



Opioid prescribing: An update on CDC's guidance

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A photograph of a woman and a young child in traditional attire. The woman, on the left, wears glasses and a dark top with a colorful geometric patterned shawl. The child, on the right, is wrapped in a white shawl with colorful stripes. They are both looking towards the right. The background is a blurred natural setting. The image has a blue and purple color overlay.

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Why update?

Pain is a public health concern

Pain is a complex phenomenon that is influenced by multiple factors, including biological, psychological, and social factors.¹

- ❖ Pain is one of the most common reasons adults seek medical care in the U.S.²
- ❖ Pain, in particular chronic pain, can lead to impaired physical functioning, poor mental health, reduced quality of life, and contributes to substantial morbidity each year.³
- ❖ Chronic pain is the leading cause of disability in the world.



Optimizing function and improving activities of daily living are key aims of patient-centered pain management.

- Opioids continue to be commonly used to treat pain and other treatments underused
- Many patients can't access the full range of potentially helpful therapies
- Pain management disparities exist
- Since 2016, new evidence has become available on:
 - Risks and benefits of prescription opioids for acute, subacute, and chronic pain
 - Comparisons with nonopioid pain treatments
 - Dosing strategies
 - Opioid dose-response relationships
 - Risk mitigation strategies
 - Opioid tapering and discontinuation
- Harms from misapplication and the human story of pain and pain care challenges

CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016



Continuing Education Examination available at <http://www.cdc.gov/mmwr/cme/conted.html>.



U.S. Department of Health and Human Services
 Centers for Disease Control and Prevention



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Development & Review

Development components

+ **GRADE framework**

- Systematic reviews of scientific evidence
- Benefits vs. harms
- Values, preferences of patients, caregivers and clinicians
- Resource allocation

+ **CDC sought and considered input from**

- Public comment
- NCIPC's Board of Scientific Counselors (BSC)
- Federal partners
- Peer reviewers with scientific and clinical expertise

Federal Advisory Committee, peer reviewer, public input

- + Barriers persist in access to
 - Pain care
 - Evidence-based treatment
- + Shared decision-making is critical
- + Discontinuing opioids after extended use can be challenging and harmful
- + Communication of recommendation statements requires care:
 - Referencing specific opioid dosages and durations *facilitates* misapplication
 - Clinicians need specific information



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What it is, what it's not

- + A clinical tool to improve communication between clinicians and patients
- + Intended for primary care and other clinicians providing pain care for outpatients over age 18
- + Intended to be *flexible* and enable person-centered decision making

What it is...

- + A replacement for clinical judgement or individualized, person-centered care
- + An inflexible standard to be applied across patients and/or populations by:
 - Healthcare professionals
 - Health systems
 - Pharmacies
 - 3rd party payers
 - Government jurisdictions
- + Intended to lead to the rapid tapering or abrupt discontinuation of opioids for patients
- + A law, regulation and/or policy that dictates clinical practice or a substitute for FDA-approved labeling
- + Applicable to:
 - Management of sickle-cell disease related pain
 - Management of cancer-related pain
 - Palliative care or end-of-life care
 - Opioids prescribed for opioid use disorder

...What it's *NOT*



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Scope and What's new

- Provides recommendations for clinicians treating **acute, subacute, and chronic pain** for outpatients aged ≥ 18 years
- Applies to outpatient settings like clinician offices, clinics and urgent care centers
- Includes prescribing for pain management upon discharge from hospitals, EDs etc.
- **Designed to be flexible to enable patient-centered decision-making,** taking into account an individual's expected health outcomes and well-being

Scope of the 2022 Guideline

CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022

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Summary

This guideline provides recommendations for clinicians providing pain care, including those prescribing opioids, for outpatients aged ≥ 18 years. It updates the CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016 (MMWR Recomm Rep 2016;65[No. RR-1]:1–49) and includes recommendations for managing acute (duration of <1 month), subacute (duration of 1–3 months), and chronic (duration of >3 months) pain. The recommendations do not apply to pain related to sickle cell disease or cancer or to patients receiving palliative or end-of-life care. The guideline addresses the following four areas: 1) determining whether or not to initiate opioids for pain, 2) selecting opioids and determining opioid dosages, 3) deciding duration of initial opioid prescription and conducting follow-up, and 4) assessing risk and addressing potential harms of opioid use. CDC developed the guideline using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) framework. Recommendations are based on systematic reviews of the scientific evidence and reflect considerations of benefits and harms, patient and clinician values and preferences, and resource allocation. CDC obtained input from the Board of Scientific Counselors of the National Center for Injury Prevention and Control (a federally chartered advisory committee), the public, and peer reviewers. CDC recommends that persons with pain receive appropriate pain treatment, with careful consideration of the benefits and risks of all treatment options in the context of the patient's circumstances. Recommendations should not be applied as inflexible standards of care across patient populations. This clinical practice guideline is intended to improve communication between clinicians and patients about the benefits and risks of pain treatments, including opioid therapy; improve the effectiveness and safety of pain treatment; mitigate pain; improve function and quality of life for patients with pain; and reduce risks associated with opioid pain therapy, including opioid use disorder, overdose, and death.

Recommendation areas

1. Determining whether to initiate opioids for pain

2. Selecting opioids and determining opioid dosages

3. Deciding duration of initial opioid prescription and conducting follow-up

4. Assessing risk and addressing potential harms of opioid use

What's New Highlights

Acute Pain*

Nonopioid Therapies

Subacute Pain*

**Initial and Ongoing Opioid
Therapy**

**Health Equity and Disparities
in the Treatment of Pain**

Opioid Tapering

Clinical Audience

**Considerations for Opioid
Dosages**


** The recommendations for treating acute pain are expanded and there is an additional focus on subacute pain.*


Resources

[CDC's Clinical Practice Guideline for Prescribing Opioids for Pain | Guidelines | Healthcare Professionals | Opioids | CDC](#)


2022

CDC Clinical Practice Guideline for Prescribing Opioids for Pain






Guideline at a Glance



What's New, What's Changed



MMWR



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CDC's Overdose Prevention Efforts

CDC Approach to Prevent Overdoses and Substance Use-Related Harms

STRATEGIC PILLARS



30 YEARS
CDC INJURY CENTER

PROTECTION. PREVENTION. PROGRESS.