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Opioid Guidelines 2008-2016

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Background and Context
Opioids and Chronic Pain

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- Chronic pain is very common (11% of US adults)
- Increased emphasis on treating pain
- Aggressive marketing of new opioids
- Uncertain benefits of opioids but also limited alternatives for chronic pain

Background and Context

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- Epidemic increase in prescription opioid deaths in Utah and nationally
- Increased opioid misuse and nonfatal consequences
- Prescription opioid epidemic has fueled a heroin epidemic
- Opioid decedents are often:
  - Have chronic pain
  - Have risk factors for problems with opioids
    - mental health, substance abuse
  - Often have limited options – no health insurance, low income, unemployed

Background and Context
Goals of Safe Prescribing

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- Limit the risk of inadvertent overdose
- Prevent opioid use disorder
- Detect opioid use disorder
  - Occurring during treatment
  - Previously established
- Detect drug-seeking behavior to prevent diversion
- … and, treat pain

Utah 2008 Guidelines Context

- Legislatively mandated
  - 2007 HB0137 Daw/Bramble
- Utah was ahead of curve in recognizing and responding to the problem
- Limited resources – used existing guidelines
- Partner involvement was essential
  - Wide variety of perspectives included
- Focus – Balance treatment of pain with preventing complications especially overdose

Utah 2008 Guidelines
Key Points – Chronic Pain

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- Focused on chronic pain - most decedents were in chronic pain setting
  - Limit use – only if needed and can be monitored
  - Screen for risk of abuse/misuse
  - Appropriate and structured process of use
    - Treatment plan, consent, defined goals (pain/function), evaluate progress, documentation
    - Special caution for methadone

Utah 2008 Guidelines
Key Points – Acute pain

- Recognized that prescribing for acute pain was also a risk
  – diversion, introduction to opioids
- Only when needed and limit the amount prescribed
- Counsel on storage and disposal
- Avoid long-acting opioids
- Re-evaluate if duration longer than expected

2008 Guidelines Impact

- Limited evaluation results suggest guidelines improved prescribing behavior in those exposed
- Overdose deaths decreased after interventions that including guidelines, media campaign, and prescriber education.
  - Decrease was not sustained
- CDC review -- guidelines were part of the activities conducted in States that experienced decreases in overdose deaths.

CDC 2016 Guidelines Context

- Opioid use and overdose deaths are now widely recognized as a national problem
- Focus – Given proven risks and lack of evidence of benefit → reduced use and reduced doses
- Stronger evidence review but evidence is still very limited for most areas
  - Notable lack of evidence for specific risk assessment and risk mitigation strategies
- Overall, CDC recommendations were very similar to Utah and other previous guidelines

CDC 2016 vs. Utah 2008 Key findings and Differences

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- Stronger emphasis on evidence of harms, especially the increased risk at higher doses
- New or stronger recommendations
  - Stronger emphasis against using opioids
  - Clear warning against high doses
  - Urine testing before treatment
  - Medication-assisted treatment for opioid use disorder
  - Warning against concurrent benzodiazepine use
  - Naloxone

Update to Utah Guidelines - 2016

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- Specific changes to recommendations
  - e.g., naloxone, benzodiazepines, high doses
- Incorporate concrete and specific recommendations to reduce overall opioid use, high doses, and amounts prescribed
  - Seek consensus support by prescribers
- User friendly formats and tools
- Materials to help change patient expectations

...the inappropriate treatment of pain includes non-treatment, undertreatment, overtreatment, and the continued use of ineffective treatment.

Long-term opioid therapy should only be conducted in practice settings where careful evaluation, regular follow-up, and close supervision are ensured.

Von Korff and Deyo (2004)