STOP THE OPIDEMIC

Checklist for prescribing opioids for chronic pain

*for primary care providers treating adults (18+) with chronic pain ≥three months, excluding cancer, palliative and end-of-life care

When CONSIDERING long-term opioid therapy

- **Use alternative methods** of pain treatment when possible
- **Consider risks** based on patient age, history of substance abuse disorder, or psychiatric, physical or medical comorbidities
  - Use a validated tool to **screen for risk of opioid use disorder**
  - **Perform urine drug screening**
  - **Check the Controlled Substance Database**
  - **Assess risk of sleep apnea,** perform formal screening if needed
- **Perform a comprehensive evaluation** including the patient's social/work history, medical history, mental health/substance use history, and physical examination
- **Check disease-specific guidelines** for treatment recommendations
- **Obtain a consultation** for a patient with complex pain conditions or serious comorbidities.

When INITIATING long-term opioid therapy

- **Discuss risks and realistic benefits** of opioid treatment with the patient
- Collaborate with the patient to **write an opioid treatment plan**
  - **Include measurable goals** on the treatment plan for function, quality of life and improved pain control
  - **Include plans to modify or discontinue treatment** in the treatment plan
  - **Discuss and provide educational material** about the treatment plan to patients and their families
- **Document patient treatment and history**
- **Conduct a short-term trial** to assess the effects of opioid treatment on pain intensity, function and quality of life
  - **Schedule regular face-to-face visits** during the dose adjustment period of the trial to reassess achievement of treatment goals

STOP THE OPIDEMIC

When PRESCRIBING opioids

- **Begin with Immediate Release/Short-Acting (IR/SA)** opioid medication
- **Do not prescribe methadone** unless the prescriber has extensive training
- **Prescribe the lowest effective dose**
- **Avoid prescription fraud** by writing on tamper-resistant prescription paper or e-prescription
- **Avoid parenteral administration** of opioids unless within an inpatient or palliative care setting
- **Avoid prescribing/counsel against concurrent use of opioids with CNS depressants** such as benzodiazepines, alcohol, muscle relaxant drugs, sedative hypnotics including prescription and over-the-counter sleep aids, etc.
- **Combine therapies** by joining opioids with non-opioid analgesics and non-pharmacologic therapies
- **Counsel patients to securely store medications,** not share with others, and dispose of unneeded opioids properly
- **Co-prescribe a naloxone delivery kit**
    - o **Provide the patient/caregivers information on overdose** signs and symptoms and naloxone administration
- **Assure that patients receive ongoing mental health support and treatment** if they have co-existing psychiatric disorders

When MAINTAINING opioid therapy

- **Perform drug screening** on randomly selected visits and when aberrant behavior is suspected
- **Check the CSD** at least quarterly during treatment
- **Monitor opioid therapy** through face-to-face visits by discussing treatment goals, effect and mood, analgesia, activity and level of function, adverse effects and aberrant behaviors.
- **Continue or modify therapy** based on achievement of treatment goals during clinic visits
- **Refer patients at risk** for Substance Use Disorder (SUD) or those exhibiting behaviors of abuse diversion or addiction to a SUD specialist for treatment.
- **Offer or arrange treatment** for a patient with opioid use disorder

When DISCONTINUING opioid therapy

- **Discontinue opioid treatment** when pain problems have been resolved, treatment goals are not being met, adverse effects outweigh benefits, or dangerous or illegal behaviors are demonstrated.
- **Offer assistance** to safely taper medications or obtain appropriate treatment.

Things on the CDC's checklist for prescribing opioids for chronic pain that could be useful on this checklist:

Evidence about opioid therapy

- Benefits of long-term opioid therapy for chronic pain not well-supported by evidence.
- Short-term benefits small to moderate for pain; inconsistent for function.
- Insufficient evidence for long-term benefits in low back pain, headache and fibromyalgia.

Non-opioid Therapies

Use alone or combined with opioids, as indicated:

- Non-opioid medications (e.g., NSAIDs, TCAs, SNRIs, anti-convulsants).
- Physical treatments (e.g., exercise therapy, weight loss).
- Behavioral treatment (e.g., CBT).
- Procedures (e.g., intra-articular corticosteroids).

Evaluating risk of harm or misuse

Known risk factors include:

- Illegal drug use; prescription drug use for nonmedical reasons.
- History of substance use disorder or overdose.
- Mental health conditions (e.g., depression, anxiety).
- Sleep-disordered breathing.
- Concurrent benzodiazepine use