Opioids and their Role in the Management of Chronic Non-Cancer Pain (CNCP): Identifying and Assessing CNCP

Key Message 1:

- **CNCP is commonly defined as pain that persists for 3-6 months or longer, or beyond the period of expected healing.**
- **Treatment goal: improvement of pain and functional status**
- **First-line treatment for CNCP should include a combination of non-pharmacologic and non-opioid analgesic pharmacologic therapies.**

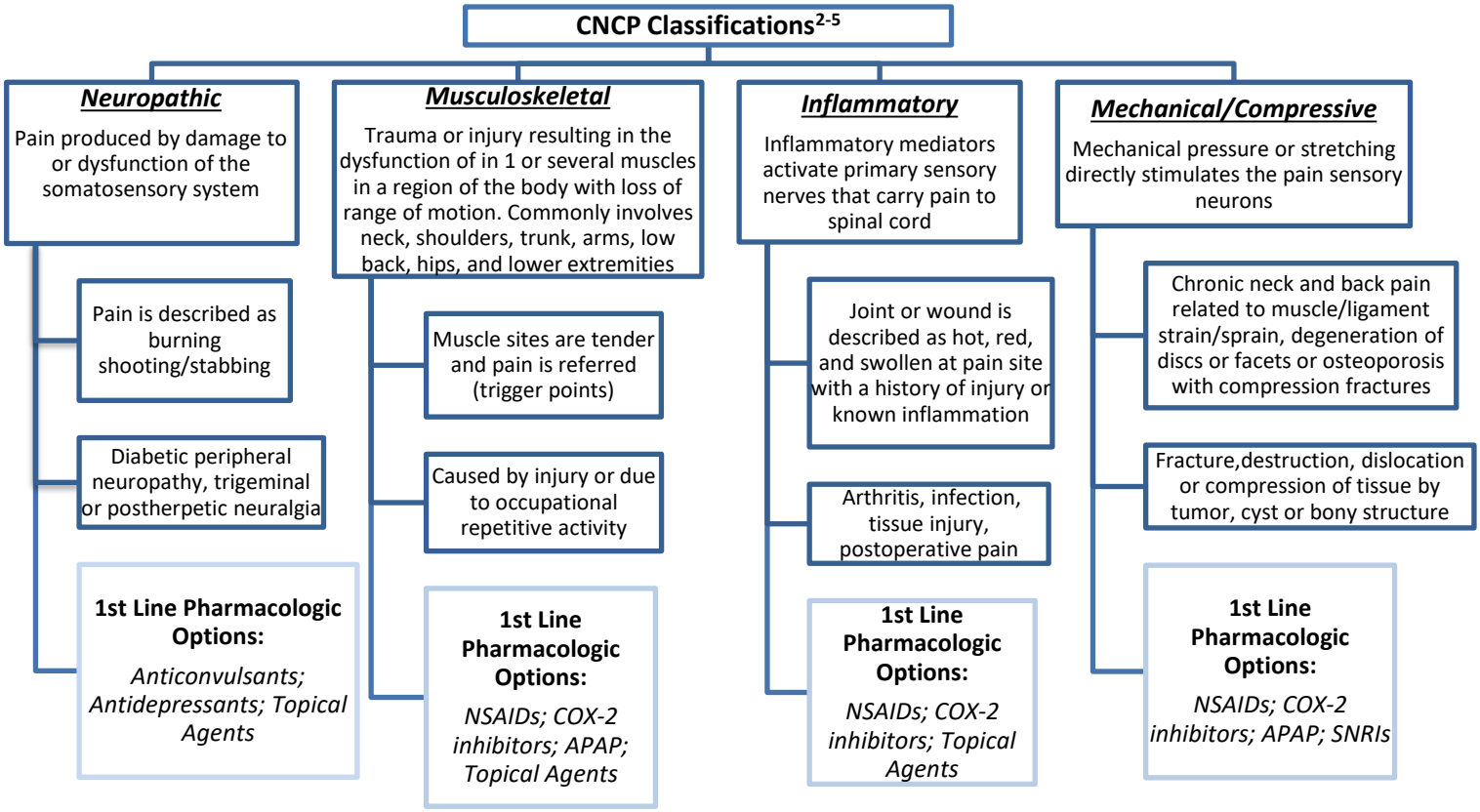
It is estimated that CNCP affects over **76 million people in the United States** and is one of the most common reasons for healthcare visits.[1] The total annual cost of healthcare associated with chronic pain is $100 billion; this includes both direct medical costs and economic costs.

According to the International Association for the Study of Pain, pain is defined as: "an unpleasant sensory and emotional experience associated with actual or potential tissue damage."[2]

A comprehensive patient evaluation should be completed for all patients with CNCP. Patient assessment should include: clinical history (pain, medical, and psychosocial), physical examination, and if warranted, additional testing such as laboratory, imaging, or electro-diagnostic tests.

When treating CNCP, it is important to first:

1) **Determine, if possible, the underlying mechanism of pain. See CNCP classifications below.**
2) **Characterize the pain quality, including site and severity.**



APAP: acetaminophen; COX-2: cyclooxygenase 2; NSAIDs: non-steroidal anti-inflammatory drugs; SNRIs: serotonin and noradrenergic reuptake inhibitors
Note: Non-opioid pharmacologic approaches include selected anticonvulsants (e.g., gabapentin or pregabalin) and selected antidepressants (e.g., TCAs and SNRIs).

Characterization of Pain Severity:[2-8]

1. **Pain intensity should be evaluated at <u>EACH</u> visit:**
   - **Current pain**
   - **Worst pain in past 7 days**
   - **Usual or average pain in past 7 days**

2. **A pain rating scale should be used.**

Selected pain rating scales:

- Wong-Baker FACES Pain Rating Scale
- Numeric Rating Scale
- Pain Quality Assessment Scale (PQAS)

The PQRSTU Mnemonic[9] **A helpful tool to evaluate your patient's pain symptoms**					
P	**Q**	**R**	**S**	**T**	**U**
Precipitating or palliative	**Quality or quantity**	**Region or radiation**	**Severity**	**Timing or temporal**	**Understanding**
Ask the patient					
-What precipitates the symptoms? *-Does stress, anger, certain physical positions, or other factors trigger the symptoms or make them worse?* *-What makes the symptoms lessen or subside?*	*-What do the symptoms feel like, look like, or sound like?* *-Are you having the symptoms right now? If so, is it more or less severe than usual?* *-To what degree do the symptoms affect your normal activities?*	*-Where in the body do the symptoms occur?* *-Do the symptoms appear in other regions? If so, where?*	*-How severe are the symptoms? How would you rate the pain on a scale of 1 to 10, with 10 being the most severe?* *-Does the pain seem to be diminishing, intensifying, or staying the same?*	*-When did the symptoms begin?* *-Was the onset sudden or gradual?* *-How often do the symptoms occur?* *-How long do the symptoms last?*	*-What do you think caused the symptoms?* *-How do you feel about the symptoms? Do you have associated fears?* *-How are the symptoms affecting your life?* *-What are your expectations of the healthcare team?*

FIRST-LINE treatment options for the management of CNCP include non-pharmacologic and non-opioid analgesic pharmacologic therapies.[2,3,5,7,8,10,11] Most patients will benefit from a multimodal approach.[2-5,7,8,11]

Multimodal Analgesic Approach

The use of multiple methods of pain management concurrently can reduce the amount of medications (e.g., dosage, quantity) necessary to relieve pain and can minimize adverse drug reactions. This approach should be considered at all times for CNCP management.

CNCP Guidelines	Recommended First-Line Treatment Options for CNCP
ACOEM[10]	There is quality evidence that non-opioid medications, such as NSAIDs, are at least equivalent, if not superior to opioids.
ACP[4]	For patients with chronic low back pain, non-pharmacologic interventions are recommended first-line. With regard to pharmacologic therapy, opioids are reserved as last-line options.
APS-AAPM[6]	Clinicians should only consider a trial of chronic opioid therapy when there is no alternative therapy that is likely to pose as favorable a balance of benefits to harms.
ASIPP[8]	Documentation of failure to respond to non-controlled substances, adjuvant agents, physical therapy and/or interventional techniques should be reviewed before establishing medical necessity for opioid therapy.
CDC[11]	Non-pharmacologic and non-opioid pharmacologic therapies to modulate pain should be recommended first.
ICSI[2]	Opioid use should be avoided. Other medications should be considered, with choice of therapy dependent on severity and type of pain. Recommended options include APAP, anticonvulsants, antidepressants, and NSAIDs.
VA/DoD[7]	A trial of opioid therapy is only indicated if moderate to severe pain has failed to adequately respond to non-opioid and non-drug therapeutic interventions.
WA State AMDG[3]	Use opioid medications for acute, subacute or chronic pain ONLY AFTER determining alternative therapies DO NOT deliver adequate pain relief.
WHO[12]	Non-opioid analgesics initially recommended. Supports multimodal treatment approach.
SUMMARY **There is clear consensus across current CNCP guidelines that all patients presenting with CNCP should be started on non-pharmacologic and/or non-opioid pharmacologic therapies before an opioid is prescribed.**	

ACOEM: American College of Occupational and Environmental Medicine; ACP: American College of Physicians; AMDG=Agency Medical Directors' Group; APAP: acetaminophen; APS-AAPM: American Pain Society – American Academy Pain Medicine; ASIPP: American Society of Interventional Pain Physicians; CDC: Centers For Disease Control and Prevention; ICSI: Institute for Clinical Systems Improvement; NSAIDs: non-steroidal anti-inflammatory drugs; VA/DoD: Department of Veterans Affairs and Department of Defense; WA: Washington; WHO: World Health Organization

First-Line Treatment Options for CNCP[2-5]	
Non-Pharmacologic	• Exercise • Massage • Psychological therapies (e.g., cognitive behavioral therapy, education, relaxation or biofeedback) • Physical rehabilitation
Non-Opioid Pharmacologic	• Acetaminophen • NSAIDs or COX-2 inhibitors • Adjuvant analgesics* *(anticonvulsants, antidepressants, and/or topical analgesics)*

COX-2=cyclooxygenase-2; NSAIDs=non-steroidal anti-inflammatory drugs

*Selected anticonvulsants (e.g., gabapentin and pregabalin) and selected antidepressants (e.g., TCAs and SNRIs) are recommended.

Patients started on non-pharmacologic and/or non-opioid analgesic therapies for CNCP should be reassessed for improvement in pain and/or functional status at 1-4 weeks.[2,3,6-8,10,11]

The World Health Organization (WHO) analgesic ladder, which is commonly used for the treatment of cancer pain, also supports a multimodal approach for CNCP, in addition to recommending that opioid therapy be reserved for persisting/increasing pain.[12] Additionally, all non-opioid and adjuvant therapeutic options should be attempted prior to opioid initiation.

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