



Applying the CDC Guideline for Prescribing Opioids

Continuing Education Resources from CDC

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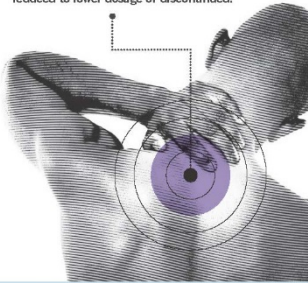
FDA Public Workshop on Training for Opioid Analgesic Prescribers
May 10, 2017

Clinical Tools

- Checklist
- Pocket Guides
 - Tapering
 - Overview
- Fact sheets
 - New Guideline
 - Assessing Benefits and Harms
 - Prescription Drug Monitoring Programs
 - Calculating Total Daily Dose

POCKET GUIDE: TAPERING OPIOIDS FOR CHRONIC PAIN

Follow up regularly with patients to determine whether opioids are meeting treatment goals and whether opioids can be reduced to lower dosage or discontinued.



GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

Recommendations focus on pain lasting longer than 3 months or past the time of normal tissue healing, outside of active cancer treatment, palliative care, and end-of-life care.

Checklist for prescribing opioids for chronic pain

For primary care providers treating adults (18+) with chronic pain ≥3 months, excluding cancer, palliative, and end-of-life care

OVERVIEW

TAPERING long-term opioid therapy
 Use for pain and function based on diagnosis (if block).
 opioid therapies tried and optimized, and risks (eg, addiction, overdose) with patient, harm or misuse, discuss with patient, from drug monitoring program (PDMP) data, if screen, drug or continuing opioids, and function (eg, PEG scales), assessment within 3–4 weeks, opioids using lowest dosage on product labeling, revised reassessment.

patient visit
 schedule ≤3 months from last visit.

return visit
 achieve clinically meaningful improvements in PEG, compare results to baseline, if no medication or overdose risk, if not indicated (eg, difficulty controlling pain), stop, discontinue, or stop opioids, multimodal analgesic (MMX), hydrocodone, >33 mg (opioid), oxycodone offering naloxone, hydrocodone, a 60 mg (opioid), visit referral, weeks (≤3 months).

CONSIDER

EVIDENCE ABOUT OPIOID THERAPY

- Benefits of long-term opioid therapy for chronic pain are not substantial for most patients.
- Short-term benefits tend to moderate for years, inconsistent for function.
- Insufficient evidence for long-term benefits to treat back pain, headache, and temporomandibular joint disorder.

NON-OPIOID THERAPIES

- Use alone or combined with opioids, as indicated.
- Includes, but is not limited to, NSAIDs, TCAs, muscle relaxants, gabapentin, pregabalin, nerve therapy, and behavioral therapy (eg, CBT).
- Procedures (eg, intra-articular corticosteroids).

EVALUATING RISK OF HARM OR MISUSE

Screening and risk factors include:

- Single drug use (prescription drug use for nonmedical reasons)
- History of substance use disorder or overdose
- Mental health conditions (eg, depression, anxiety)
- Sleep-disordered breathing
- Concurrent benzodiazepine use.

Drug testing strategy: Check to confirm presence of prescribed medication and for undisclosed prescription drug or illicit substance.

Check for opioids in blood-alcohol program (DUPRI) or other database.

ASSESSING PAIN & FUNCTION USING PEG SCALE

PEG score = average 3 individual question scores (0=not at all, 10=worst you can imagine)

- 1) What number best describes how often you have pain in the past week?
 0=“not at all”; 10=“worst you can imagine”
- 2) What number best describes how well you were able to do your usual activities in the past week?
 0=“not at all”; 10=“very good interference”
- 3) What number best describes how well you were able to do your usual activities during the past week, how well you were able to do your usual activities?
 0=“not at all”; 10=“complete interference”

www.cdc.gov/painmanagement/guidelines/chronic-pain
 March 2016



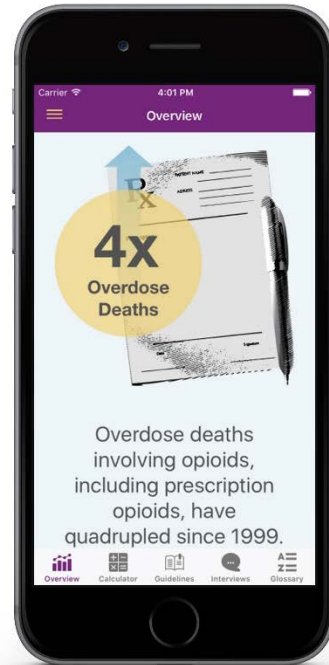
EMPOWERING PROVIDERS.

www.cdc.gov

GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

Mobile App: Prescribe with Confidence

- Features include:
 - MME Calculator
 - Prescribing Guidance
 - Motivational Interviewing



Training Resources: COCA Webinars

COCA webinar series

1. Overview
2. Nonopioid Treatments for Chronic Pain
3. Assessing Benefits and Harms of Opioids
4. Dosing and Titration
5. Assessment and Evidence Based Treatments for Opioid Use Disorder
6. Risk Mitigation Strategies
7. Effectively Communicating With Patients





Web Based Training: Applying CDC's Guideline for Prescribing Opioids

- Stand alone modules
- Interactive scenarios
- Resource links
- Checks knowledge
- Allows practice

Overview of the CDC Guideline

Recommendation 4

Menu | Resources | Exit



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USE IMMEDIATE-RELEASE OPIOIDS WHEN STARTING

When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids.

Overview of the CDC Guideline

Minimizing Risk

- Reassess benefits and risks when increasing dosage to ≥ 50 MME/day
- Avoid increasing dosage to ≥ 90 MME/day
- Consider the risks versus benefits



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Web Based Training: Applying CDC's Guideline for Prescribing Opioids

Title	Description	Length
Recommendations from the CDC	Overview of the CDC Guideline	1 hour
Communicating With Patients	Communication strategies in treating chronic pain, including motivational interviewing	1 hour
Treating Chronic Pain Without Opioids	Non-opioid treatment options for chronic pain	45 minutes
Deciding Whether to Prescribe Opioids	How to weigh benefits and risks	45 minutes
Dosing and Titration	How Much, How Long, and How and When to Stop	30 minutes
Reducing the Risks	Strategies to mitigate risks	45 minutes
Assessing and Addressing Opioid Use Disorder	Describes methods for assessing and addressing an opioid use disorder	1 hour
Implementing the CDC Guideline	Implementation strategies and key steps to overcome common implementation barriers	45 minutes

Emphasis on Communication

Motivational Interviewing



Good use of the MI approach. Expressing confidence in patients, when done with sensitivity, can increase their belief in their ability to overcome opioid withdrawal successfully.

Select Next to Continue

- One module focuses on communication and motivational interviewing
- Additional modules offer opportunities to practice communication

How to Access

Injury Prevention & Control: Opioid Overdose

Opioid Overdose
Opioid Basics +
Data +
CDC Guideline for Prescribing Opioids for Chronic Pain -
For Patients
For Providers
Guideline Resources -
Clinical Tools
Patient & Partner Tools
Graphics
Posters
Trainings
Videos
Mobile App
Additional Resources
Frequently Asked Questions
Prescription Drug Monitoring Programs (PDMPs) +

[CDC](#) > [Opioid Overdose](#) > [CDC Guideline for Prescribing Opioids for Chronic Pain](#) > [Guideline Resources](#)

Guideline Resources: Trainings



COCA Call Webinar Series

CDC's National Center for Injury Prevention and Control (NCIPC) partnered with CDC's Clinician Outreach and Communication Activity (COCA) and the University of Washington to present a [webinar series](#) about the [CDC Guideline for Prescribing Opioids for Chronic Pain](#). This seven-part series is intended to use a data-driven approach to help providers choose the most effective pain treatment options and improve the safety of opioid prescribing for chronic pain. The primary objective is to provide informative, case-based content that will demonstrate and instruct participants on how the 12 recommendations of the [CDC Guideline for Prescribing Opioids for Chronic Pain](#) can be incorporated and applied in a primary care practice setting.

Each webinar was held live on its specified date below. Click on the webinar title for the archived, on-demand recordings and related materials and resources.

Webinar #	Live Webcast Date	Title
1	June 22, 2016	Overview of the CDC Guideline for Prescribing Opioids for Chronic Pain
2	July 27, 2016	Nonopioid Treatments for Chronic Pain
3	August 3, 2016	Assessing Benefits and Harms of Opioid Therapy



www.cdc.gov/drugoverdose/prescribing/trainings.html

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

