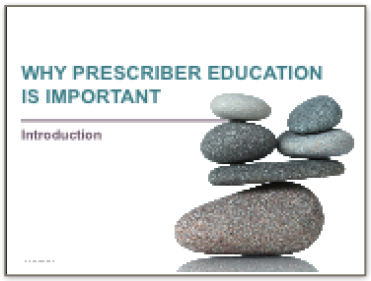
The CDC Guideline and the CO*RE Curriculum

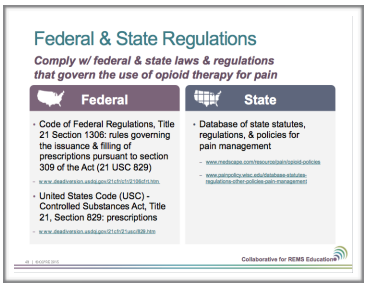
In March 2016, the Centers for Disease Control (CDC) issued a Guideline for Prescribing Opioids for Chronic Pain. The Guideline provides recommendations for primary care clinicians who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end of life care. It discusses:
1) when to initiate or continue opioids for chronic pain
2) opioid selection, dosage, duration, followup, and discontinuation
3) assessing risk and addressing harms of opioid use

Since its publication, there has been some controversy about the Guideline. Here we suggest opportunities in the CO*RE curriculum to discuss and clarify the differences between the Guideline and the CO*RE curriculum.

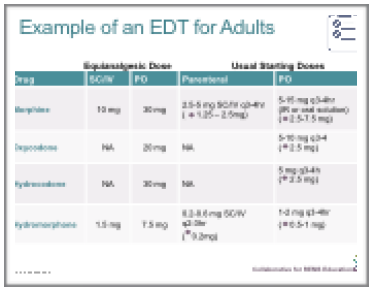


Slide 10. The FDA's blueprint focuses on the role and management of ER/LA opioids for chronic non-cancer pain (CNCP). No one has a problem with the use of opioids for cancer pain, hospice and palliative care. The dilemma is over prescribing opioids for CNCP. While our curriculum pre-dates the recent CDC Guideline (CDCG), it is consistent with the guidelines. Explain that you will point out differences as you go.

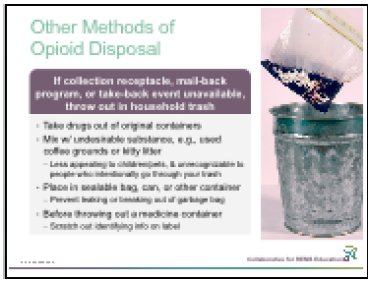
Slide 30. The CDCG recommends IR opioids be tried prior to a trial of ER/LA meds. The FDA blueprint focuses on ER/LAs and does not include guidelines for IR opioids. ER/LA opioids should be used if the pain is severe, not adequately controlled by an IR, and requires round-the-clock analgesia. It's important to remember that never using the ER/LAs, and continuing with increasing amounts of IR opioids, can lead to problems of intermittent withdrawal and misuse to try and stay ahead of the pain.



Slide 48. This is a good place to highlight the difference between a Guideline and State Regulations. Guidelines, like the one from the CDC, are *suggestions* based on large data sets. As such they allow for flexibility in your practice around an individual patient's needs. State Regulations are more stringent, often requiring clinician adherence. For example, Maine recently legislated a cap on prescriptions - 7 days for acute pain, 30 days for chronic pain. As a state regulation, Maine prescribers are required to adhere to that rule. In response to the CDCG, there may be more states to establish similar regulations. Some stakeholders oppose such regulations as they make it difficult to effectively and compassionately treat chronic pain patients. The take-home message is to screen for risk, use your PDMP, document your decision-making thoroughly, and monitor your patients using risk tools, PDMP, and/or toxicology.



Slide 60. This is a good place to introduce the concept of Morphine Equivalent Dose (MED). The CDCG suggests reassessment when considering dosages ≥ 50 MED and avoiding (or very carefully justifying) increasing dosages to ≥ 90 MED. Keep in mind that 50mg of hydrocodone (5 x 10 mg tablets) = 50 MED. 35mg of oxycodone (3-4, 10 mg tablets) = 50 MED. Clearly, it is important to consider these guidelines in the context of the individual patient. Overdose risk across large populations increases in a dose-response manner, though the risk for individuals and subpopulations of patients may vary. The CDCG recommendation is derived from large insurance databases. We really don't know how the risk increases for individuals or sub-populations of patients. A study by Liang and Turner shows that *both* the daily MED and the total prescription dose should be carefully evaluated and individualized. Doses > 100 MED are dangerous no matter the total dose, whereas if the daily MED is 50-90 mg, then a lower total dose of <1830 mg mitigates the risk.



Slide 138. Drug disposal marks a good place to bring up the quantity prescribed or the number of days. Over-prescribing results in excess medication in the home, which often leads to problems.

Note slide numbers refer to the 3-HR CO*RE PPT deck.

Helpful Additional Reading: NEJM Perspective article "Reducing the Risks of Relief - The CDC Opioid-Prescribing Guideline" by Thomas R. Frieden, MD

The CDC's website offering Guideline Resources.