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VIA ELECTRONIC SUBMISSION

RE: Docket Number CDC-2015-0112 - Draft Opioid Prescribing Guidelines

The American Society for Pain Management Nursing (ASPMN) is an organization of nurses specializing in pain management representing care across the nation by registered nurses and Advanced Practice Nurses throughout the lifespan and throughout the continuum of care. We submitted comments on September 18, 2015 following the Opioid Prescribing Guidelines Public webinar held Wednesday, September 16, and submit the following comments for your consideration.

As we previously stated, the guidelines seem to focus more on how to limit or avoid opioids, which does not address the problem of addiction and misuse and abuse. The federal government and others have invested heavily in safe medication use communication campaigns and other programs to reduce opioid addiction and associated unintended deaths, and although the call for a “balanced policy approach” is often mentioned, there has been virtually no investment made in educating people about preventing chronic pain, chronic pain as a disease, or the value of a comprehensive approach to chronic pain. A better understanding of how to effectively treat chronic pain should be an essential component to any treatment prescribing guideline.

The unmet challenge in chronic pain management with opioid treatment is to identify the conditions for which, and patients for whom, opioid use is most appropriate; the regimens that are optimal; the alternatives for those who are unlikely to benefit from opioids; and the best approach to ensuring that every patient’s individual needs are met by a patient-centered health care system. We need CDC to provide some context around the incidence and prevalence of undertreated pain and the related adverse consequences of undertreated chronic pain on all body systems, rather than restricting treatment to legitimate patients.

People living with chronic pain, and those who care for them, which includes primary care providers, are as critical to the development of any guidelines as are collected data. We encourage the CDC to allocate resources to gather all information that will allow for a truly evidence based conclusion. Additionally, the CDC, and other federal agencies must work with a well balanced mix of professional societies who represent primary care professionals and patients.

We are in agreement that an essential part of treatment planning is education to the healthcare professional and patient about the potential risks and benefits of opioid therapy, as with any other treatment option. Sharing the decision making will help to achieve what we all strive for; individualized, patient centered plan of care.

Additionally, we agree that any therapy should begin with the lowest “effective” dose with “effective” being the key word. It is however concerning to set a maximum dose. This goes against what was stated in the previous paragraph about individualized care. What are those in pain to do if the arbitrary maximum dose threshold is reached without their pain being properly treated?

Perhaps the greatest concern we have with these and many of the proposed guidelines, laws and regulations is the detrimental consequences felt by patients with pain. They continue to be stigmatized, persecuted, and required to go through increasingly burdensome obstacles courses just to receive the care they need. A clear example is asking people, who have been well managed for long periods of time, to be re-evaluated at least every 3 months. This additional requirement would be one more hurdle to add to those already in place that allows for another unnecessary interruptions to their lives and their care. Does this really help us solve the problem?

Thank you for the opportunity to comment.