FAST FACTS: Understanding the 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain

Clinical practice guidelines (often called “clinical guidelines”) are published statements that include recommendations on how to diagnose and/or treat a medical condition. They are developed by a panel of experts and written for doctors, nurses and/or other health care professionals. Clinical practice guidelines are intended to improve patient care.

The Centers for Disease Control and Prevention (CDC) “Clinical Practice Guidelines for Prescribing Opioids for Pain” published in 2022 include recommendations based on a review of the current scientific evidence, while considering benefits and harms, values and preferences, and resources. The CDC obtained input from a federally chartered advisory committee; federal partners; the public including patients, caregivers, and clinicians; and peer reviewers with scientific and clinical expertise.

While clinical guidelines are developed for the use of healthcare providers, they offer valuable information to patients and caregivers as well. Understanding the intent and guiding principles for implementation of these guidelines offer insight into the topics the healthcare provider should address with the patient and caregiver related to the use of opioids for pain control. It the patient or caregiver have any questions related to opioid use, ongoing treatment, adverse effects, etc. they should feel comfortable discussing those issues with the healthcare team prior to opioid use and throughout the use of opioid treatment. It is always important for patients/caregiver to provide feedback about pain related experiences and treatment(s) with the healthcare team, but it may be even more necessary when managing pain with opioids due to the possible adverse effects associated with their use.

✓ Intent
The Intent of the Clinical Practice Guidelines for opioids for pain is to:
- Improve communication with patients about the benefits and risks of pain treatments, including opioids to control for pain.
- Improve safety and effectiveness of pain treatment.
- Reduce pain.
- Improve function and quality of life for patients with pain.
- Reduce the risks associated with opioid pain treatment.

✓ Guiding Principles for Implementation
There are five (5) guiding principles for the implementation of the practice guidelines by healthcare providers:
- All types of pain must be appropriately assessed no matter if opioids are part of the treatment.
- Recommendations are voluntary and are not intended to replace individualized person-centered care.
- An approach to pain management that includes input from different disciples and different types of treatment should support physical and behavioral health and include review of long-term services and supports (the care provided to individuals to assist with personal or healthcare needs) and expected health outcomes.
- The practice guidelines should only be used for their intended purpose.
- Clinicians, health systems, and payers (i.e., Private insurance companies, Medicaid, Medicare, etc.) should ensure they are providing culturally and linguistically appropriate communication, and equal access to care and non-drug and pharmacological pain management to all individuals.
✓ **Recommendations for Healthcare Providers**
   The guidelines include twelve recommendations for healthcare providers which are grouped into four (4) areas including:
   - Deciding if opioids are the appropriate treatment to use (2 recommendations)
   - Selecting opioids and determining dosages (2 recommendations)
   - Deciding how to give opioids and when to conduct follow up (2 recommendations)
   - Assessing risk and addressing potential side effects and harms of opioid use (5 recommendations)

✓ **Viewing the full Guideline**
   The CDC has an excellent overview of the information provided in the 2022 Clinical Practice Guideline for Prescribing Opioids for Pain. To view this information and additional information provided by the CDC about opioids click the link below under the references section.

**References**