PAIN MANAGEMENT | Section 3

OVERVIEW

Pain management is determined primarily by whether pain is acute or chronic. Management of chronic pain should be individualized, patient-centered, and based on shared decision making and goals of treatment. Considerations for determining acute versus chronic pain can be found in the table on the next page.

Pharmacological treatment of pain should use the lowest effective dosage for pain relief and functional improvement. Both pharmacological and non-pharmacologic treatments have shown to be effective in managing pain. Evidence for the effectiveness of various treatments for chronic pain can be found in the table on the next page.

Management of chronic pain is covered by several different guidelines and systematic reviews with varying recommendations based on location and type of chronic pain.

In response to the opioid public health crisis, new guidance recommends non-pharmacologic and non-opioids as first-line therapies, when clinically appropriate.[1] If an opioid is considered for treatment, the lowest effective dosage for pain relief and functional improvement should be used.

Guidelines and Evidence Reviews

The following are recent evidence reviews and evidence-based guidelines for primary care physicians and other clinicians in addressing acute and chronic pain:

- The American College of Physicians (ACP) and the AFFP jointly developed the clinical practice guideline, Management of Acute Musculoskeletal Pain, which includes evidence-based recommendations for pharmacologic and non-pharmacologic management of acute pain resulting from musculoskeletal injuries.[2]
- The ACP developed, and the AAFP endorsed, the clinical practice guideline, Low Back Pain, which includes evidence-based recommendations for management of acute and chronic low back pain with an emphasis on non-pharmacologic and non-opioid therapies as first-line treatment.[3]
- The U.S. Department of Health and Human Services' Pain Management Best Practices Inter-Agency Task Force developed the report, Pain Management Best Practices, which is a comprehensive document outlining different approaches for the treatment of pain.[4]

Two evidence reviews developed by the Agency for Healthcare Research and Quality (AHRQ) summarize and provide assessment of the quality of current evidence on pharmacologic and non-pharmacologic treatment of chronic pain:

- Nonopioid Pharmacologic Treatments for Chronic Pain[5]
- Noninvasive Treatments for Low Back Pain[6]

Chronic Pain Management Tools

The table below includes selected tools for chronic pain management in this toolkit, along with links and reference to additional tools.

Chronic Pain Management Tools in Toolkit		
Name	**Description**	**Location**
Table C. Management Considerations Based on Pain Type: Acute Versus Chronic Pain	Overview of background and management considerations for acute versus chronic pain	Jump to table in toolkit.
Table D. Chronic Pain Treatments Overview	Overview of pharmacologic and non-pharmacologic treatment options for chronic pain with evidence-based indications	Jump to table in toolkit.
Chronic Pain Patient Handout	Two-page patient handout lists chronic pain treatment options and provides information on treatment goals	Jump to tool in toolkit.
Additional Chronic Pain Management Tools		
Pain Self-Management Strategies	Self-management resource guide for patients with chronic pain	https://health.ucdavis.edu/nursing/Research/INQRI_Grant/Long-Term%20Non-Surgery%20Pain%20Management%20Strategies%20Booklet%20WebFINAL082311.pdf
Complementary Health Approaches for Chronic Pain: What the Science Says	Current evidence on complementary health products and practices for managing chronic pain	www.nccih.nih.gov/health/providers/digest/complementary-health-approaches-for-chronic-pain-science

References

1. Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain — United States, 2016. *MMWR Recomm Rep.* 2016;65(1):1-49.
2. American Academy of Family Physicians. Management of acute musculoskeletal pain. Clinical Practice Guideline. Accessed January 8, 2021. www.aafp.org/family-physician/patient-care/clinical-recommendations/all-clinical-recommendations/musculoskeletal-pain.html
3. American Academy of Family Physicians. Low back pain. Clinical Practice Guideline. Accessed January 8, 2021. www.aafp.org/family-physician/patient-care/clinical-recommendations/all-clinical-recommendations/back-pain.html
4. Pain Management Best Practices Inter-Agency Task Force. Pain management best practices. U.S. Department of Health and Human Services. Accessed January 8, 2021. www.hhs.gov/sites/default/files/pain-mgmt-best-practices-draft-final-report-05062019.pdf
5. Agency for Healthcare Research and Quality. Nonopioid pharmacologic treatments for chronic pain. Accessed January 8, 2021. https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/nonopioid-chronic-pain.pdf
6. Agency for Healthcare Research and Quality. Noninvasive treatments for low back pain. Accessed January 8, 2021. https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/back-pain-treatment_research.pdf

Table C. Management Considerations Based on Pain Type: Acute vs. Chronic Pain		
Characteristics	**Acute Pain**	**Chronic Pain**
Duration	Normal healing duration; <3-6 months	Prolonged duration >6 months
Function	Physiologic (protective)	Pathologic (non-protective)
Cause	Acute illness, injury, trauma, surgery or other medical procedure	Injury, chronic illness, cancer, may have no indefinable pathology
Characteristics	Usually nociceptive; sharp, localized, sudden/gradual onset	Usually a combination of nociceptive and neuropathic, dull, aching, generalized, persistent
Treatment options (non-inclusive list no in any particular order)	Nonsteroidal anti-inflammatory drugs (NSAIDS), acetaminophen, opioids, nerve bocks, ketamine, muscle relaxants, pain-reducing modalities (e.g., immobilization, heat/cold, and elevation), graded exercise of the affected body area, physical therapy. Opioids are not recommended for acute low back pain.	Non-opioid analgesics, physical therapy, cognitive behavioral therapy, rehabilitation, exercise, integrative medical therapies (e.g., yoga, relaxation, tai chi, massage, and acupuncture), opioids on a case-by-case basis
Goals of treatment	Pain Resolution + Resolve underlying cause: - Facilitate recovery - Reduce pain - Minimize side effects - Prevent chronic pain	Pain Control + Restore function: - Restore function (physical, emotional, social) - Decrease pain (e.g., treat underlying cause, minimize medication use) - Correct secondary consequences (e.g., maladaptive behavior)

Treatment Options for Chronic Pain

This table outlines different classes of medications and non-pharmacological treatments with indications for use in chronic pain. While pain management is a major issue in the United States, the evidence is still limited, especially for non-pharmacologic treatments. Long-term studies for almost all treatments are lacking. Please note that this table is provided as an overview and should not be considered as a guideline for specific management.

Table D. Pharmacologic Treatments			
Class of Medication	**Indications[a]**	**Magnitude of Benefit[b]**	
		PAIN	**FUNCTION**
NSAIDs (topical or oral)	Low back pain, asteoarthritis, inflammatory arthritis, acute musculoskeletal (MSK) pain	Small to noderate	None to small
Acetaminophen	Acute MSK pain	Small	None
Antidepessants	Diabetic peripheral neuropathy, fibromyalgia	Small	None
Anticonvulsants	Diabetic peripheral neuropathy, fibromyalgia	Small to moderate	None (neuropathic pain) Small (fibromyalgia)
Opioids	Acute MSK pain, chronic pain, neuropathy	Small to no benefit[c]	Small to no benefit[c]
Non-Pharmacologic Treatments			
Therapy	**Indications[a]**	**Magnitude of Benefit[b]**	
		PAIN	**FUNCTION**
Exercise	Low back pain, neck pain, knee and hip osteoarthritis, fibromyalgia	Small to moderate	Small to moderate
Cognitive Behavioral Therapy	Low back pain, fibromyalgia	Small to moderate	Small to moderate
Massage/Acupuncture/ Spinal Manipulation	Low back pain, fibromyalgia, chronic headache, neck pain	Small to moderate	Small to moderate
Yoga/Tai Chi	Low back pain, fibromyalgia	Small	Small (fibromyalgia) Moderate (low back pain)

a. Summary of treatments and indications pulled from recent guidelines and evidence reviews as outlined above (references 3, 4, 6, 7)

b. Magnitude of benefit compared to harms of treatment; will vary based on type/location of pain

c. Not considered first line treatment for most indications

PROMOTING SAFER AND MORE EFFECTIVE PAIN MANAGEMENT

UNDERSTANDING PRESCRIPTION OPIOIDS

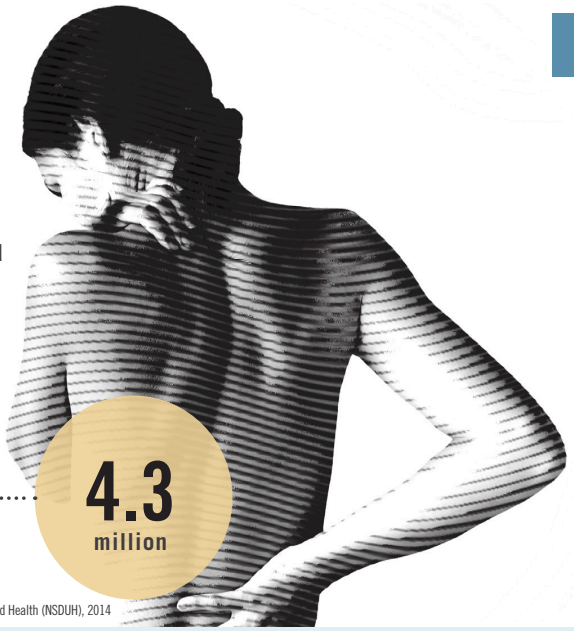
Opioids are natural or synthetic chemicals that relieve pain by binding to receptors in your brain or body to reduce the intensity of pain signals reaching the brain. Opioid pain medications are sometimes prescribed by doctors to treat pain. Common types include:

- Hydrocodone (e.g., Vicodin)
- Oxycodone (e.g., OxyContin)
- Oxymorphone (e.g., Opana), and
- Morphine

Opioids can have serious risks including addiction and death from overdose.

1 in 4

As many as 1 in 4 people receiving prescription opioids long term in a primary care setting struggles with addiction.



4.3 million

Americans engaged in non-medical use of opioid pain medication in the last month.[1]

[1] National Survey on Drug Use and Health (NSDUH), 2014

OPIOIDS AND CHRONIC PAIN

Many Americans suffer from chronic pain, a major public health concern in the United States. Patients with chronic pain deserve safe and effective pain management. At the same time, our country is in the midst of a prescription opioid overdose epidemic.

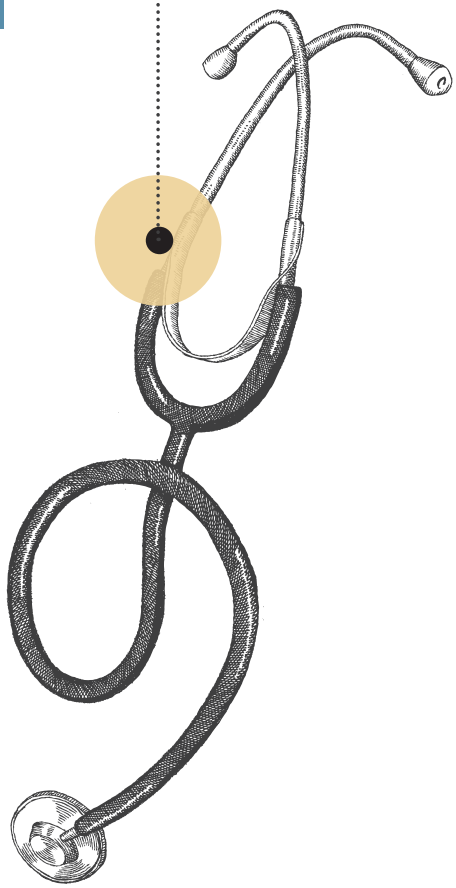
- The amount of opioids prescribed and sold in the US quadrupled since 1999, but the overall amount of pain reported hasn't changed.
- There is insufficient evidence that prescription opioids control chronic pain effectively over the long term, and there is evidence that other treatments can be effective with less harm.

PRESCRIPTION OPIOID OVERDOSE IS AN EPIDEMIC IN THE US

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

IMPROVE DOCTOR AND PATIENT COMMUNICATION

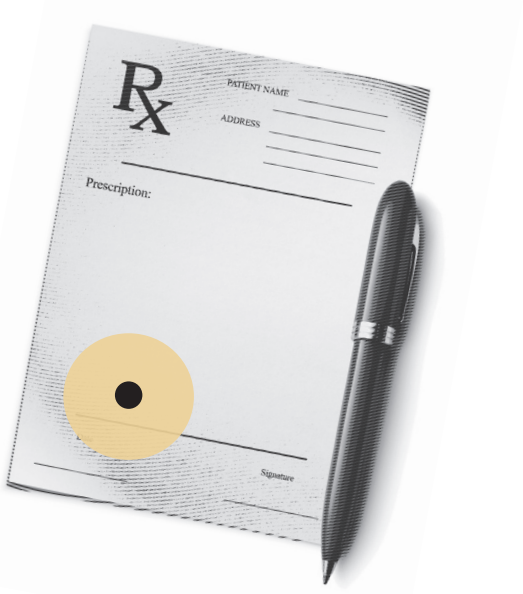


The Centers for Disease Control and Prevention's (CDC) *Guideline for Prescribing Opioids for Chronic Pain* provides recommendations to primary care doctors about the appropriate prescribing of opioid pain medications to improve pain management and patient safety:

- It helps primary care doctors determine when to start or continue opioids for chronic pain
- It gives guidance about medication dose and duration, and on following up with patients and discontinuing medication if needed
- It helps doctors assess the risks and benefits of using opioids

Doctors and patients should talk about:

- How opioids can reduce pain during short-term use, yet there is not enough evidence that opioids control chronic pain effectively long term
- Nonopioid treatments (such as exercise, nonopioid medications, and cognitive behavioral therapy) that can be effective with less harm
- Importance of regular follow-up
- Precautions that can be taken to decrease risks including checking drug monitoring databases, conducting urine drug testing, and prescribing naloxone if needed to prevent fatal overdose
- Protecting your family and friends by storing opioids in a secure, locked location and safely disposing unused opioids



GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

CDC developed the *Guideline for Prescribing Opioids for Chronic Pain* to:

- Help reduce misuse, abuse, and overdose from opioids
- Improve communication between primary care doctors and patients about the risks and benefits of opioid therapy for chronic pain

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html