ECHO IDAHO: OPIOID ADDICTION AND TREATMENT

CDC Guidelines on Prescribing Opioids
8/13/2020
Alicia Carrasco, MD

The University of Idaho, WWAMI Medical Education Program is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Idaho, WWAMI Medical Education Program designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
LEARNING OBJECTIVES

- Providers will use CDC prescribing guidelines for new opioid prescriptions.
- Identify and prescribe naloxone for high risk patients.
- Providers will establish and measure goals for pain and function
STEPS 1 - 3

WHO AND WHEN?

Step 1: Opioids are not first-line or routine therapy for chronic pain
--Use non-pharmacologic and nonopioid treatments
--Use opioid therapy if, only if, potential benefits outweigh risk.

Step 2: Establish treatment goals

Step 3: Discuss risk/benefits and responsibilities.
STEPS 4 - 7
HOW AND FOR HOW LONG?

Step 4: Start with immediate-release formulations
Step 5: Start low, go slow
   --be extra mindful if increasing beyond 50MEDD
Step 6: If treating acute pain, limit to 3 days (max 7)
Step 7: Reassess frequently
   -re-eval risk/benefit every 1-4 weeks with dose titration
   -re-eval risk/benefit every 3 months for all long-term opioid patients
**STEPS 8 - 12**

ASSESS RISKS AND HARMS

Step 8: Continuously re-evaluate risk and adjust treatment plan accordingly

Step 9: Run a PDMP before starting opioids, and then at least every 3 months*

Step 10: Get a urine toxicology screen before initiation and at *least* annually
  - High risk → q3 months, Medium risk → q6 months, Low risk → q12 months

Step 11: Try to avoid benzodiazepine co-prescriptions whenever possible

Step 12: Arrange for medication-assisted treatment for patients with opioid use disorder

*Starting October 1, all Idaho providers must check a PDMP prior to *every* opioid and benzo prescription
CLARIFICATIONS

- CDC does **not** recommend tapering all patients on >50MEDD (or 90MEDD) across the board
- Individualized risk assessments are key
SUMMARY

CDC PRESCRIBING GUIDELINES

• Opioids are not intended as a stand-alone treatment for chronic pain.
• Create functional goals with your patient.
• Regular, individualized risk/benefit assessments are necessary.
REFERENCES

- https://www.cdc.gov/drugoverdose/prescribing/guideline.html
JOIN US FOR OUR NEXT SESSION!
For information, please visit uidaho.edu/echo
Ongoing Resource List

RESOURCES FROM TODAY’S SESSION AND PAST SESSIONS CAN BE FOUND IN OUR ONGOING RESOURCE LIST.

https://iecho.unm.edu/sites/uidaho/download.hns?i=51