Time to revamp CDC’s problematic 2016 opioid Rx guideline

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What’s the news: The AMA is urging the Centers for Disease Control and Prevention (CDC) Injury Center to revise the CDC’s problematic guideline on opioid prescriptions that has proved devastating for patients with pain.

The AMA comments mirror those of a CDC Opioid Workgroup, which was established for the purpose of reviewing draft revisions to the CDC’s 2016 guideline for prescribing opioids. The resulting Opioid Workgroup report outlines the foreseeable misapplication of the guidelines and points to more productive ways to move forward. The report was recently presented to the Board of Scientific Counselors, which voted to endorse it with few amendments.

The CDC should remove arbitrary thresholds, restore balance and support comprehensive, compassionate care as it revises the guideline. In comments to the CDC Injury Center’s Board of Scientific Counselors, AMA Board of Trustees Chair Bobby Mukkamala, MD, pointed out that the opioid epidemic is becoming more lethal due to illicitly manufactured fentanyl, fentanyl analogs, heroin, methamphetamine and cocaine.

At the same time, opioid prescriptions have dropped more than 44% since 2011, and patients are suffering from the misapplication of the guideline, undertreatment of pain and the stigma of having pain.

Read more about how the CDC’s opioid prescribing guidance went astray.

Why it’s important: “CDC’s threshold recommendations continue to be used against patients with pain to deny care,” wrote Dr. Mukkamala, also chair of the AMA task force focused on pain management and the drug-overdose epidemic. “We know that this has harmed patients with cancer, sickle cell disease, and those in hospice. The restrictive policies also fail patients who are stable on long-term opioid therapy.”

States and insurers have turned the guideline into laws and unbending regulations, preventing
physicians from treating patients as individuals with specific needs. The AMA outlined its concerns and recommendations in a letter sent last year to the CDC. The agency has said it anticipates posting a revised guideline for public comment late this year.

“Patients with painful conditions need to be treated as individuals,” Dr. Mukkamala wrote. “They need access to multimodal therapies including restorative therapies, interventional procedures, and medications. These include nonopioid pain relievers, other agents and opioid analgesics when appropriate.

“Patients with pain need the CDC to be their advocate and urge it to rescind the perceived limits on opioid therapy doses or days,” he added. “We have an opportunity here to care for these patients responsibly with your help.”

**Learn more:** The American Society of Addiction Medicine (ASAM) has launched a free, one-hour, online training module designed to educate medical professionals and students about prescribing buprenorphine to patients with opioid-use disorder. The Buprenorphine Mini-Course: Building on Federal Prescribing Guidance module is presented by ASAM in collaboration with the AMA and Shatterproof.

The AMA believes that science, evidence, and compassion must continue to guide patient care and policy change as the nation’s opioid epidemic evolves into a more dangerous and complicated illicit drug overdose epidemic. Find out more at the AMA’s End the Epidemic website.


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