
	very clear, no jargon uses, but also not talking people down	Thank you	
	Pitched at the right level, easy to read and understand without being patronising.	Thank you	
	This booklet is very good, but the language doesn't accommodate the literacy of 9-11 years old, which is the average literacy age for Scotland. I would suggest working with a plain English expert to remove some of the bigger words and concepts.	Agree, language is still too complex. Grade 9 (good) in Hemmingway but still too high. This is now reading grade 8 but some sections are much lower (grade5/6/7) such as 'Helping you make decisions that matter to you', 'The role of psychological therapies' and 'How eating well can help'. Sections where medicines are named are higher because of the complex drug names.	

	Overall, the tone is good and well above most other resources that are currently out there. There are a few additions I feel might feel a bit patronising for those living with pain, based on the conversations we have with our 'Readers' panel' here at Flippin' Pain:		
	Page 7: "Other people cannot always see how much pain affects your life, so it is important to talk honestly about how you feel." A lot of people struggle with having these conversations/the impact on their relationships so that isn't particularly helpful advice to just 'speak honestly'.	Changed to 'Other people may not be able to see your pain. It can help to tell people how you feel, so they understand.'	
	Page 9 seems quite negative - a biopsychosocial approach might not be a 'cure' but we do know it can turn down the volume of pain and help people make a type of 'recovery'.	Opening paragraph changed to 'Pain can affect your body, your thoughts, your feelings, and your relationships. This is sometimes called a biopsychosocial approach, which means pain can be influenced by your body, your mind, and what is happening in your life.' This is now page 15.	
	We try to stay away from the word 'exercise' as it puts people off. We use 'moving more' instead.	Agree but exercise appropriate in some places, for example when talking about structured exercise. Page 15 – 'Any type of activity' changed to 'Any type of movement..'	
	- Overall, I would recommend reordering so the 'psychosocial' elements are the first advice. It feels that the info about	Pain management programme information now comes sooner and self-management section added near beginning.	

	medications and treatments (that have limited benefit) are given the same weighting to the things that are 100% proven to be beneficial, free and less risky. So, I would perhaps make that clearer.		
	The booklet is written in a clear, supportive and generally non-stigmatising way. It explains chronic pain in language that is accessible to patients, carers and the public, while still conveying that chronic pain is complex and needs an individualised approach. I particularly think it is helpful that the booklet validates the lived experience of pain, acknowledges the limitations of research, and avoids suggesting that psychological therapies mean the pain is “all in your head”. The tone is respectful, balanced and consistent with a modern biopsychosocial approach to chronic pain management.	Thank you	
	They are in simple terms and very easy to understand.	Thank you	
	The language is clear, easy to follow and appropriate for the public.	Thank you	
	Overall, this booklet is really well written and informative. One reader comments, “It covers each area sensitively and I like that it shows if there is research evidence or where evidence is lacking. I wish I'd had something like this to read when I started with my own chronic pain. I love how it explains what can affect pain sensitivity."	Thank you and pleased this is helpful.	

2. Please tell us what you think of the content. **Does the content help people understand what the latest research and good practice supports around assessment, diagnosis, treatment, and management?**
Responses: **Yes – 18** **No – 2**

3. Please share any other comments on the booklet			
	Feedback	**Group Response**	
	Follows and develops the Contents Page covering Its audience .Its ways of treating Chronic Pain as well as limitations in treatment. Also looks at non medical treatments which may help reader make decisions jointly with health professionals treating you. Safety issues and sources of additional sources of in formation and support including dangers of combining drugs	Thank you	
	I liked the addition of the graph highlighting 'The biopsychosocial model of chronic pain'	Thank you	
	Statements are clearly marked when supported by evidence or consensus.	Thank you	
	I didn't have any specific feedback other than to say I found it useful and easy to understand and read.	Thank you	
	The index is logical. I liked the honesty of limitations. Fantastic that page 5 says 'whole person' as nearly treating someone holistically (which does not happen when patients are on medication arising from different parts of NHS). Page 6 really should stress the addictiveness of e.g. opiates (yes there are	Added 'Even when these medications do help, they can often cause unwanted side effects and in some cases, addition.' Paragraph changed to 'If you have been off work, it's important to return feeling more confident about managing pain at work and taking part in	

	warnings on page 23, but not on addiction explicitly). On page 9 the para before the box could usefully be made clearer.	family life and social activities in a way that feels right for you. This may require a change in hours or role.'	
	Is there scope to make a video or audio version of this information, with images and plain language.	Funding to be explored if there is a requirement for this. We plan to provide this in easy read format for those with learning disabilities or lower literacy levels.	
	The role of psychological therapies is clearly stated but, given the difficulties with getting onto a waiting list can be insurmountable. This is very well presented and is written in a form available to a broad spectrum of people. However, I find that is a bit idealistic given the pressures upon the NHS..	Thank you. Services can vary and we acknowledge this but SIGN is not responsible for service provision	
	p7 first sentence: this is not unique to pain, other health issues (like diabetes or chronic fatigue) have similar evidence supporting the impact of thoughts and feelings, so this is a bit misleading. The tick marks to distinguish between research evidence and clinical experience are not used correctly consistently.	Changed to Chronic pain can change how you feel and what you do. This can then make the pain feel worse'. Icons corrected	
	What is chronic pain p5 - could make it clearer that may be due to a longstanding medical condition - uses illness and injury but arthritis e.g. is neither. Add "angry" to how it may make people feel, or irritated or similar p 7. Think about the whole person not just their symptoms p 10. Need explanation re use of paracetamol (as per NSAIDs), p 21.	The guideline doesn't cover pain caused by underlying condition. Changed definition to Chronic pain is pain that lasts longer than 12 weeks (3 months). It can after an injury or illness. Sometimes it starts for no clear reason. Don't think we need to list the possible effects/feelings, but have changed sentence to 'It can affect your body, your feelings and your daily life in many different ways, making it harder to move, sleep or feel well'. Added in that there is no evidence to suggest paracetamol helps	
	I would say the booklet is altogether a bit too much information - for example, page 4 is of limited benefit and is a lot of words.	Feedback from other reviewers have suggested page 4 is helpful and group feel it is helpful to give all the information but we have reduced the text for	

	Some people might find this overwhelming. Page 8 doesn't talk about opioids or other strong painkillers, which seems like a missed opportunity. Other than that - it's a great piece of work that is really needed. Thank you for the mention of Flippin' Pain!	this. Opioids and other pain medicines are covered in the medicines section later in the document. Because there are many different ways to manage chronic pain, we were careful not to introduce opioids too early, so they are not seen as a first-choice option. Group agree with this response?	
	Overall, this is a strong and helpful booklet, but I think a few refinements would improve it further. First, it would benefit from careful editorial review, as there are several small grammatical, formatting and typographical issues that interrupt the flow and reduce polish. Second, some sections would benefit from slightly clearer signposting that certain recommendations relate more strongly to specific pain conditions than to all chronic pain conditions generally. Third, I think it would help to include a little more practical guidance on how patients access the different forms of support described, particularly pain management programmes, community services and relevant NHS pathways. Finally, a few statements could be framed more cautiously where the evidence base is limited or mixed, for example around supplements or some alternative therapies, to avoid giving a stronger impression of benefit than the evidence supports. Overall, however, the booklet is patient-centred, clinically sensible and a useful plain language summary of the guideline.	Thank you. The booklet will go to the SIGN editorial group prior to publishing. Added in link to NHS Inform chronic pain pages which is now the first organisation listed. We have stated within recommendation box that people should talk to their HCP about whether a pain management programme is suitable. It is outwith SIGN's remit to advise on ow to access services. Added text into box where there are recs but evidence is limited so this stands out, Thank you	
	The guideline will not only ne helpful to people managing chronic pain but carers, healthcare professionals also.	Thank you	

	Include visual aids - diagrams could further support understanding especially for individuals with lower levels of literacy	We can produce easy-read version with visuals to help understanding.	
	Comments from our helpline: It would be helpful to know whether antidepressants for chronic pain can be used longer term. The guidance for pregabalin/gabapentin states that they are recommended for up to six months and subject to annual review, so I just wondered if it was different for antidepressants?	The evidence for the use of antidepressants in the management of chronic pain covers a wide timeframe, therefore it is not possible to state a specific timeframe for use of antidepressants in the guidance. We know that the management of chronic pain is individual and that people respond differently, hence the recommendation for trial period with planned review	
	It would be helpful to add what the specific type of nerve pain Lidocaine patches treat? Pain Concern has had callers who have been started on patches years ago and then it has been stopped without an explanation other than it being due to cost. Lastly, our helpline has received enquiries about pain reprocessing therapy A line about it in the booklet may be helpful to people. as it is being talked about, especially after the drug free doctor programme that was on television recently. References: revised description of Pain Concern: Pain Concern provides information and support about pain, helping people understand what they can do to help themselves. It collaborates with the NHS to provide education sessions. An interactive Navigator Tool (recognised by NICE) improves health and care consultations.	Added 'Talk to your healthcare professional about whether lidocaine patches are suitable for the type of pain you have'. Text edited to put the type of nerve pain in the GPP. Reprocessing therapy is a new therapy, evidence wasn't available to include this. Updated details for Pain Concern	

	Award-winning podcasts and expert-led publications bridge the gap between professional and public education. Their website provides a comprehensive guide to understanding and navigating daily life with pain; there is a helpline; and a thriving online support community.		

Additional comments with no DOI			
	Feedback	**Group response**	
	Page 3 - Description of different types of evidence I don't think the term 'clinical' is explained and should be expanded on, I don't think most people will really know what that means and while there is a mention of healthcare professionals the meaning of this isn't really spelled out, especially as it is raised multiple times in the summary. Page 8 - Information box titled "recommendation based on the clinical experience" I don't think there should be a "the" – or perhaps addition of "…of healthcare professionals" - as it stands this doesn't make sense. This recurs throughout the document Page 10 - "these skills can help you…" Which skills? Refers to something mentioned elsewhere?	The description of types of evidence has gone through user testing but we have added in a sentence 'Clinical experience is knowledge and skills gained through direct patient care and hands-on practice in healthcare settings.' Agree, human error First three recommendations have now been merged to explain this well.	

	Please expand slightly Page 11 - Diagram I like the inclusion of the diagram and agree a visual summary is good. As it stands personally I think this is too "shouty" and looks a bit forbidding to me. The following is personal taste – • Suggest remove block capitals • Suggest 'soften' arrows, do they really need bold black outlining or can this be thinned a bit • Suggest replacing 'eg' with 'including' or 'such as' • Consider adding 'trauma' or similar to the 'social' part. As this was raised by multiple respondents in the main guideline and we know this is relevant to many people with chronic pain. Perhaps the most neutral way to phrase this would be 'previous experiences' or similar if preferring to avoid the word	Taken from guideline but graphics designer will produce diagram suitable for public audience. Diagram needs to mirror the diagram in the guideline as this is a plain language version of that. It is reproduced from a publication so we can't change the content.	

	'trauma'		
	Page 14 - Dietitians are very scarce and this should be acknowledged or at least don't assume that people will have access to dietitians. It's very hard to access a dietitian even for severe obesity or significant nutritional issue and I would be very surprised if they can be routinely accessed by people with chronic pain at all.	Thank you for highlighting this. Access to dietetic services can vary and may be limited but the purpose of this information is to share the recommendations. We have added 'You can ask your healthcare professional if seeing a dietitian would help.'	
	Page 14 - This seems quite a strong recommendation for turmeric – is this supported by the evidence? (I don't know the answer – but was struck by this appearing to be a fairly strong recommendation)	The guideline has a GPP based on low certainty evidence. Not possible to say how much would be best but the plain language version agrees with the guideline.	
	Page 18 - Title – if Transcutaneous has a capital, the E/N/S should too?	Disagree	
	Page 21 - Bottom recommendation to tell healthcare professional about OTC medications. Why is this a "like thumb" where a similar point about herbal therapies on preceding pages was an "information letter i"?	This is a recommendation from guideline whereas point about herbal therapies isn't a recommendation but group wanted to flag this. GPP been removed and included as text.	

	Page 22 - First sentence needs revised – "This …type of…medication"? rather than "this medication" as antiepileptics are a group of medications rather than a single medication?	Agree, changed to 'These types of medicines.'	
	Page 23 - Introduction on opiates. This is very long, perhaps appropriate but noticeably long and detailed in comparison to other similar sections	Public/lived experience reviewers didn't seem to have a problem with this so we would like to keep as it is useful information. Group feel it is important to give all this information. Have split introduction into two paragraphs and edited to make it easier to read.	
	Page 24 - Top box – should 'morphine equivalence' be 'morphine equivalent' Does this term need explained for lay audience. I wonder if the level of detail required to explain this meaningfully is too much for this document – do we really want a calculator to convert oxycontin doses etc… Consider omitting?	Changed to 'Review (at least once a year) is important, especially for anyone receiving a dose of more than 50mg morphine daily (or equivalent dose in other opioid).' to make clearer.	
	Page 26 - Introduction at top – first sentence doesn't make sense – perhaps two sentences accidentally edited together?	Thank you. Removed 'that' from first sentence so it makes sense.	

	Please revise Page 29 - Information box “recommendation…”. Strictly speaking the grammar of this sentence doesn’t seem quite right. “combining pain medicines… should be used with great caution” Maybe “should only be done with great caution” or “combinations should only be used with great caution” or similar? Throughout - Should ‘flare up’ be ‘flare-up’? I’m not sure, I would have used a hyphen probably. Recurs at various points in the document Page 32 - Section on living well with pain Unexpected capital “M” for “management” Number 65 in para where it doesn’t belong (?pasted from reference in main guideline or similar? Section on PAS Unexpected capital “M” Number 66 in para similar to above	Thank you. Changed to Combinations of pain medicines, especially opioids with gabapentin or pregabalin, should be used with great caution and with regular review. Agree, changed Changed to lower case Yes, this section was copied from guideline. Amended Thank you for highlighting	

	Page 35 - Code “PAT 000” here – should this be deleted?	Number added at publication	