

CONTESTING THE BACPAP CONSORTIUM'S CONSENSUS

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We are astonished that the Personal View in *The Lancet Rheumatology* by Jo Nijs and colleagues¹ had 36 authors and concluded that its “...recommendations are not ready to be implemented in clinical practice”. The aims of the low back pain phenotyping (BACPAP) consortium, as they seek to identify patients according to “low back pain phenotypes” as a prelude to “personalised treatments”, are laudable.¹ However, the consortium has made fundamental errors that will ultimately compromise their project.

First, both the pain phenotypes and the pain mechanisms on which those phenotypes are claimed to be based are misnomers. The mechanisms— nociceptive, neuropathic, and nociplastic—are hypotheses of activation of nociception and refer only to the biomedical dimension. Nociception is not pain;² the phenotype of a person with pain will be a whole set of observable factors established by the interaction of their genotype, which could influence their nociceptive processes, and their environment. The authors also err with their concept of establishing whether nociceptive, neuropathic, or nociplastic pain is “mainly responsible for low back pain”.¹ Pain does not cause pain. Their project should be referring to classification by (predominant) mechanism of activation of nociception—a complex phrase admittedly, but one that accurately locates their focus of possible direction of personalised or mechanism-focused management.

Second, Nijs and colleagues claim to be applying the 2021 International Association for the Study of Pain (IASP) clinical criteria for nociplastic pain, but the publication they cite³ includes no implication of endorsement by IASP. By contrast, these criteria have been argued to be flawed.⁴ Yet the authors assert that there are seven mandatory criteria “to clinically classify nociplastic pain”, prompting us to ask, mandated by whom?

Third, having presented table 2, in which 86-97% of the 36 participants agreed with the BACPAP consortium's consensus recommendations for low back pain phenotyping, the authors assert that “Neither individual features or methods, nor the BACPAP consortium's consensus recommendations proposed here are yet validated as a gold standard framework for pain phenotyping in the low back pain population.”

We submit that this premature Personal View, which seeks to exert expert power, shows the errors of confounding pain and nociception, imposing mandatory criteria when none has been validated, and presenting opinion as established knowledge. The clinical community of people experiencing chronic low back pain deserves better epistemic discipline from this consortium.

We declare no competing interests.

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1. Nijs J, Kosek E, Chiarotto A, et al. Nociceptive, neuropathic, or nociplastic low back pain? The low back pain phenotyping (BACPAP) consortium's international and multidisciplinary consensus recommendations. *Lancet Rheumatol* 2024; 6: e178-88.

2. International Association for the Study of Pain. Terminology. 2024. <https://www.iasp-pain.org/resources/terminology/> (accessed Feb 11, 2024).
3. Kosek E, Clauw D, Nijs J, et al. Chronic nociplastic pain affecting the musculoskeletal system: clinical criteria and grading system. *Pain* 2021; 162: 2629-34.
4. Cohen ML. Proposed clinical criteria for nociplastic pain in the musculoskeletal system are flawed. *Pain* 2022; 163: e606-07.

Authors' reply

We thank Milton Cohen and colleagues for their interest in our Personal View.¹ However, we feel that the issues raised by them are overstated and incorrect.

First, we agree that the nuance of language is important to consider. When writing our Personal View, we applied nomenclature that is commonly applied in the pain field. In terms of “phenotype”,¹ our intention was to classify an observable characteristic that was the net outcome of the interaction between genotype and environment. We agree that the literature is unclear about the term “mechanism”.¹ The International Association for the Study of Pain (IASP) defines nociceptive, neuropathic, and nociplastic as pain descriptors, and these terms are assumed to be explained by different mechanisms. This assumption has led to the simplified terminology of each being a mechanism. Although we acknowledge that we could have used more precise wording, we are not convinced that the terminology proposed by Cohen and colleagues (ie, “classification by [predominant] mechanism of activation of nociception”) is ideal because interpretation depends on how nociception is defined. This interpretation might include the contribution of cognitive emotional factors and neuroplastic mechanisms (eg, changes in brain connectivity,² peripheral sensitisation, and central sensitisation)³ that are also important.

Second, Cohen and colleagues state that the criteria for classification of nociplastic pain that we applied to low back pain was not endorsed by IASP. This statement is incorrect. The criteria were developed by an IASP terminology task force that was established for that specific purpose.⁴ The procedures supported by IASP staff are clearly described in the publication and are known to Cohen who, for a period of time, was a member of that task force. Furthermore, the publication cited in Cohen and colleagues' correspondence as a reference for the opinion that the criteria are flawed is authored by one person, Cohen himself.⁵

Third, Cohen and colleagues cite a quote from our Personal View that

“Neither individual features or methods, nor the [low back pain phenotyping (BACPAP)] consortium's consensus recommendations proposed here are yet validated as a gold standard framework for pain phenotyping in the low back pain population.”

This quote highlights transparently the intentions of our Personal View, which were inconsistent with the suggestion that it “seeks to exert expert power” and is “presenting opinion as established knowledge”. If those aims were ours, we would have used less humble language.

We hope we have clarified that the issues raised by Cohen and colleagues are overstated. Although we acknowledge the importance of language and further discussion on nomenclature, such effort might be of little help to clinicians who are struggling to manage complex pain presentations.

BM received consultation fees from Haleon, GSK, and Grünenthal; honoraria from Haleon, GSK, Grünenthal, Krka, Mundipharma, and Viatrix; was the president of the European Pain Federation; and is the programme director of the Belgian Interuniversity Course in Pain Management. AC received payment for work as group tutor from EpidM. JN and Vrije Universiteit Brussel received lecturing and teaching fees from various professional associations and educational organisations. EKO received royalties from Liber and Studentlitteratur, payment for a lecture from Eli Lilly, and is member of the scientific board of the Swedish Rheumatism Association. PWH received travel support from the German Osteopathic Society, the Icelandic Physiotherapy Association, and the Finish Musculoskeletal Medicine Society. All other authors declare no competing interests.

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1. Nijs J, Kosek E, Chiarotto A, et al. Nociceptive, neuropathic, or nociplastic low back pain? The low back pain phenotyping (BACPAP) consortium's international and multidisciplinary consensus recommendations. *Lancet Rheumatol* 2024; 6: e178-88.
2. Kucyi A, Davis KD. The dynamic pain connectome. *Trends Neurosci* 2015; 38: 86-95.
3. Nijs J, George SZ, Clauw DJ, et al. Central sensitisation in chronic pain conditions: latest discoveries and their potential for precision medicine. *Lancet Rheumatol* 2021; 3: e383-92.
4. Kosek E, Clauw D, Nijs J, et al. Chronic nociplastic pain affecting the musculoskeletal system: clinical criteria and grading system. *Pain* 2021; 162: 2629–34.
5. Cohen ML. Proposed clinical criteria for nociplastic pain in the musculoskeletal system are flawed. *Pain* 2022; 163: e606-07.