
Guidelines on the management of chronic pain in children

WEB ANNEXES A to K



**World Health
Organization**

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This publication forms part of the WHO guideline entitled Guidelines on the management of chronic pain in children. It is being made publicly available for transparency purposes and information, in accordance with the WHO handbook for guideline development, 2nd edition (2014).

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WEB ANNEX A

PROCESSES AND METHODS FOR GUIDELINE DEVELOPMENT

1. INTRODUCTION

This Web Annex provides detailed information on the processes, procedures and methods for developing *Guidelines on the management of chronic pain in children*. These guidelines were developed according to World Health Organization (WHO) guidance on guideline development: *WHO handbook for guideline development* (2nd edition, 2014).¹ The main steps for developing WHO guidelines include: 1) establishment of the general scope of the guideline and development of the key questions; 2) identification of contributors to the guideline process; 3) performance of systematic reviews of the evidence to address the key questions; 4) assessment of the quality (certainty) of the body of evidence for important and critical outcomes; 5) formulation of recommendations and drafting of the guideline document; 6) review and approval by the Guideline Development Group (GDG); 7) external peer review; 7) review and approval by WHO's internal quality assurance processes; and 8) publication and dissemination.

2. SCOPE AND KEY QUESTIONS

a) Drafting of the key question

In response to Member States' needs, the WHO Steering Group initially proposed a draft scope for these guidelines, focused on nonpharmacological, pharmacological and combination therapy for the management of chronic pain associated with a medical illness or condition (i.e. secondary pain) in children. In order to further focus the content of the guidelines and to guide the systematic reviews of the evidence, the WHO Steering Group drafted a single key question in PICO (population, intervention, comparator, outcome) format:

Among children with chronic pain associated with a medical illness or condition ("secondary chronic pain"), would giving nonpharmacological, pharmacological or a combination of management interventions compared to placebo produce significant pain reduction and other critical outcomes?

b) Public comment and stakeholder input

This key question and the planned scope of the guidelines were posted for public comment on the WHO website from 20 December 2019 to 13 January 2020. Interested persons and entities could provide written comments and also read them at a public hearing held via video conference on 16 January 2020. In addition to the public posting, United Nations Member States, governmental and nongovernmental organizations, research and academic institutions, philanthropic foundations, and private sector entities with an interest or stake in the management of chronic pain in children were invited to provide comments and participate in the hearing. Advanced registration was required in order to optimally manage the forum and ensure wide participation. Registrants were invited to deliver a two-minute statement and submit a written template-based statement with a 200-word limit. There was no opportunity for discussion or debate.

There were 93 registrants for the public hearing, including 16 journalists or students who requested to listen but did not make comments. Of the remaining 77 registrants, 49 provided oral and written statements on the scope and/or key question. The hearing lasted approximately three hours.

c) Finalization of the scope and key questions

The GDG met on 24 January 2020 to discuss the statements from the public hearing. Upon review and discussion of the statements, the GDG revised the scope and key question by: 1) expanding the population to include children with primary chronic pain; 2) redefining the subgroups of the population by age, use of palliative care and intellectual disability; 3) defining the nonpharmacological interventions as psychological and physical management of pain; and 4) adding outcomes to the key question for further consideration.

The GDG agreed upon the following key question:

Among children with chronic pain, would giving pharmacological, psychological, physical interventions or a combination of these, compared to placebo or active comparators, produce significant improvement in the pain experience and other critical outcomes?

d) Prioritization of outcomes

In order to identify those outcomes most important for decision-making, the GDG prioritized a list of potentially important outcomes. In this exercise, administered by the delegated WHO responsible technical officers, GDG members scored ten outcomes in terms of their importance from 1 to 9 (where 7–9 indicated that the outcome was critical for a decision, 4–6 indicated that it was important and 1–3 indicated that it was not important). All mean scores were tallied and ranked. From this exercise, seven critical and three important outcomes were identified. Any adverse event reported in primary studies was considered to be a critical outcome.

Details of the finalized key question and outcomes are presented in Table 1.

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