

# The Use of Opioids for Chronic Musculoskeletal Pain

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## Musculoskeletal Pain

- Not Cancer Pain
- Not Neuropathic Pain
- Not Acute Pain

## Scope of opioids for non-cancer pain guidelines project

### ➤ Populations:

- Adults (>18 years old), including persons with history of substance abuse
- Chronic pain (lasts 1 month longer than healing of lesion, recurs after healing of lesion, associated with non-healing lesion, or >3 months), including neuropathic pain and headache
- Exclude: children, active cancer pain, patients who require end-of-life care, acute pain (e.g. post-surgical pain, acute pregnancy/labor pain, acute sickle cell pain)

## Scope of opioids for non-cancer pain guidelines project

### ➤ Interventions:

- Short- and long-acting (formulations) of opioids (including tramadol) as monotherapy or as part of multimodal therapy, administered via oral, transdermal, sublingual, or regular IM use
- Exclude: IV or intrathecal/intraspinal

## Scope of opioids for non-cancer pain guidelines project

### ➤ Outcomes:

- Pain
- Functional status
- Mood and coping
- Sleep quality
- Quality of life
- Work measures
- Patient satisfaction/provider satisfaction
- Adverse events, including nausea/vomiting, sedation/lethargy/dizziness/CNS side effects, constipation and other GI side effects, dermatological, cardiac, overdose/mortality, abuse/addiction, diversion, respiratory depression, urinary retention, endocrinologic, psychiatric, dysimmune effects, hyperalgesia, risk of falls
- Loss of efficacy
- Cost or cost effectiveness - socio-economic impact

## Key Questions

### ➤ Risk Benefit

1. In patients being considered for opioids for chronic non-cancer pain, how accurate are patient features or characteristics for predicting:
  - a. Effectiveness of chronic opioid therapy?
  - b. Opioid-related adverse events?
  - c. Aberrant drug-related behaviors?
2. In patients being considered for opioids for chronic non-cancer pain, how accurate are formal screening instruments for predicting effectiveness of opioid therapy, adverse events, or aberrant drug-related behaviors?

## Key Questions

3. In patients being considered for opioids for chronic non-cancer pain, how effective is risk assessment for:
  - a. Improving clinical outcomes?
  - b. Reducing risk of aberrant drug behaviors?

## Key Questions

- **Effectiveness and safety**
  4. What is the effectiveness (including long-term effectiveness) of opioids for chronic non-cancer pain?
  5. What is the safety (including long-term safety) of opioids for chronic non-cancer pain? In patients at higher risk for abuse or addiction?
  6. What is the effectiveness and safety of opioids for non-cancer pain in patients with a history of substance abuse or addiction who are undergoing treatment for addiction?

## Key Questions

7. What is the comparative effectiveness and safety of different opioids and different formulations of opioids for chronic non-cancer pain?
8. Does the comparative effectiveness and safety of opioids vary in subpopulations defined by demographics (e.g. age, gender, race), specific underlying pain condition, or co-morbidities (e.g. liver disease, renal disease, respiratory disease, heart disease, HIV, drug misuse, cancer survivors)?
9. How effective are different strategies for minimizing or treating opioid-related adverse events?
10. How does initial or chronic use of opioids impact driving or work safety?

## Key Questions

- Opioid dosing strategies**
11. What is the effectiveness and safety of different methods for initiating and titrating opioids for chronic non-cancer pain?
  12. What is the effectiveness and safety of round-the-clock versus as needed dosing of opioids, or round-the-clock with as needed dosing versus as needed dosing alone for chronic non-cancer pain?
  13. What is the effectiveness and safety of regular intramuscular, intranasal, or buccal versus oral or transdermal administration of opioids for chronic non-cancer pain?

## Key Questions

14. What is the comparative effectiveness of different strategies for treating acute exacerbations of pain or a new acute pain problem in patients on chronic opioids for chronic non-cancer pain?
15. What is the effectiveness and safety of opioid rotation versus continued treatment or dose escalation with one opioid in patients with chronic non-cancer pain?
16. How accurate are patient characteristics or features for predicting lack of response to high doses of opioids for chronic non-cancer pain?

## Key Questions

17. How do dose-related responses for opioids change at different dose ranges or with long-term use?
18. What is the effectiveness and safety of high (>200 mg/day of morphine or equivalent) versus lower doses of opioids for chronic non-cancer pain?
19. Are high doses of opioids associated with different or unique toxicities compared to lower doses?

## Key Questions

### Co-interventions and adjunctive interventions

20. How effective are patient education methods or clinician advice for improving outcomes associated with chronic opioid therapy?
21. How effective is co-prescription with other pain-attenuating medications or combining opioids for improving pain control or decreasing adverse events associated with opioid analgesics?
22. What is the effect of concomitant use of drugs with CNS effects on safety associated with opioids for chronic non-cancer pain?

## Key Questions

23. What is the benefit associated with behavioral therapy and/or functional restoration/work hardening in addition to or instead of opioids for chronic non-cancer pain?

## Key Questions

### Methods for monitoring opioid use and detecting aberrant drug-related behaviors

24. How effective are opioid agreements/contracts for improving effectiveness and safety and reducing abuse, addiction, or other aberrant drug-related behaviors with opioids for chronic non-cancer pain?
25. In patients receiving opioids for chronic non-cancer pain, what is the diagnostic accuracy of urine drug screening and different urine drug screening methods for:
  - a. Detecting illicit drug use?
  - b. Identifying the presence or absence of prescribed and non-prescribed opioids and estimating doses of opioids?

## Key Questions

26. In patients receiving opioids for chronic non-cancer pain, how effective is urine drug screening and different urine drug screen methods for detecting or reducing abuse, addiction, other aberrant drug-related behaviors, or whether patients are taking opioids as prescribed?
27. In patients receiving opioids for chronic non-cancer pain, how effective are other methods (pill counts, limited prescriptions, monitoring blood levels) for detecting or reducing abuse, addiction, other aberrant drug-related behaviors, or whether patients are taking opioids as prescribed?
28. Is re-evaluation of patients on chronic opioid therapy at different intervals associated with different outcomes?

## Key Questions

29. In patients receiving opioids for chronic non-cancer pain, what is the accuracy of tools for differentiating pseudoaddiction from true aberrant drug-related behaviors?
30. In patients receiving opioids for chronic non-cancer pain, what is the effect of diagnosing pseudoaddiction on clinical outcomes?

## Key Questions

### Discontinuing opioids

31. What patient features or characteristics predict improved outcomes with discontinuation of long-term opioids versus continued treatment?
32. What is the efficacy and safety of different methods for discontinuing opioids?

### Pregnancy

33. What is the effectiveness and safety of continuing opioids versus switching to alternative analgesics in women with chronic non-cancer pain who become pregnant or are planning to become pregnant?

## Key Questions

### Opioid prescribing policies

34. What are the effects of opioid prescribing policies on clinical outcomes?