



# **CDC Guideline for Prescribing Opioids for Chronic Pain Development Process**

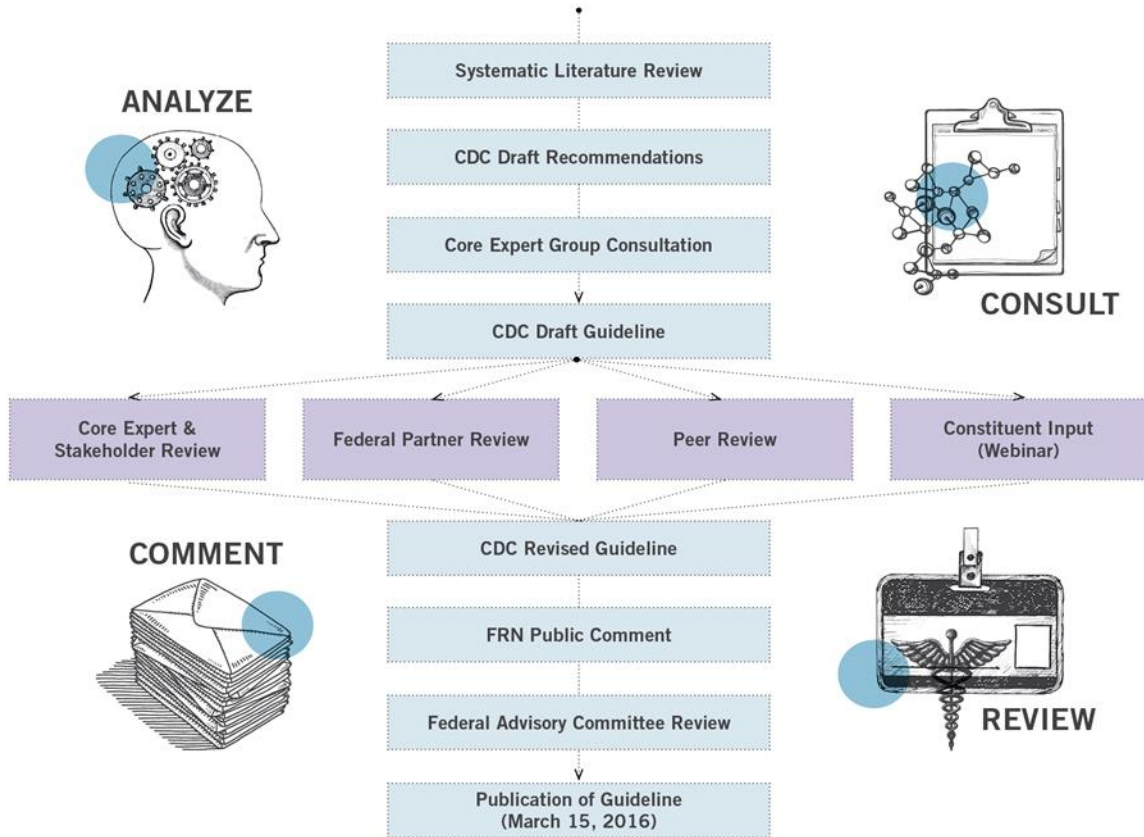
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NASEM Committee on Evidence-based Clinical Practice Guidelines  
for Prescribing Opioids for Acute Pain

February 4<sup>th</sup>, 2019

# Guideline Development Process



# Clinical Evidence Review

- AHRQ Systematic Review: *The Effectiveness and Risks of Long-term Opioid Treatment of Chronic Pain - 2014*
  - Updated Review with Current Evidence in 2015
- Key Framing Questions:
  - Effectiveness of methods for initiation, titration, dosing
  - Effectiveness of long-term opioid therapy
  - Harms and adverse events
  - Accuracy of instruments and strategies
  - Effects of prescribing for acute pain on long-term use



# Evidence Review Criteria

Study Design	
Inclusion	Exclusion
Randomized Control Trial	Case Series
Controlled Observational Study	Case Report
Uncontrolled Observational Study >1 Year	Uncontrolled Observational Study <1 Year

- Study Criteria – Populations, Interventions, Comparators, Outcomes, Timing, Setting (PICOTS)
  - 4,209 studies identified; 39 included in review

# Contextual Evidence Review

- Supplemented Clinical Review
- Focused on 4 Areas
  - Effectiveness of Alternative Treatments
  - Benefits and Harms Related to Opioid Therapy
  - Provider and Patient Values
  - Resource Allocation
- Existing Clinical Guidelines



**EMPOWERING PROVIDERS.  
IMPROVING CARE.**  
GUIDELINE FOR PRESCRIBING  
OPIOIDS FOR CHRONIC PAIN



# Expert and Public Review

- Core Expert Group
- Federal Partner Engagement
- Stakeholder Comment
- Peer Review
- Public Engagement and Public Comment
- Opioid Guideline Workgroup – Federal Advisory Committee



**ASSESS. MANAGE. MONITOR.**

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GUIDELINE FOR PRESCRIBING  
OPIOIDS FOR CHRONIC PAIN

# Guideline Evaluation – ECRI Scorecard

## Composition of Guideline Development Group (GDG)

**Yes**

Multidisciplinary GDG Members

**Yes**

Methodologist Involvement



Incorporation of Patient and Public Perspectives

## Foundations for Recommendations



Strength of Evidence Grade



Description of Benefits and Harms of Recommendations



Summary of Evidence Supporting Recommendations



Strength of Recommendations Rating



Clear Articulation of Recommendations

## Systematic Review of Evidence



Literature Search



Study Selection



Evidence Synthesis

**Yes**

**Funding Source Disclosure**



**Disclosure and Management of Financial COIs**



**External Review**



**Updating**



# CDC Guideline Implementation

*Focus on four priority areas to maximize the uptake and use of the opioid prescribing guideline for chronic pain outside of active cancer, palliative, & end-of-life care*

1



## Translation and Communication

Develop tools and resources about the guidelines for a variety of audiences – including providers, health systems, and the general public.

2



## Clinical Training

Educate providers through medical schools and ongoing continuing medical education (CME) activities.

3



## Health System Implementation

Educate providers, integrate into EHRs and other clinical decision support tools, adopt and use quality metrics, and leverage within broader coordinated care activities.

4



## Insurer/Pharmacy Benefit Manager Implementation

Proactive use of claims information and improvement in coverage and service delivery payment models – including reimbursement for clinician counseling; coverage for non-pharmacological treatments; and drug utilization review or prior authorization.



# Ongoing Guideline Related Work

- CDC Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain
- Integration into Electronic Health Records/Clinical Decision Support
- CDC launched a series of interactive, online trainings for healthcare providers, which feature recommendations from the Guideline

# Improving Opioid Prescribing Initiative

- Developing clinical tools based on recommendations from existing clinical practice guidelines and research studies
- Conducting a descriptive analysis of opioid prescribing rates for specific medical conditions/procedures
  - 40 Conditions
- AHRQ Acute Pain Review

## OPIOIDS FOR ACUTE PAIN Get the Facts

**Short Term Use**

**FACT** After taking opioids for just 5 days in a row, a person becomes more likely to take them long-term.<sup>1</sup>

Opioids can be addictive even if only taken for a short period of time.



**Level of Pain Relief**

**FACT** Opioids provide an average of 20-30% pain relief when used for pain lasting less than three months. Options that do not involve opioids may provide enough pain relief while avoiding the risks of opioids.<sup>2</sup>


Opioids don't take away pain completely.



**Kidney Stone Pain**

**FACT** Nonsteroidal anti-inflammatory drugs (NSAIDs), like ibuprofen and naproxen, work just as well as opioids (and sometimes better) for kidney stone pain.<sup>3</sup>

Opioids aren't the only treatment for acute pain from kidney stones.



**Back Pain Relief**

**FACT** Naproxen taken alone relieves acute low back pain and improves function just as well as when it is combined with an opioid or muscle relaxer.<sup>4</sup>

Opioids aren't the most effective treatment for acute low back pain.



**Healing From a Broken Bone**

**FACT** After a minor fracture, nonsteroidal anti-inflammatory drugs (NSAIDs), like ibuprofen and naproxen, provide adequate pain and relief and allow bones to heal, without introducing the risks side effects of opioids.<sup>5</sup> As with any medicine, NSAIDs have side effects. Doctors can offer the safest, most appropriate and effective care for their patients.

Bones can heal properly after fractures, even when taking NSAIDs for pain.





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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.

