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Consensus Panel Report Addresses Challenges of Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain

A press release from the American Academy of Pain Medicine Foundation

A [new report](#) issued by a multidisciplinary consensus panel convened by the American Academy of Pain Medicine Foundation discusses the challenges clinicians have experienced since the 2016 release of the Centers for Disease Control and Prevention (CDC) [Guideline for Prescribing Opioids for Chronic Pain](#). The report also proposes solutions and recommendations that can assist policy makers, regulators, and clinicians in future efforts to ensure that patients receive safe and effective care.

“The panel is largely supportive of the CDC Guideline,” says W. Michael Hooten, MD, one of report authors. “Yet, since the release of the guideline, substantial implementation challenges have emerged, including the application of dosage ceilings and prescription duration limits, impeded access to multimodal pain care, barriers to the diagnosis and treatment of opioid use disorder, and a critical failure to appreciate the importance of patient involvement in decisions to taper or discontinue opioids.”

The CDC Guideline, which offers recommended steps to help reduce the risks associated with opioid therapy, has had its share of unintended consequences. In some instances, the guideline has been interpreted as a regulation enacted by policymakers, leading to inflexible application of its recommendations, such as dosage limits. Imposing such prescribing rules and limits would violate the guideline’s own guidance, suggests Dr. Hooten. “Less observed aspects of the guideline are clinical reminders that prescribers must first emphasize patient-centeredness and individualized care. There is no one-size-fits-all approach to pain management, so arbitrary prescribing limits will not benefit all patients.”

The consensus panel report, *Challenges with Implementing the Centers for Disease Control and Prevention Opioid Guideline*, which was recently published in *Pain Medicine*, outlines proposed steps to address these unintended consequences of the guideline. Among the panel’s proposals are educating clinicians on risks related to the abrupt discontinuation of opioids without focused care; avoiding misinterpretation of the guideline by insisting upon opioid reduction or cessation in situations when opioid use may still be warranted; and supporting sufficient reimbursement and coverage for comprehensive pain management services including psychological and physical treatments.

“An overarching principle for the panel was to support efforts that reduce the overprescribing of opioids, which has contributed to opioid-related patient and societal problems, while at the same time using opioids in an appropriate and reduced-risk fashion for acute pain and in a small subset of patients with chronic pain,” says Dr. Hooten.

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About AAPM Foundation

The AAPM Foundation was created in 2011 to support the American Academy of Pain Medicine's (AAPM) efforts. The Foundation supports AAPM's core purpose to optimize the health of patients in pain and eliminate the major health problem of pain by advancing the practice and the specialty of pain medicine. Information is available on the Foundation's website at aapmfoundation.org.

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