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:

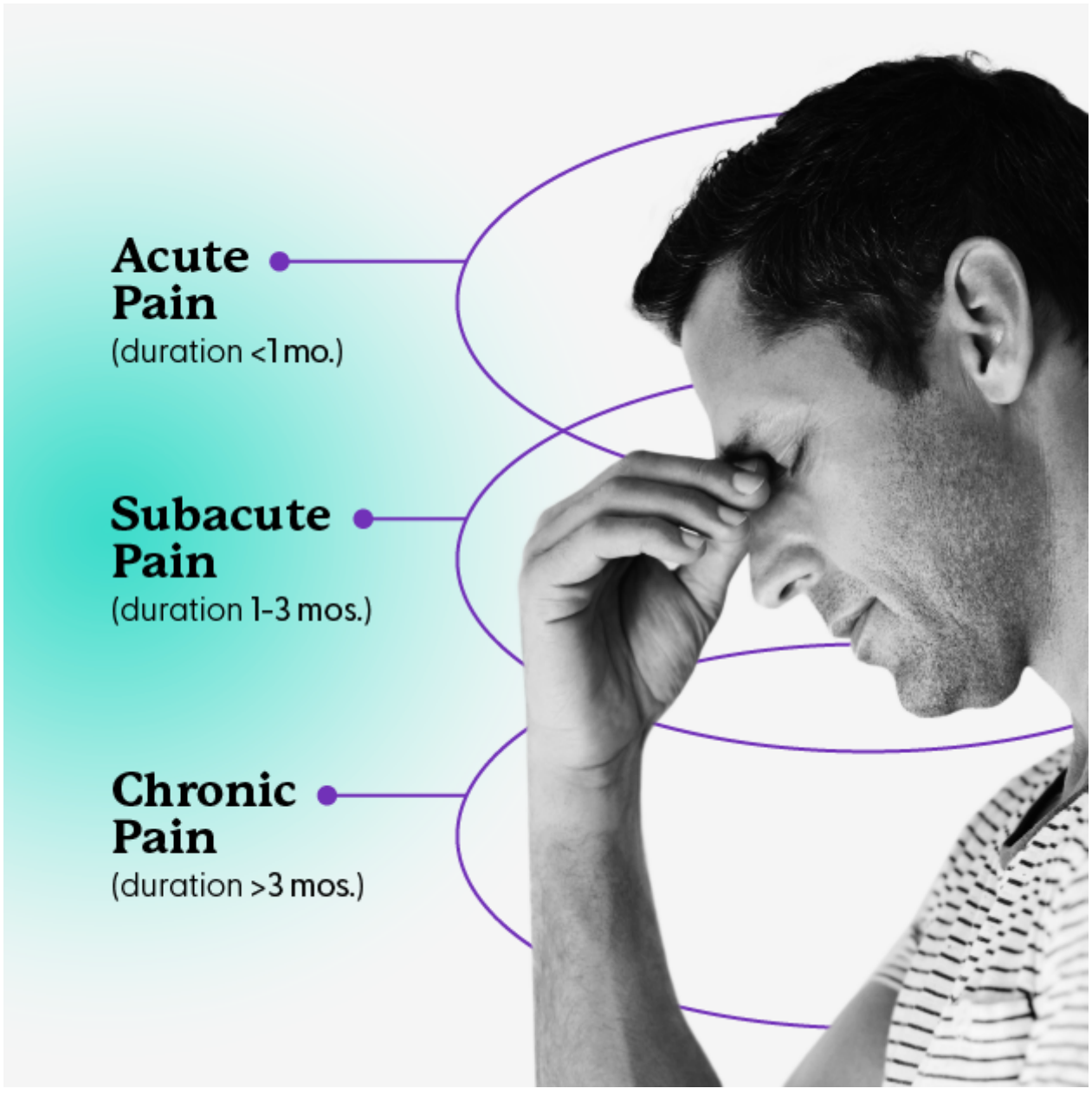
1. Acute, subacute, and chronic pain needs to be appropriately assessed and treated independent of whether opioids are part of a treatment regimen.
2. Recommendations are voluntary and are intended to support, not supplant, individualized, person-centered care. Flexibility to meet the care needs and 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 outcomes[1] 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.

[1]The 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 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.

> There is an important role for opioid therapy for acute pain related to severe traumatic injuries (including crush injuries and burns), invasive surgeries typically associated with moderate to severe postoperative pain, and other severe acute pain when non-steroidal anti-inflammatory drugs (NSAIDs) and other therapies are contraindicated or likely to be ineffective.



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.

Racial and Ethnic Disparities by the Numbers

Patients who identify as Black, Latino, and Asian have been found to receive fewer postpartum pain assessments relative to White patients[1]. Black[2] and Latino[3] patients are less likely to receive analgesia for acute pain than are White patients.

Sources

1. Morden NE, Chyn D, Wood A, Meara Racial inequality in prescription opioid receipt – role of individual health systems. N Engl J Med. 2021;385(4):342-51.
2. Ly DP. Racial and ethnic disparities in the evaluation and management of pain in the outpatient setting, 2006-2015. Pain Med. 2019;20(2):223-32.
3. Joynt M, Train MK, Robbins BW, et The impact of neighborhood socioeconomic status and race on the prescribing of opioids in emergency departments throughout the United States. J Gen Intern Med. 2013;28(12):1604-10.

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