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**Anaesthetists**™

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Submission by the Australian Society of Anaesthetists

## Draft Guidelines: Australian Clinical Guidelines for Health Professionals Managing People with Whiplash-Associated Disorders, Fourth Edition (the Guidelines)

### What is this submission about?

The NSW State Insurance Regulatory Authority (SIRA) has asked for feedback on the draft Australian Clinical Guidelines for Health Professionals Managing People with Whiplash-Associated Disorders (Guidelines). These Guidelines update the Guidelines for the management of acute whiplash-associated disorders for health professionals, third edition 2014.

### About the ASA

Established in 1934, the Australian Society of Anaesthetists (ASA) was founded to unite professionals in the field of anaesthesia and advocate on their behalf. Today, the ASA continues to operate as a not-for-profit member-funded organisation dedicated to supporting and connecting Australian anaesthetists. The ASA currently has 4,160 members. Approximately 2,500 of these are practising anaesthetists and over 500 are registered with the Australian and New Zealand College of Anaesthetists (ANZCA) anaesthesia training program.

The ASA has a diverse membership base, representing anaesthetists in metropolitan and regional areas as well as in public, private and blended public/private practice. There are more than 5,800 anaesthetists currently registered in Australia. In addition to playing a vital role in more than 4 million surgical operations every year in Australia, anaesthetists also provide specialised care during medical procedures and in critical care settings. A key focus of the profession is on safety and quality to deliver good health outcomes for the community.

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*to enable the provision of the safest anaesthesia to the community*

Importantly, anaesthetists have traditionally played a significant role in pain medicine, which is now recognised as a multi-disciplinary specialty in Australia. Specialist pain medicine physicians are medical practitioners who are trained in the management and treatment of acute pain, cancer pain and chronic non-cancer pain. All specialist pain medicine physicians have a primary specialty - often anaesthetics, but also including psychiatry, surgery, rehabilitation medicine or general practice, among others.

### ASA support for clinical guidelines

According to documentation on the SIRA website, the draft Guidelines are intended to improve health, quality of life and social outcomes of people with whiplash associated disorders (WAD) by providing best-practice recommendations for health professionals delivering care; and guide insurers managing claims to facilitate better outcomes for people with WAD.

The ASA is a strong supporter of clinical guidance to aid the treatment of patients where these guidelines are based on best available evidence. Nevertheless, we also recognise that every patient's pain is unique, and treatment plans must therefore be tailored to each patient's individual needs and goals.

### Limitations of this submission

The ASA was first made aware of this consultation by a member the day before submissions officially closed. We would like to thank SIRA for granting the association an extension of one week to make this submission. Unfortunately, this short time frame means we have been unable to engage with the entirety of the scientific evidence presented in the draft Guidelines. Nevertheless, the ASA would like to make the following observations, especially in areas where ASA members have relevant content-matter expertise.

### Lack of specialist input regarding the draft Guidelines development

The ASA notes that the draft Guidelines were developed with input from “relevant stakeholders including subject matter experts and representatives from clinical health professions, insurers, other state and territory motor accident regulatory bodies and people with lived experience of a whiplash injury”. More specifically, the process for selecting members of the guideline development working group included the following:

*“Peak medical and allied health associations, insurance and legal organisations and motor accident regulatory bodies from each Australian jurisdiction were invited to nominate professional representatives from their organisation to contribute to guideline development in one of three ways:*

*(i) join the guideline development working group;*

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(ii) review the draft guidelines; or

(iii) elect to receive the draft guidelines when distributed for public consultation.

*The peak medical and allied health associations were invited on the basis that primary healthcare professionals (HCPs) from those associations play a key role in the management and treatment of people with whiplash-associated disorders (WAD)."*

The 2014 NSW SIRA "Guidelines for the management of acute whiplash-associated disorders – for health professionals. Sydney: third edition 2014" (SIRA, 2014) covered management of people with WAD in the first 12 weeks following an MVC. However, those Guidelines noted that they "also form the basis for treatment decisions beyond this initial 12-week period". Regarding the chronic phase, the third edition provided the following guidance when the condition has not resolved: "Follow recommendation from specialist and ensure coordinated care. Follow the chronic pathway as detailed in the *NHMRC Clinical guidelines for best practice management of acute and chronic whiplash associated disorders, Nov 2008.*"

In this latter document, regarding thermal radiofrequency denervation (Radiofrequency neurotomy), it is stated that the treatment "may be useful for chronic whiplash sufferers whose symptoms have been shown by diagnostic blocks to arise from the lower cervical joints" with NHMRC Grade B (Body of evidence can be trusted to guide practice in most situations).

The primary criticism from the ASA regarding the draft Guidelines is that in the domain of specialist treatment of chronic whiplash, there appears to be no input from the relevant specialties regarding this specialist treatment. We believe this is a significant oversight in the consultation process.

It is recognised that most whiplash sufferers will be treated by primary healthcare professionals, and it is hoped that with good evidence-based treatment, conscientiously applied, that only a minority of patients will require specialist referral. However, there are a significant number of patients who fail to adequately recover and whose condition becomes chronic, pain severity remains intrusive, and function is diminished. These patients may then be referred to specialist providers. A specialist pain medicine physician will make a comprehensive socio-psycho-biomedical assessment which also includes assessment of potentially treatable biomedical factors.

## Additional comments

Technical Report Chapter 4: Treatment

There is a factual error at T.19.1. Executive summary where it is stated that "*the risk of serious side effects from NSAIDs is negligible*". This is incorrect and the risks of NSAIDs includes serious adverse effects on multiple domains including hypertension, heart failure, renal dysfunction, and gastrointestinal bleeding.

There is a concerning omission at T.21. Pharmacological (oral): Pregabalin. There is a failure to mention the addiction potential of this agent.

There is more than one factual error in section T.24. Medical procedure: Radiofrequency neurotomy.

1. The Lord study is incorrectly described as a small pilot trial. On the contrary the study followed a prior pilot trial and was adequately powered to detect a statistically significant difference in the clinical setting where there is a large difference in outcomes between the control and the intervention group.
2. The procedure is incorrectly stated to require CT. Thermal radiofrequency can be conducted using CT guidance (typically by radiologists) but is more often provided by pain medicine specialists using multiplanar fluoroscopy guidance.

Thermal radiofrequency denervation is a specialised medical treatment reserved for patients who have failed to benefit from primary care treatment and have been referred for specialist care. The Guidelines would have benefited from specialist input at this section. It is well documented in the scientific literature that the facet capsules can be an ongoing source of nociception in chronic whiplash sufferers on the basis of pre-clinical and clinical research. There is excellent evidence for positive outcomes, including increased return to meaningful occupation, following technically correct thermal radiofrequency denervation of the medial branch nerves innervating the facet joints of patients with chronic whiplash who have been carefully selected on the basis of positive primary and control diagnostic medial branch blocks. These outcomes are dependent on close attention to the technical factors. The Guidelines would have benefited either from including these technical factors in their recommendations, or alternately by not addressing specialist treatment in a document intended for primary healthcare professionals.

Regarding specialist treatment which may be relevant for patients with chronic whiplash the Guidelines do not mention analgesic infusions (e.g., sub-anaesthetic ketamine infusion, lidocaine infusion), which may be an appropriate clinical treatment under a pain medicine specialist.

## Conclusion

The ASA would like to thank SIRA for the opportunity to make this submission and for granting us an extension of one week. Nevertheless, the short time frame available to review all of the consultation documents means we were unable to engage with the entirety of the scientific evidence presented in the draft Guidelines in the manner we would normally like to.

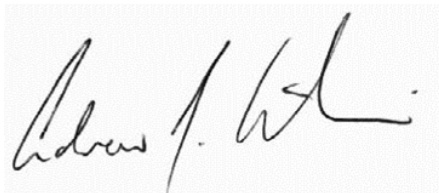
Noting the above, our primary concern is that the draft Guidelines appear to have been developed without input from specialist practitioners, including pain medicine specialists or specialist surgeons, even though they make recommendations about specialist pain medicine practice and surgical practice. This

omission is disappointing and, we believe, a significant flaw in the current consultation process. The ASA strongly recommends the inclusion of pain medicine specialists with interventional expertise before finalising these guidelines and for future guideline revisions.

### Contact the ASA

If you would like to contact the ASA regarding any of the information in this submission, please address all correspondence to our Chief Executive Officer, Matthew Fisher, via email at [asa@asa.org.au](mailto:asa@asa.org.au). Alternatively, please telephone the ASA on 1800 806 654.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Andrew P. Miller", is displayed on a light grey background.

**Dr Andrew Miller**

President

Australian Society of Anaesthetists

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