Regarding Chapter 50 Chronic Nonmalignant Pain Management

Dear Reader,

At the time of the printing our book, the Centers for Disease Control and Prevention posted the *CDC guideline for prescribing opioids for chronic pain-United States, 2016* (Dowell, D., Haegerich, T.M. & Chou, R). The reader is encouraged to examine the guidelines as there are some valuable updates in regards to chronic pain management, most of which further validates the approach to chronic pain assessment and management noted in Chapter 50. Yet, the authors of the chronic nonmalignant pain chapter (Saxe, J. M., Una, N. and McNerney, K.) would like to highlight some recommendations related to “Opioid selection, dosage, duration, follow-up and discontinuation” in the newly released guidelines as it reflects to a shift in the approach to opiate therapy.

In the chapter on chronic nonmalignant pain management, it was noted that short-acting/immediate-release opiates should not be used on a chronic basis for individuals where long-term and consistent opiate therapy may be indicated (p.488). While this notion holds true, it is important to note that “long term opiate use often begins with the treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release
opioids [not extended-release/long-acting (ER/LA) opioids] and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than 7 days will rarely be needed. The authors further note that “clinicians should evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation. Clinicians should evaluate benefits and harms of continued therapy with patients every 3 months or more frequently. If benefits do not outweigh harms of continued opioid therapy, clinicians should optimize therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids” (Dowell, D., Haegerich, T.M. & Chou, R).

We hope you find this update to be of value. Thank you for your readership.

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References