PRESCRIBING OPIOIDS FOR CHRONIC PAIN

ADAPTED FROM CDC GUIDELINE

Opioids can provide short-term benefits for moderate to severe pain. Scientific evidence is lacking for the benefits to treat chronic pain.

IN GENERAL, DO NOT PRESCRIBE OPIOIDS AS THE FIRST-LINE TREATMENT FOR CHRONIC PAIN (for adults 18+ with chronic pain > 3 months excluding active cancer, palliative, or end-of-life care).

BEFORE PRESCRIBING

1. ASSESS PAIN & FUNCTION
   - Use a validated pain scale. Example: PEG scale where the score = average 3 individual question scores (30% improvement from baseline is clinically meaningful).
   - Q1: What number from 0 – 10 best describes your PAIN in the past week? (0 = “no pain”, 10 = “worst you can imagine”)
   - Q2: What number from 0 – 10 describes how, during the past week, pain has interfered with your ENJOYMENT OF LIFE? (0 = “not at all”, 10 = “complete interference”)
   - Q3: What number from 0 – 10 describes how, during the past week, pain has interfered with your GENERAL ACTIVITY? (0 = “not at all”, 10 = “complete interference”)

2. CONSIDER IF NON-OPIOID THERAPIES ARE APPROPRIATE**
   - Such as: NSAIDs, TCAs, SNRIs, anti-convulsants, exercise or physical therapy, cognitive behavioral therapy.

3. TALK TO PATIENTS ABOUT TREATMENT PLAN
   - Set realistic goals for pain and function based on diagnosis.
   - Discuss benefits, side effects, and risks (e.g., addiction, overdose).
   - Set criteria for stopping or continuing opioid. Set criteria for regular progress assessment.
   - Check patient understanding about treatment plan.

4. EVALUATE RISK OF HARM OR MISUSE. CHECK:
   - Known risk factors: illegal drug use; prescription drug use for nonmedical reasons; history of substance use disorder or overdose; mental health conditions; sleep-disordered breathing.
   - Prescription drug monitoring program data (if available) for opioids or benzodiazepines from other sources.
   - Urine drug screen to confirm presence of prescribed substances and for undisclosed prescription drug or illicit substance use.
   - Medication interactions. AVOID CONCURRENT OPIOID AND BENZODIAZEPINE USE WHENEVER POSSIBLE.

WHEN YOU PRESCRIBE

START LOW AND GO SLOW. IN GENERAL:
   - Start with immediate-release (IR) opioids at the lowest dose for the shortest therapeutic duration. IR opioids are recommended over ER/LA products when starting opioids.
   - Avoid ≥ 90 MME/day; consider specialist to support management of higher doses.
   - If prescribing ≥ 50 MME/day, increase follow-up frequency; consider offering naloxone for overdose risk.
   - For acute pain: prescribe < 3 day supply; more than 7 days will rarely be required.
   - Counsel patients about safe storage and disposal of unused opioids.
See below for MME comparisons. For MME conversion factors and calculator, go to TurnTheTideRx.org/treatment.

50 MORPHINE MILLILGRAM EQUIVALENTS (MME)/DAY:
- 50 mg of hydrocodone (10 tablets of hydrocodone/acetaminophen 5/300)
- 33 mg of oxycodone (~2 tablets of oxycodone sustained-release 15mg)

90 MORPHINE MILLILGRAM EQUIVALENTS (MME)/DAY:
- 90 mg of hydrocodone (18 tablets of hydrocodone/acetaminophen 5/300)
- 60 mg of oxycodone (4 tablets of oxycodone sustained-release 15mg)

**AFTER INITIATION OF OPIOID THERAPY**

**ASSESS, TAILOR & TAPER**
- Reassess benefits/risks within 1-4 weeks after initial assessment.
- Assess pain and function and compare results to baseline. Schedule reassessment at regular intervals (≤3 months).
- Continue opioids only after confirming clinically meaningful improvements in pain and function without significant risks or harm.

- If over-sedation or overdose risk, then taper. Example taper plan: 10% decrease in original dose per week or month. Consider psychosocial support.
- Tailor taper rates individually to patients and monitor for withdrawal symptoms.

**TREATING OVERDOSE & ADDICTION**
- Screen for opioid use disorder (e.g., difficulty controlling use; see DSM-5 criteria). If yes, treat with medication-assisted treatment (MAT). MAT combines behavioral therapy with medications like methadone, buprenorphine, and naltrexone. Refer to findtreatment.samhsa.gov. Additional resources at TurnTheTideRx.org/treatment and www.hhs.gov/opioids.

- Learn about medication-assisted treatment (MAT) and apply to be a MAT provider at www.samhsa.gov/medication-assisted-treatment.
- Consider offering naloxone if high risk for overdose: history of overdose or substance use disorder, higher opioid dosage (≥50 MME/day), concurrent benzodiazepine use.

**NON-OPIOID MEDICATION ALTERNATIVES:**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Typical Dose</th>
<th>Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen</td>
<td>500-650mg QID</td>
<td>Caution with alcohol use, Liver</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>600-800mg 3-4x/d.</td>
<td>Stomach, bleeding, Renal</td>
</tr>
<tr>
<td>Naproxen</td>
<td>250-500 BID</td>
<td>Stomach, bleeding, Renal</td>
</tr>
<tr>
<td>Meloxicam</td>
<td>7.5-15mg QD</td>
<td>Stomach, bleeding, Renal</td>
</tr>
<tr>
<td>Celecoxib</td>
<td>100-200mg QD-BID</td>
<td>Stomach, bleeding, Renal</td>
</tr>
<tr>
<td>Indomethacin</td>
<td>25-50mg BID</td>
<td>Headache, vomiting, Bleeding, Renal</td>
</tr>
<tr>
<td>Diclofenac 1% gel</td>
<td>2-4g QID</td>
<td>Systemic absorption possible</td>
</tr>
<tr>
<td>Voltaren 1% gel</td>
<td>4g of 1% gel QID</td>
<td>Systemic absorption possible</td>
</tr>
<tr>
<td>Lidocaine 5% Patch</td>
<td>1-3 patches at a time</td>
<td>Apply 12 hours/day maximum</td>
</tr>
<tr>
<td>Tizanidine</td>
<td>2-8mg TID</td>
<td>Hypotension, somnolence</td>
</tr>
<tr>
<td>Cyclobenzaprine</td>
<td>5-10mg TID</td>
<td>Somnolence, dizziness</td>
</tr>
<tr>
<td>Methocarbamol</td>
<td>750mg-1.5 QID</td>
<td>Somnolence, dizziness</td>
</tr>
<tr>
<td>Amitriptyline</td>
<td>25 → 50-100mg QHS</td>
<td>Somnolence, dry mouth</td>
</tr>
<tr>
<td>Duloxetine</td>
<td>30 → 60mg QD</td>
<td>Somnolence, nausea</td>
</tr>
<tr>
<td>Fluoxetine</td>
<td>10-80mg QD</td>
<td>Taper when discontinue</td>
</tr>
<tr>
<td>Gabapentin</td>
<td>100-900 → 1200 TID</td>
<td>Somnolence, dizziness</td>
</tr>
<tr>
<td>Pregabalin</td>
<td>75-150 BID</td>
<td>Taper when discontinue; dizziness</td>
</tr>
<tr>
<td>Tramadol</td>
<td>50mg 3-6x/day</td>
<td>Taper when discontinue; opioid</td>
</tr>
<tr>
<td>Hydrocodone/Acetaminophen</td>
<td>5/500 BID #9-15</td>
<td>Short course appropriate; opioid</td>
</tr>
</tbody>
</table>

**JOIN THE MOVEMENT**

of health care practitioners committed to ending the opioid crisis at TurnTheTideRx.org.