VA/DoD CLINICAL PRACTICE GUIDELINE FOR OPIOID THERAPY FOR CHRONIC PAIN

Department of Veterans Affairs

Department of Defense

Pocket Card

QUALIFYING STATEMENTS

The Department of Veterans Affairs and the Department of Defense guidelines are based upon the best information available at the time of publication. They are designed to provide information and assist decision making. They are not intended to define a standard of care and should not be construed as one. Neither should they be interpreted as prescribing an exclusive course of management.

This Clinical Practice Guideline is based on a systematic review of both clinical and epidemiological evidence. Developed by a panel of multidisciplinary experts, it provides a clear explanation of the logical relationships between various care options and health outcomes while rating both the quality of the evidence and the strength of the recommendation.

Variations in practice will inevitably and appropriately occur when clinicians take into account the needs of individual patients, available resources, and limitations unique to an institution or type of practice. Every healthcare professional making use of these guidelines is responsible for evaluating the appropriateness of applying them in the setting of any particular clinical situation.

These guidelines are not intended to represent TRICARE policy. Further, inclusion of recommendations for specific testing and/or therapeutic interventions within these guidelines does not guarantee coverage of civilian sector care. Additional information on current TRICARE benefits may be found at www.tricare.mil or by contacting your regional TRICARE Managed Care Support Contractor.

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I. Summary of Recommendations

Recommendations were made using a systematic approach considering multiple domains: the confidence in the quality of the evidence, balance of desirable and undesirable outcomes, patient or provider values and preferences, and other implications, as appropriate (e.g., resource use, equity, acceptability).

For the treatment of chronic pain

We recommend:

- Alternatives to opioid therapy (OT) such as self-management strategies, other non-pharmacological treatments, and, when pharmacologic therapies are used, non-opioids over opioids

We recommend against:

- Initiating long-term opioid therapy (LOT) for chronic pain
- LOT, particularly in the following patient populations due to increased risk of adverse events with OT: untreated substance use disorder (SUD), concurrent benzodiazepine use, less than 30 years of age

If initiating OT for chronic pain

We recommend:

- A short duration (consideration of OT ≥90 days requires re-evaluation and discussion with patient)
- The lowest dose indicated, as there is no safe dose and risk increases with dose
- Informed consent discussion of risks and benefits of OT and alternative therapies upon initiation
- Ongoing risk mitigation, including random urine drug testing (and appropriate confirmatory testing), checking state prescription drug monitoring programs, monitoring for overdose potential and suicidality, providing overdose education, prescribing of naloxone rescue and accompanying education, and suicide risk assessment (and intervening if necessary)
- Evaluation of risks and benefits at least every three months and more frequently as dose increases
- Tapering OT to reduced dose or to discontinuation when risks of LOT outweigh benefits (avoid abrupt discontinuation unless required for immediate safety concerns; individualize tapering)
- Interdisciplinary care (addressing pain, SUD, and/or mental health problems) for patients presenting with high risk and/or aberrant behavior

We recommend against:

- Doses >90 mg morphine equivalent daily dose (MEDD) for treating chronic pain
- Prescribing long-acting opioids for acute pain, as an as-needed medication, or on initiation of LOT

If continuing OT for chronic pain

We recommend:

- Ongoing risk mitigation, assessment for opioid use disorder (OUD) and suicide, and consideration for tapering
- For patients with evidence of untreated SUD, close monitoring, SUD treatment, and tapering
- For patients with concurrent use of OT and benzodiazepines, tapering one or both medications
- For patients taking >90 mg MEDD, evaluation for tapering to reduced dose or to discontinuation
- For patients with chronic pain and OUD, medication assisted treatment of OUD

For acute pain

We recommend:

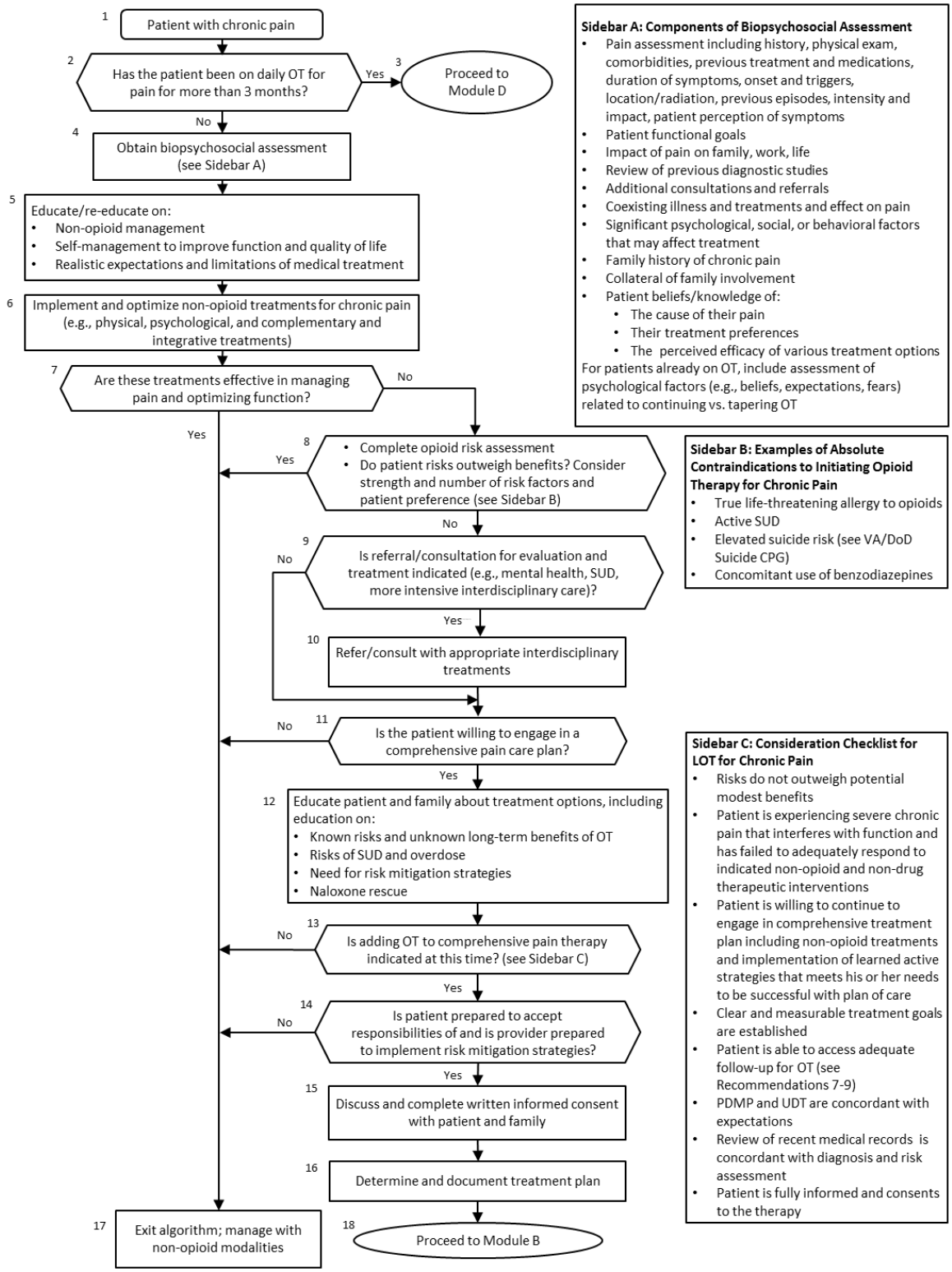
- Alternatives to opioids for mild-to-moderate acute pain
- If opioids are prescribed, immediate-release opioids at lowest effective dose with reassessment no later than 3-5 days to determine if adjustments or continuation of OT is indicated

We suggest:

- Use of multimodal pain care when opioids are used (should also offer patient education about opioid risks and alternatives to OT)

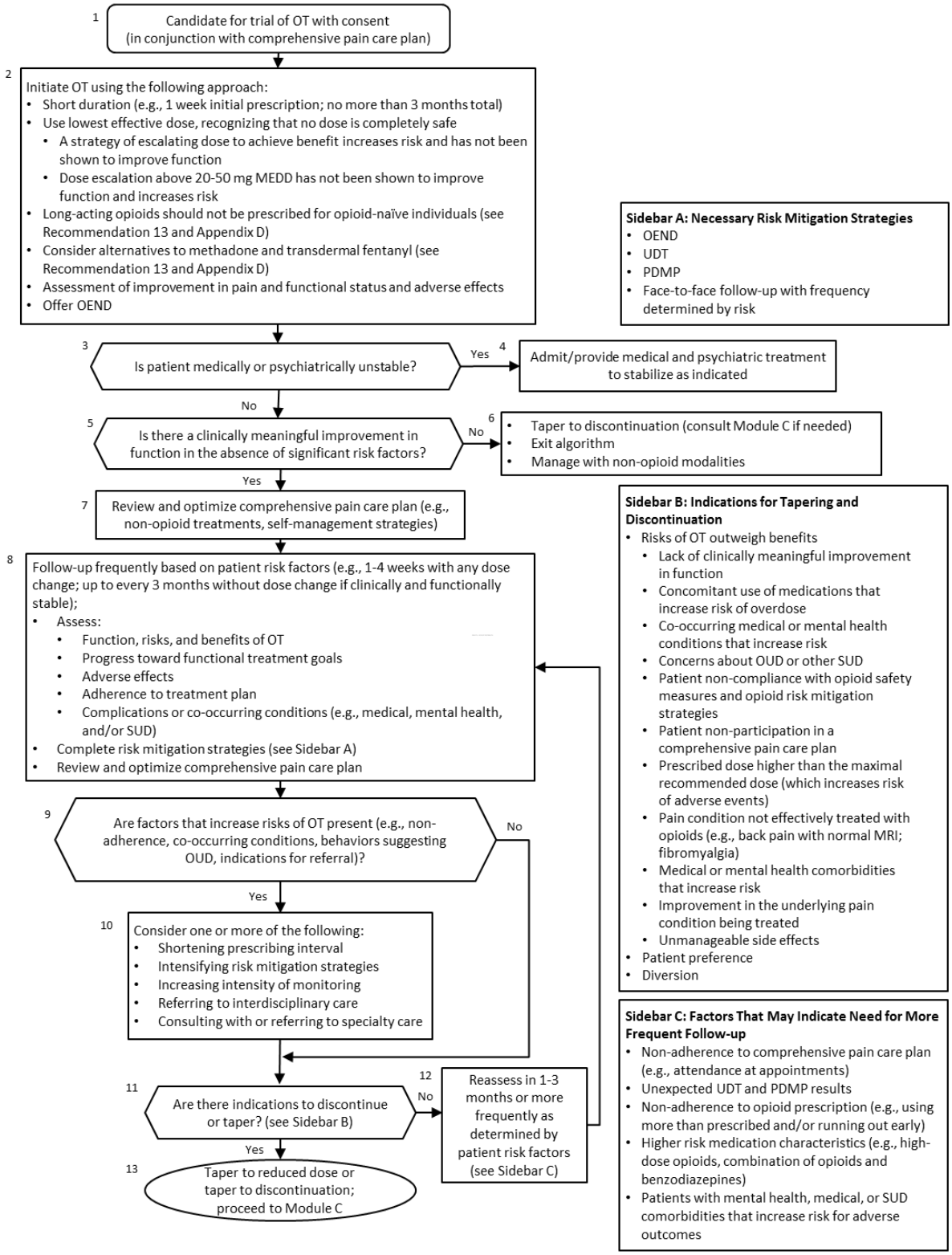
II. Module A: Determination of Appropriateness for Opioid Therapy

Note: Non-pharmacologic and non-opioid pharmacologic therapies are preferred for chronic pain.



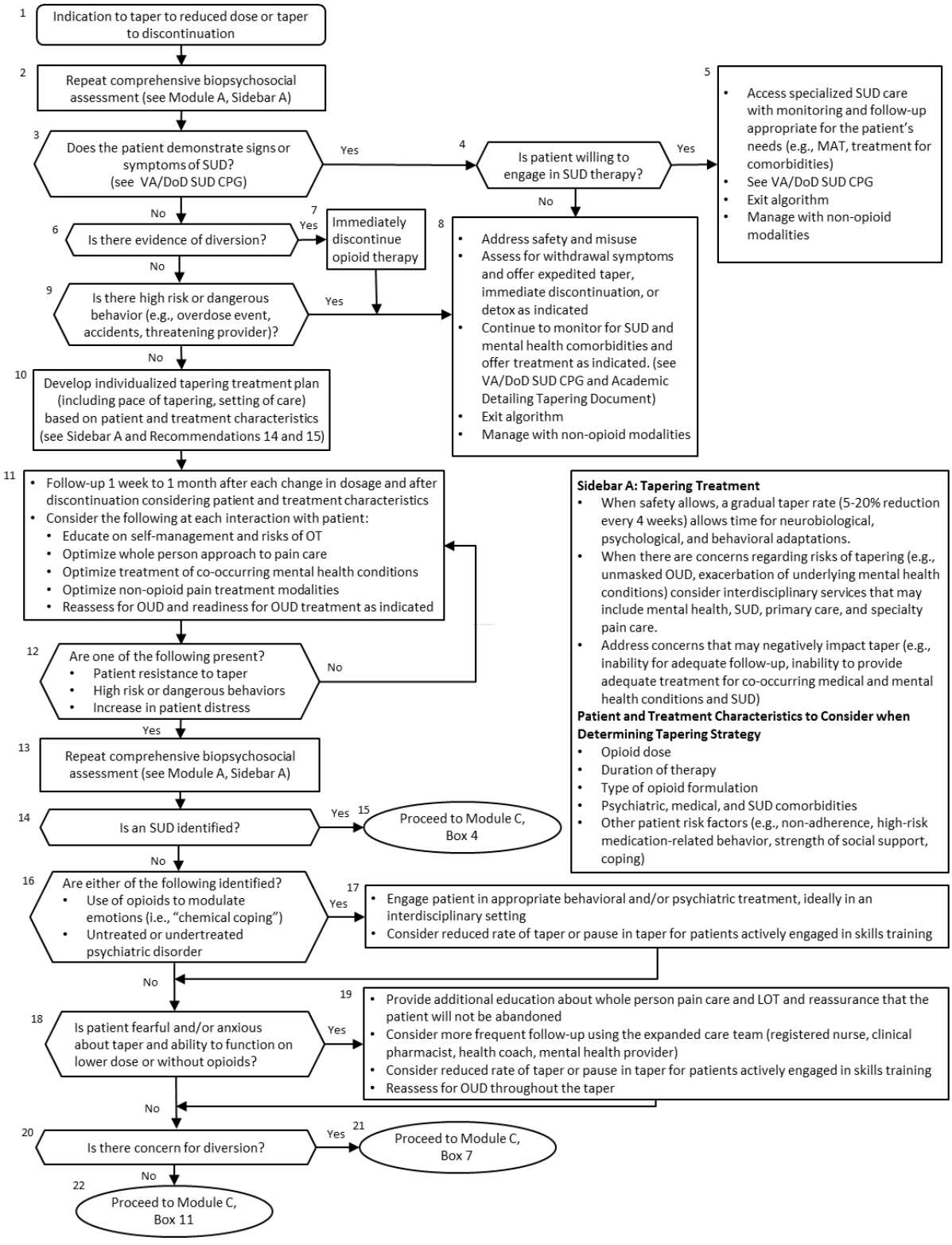
Abbreviations: LOT: long-term opioid therapy; OT: opioid therapy; PDMP: Prescription Drug Monitoring Program; SUD: substance use disorders; UDT: urine drug test; VA/DoD Suicide CPG: VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide

III. Module B: Treatment with Opioid Therapy



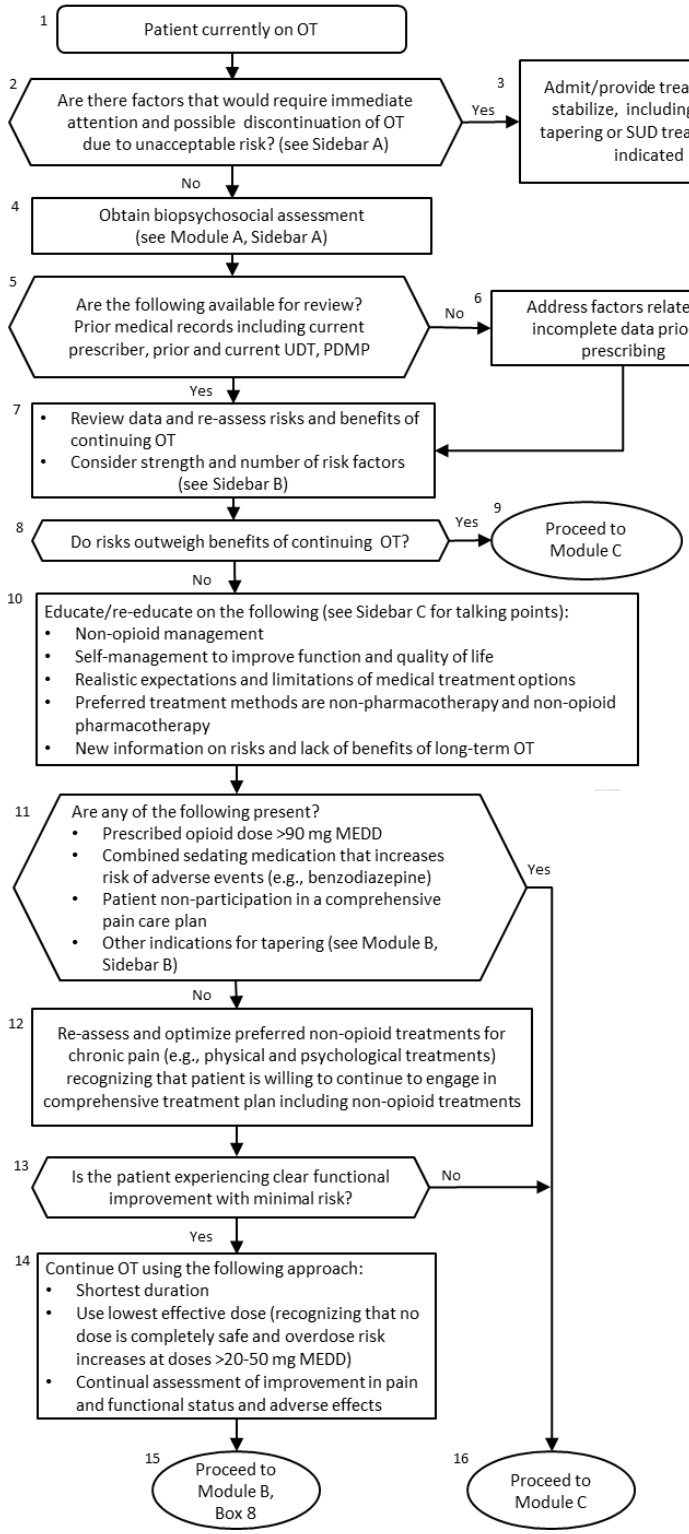
Abbreviations: MEDD: morphine equivalent daily dose; mg: milligram(s); MRI: magnetic resonance imaging; OEND: Overdose Education and Naloxone Distribution; OT: opioid therapy; OUD: opioid use disorder; PDMP: Prescription Drug Monitoring Program; SUD: substance use disorders; UDT: urine drug test

IV. Module C: Tapering or Discontinuation of Opioid Therapy



Abbreviations: LOT: long-term opioid therapy; MAT: medication assisted treatment; OT: opioid therapy; OUD: opioid use disorder; SUD: substance use disorders; VA/DoD SUD CPG: VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders

V. Module D: Patients Currently on Opioid Therapy



Sidebar A: Factors Requiring Immediate Attention and Possible Discontinuation

- Untreated SUD
- Unstable mental health disorder
- Medical condition that acutely increases opioid risks (e.g., compromised or worsening cognitive or cardiopulmonary status)
- Other factors that acutely increase risk of overdose
  - Recent overdose
  - Current sedation
  - Recent motor vehicle accident
- Acutely elevated suicide risk (see VA/DoD Suicide CPG)

Sidebar B: Considerations During Re-assessment

Risks

- Increase in all-cause mortality
- Increase risk of unintentional overdose death
- Increase risk of developing OUD
- Risk of developing or worsening:
  - Depression
  - Falls
  - Fractures
  - Sleep disordered breathing
  - Worsening pain
  - Motor vehicle accidents
  - Hypogonadism
  - Prolonged pain
  - Nausea
  - Constipation
  - Dry mouth
  - Sedation
  - Cognitive dysfunction
  - Immune system dysfunction
  - Reduction in function
  - Reduction in quality of life

Benefits

- Modest short-term improvement in pain
- Possible short-term improvement in function

Sidebar C: Talking Points for Education and Re-education for Patients Currently on OT

- "Doctors used to think that opioids were safe and effective when used for long periods of time to treat chronic pain."
- "New information has taught us that long-term opioid use can lead to multiple problems including loss of pain relieving effects, increased pain, unintentional death, OUD, and problems with sleep, mood, hormonal dysfunction, and immune dysfunction."
- "We now know that the best treatments for chronic pain are not opioids. The best treatments for chronic pain are non-drug treatments such as psychological therapies and rehabilitation therapies and non-opioid medications."

Abbreviations: MEDD: morphine equivalent daily dose; mg: milligram(s); OT: opioid therapy; OUD: opioid use disorder; PDMP: Prescription Drug Monitoring Program; SUD: substance use disorders; UDT: urine drug test; VA/DoD Suicide CPG: VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide

VI. Informed Consent Discussion

Given the recognized risks of OT, an optimal approach to care should include a robust signature informed consent process that is patient-centered and provides patients with information about known benefits and harms of OT and treatment alternatives. In 2014, VA established a requirement for signature informed consent, consistent with VA policy for other treatments or procedures with a significant risk of complications or morbidity.

The informed consent discussion starts by focusing on the characteristics of the patient, including the reason the patient is on LOT, the location of his or her pain, and the goals of his or her treatment with opioids. The next part of the discussion focuses on OT itself, including the known risks and side effects of OT as well as the potential benefits. Alternatives to OT must also be discussed with the patient prior to obtaining informed consent. Both the practitioner and patient (or his or her surrogate) acknowledge that the items detailed on the informed consent form were discussed and understood. The patient at this point also acknowledges that he or she understands the importance of a variety of risk mitigation strategies aimed at minimizing the adverse outcomes of OT for the patient and others.

For the most current information on informed consent, see:

- The VA National Center for Ethics in Health Care website: http://www.ethics.va.gov/
- The Opioid Safety Initiative Toolkit: https://www.va.gov/PAINMANAGEMENT/Opioid_Safety_Initiative_Toolkit.asp
- The patient information guide titled *Taking Opioids Responsibly for Your Safety and the Safety of Others: Patient Information Guide on Long-term Opioid Therapy for Chronic Pain*: https://www.va.gov/PAINMANAGEMENT/docs/TakingOpioidsResponsibly20121017.pdf

VII. Additional Resources

- Veterans Administration Pain Management website: https://www.va.gov/painmanagement/
- Defense and Veterans Center for Integrative Pain Management website: http://www.dvcipm.org/
- Chronic Pain Information Page from the National Institute of Neurological Disorders and Stroke: https://www.ninds.nih.gov/Disorders/All-Disorders/Chronic-Pain-Information-Page