

Opioids for Chronic Pain

A new guideline is available from the Centers for Disease Control and Prevention on opioid prescribing for chronic pain.

Opioids are natural or synthetic chemicals that relieve pain by binding to receptors in the brain or body to reduce the intensity of pain signals reaching the brain. Doctors prescribe opioids such as oxycodone, hydrocodone, and morphine to treat acute pain or **chronic pain** (pain that lasts more than 3 months).

Although opioids can reduce short-term pain and can effectively relieve pain for patients with active cancer or others in hospice or palliative care, studies have not been conducted to determine if opioids control chronic pain after a few months. Opioids can have serious risks, and there is evidence that other treatments can be effective with less harm. Opioids can cause people to stop breathing and die, especially at higher dosages or when combined with alcohol, medications, or other substances.

Opioid use disorder (addiction) can occur when a patient has a hard time controlling his or her opioid use, which results in significant health or social problems. As many as 1 in 4 patients receiving opioids for chronic pain develops opioid use disorder. There are effective treatments for opioid use disorder.

Empowering doctors and patients to make informed decisions can help make sure opioids are used only when they are likely to be effective and harm can be minimized. Nonopioid medications and other treatments like physical therapy can help manage pain and improve function with less risk.

Recommendations for Safer and More Effective Pain Management

A *JAMA* article was published online on March 15, 2016, describing a new Centers for Disease Control and Prevention opioid prescribing guideline for chronic pain. The guideline provides recommendations based on available science for safer, more effective treatment of chronic pain outside of active cancer, palliative care, and end-of-life care.

The recommendations ask health care practitioners to

- Use nonopioid medications and other therapies such as physical therapy instead of or in combination with opioids.

- Prescribe the lowest effective dosage of opioids to reduce risks of opioid use disorder and overdose.
- Discuss potential benefits and harms of opioids with patients.
- Assess improvements in pain and function regularly.
- Use tools such as urine drug tests and prescription drug monitoring programs to inform themselves about patients' other medications that increase risk.
- Monitor patients for signs of whether opioid use disorder might be developing and arrange treatment if needed.

What You Can Do

If you have chronic pain, be sure to

- Consider ways to manage your pain that do not include opioids, such as physical therapy, exercise, nonopioid medications, and cognitive behavioral therapy.
- Make the most informed decision with your doctor.
- Never take opioids in greater amounts or more often than prescribed.
- Avoid taking opioids with alcohol and other substances or medications you have not discussed with your doctor.

If you or someone close to you has an addiction to pain medication, talk to your doctor or contact the Substance Abuse and Mental Health Services Administration's treatment help line at (800) 662-HELP.

FOR MORE INFORMATION

Centers for Disease Control and Prevention
www.cdc.gov/drugoverdose

 To find this and previous JAMA Patient Pages, go to the Patient Page link on *JAMA*'s website at www.jama.com. Spanish translations are available in the supplemental content tab.

Author: LeShaundra Cordier Scott, MPH, CHES; Sarah Lewis, MPH, CHES

Published Online: March 15, 2016. doi:10.1001/jama.2016.3224.

Conflict of Interest Disclosures: The author has completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

Source: Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain—United States, 2016. *JAMA*. doi:10.1001/jama.2016.1464.

The JAMA Patient Page is a public service of *JAMA*. The information and recommendations appearing on this page are appropriate in most instances, but they are not a substitute for medical diagnosis. For specific information concerning your personal medical condition, *JAMA* suggests that you consult your physician. This page may be photocopied noncommercially by physicians and other health care professionals to share with patients. To purchase bulk reprints, call 312/464-0776.