

**Osteoarthritis (update)
Stakeholder Comments**

Please enter the name of your registered stakeholder organisation below.

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Stakeholder Organisation:	Royal Pharmaceutical Society (RPS) The RPS is the professional body for every pharmacist in Great Britain. We are the only body that represents all sectors of pharmacy in Great Britain. We lead and support the development of the pharmacy profession including the advancement of science, practice education and knowledge in pharmacy.
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Name of commentator:	Mr Wing Tang Senior Professional Support Pharmacist
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Order number <i>(For internal use only)</i>	Document Indicate if you are referring to the Full version or the Appendices	Page Number Number only (do not write the word 'page/pg'). Alternatively write 'general' if your comment relates to the whole document.	Line Number Number only (do not write the word 'line'). See example in cell below	Comments Please insert each new comment in a new row. Please do not paste other tables into this table, as your comments could get lost - type directly into this table.
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Example	Full	16	45	Our comments are as follows
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Proformas that are not correctly submitted as detailed in the line above may be returned to you

1	Full	410	1	<p>Thank you for receiving comments from the RPS.</p> <p>The RPS have concerns about the recommendation changing how paracetamol is used to manage osteoarthritis because of the impact on both osteoarthritis patients, and the general population.</p> <p>The guideline development group (GDG) has acknowledged within the consultation documentation weaknesses in the evidence and data which underpin the proposed change. Firstly, the observational data used to capture the safety profile of paracetamol was described as of very low quality, secondly in the absence of data specific to osteoarthritis patients data was derived from observational studies in the general population, and thirdly the concomitant use of other medication together with paracetamol was also identified by the GDG to be a serious cofounder that has not been adequately captured.</p> <p>We believe the quality and weaknesses of the data mean that further evidence is needed before a meaningful patient centred recommendation can be made on this issue, in light of the potential impact upon existing osteoarthritis patients whose pain is controlled on paracetamol and new patients whose treatment</p>
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				<p>options will be reduced.</p> <p><u>General population</u></p> <p>Furthermore, paracetamol is a primary analgesic used by the general population and any messages about its safety in osteoarthritis must also be carefully considered for impact beyond the guidelines. This could give rise to an increase in poor pain management within the population as a whole or an unintended population increase in the use of NSAID and PPI resulting in an increase in the well documented adverse effects associated with their use.</p> <p>We would urge therefore that the proposal is held until further data providing good quality robust evidence regarding the safety profile of paracetamol in these groups of patients can be evaluated.</p>
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Please add extra rows as needed

Please email this form to: OUpdate@nice.org.uk

Closing date: 5pm on 11 October 2013

PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.