CDC Guideline for Prescribing Opioids for Chronic Pain, 2016

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Three Pillars of CDC’s Work

• Improve data quality and track trends
• Strengthen state efforts by scaling up effective public health interventions
• Supply healthcare providers with resources to improve patient safety
Drug overdose is the leading driver of rising midlife mortality

- Increases in midlife drug poisoning, liver disease, and suicide are persistent & large enough to drive up all-cause midlife mortality
- If non-Hispanic white mortality for ages 45-54 had continued declining at the 1979-1998 rates, half a million deaths would have been avoided in the past 15 years

*Case & Deaton. Rising morbidity and mortality in midlife among white Non-Hispanic Americans in the 21st century. PNAS [epub Nov 2, 2015]. Note: Poisonings include alcohol and Rx/illicit drugs.*
Opioid overdose deaths, sales, and treatment admissions rise in parallel.

National Vital Statistics System, DEA’s Automation of Reports and Consolidated Orders System, SAMHSA’s TEDS
Death rates from heroin overdose are increasing rapidly

CDC Vital Statistics
3 out of 4 people reporting Rx opioid and heroin use in past year took Rx opioids first

Half of US opioids market is for chronic, non-cancer pain

U.S. opioids market revenues for 7 leading indications, 2010
Association Between Opioid Prescribing Patterns and Opioid Overdose-Related Deaths

Hazard ratio for opioid overdose death

- 1 - < 20 (reference)
  - Chronic pain: 1
  - Acute pain: 1
- 20 - <50
  - Chronic pain: 1.88
  - Acute pain: 1.58
- 50 - <100
  - Chronic pain: 4.63
  - Acute pain: 4.73
- >= 100
  - Chronic pain: 7.18
  - Acute pain: 6.64

Maximum prescribed daily dose, morphine milligram equivalents
Current Guideline Landscape

• Gaps
  o Incorporate new evidence
  o Use rigorous processes
  o Avoid conflicts of interest
  o Focus on primary care

• Common Elements in Guidelines for Prescribing Opioids for Chronic Pain
Guideline for Prescribing Opioids for Chronic Pain

✓ Primary care providers
✓ Patients ≥18 with chronic pain
✓ Outpatient settings

✗ Not intended for patients undergoing active cancer treatment, palliative care, or end-of-life care
Leveraging AHRQ Systematic Review

Sept 2014
Clinical Practices Addressed in the Guideline

- Determining when to initiate or continue opioids for chronic pain
- Opioid selection, dosage, duration, follow-up, and discontinuation
- Assessing risk and addressing harms of opioid use
Draft guideline recommendations

• Non-opioid therapy is preferred for chronic pain outside of active cancer, palliative, and end-of-life care.

• When opioids are used, the lowest possible effective dosage should be prescribed to reduce risks of opioid use disorder and overdose.

• Providers should always exercise caution when prescribing opioids and monitor all patients closely.