



May 14, 2018

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Dear Doctor Williams:

The Missouri Chapter of the American College of Physicians (MO-ACP) would like to bring to your attention some discrepancies between recommendations by the Missouri Bureau of Narcotics and Dangerous Drugs (BNDD) and the CDC Guidelines for Prescribing Opioids for Chronic Pain.¹ The MO-ACP represents a broad range of physicians in the state with a membership of nearly 2,300 internal medicine physicians, residents and medical students. We also represent many physicians who are primary care providers who may be affected by the BNDD recommendations. As a practicing internal medicine physician who has treated patients with chronic pain for 25 years, the CDC guidelines for prescribing opioids are a step forward. However, I am concerned that some of the BNDD recommendations may not be supported by the CDC guidelines.

The BNDD released a letter, "BNDD encourages CDC opiate prescribing guidelines," which is available on their webpage via the What's New link (<https://health.mo.gov/safety/bnnd/whatsnew.php> accessed May 8, 2018). The recommendations in this letter were also included in the recent April BNDD Newsletter (<https://health.mo.gov/safety/bnnd/pdf/apr18.pdf> accessed May 8, 2018).

While the BNDD letter summarizes the CDC recommendations it includes two recommendations that are not included in the CDC guidelines:

Bullet #5: Patients should be seen at least every 30 days for evaluation.

The CDC guideline states in recommendation #7, "Clinicians should evaluate benefits and harms of continued therapy with patients every 3 months or more frequently." There is no specific recommendation that patients should be seen every 30 days. For higher risk patients more frequent follow up would be indicated.

Bullet #8 Prescribers should discuss pain management with the patient and develop a strategy. The prescribing of opioids should not last more than six (6) months.

This recommendation appears to state that chronic opioids should be prescribed for pain for only 6 months. While the use of chronic opioids remains controversial and overall practices have evolved, the CDC guidelines does not have a recommendation to treat and then stop at 6 months. The CDC guidelines do discuss how to manage patients who have been on opioids chronically. There are two sections (pages 23-24, 26) which begins with:

*Established patients already taking high dosages of opioids, as well as patients transferring from other clinicians, might consider the possibility of opioid dosage reduction to be anxiety-provoking, and tapering opioids can be especially challenging after years on high dosages because of physical and psychological dependence. However, these patients should be offered the opportunity to re-evaluate their continued use of opioids at high dosages in light of recent evidence regarding the association of opioid dosage and overdose risk.*¹

The guidelines advocate for continued discussion of the risks and benefits of continued opioid therapy. There is no mention of any strict time limits. For patients who have had years of chronic pain and are benefiting from chronic opioids, forcing them to taper off may result in worsening pain and function.

The CDC guidelines made a clear distinction in how to manage patients when starting opioids and how to treat those who have been on stable opioids. This is due to the absence of clinical data on how best to manage patients who have been on chronic opioids for long term. While recent trials do show patients had some improvement when tapered off opioids, these studies only looked at patients who voluntarily agreed to dose reduction.² Also these trials of opioid tapers usually included extensive support for the patients. No prospective trials of forced reductions have been published.

There remains a belief among experts that chronic opioids benefit some patients with chronic pain. A recent National Institute of Health (NIH) report stated:

“Patients, providers, and advocates all agree that opioids are an effective treatment for chronic pain for a subset of patients and that limiting, disrupting, or denying access to opioids for these patients can be harmful.” And also restated: “Opioids are clearly the best treatment for some patients with chronic pain, but there are probably more effective approaches for many others.”³

It is important to emphasize that the CDC guidelines were never meant to be prescriptive:

*Clinical decision making should be based on a relationship between the clinician and patient, and an understanding of the patient’s clinical situation, functioning, and life context. The recommendations in the guideline are voluntary, rather than prescriptive standards. They are based on emerging evidence, including observational studies or randomized clinical trials with notable limitations. Clinicians should consider the circumstances and unique needs of each patient when providing care.*¹

The opioid overdose and addiction problem in Missouri continues to worsen. We physicians see the devastation that has resulted from these problems. The MO-ACP wishes to work with the state and support the goals to limit opioid prescribing, increase access for non-opioid treatments for pain, increase access for treatment of substance use disorder, and establish a state prescription drug monitoring program.

We wish to bring these discrepancies to your attention and request clarification. We appreciate the opportunity to express our thoughts and make ourselves available for any questions. Please feel free to contact me at (314) 454-8225.

Sincerely,

A handwritten signature in black ink, appearing to read "Ernie-Paul Barrette". The signature is fluid and cursive, with a long horizontal stroke at the end.

Ernie-Paul Barrette, MD, FACP
Chair, Health and Public Policy Committee
Missouri Chapter, American College of Physicians

Endnotes:

1. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR 2016;65:1-49
2. Frank JW, Lovejoy TI, Becker WC, Morasco BJ, Koenig CJ, Hoffecker L, et al. Patient Outcomes in Dose Reduction or Discontinuation of Long-Term Opioid Therapy: A Systematic Review. Ann Intern Med. 2017;167(3):181–91.
3. Reuben DB, et al. National Institutes of Health Pathways to Prevention Workshop: The Role of Opioids in the Treatment of Chronic Pain Ann Intern Med 2015;162:295-300