

CDC Guidelines (2022) Quick Reference



Categories:

Category A - Applies to all persons; most patients should receive recommended course of action.

Category B - Individual decision making needed; different choices will be appropriate for different patients.

Evidence Types:

Type 1 - Randomized clinical trials or overwhelming evidence from observational studies.

Type 2 - Randomized clinical trials with important clinical limitations or exceptionally strong evidence from observational studies.

Type 3 - Observational studies or randomized clinical trials with notable limitations.

Type 4 - Clinical experience and observations, observational studies with important limitations, or randomized clinical trials with several major limitations.

GUIDELINES

1 **Cat. B, Type 3** - Non pharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain.

2 **Cat. A, Type 2**- Before starting opioid therapy for chronic pain, clinicians should establish and communicate realistic treatment goals with all patients.

3 **Cat. A, Type 4**- When starting opioids for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting.

4 **Cat. A, Type 3**- When starting opioid therapy for acute, subacute, or chronic pain, clinicians should prescribe the lowest effective dose.

5 **Cat. B, Type 4**- For patients on chronic opioid therapy, clinicians should weigh benefits and use care when changing doses.

6 **Cat. A, Type 4**- Long-term opioid use often begins with the treatment of acute pain. Clinicians should prescribe the lowest effective dose of immediate-release opioids.

7 **Cat. A, Type 4**- Clinicians should evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation.

8 **Cat. A, Type 4**- Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms.

9 **Cat. B, Type 4**- Clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP).

10 **Cat. B, Type 4**- When prescribing opioids for chronic pain, clinicians should consider benefits and risks of toxicology (urine drug testing) before starting opioid therapy.

11 **Cat. B, Type 3**- Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

12 **Cat. A, Type 1**- Clinicians should offer or arrange evidence-based treatment for patients with opioid use disorder.

CDC Guiding Principles



The CDC Guiding Principles state:

- 1** Acute, subacute, and chronic pain needs to be appropriately assessed and treated independent of whether opioids are part of a treatment regimen.
- 2** Recommendations are voluntary and are intended to support, not supplant, individualized, person-centered care. Flexibility to meet the care needs and the clinical circumstances of a specific patient is paramount.
- 3** A multimodal and multidisciplinary approach to pain management attending to the physical health, behavioral health, long-term services and supports, and expected health outcomes and well-being of each person is critical
- 4** Special attention should be given to avoid misapplying this clinical practice guideline beyond its intended use or implementing policies purportedly derived from it that might lead to unintended and potentially harmful consequences for patients.
- 5** Clinicians, practices, health systems, and payers should vigilantly attend to health inequities; provide culturally and linguistically appropriate communication, including communication that is accessible to person with disabilities; and ensure access to an appropriate, affordable, diversified, coordinated, and effective nonpharmacologic and pharmacologic pain management regimen for all persons.