Oregon Pain Management Commission Position Statement

2022 CDC Clinical Practice Guidelines for Prescribing Opioids for Pain

Background

In November of 2022, the Centers for Disease Control (CDC) released its updated version of clinical guidelines for using opioid medications in the treatment of pain. This update expands what was included the 2016 Guidelines, which were specific to chronic pain. The new guidelines add recommendations for managing acute (duration of <1 month), subacute (duration of 1–3 months), and chronic (duration of >3 months) pain.

The 2022 Clinical Practice Guideline does not apply to patients experiencing pain in the following conditions or settings:

- Pain management related to sickle cell disease.
- Cancer-related pain treatment.
- Palliative care.
- End-of-life care.

The CDC has identified the five following principles to guide implementation of the guidelines:

1. Acute, subacute, and chronic pain needs to be appropriately assessed and treated independent of whether opioids are part of a treatment regimen.

2. CDC recommendations are voluntary and are intended to support, not supplant, individualized, person-centered care.

3. A multimodal and multidisciplinary approach to pain management attending to the physical health, behavioral health, long-term services and supports, and expected health outcomes and well-being of each person is important.

4. Special attention should be given to avoid misapplying this clinical practice guideline beyond its intended use or implementing policies purportedly derived from it that might lead to unintended and potentially harmful consequences for patients.

5. Clinicians, practices, health systems, and payers should attend to health inequities; provide culturally and linguistically appropriate communication, including communication that is accessible to persons with disabilities; and ensure access to an appropriate, affordable, diversified, coordinated, and effective nonpharmacologic and pharmacologic pain management regimen for all persons.

Intent

The intent of this position statement is to endorse CDC's 2022 Clinical Practice Guidelines for Prescribing Opioids for Pain. The Oregon Pain Management Commission (OPMC) recognizes that the 2022 CDC Guideline update provides vital advice for healthcare professionals as they navigate the complexities of pain management. The purpose of the CDC guidelines is to help ensure that patients receive appropriate care and relief from pain with minimal risk. While it is essential that these guidelines be followed closely to ensure safe and effective pain management, OPMC supports the position taken by the CDC in that they should not be applied as inflexible standards of care across patient populations. The CDC is also concerned with clinicians' carefully weighing the benefits and risks of tapering, or gradually reducing the amount of opioids, along with the benefits and risks of continuing opioids.

The CDC guidelines support an informed approach when considering opioid therapy and provide a comprehensive understanding of the risks associated with prescribing opioids. The commission recommends that all prescribing clinicians review and familiarize themselves with the entire guideline produced by the CDC in addition to what is being presented in this document.

OPMC supports the CDC Guideline's goals which include:

- Enhancing communication between clinicians and patients about the benefits and risks of pain treatments, including opioid therapy;
- Improving the effectiveness and safety of pain treatment;
- Mitigating pain;
- Improving function and quality of life for patients with pain; and
- Reducing risks associated with opioid pain therapy, including opioid use disorder, overdose, and death.

Summary of Endorsement

The Oregon Pain Management Commission would like to highlight several key recommendations contained within the 200-page CDC document for clinicians in Oregon. After review, discussion, and receipt of public testimony at meetings during the 2023 calendar year, OPMC calls attention to the following:

- The importance of evaluating benefits and risks associated with opioid prescribing.
- Consistent use of risk mitigation strategies when prescribing opioids.
- Support for and continued emphasis on the need to utilize multi-disciplinary care.

Evaluation of Benefits and Risks

OPMC strongly supports Recommendation #7 in the 2022 CDC Guideline Update. Recommendation #7 calls out the importance of rapid, consistent, and ongoing assessment of benefits and risks for patients utilizing opioid therapy. This includes regularly screening for risk factors more frequently. Risk factors may include mental health conditions, physiological conditions that might result in cardiorespiratory depression, cognitive dysfunction that impacts the ability for self-care, a history of substance used disorder or overdose, taking opioids with other medications that are central nervous system depressants, amongst others. While the CDC does not identify specific tools or other resources in this section, it does identify several screening tools for psychological and substance use comorbidities in Recommendation #8 on Assessing Risk and Addressing Potential Harms of Opioid Use.

- Opioids carry considerable potential risks. Evidence on long-term effectiveness of opioids remains very limited. Evidence exists of increased risk for serious harms (including opioid use disorder and overdose) with long-term opioid therapy that appears to rise with increase in opioid dosage, without a clear threshold below which there is no risk.

- Chronic pain often co-occurs with behavioral health conditions, including mental and substance use disorders.

Risk Mitigation Strategies

Primary medical care and pain specialist members of OPMC felt it would be useful for prescribing clinicians in Oregon to understand the importance of mitigating the risk for opioid-related harms and be able to discuss those risks with their patients. Clinicians should work with patients to incorporate the following strategies:

- Offering to prescribe naloxone.

- When considering initiating long-term opioid therapy, clinicians should ensure treatment for depression and other mental health conditions is optimized, consulting with behavioral health specialists when indicated. Using validated instruments such as the Generalized Anxiety Disorder (GAD)-7 and the Patient

Health Questionnaire (PHQ-9 or PHQ-4) to support assessment for anxiety, posttraumatic stress disorder (PTSD), and depression can help clinicians and patients improve treatment outcomes.

- Use PDMP data and toxicology screening as appropriate to assess for concurrent controlled substance use that might place patients at higher risk for opioid use disorder and overdose.

- Clinicians should avoid prescribing opioids to patients with moderate or severe sleep-disordered breathing, when possible, to minimize risk for respiratory depression.

- When making decisions about whether to initiate opioid therapy for pain during pregnancy, clinicians and patients together should carefully weigh benefits and risks. For pregnant persons already receiving opioids, clinicians should access appropriate expertise if tapering is being considered because of possible risks to the pregnant patient and the fetus if the patient goes into withdrawal.

- Clinicians should provide specific counseling on increased risks for overdose when opioids are combined with other drugs or alcohol and ensure that patients are provided or receive effective treatment for substance use disorders when needed.

- Asking patients about their drug and alcohol use and mental health history. Utilize validated screening and assessment tools or consult with behavioral or addiction specialists to aid in identifying substance use disorders and/or comorbid psychiatric conditions.

Use of Multi-Disciplinary Treatment for Pain

OPMC supports and advocates for the use of multi-disciplinary treatment for pain due to its complex nature. This includes the use of non-opioid medications, interventional procedures, and non-pharmacological treatment modalities.

- Opioids should not be considered first-line or routine therapy for subacute or chronic pain. This does not mean that patients should be required to sequentially fail nonpharmacologic and nonopioid pharmacologic therapy or be required to use any specific treatment before proceeding to opioid therapy. Rather, expected benefits specific to the clinical context should be weighed against risks before initiating therapy.

- Nonopioid therapies are preferred for subacute and chronic pain. Clinicians should maximize use of nonpharmacologic and nonopioid pharmacologic therapies as appropriate for the specific condition and patient and only consider initiating opioid therapy if expected benefits for pain and function are anticipated to outweigh risks to the patient.

- Before starting opioid therapy for subacute or chronic pain, clinicians should discuss with patients the realistic benefits and known risks of opioid therapy, should work with patients to establish treatment goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks.

- Low-cost options to integrate exercise include walking in public spaces or use of public recreation facilities for group exercise. Physical therapy can be helpful, particularly for patients who have limited access to safe public spaces or public recreation facilities for exercise or whose pain has not improved with low-intensity physical exercise.

- Health insurers and health systems can improve pain management and reduce medication use and associated risks by increasing reimbursement for and access to noninvasive nonpharmacologic therapies with evidence for effectiveness.