

OVERVIEW OF NEW CDC OPIOID PRESCRIBING GUIDELINES

WHAT'S NEW

The [2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain](#) (2022 Clinical Practice Guideline) includes information that updates and replaces the 2016 *CDC Guideline for Prescribing Opioids for Chronic Pain*, such as:

- Guiding principles for implementing recommendations.
- New data to expand content on prescription opioids for acute pain.
- New guidance on subacute pain.
- Health equity and disparities in the treatment of pain.

Five Guiding Principles for Implementing Recommendations

These five guiding principles are intended to inform the implementation of the [2022 Clinical Practice Guideline](#) recommendations:

1. Acute, subacute, and chronic pain needs to be appropriately assessed and treated independent of whether opioids are part of a treatment regimen.
2. Recommendations are voluntary and are intended to support, not supplant, individualized, person-centered care. Flexibility to meet the care needs and the clinical circumstances of a specific patient is paramount.
3. A multimodal and multidisciplinary approach to pain management attending to the physical health, behavioral health, long-term services and supports, and expected health outcomes¹ and well-being of each person is critical.
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 vigilantly 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.

¹The terminology “expected health outcomes” refers to what is expected to happen based on an individual’s health/medical conditions.

Acute Pain

The [2022 Clinical Practice Guideline](#) leverages new data to include recommendations on prescription opioids for **acute pain** (duration less than 1 month). Nonopioid therapies are at least as effective as opioids for many common types of acute pain, including but not limited to low back pain, neck pain, pain related to other musculoskeletal injuries (such as sprains, strains, tendonitis, bursitis), and pain related to minor surgeries. **Clinicians should ensure that patients are aware of**

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expected benefits of, common risks of, serious risks of, and alternatives to opioids before starting or continuing opioid therapy and should involve patients meaningfully in decisions about whether to start opioid therapy. Additional recommendations and implementation guidance can be found in [Recommendation 1](#).

Subacute Pain

The [2022 Clinical Practice Guideline](#) includes content on management of subacute pain. This refers to pain that lasts between 1-3 months, or pain that occurs in between what is typically considered acute and chronic. Critical opportunities to reassess a patient's prescriptions during the subacute time frame are highlighted within the 2022 Clinical Practice Guideline to ensure that opioid prescribing for acute pain does not unintentionally become long-term opioid therapy. For patients with subacute pain who started opioid therapy for acute pain and have been treated with opioid therapy for 30 days or longer, clinicians should ensure that potentially reversible causes of chronic pain are addressed.

Health Equity and Disparities in the Treatment of Pain

The [2022 Clinical Practice Guideline](#) describes evidence about long-standing health disparities that exist in the treatment of pain, such as geographic disparities and disparities in treatment due to access and affordability. It also highlights the importance of attention to health inequities related to race and ethnicity, as a guiding principle for implementation.

WHAT'S CHANGED

Clinical Audience

The [2022 Clinical Practice Guideline](#) broadens the scope from primary care physicians to include additional clinicians whose practice areas include prescribing opioids in outpatient settings (upon discharge from hospital, emergency departments, and other facilities) for patients 18 years or older.

Primary Care Clinicians

- Family physicians
- Nurse practitioners
- Physician assistants
- Internists

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Outpatient Clinicians

- Dental and other oral health clinicians
- Emergency clinicians providing pain management for patients being discharged from emergency departments
- Surgeons
- Occupational medicine physicians
- Physical medicine and rehabilitation physicians
- Neurologists
- Obstetricians and gynecologists

Initial and Ongoing Opioid Therapy

The guidance aims to clearly delineate recommendations that apply to patients who are:

1. Being considered for initial treatment with prescription opioids, or
2. Already receiving opioids as part of their ongoing pain management.

More information about opioid therapy as it relates to these two patient categories is available. Visit CDC's [Initiating Opioid Therapy](#) and [Continuing Opioid Therapy](#) web pages.

Opioid Tapering

The benefits and the risks of opioid therapy change over time and should be re-evaluated periodically ([Recommendations 6](#) and [7](#)). In the [2022 Clinical Practice Guideline Recommendation 5](#) outlines situations when clinicians should consider tapering to a reduced opioid dosage or tapering and discontinuing opioid therapy and that these approaches should be discussed with patients prior to initiating changes. [Recommendation 5](#) also includes revised and expanded guidance on the following key topics to support opioid tapering when indicated:

- Determining whether, when, and how to taper opioids
- Providing advice to patients prior to tapering
- Pain management during tapering
- Behavioral health support during tapering
- Tapering rate
- Management of opioid withdrawal during tapering
- Challenges to tapering
- Continuing high-dosage opioids

Considerations for Opioid Dosages

The recommendations related to opioid dosages are not intended to be used as an inflexible, rigid standard of care; rather, they are intended to be guideposts to help inform clinician-patient decision-making.

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Guidance on opioid pain medication dosage thresholds was updated in the [2022 Clinical Practice Guideline, Recommendation 4](#) states that if opioids are continued for subacute or chronic pain, clinicians should:

- Use caution when prescribing opioids at any dosage.
- Carefully evaluate individual benefits and risks when considering increasing dosage.
- Avoid increasing dosage above levels likely to yield diminishing returns in benefits relative to risks to patients.

Opioid dosage guidance was updated regarding:

- Suggestions for the lowest starting dose for opioid-naïve patients.
- Morphine milligram equivalent doses for commonly prescribed opioids.
- The approach to potential dosage increases, emphasizing principles of safe and effective pain treatment that allow for individual circumstances and flexibility in care.

These recommendations apply specifically to *starting* opioids or to *increasing* opioid dosages, and a different set of benefits and risks applies to reducing opioid dosage. Specific considerations to inform clinical decision-making and individualized patient care can be found in the supporting text of the recommendations.

Nonopioid Therapies

All patients with pain should receive treatment that provides the greatest benefits relative to risks. This includes consideration of nonopioid therapies. The [2022 CDC Clinical Practice Guideline](#) has expanded guidance on nonopioid options for pain such as:

Nonopioid Pharmacologic Therapies

- Topical or oral non-steroidal anti-inflammatory drugs (NSAIDs)
- Acetaminophen

Nonpharmacologic Therapies

- Ice
- Heat
- Elevation
- Rest
- Immobilization and/or exercise