Managing Chronic Pain – Maximizing Benefits and Minimizing Risks

Tuesday, September 23, 2025
2:00 to 3:00 p.m. ET

Submitting Questions and Comments

- Submit questions by using the questions-and-answer (Q&A) feature. To open your Q&A window, click the Q&A icon at the bottom center of your Zoom window.
- If you experience any technical issues during the webinar, please message us through the chat feature or email bphc-ta@bizzellus.com.

Continuing Education (CE)

- We offer behavioral health (BH) continuing education units (CEUs) for participation in BH/substance use disorder (SUD) integration technical assistance (BH/SUD TA) events.
- You must attend the event and complete the online Health Center TA Satisfaction Assessment Form after the event (2–3 minutes).
- A link with instructions will be provided at the end of the session.
- CE certificates will be sent within 5 weeks of the event from the Health Center BH/SUD TA Team via Smartsheet <user@app.smartsheet.com>.

This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.

JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all aspects of the programs.

bizzell US

Your Presenter

Daniel P. Alford, MD, MPH

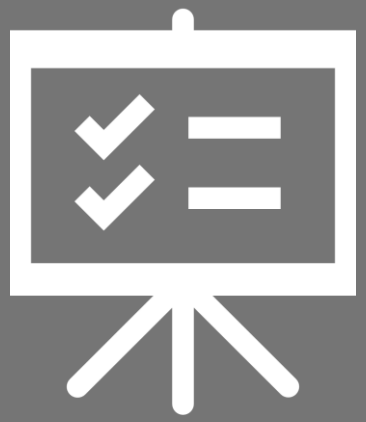
Professor and Associate Dean,
Center for Continuing Education
Boston University Chobanian and
Avedisian School of Medicine
Boston Medical Center

Session Objectives

Participants of this webinar will be able to:

- Describe the benefits of multidimensional (pharmacologic and nonpharmacologic) treatment integration in chronic pain management.
- Apply evidence-based techniques to screen for and assess patients with chronic pain for concurrent behavioral health conditions and/or substance use disorders.
- Summarize a risk-benefit framework for opioid therapy that aligns with Centers for Disease Control and Prevention (CDC) recommendations.
- Apply communications strategies to effectively collaborate with patients on chronic pain management plans.

Course Outline



- Multidimensional Care for Chronic Pain
- Opioid Analgesics: Efficacy, Prescribing Trends, Risks, Problematic Use
- Safer Opioid Prescribing for Pain
- Case Study Review and Discussion
- Q&A

Polling Question #1:

What challenges are you facing at your health center in treating patients with chronic pain?

a. Assessing patient pain, function, and quality of life
b. Initiating chronic pain management plans using a risk and benefit framework
c. Treating pain with concurrent behavioral health or substance use disorders
d. Managing challenging conversations regarding opioids
e. Educating patients about the role of multimodal pain care
f. Other – share your response in the Q&A

Polling Question #2:

What is your level of comfort in assessing for pain in patients with psychological or substance use disorders?

a. Very comfortable

b. Comfortable

c. Uncomfortable

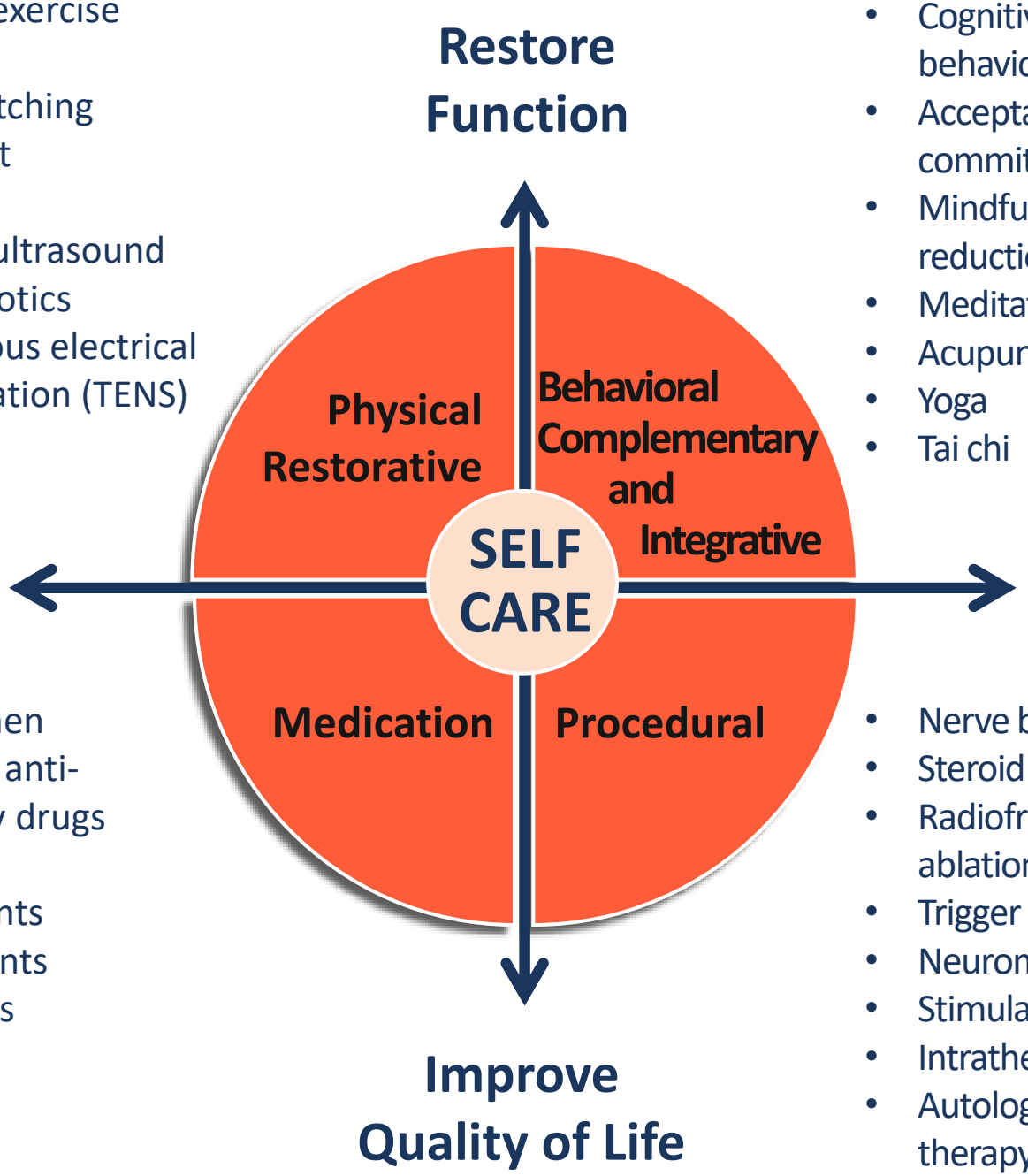
d. Very uncomfortable

State of Pain

- **Acute pain** is an adaptive symptom that is life preserving.
- **Chronic pain** is…
  - **Maladaptive** and may present as a disease in and of itself.
  - **Common** (In the US, 21% of adults report pain on most days or every day).
  - **Associated with concurrent psychiatric conditions** and suicidality.

Multidimensional Care for Chronic Pain

- Therapeutic exercise
- Massage
- Traction/stretching
- Cold and heat
- Chiropractic
- Therapeutic ultrasound
- Bracing, orthotics
- Transcutaneous electrical nerve stimulation (TENS)



- Cognitive behavioral therapy
- Acceptance and commitment therapy
- Mindfulness stress reduction
- Meditation
- Acupuncture
- Yoga
- Tai chi

- Acetaminophen
- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Anticonvulsants
- Antidepressants
- Topical agents
- Opioids
- Others

- Nerve blocks
- Steroid injections
- Radiofrequency ablation
- Trigger point injections
- Neuromodulation
- Stimulators
- Intrathecal pumps
- Autologous stem cell therapy

Polling Question #3:

Are behavioral health and primary care providers in your clinic collaborating to treat patients with chronic pain?

a. Yes

b. No

c. It varies

The Pain Medication Balance

- Appropriate, holistic, compassionate care should be provided for patients with pain.
- Opioid overprescribing has contributed to overdose deaths.
- How can we create care plans with patients with chronic pain that support trusted doctor-patient relationships?

Building Trust

After completing a thorough pain history, focused physical exam, and appropriate diagnostic testing…

Express **empathy** for the patient's pain and suffering…

Validate that you believe the pain and suffering is real…

Believing the severity of a patient's pain and suffering
does not mean opioids are indicated

Opioid Analgesics

- Provide analgesia
  - Targeting multiple sites on the pain pathway
  - Variable response - not all patients respond to the same opioid in the same way
- Activate the reward pathway

Opioid Efficacy for Chronic Pain

Meta-analyses (1 to 6 month follow-up)

- **Opioids v placebo** *(high quality evidence)*
  Statistically significant improvements in pain and functioning.
- **Opioids v non-opioids** *(low-mod quality evidence)*
  Similar benefits

Randomized clinical trial found **opioids not superior** to **non-opioids** for improving musculoskeletal pain-related function over 12 months

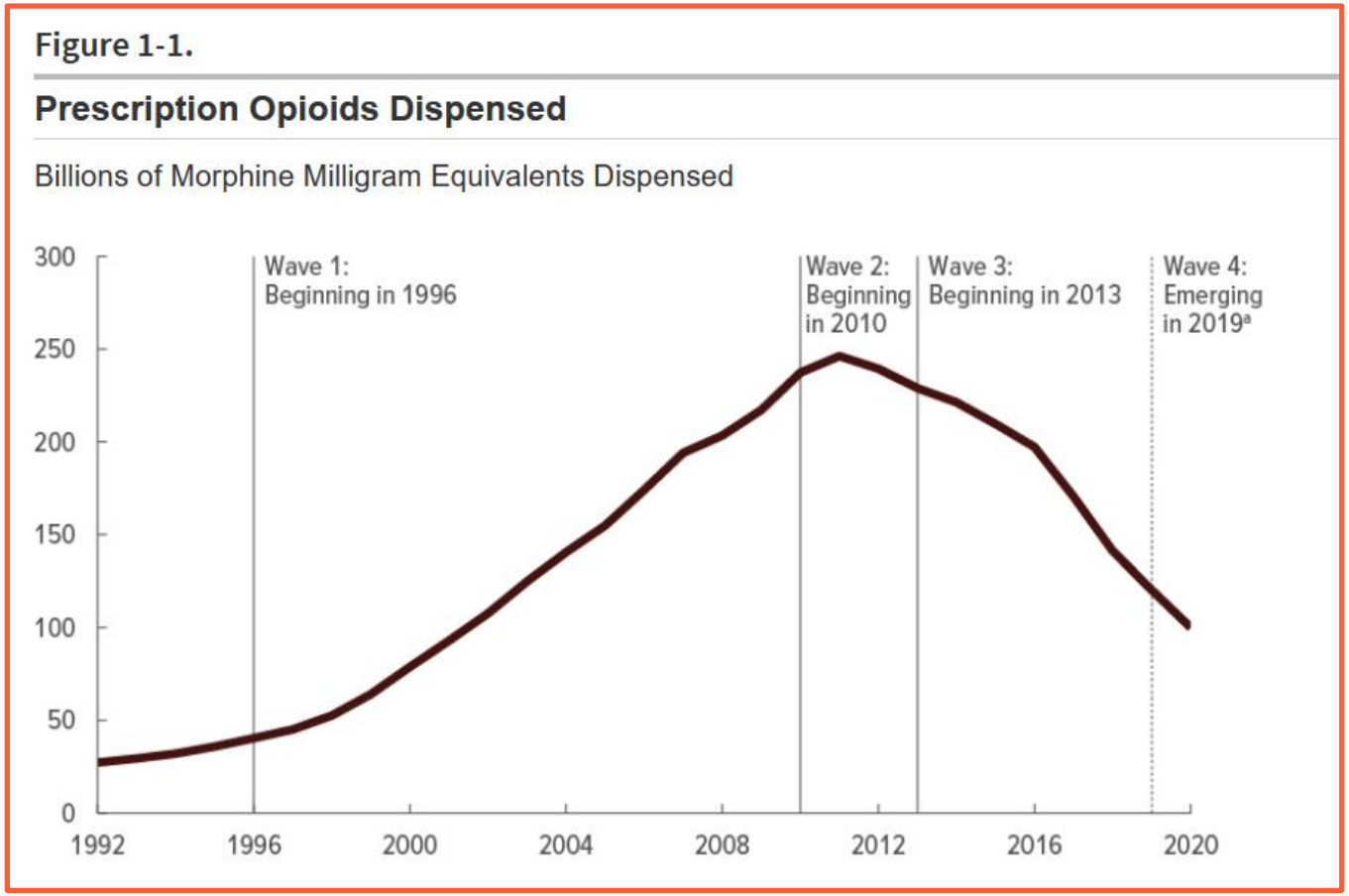
Limitations to generalizability:

- *Excluded patients already on long-term opioids*
- *Some eligible patients declined to be enrolled*

Two longer term follow-up studies found **44.3%** on chronic opioids for chronic pain had **at least 50% pain relief**

Opioid Prescribing Trends

The amount of prescription opioids dispensed increased during the first wave of opioid crisis and peaked in 2011. It decreased during subsequent waves as use of illicitly produced opioids increased.



Opioid Risks

- **Side effects** are common
  - Nausea, sedation, constipation, urinary retention, sweating
- **Organ toxicities** are rare
  - Suppression of hypothalamic-pituitary-gonadal axis → hypogonadism → fracture risk
- **Immunosuppression**
  - Increased risk of invasive pneumococcal disease and community acquired pneumonia
- **Worsening pain** (opioid withdrawal-mediated pain, opioid-induced hyperalgesia)
- **Opioid use disorder**
- **Overdose and death**

Problematic Opioid Use

Misuse rates: 21% - 29%	**Misuse:** Opioid use contrary to the directed or prescribed pattern of use, regardless of the presence or absence of harm or adverse effects.
Addiction rates: 8% - 12%	**Addiction:** Pattern of continued use with experience of, or demonstrated potential for, harm (e.g., “impaired control over drug use, compulsive use, continued use despite harm, and craving”).

Risk Factors for Opioid-Related Harm (Misuse, Overdose, Addiction)

Medication Factors

- Higher opioid dose
- Long-term opioid use (>3 months)
- Extended release/long-acting (ER/LA) opioid formulation
- Initial 2 weeks after starting ER/LA opioid
- Combination opioids and sedatives (e.g., benzodiazepines)

Patient Factors

- Mental health disorder (e.g., depression, anxiety)
- Substance use disorder (SUD) (e.g., alcohol, tobacco, illicit and prescription drug)
- Family history of SUD
- Sleep-disordered breathing
- History of opioid overdose

Safer Opioid Prescribing for Pain

Opioids for Chronic Pain
What is the Clinician's Role?

VS.

Rational Polypharmacy for Synergy

Mechanism-Specific Treatment Targets			
	Brain (descending inhibition)	Spinal Cord (central sensitization)	Peripheral Nervous System (peripheral sensitization)
Gabapentin/Pregabalin			
Lidocaine			
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)			
Opioids			
Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)			
Tramadol			
Tricyclic Antidepressants (TCA)			

Centers for Disease Control and Prevention (CDC) 2022 Opioid Guideline (1)

Chronic pain (recommendations 2-5, 7-11)

- Maximize non-pharmaceutical therapies, non-opioids.
- Only consider opioids if benefits > risks. Discuss realistic benefits, known risks.
- Establish treatment goals and how opioids will be discontinued if risks > benefits

CDC 2022 Opioid Guideline (2)

Chronic pain (recommendations 2-5, 7-11)

When starting opioids:

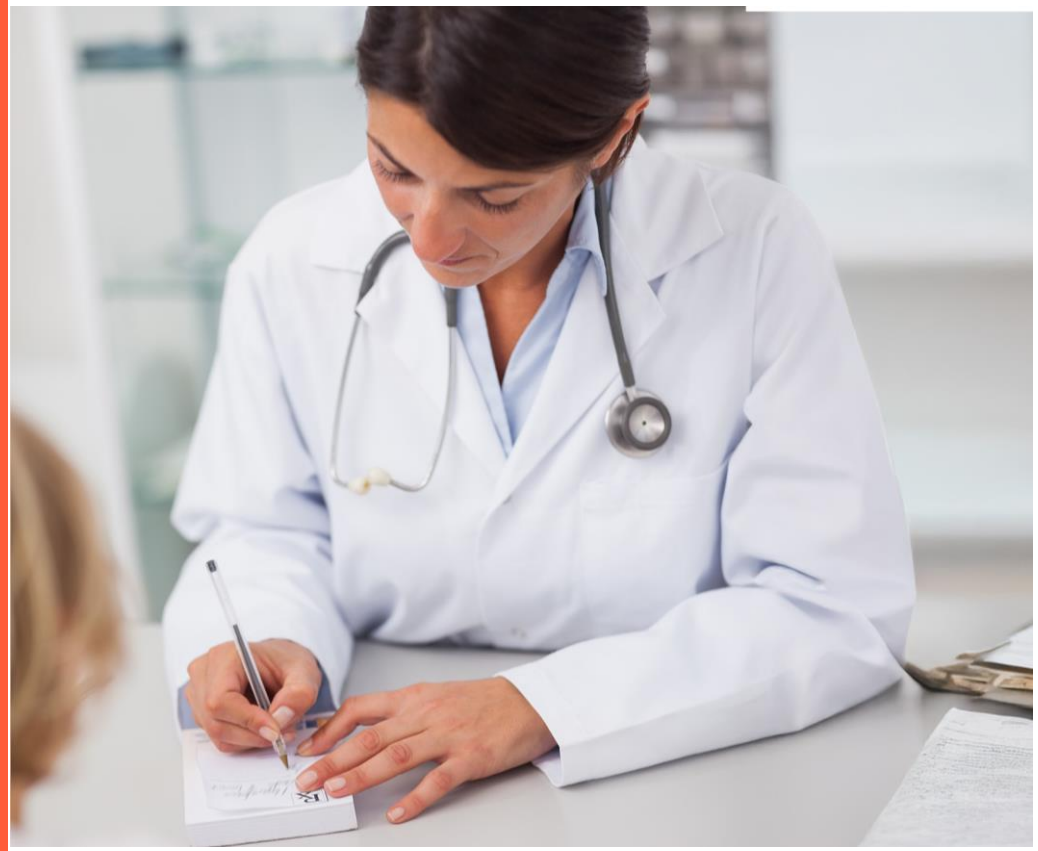
- Use immediate-release opioids.
- Prescribe the lowest effective dose. Use caution at any dose.
- Avoid increasing dose above levels with diminishing benefit relative to risk.
- Evaluate benefits, risks 1 to 4 weeks of starting opioids or after dose escalation and then regularly.

CDC 2022 Opioid Guideline (3)

Chronic pain (recommendations 2-5, 7-11)
For patients already on opioids, weigh benefits with risks.

- If benefits > risks, continue opioids and optimize other therapies.
- If risks > benefits, optimize other therapies, gradually taper.
- Unless life-threatening issue, do not discontinue abruptly or rapidly reduce from higher doses.

CDC 2022 Opioid Guideline (4)



Chronic pain (recommendations 2-5, 7-11)

- Strategies to mitigate risk:
  - Naloxone co-prescribing
  - Review Prescription Drug Monitoring Program (PDMP)
  - Urine toxicology testing
- Use caution when concurrently prescribing opioids and other central nervous system (CNS) depressants

Universal Precautions When Prescribing Opioids

- Predicting opioid risk is imprecise.
- Consistent application of precautions reduces stigma and standardizes care.
- Precautions include:
  - Assess and document pain diagnosis(es) and opioid misuse risk.
  - **Prescribe opioids as a test or trial**; continued, modified or discontinued based on risks/benefits.
  - *Bidirectional* Patient Prescriber Agreements (not “contracts”): informed consent and plan of care, written at 5th grade reading level.
  - **Monitor for benefit** (e.g., Pain, Enjoyment of Life, and General Activity [PEG] Scale) **and harm/risk** (urine drug tests, pill counts, PDMP).

Assessing Benefit – PEG scale

1. **What number best describes your pain on average in the past week:**

0	1	2	3	4	5	6	7	8	9	10
No pain										Pain as bad as you can imagine

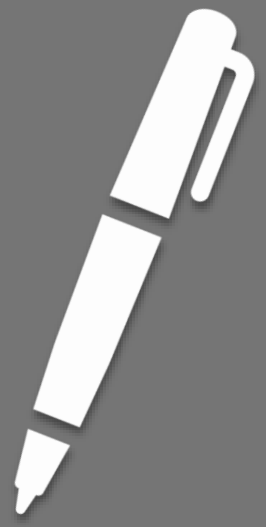
2. **What number best describes how, during the past week, pain has interfered with your enjoyment of life?**

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										Completely interferes

3. **What number best describes how, during the past week, pain has interfered with your general activity?**

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										Completely interferes

Continuation of Opioids



Before writing the next opioid prescription, you should be convinced that there is

- benefit (pain, function, quality of life) and
- absence of harm

Despite subjective assessments (benefits/harms), it should be documented at each visit

Discontinuing (or Decreasing) Opioids

- Do not have to prove addiction or diversion - only assess and reassess the risk-benefit ratio.
- If patient is unable to take opioids safely or is nonadherent with monitoring then discontinuing opioids is appropriate even with benefits.
- Need to determine how urgent the discontinuation should be based on the severity of the risks and harms.
- Document rationale for discontinuing opioids.

You are NOT abandoning the patient.
You are abandoning the opioid therapy.

Tapering Opioids

- There are no validated protocols in patients on opioids for chronic pain.
- Goal may be to decrease dose or taper off opioids completely.
- Systematic review found **very low-quality evidence** suggesting that several types of opioid tapers may be effective, and that pain, function, and quality of life may improve for some patients with opioid dose reduction.
- CDC guideline recommends decrease of **10% per month if patient on opioids for years** and decrease of **10% per week if patient on opioids for weeks to months**.

Opioid Discontinuation Risks

- Observational studies identified harms (suicide and overdose) associated with opioid tapering and discontinuation.
- A comparative effectiveness study of ~200,000 individuals on stable long-term opioid therapy (i.e., no evidence of opioid use disorder or opioid misuse)
  - opioid tapering was associated with a small absolute increase in opioid overdose or suicide compared with maintaining stable opioid dosages.

"Tapering/discontinuation **should not** be considered a harm reduction strategy for patients receiving **stable** long-term opioid therapy **without evidence of misuse**."

Q&A

Case Studies

Case 1

- 55-year-old male high school teacher with chronic severe low back pain presents for a first visit to establish primary care as his previous primary care provider retired.
- Status post (s/p) lumbar decompression and spinal fusion surgery without benefit.
- Currently taking ibuprofen 800 mg, acetaminophen 500 mg, and gabapentin 300 mg three times daily and oxycodone 10 mg QID four times daily.
- Not responded to physical therapy or chiropractic treatments.
- Is on medical leave from his teaching job due to his severe pain.

Case 1 Questions

- How will you assess his risk for opioid misuse/harm?
- How will you assess him for benefit from your treatment? What are your goals of treatment?
- If you continue his oxycodone, how will you monitor him for opioid-related safety?

Case 2

- 45-year-old female with severe opioid use disorder (active use), depression, anxiety and type 2 diabetes mellitus (A1c 7.5%) with severe pain from painful diabetic neuropathy presents for first visit after moving from out-of-state.
- Pain: treated with gabapentin 800 mg three times daily and acetaminophen 500 mg every 8 hours as needed; unable to tolerate NSAIDs (gastrointestinal symptoms) or TCAs (oversedation).
- OUD: actively using IV fentanyl, history of 2 overdoses, 3 detoxes. No history of medication for OUD.
- Is living with and caring for her chronically ill mother.

Case 2 Questions

- How would you manage her severe OUD?
- How would you manage her severe chronic pain?

Accessing Training and TA Opportunities

EMAIL US
bphc-ta@bizzellus.com

VISIT THE TA PORTAL
bphc-ta.bizzellus.com

SUBSCRIBE TO THE HUB IN FOCUS
bphc-ta.bizzellus.com/subscribe

Scan the QR code to subscribe and watch for updates in the Hub in Focus regarding additional TA opportunities

Health Center Satisfaction Assessment

We'd love your feedback on today's session!

Please take 2 minutes to complete the Health Center TA Satisfaction Assessment.

Thank you for your time!

https://www.surveymonkey.com/r/PainMgmtWebinar

Resources and References (1)

Slide 9

Centers for Disease Control and Prevention. (2022). *CDC clinical practice guideline for prescribing opioids for pain.* https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w

Centers for Disease Control and Prevention. (2024, May 8). *Opioid Therapy and Different Types of Pain*. https://www.cdc.gov/overdose-prevention/manage-treat-pain/index.html

Centers for Disease Control and Prevention. (2020, November 4). *Products - Data Briefs - Number 390 - November 2020*. https://www.cdc.gov/nchs/products/databriefs/db390.htm

Centers for Disease Control and Prevention. (2024). *Risk and protective factors for suicide*. https://www.cdc.gov/suicide/risk-factors/index.html

Slides 10, 12, 13

Centers for Disease Control and Prevention. (2022). *CDC clinical practice guideline for prescribing opioids for pain.* https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w

Slide 14

National Institute on Drug Abuse. *Opioids*. (2024, November 22). https://nida.nih.gov/research-topics/opioids#work

Resources and References (2)

Slide 15

Agency for Healthcare Research and Quality. (n.d.). *Opioid Treatments for Chronic Pain | Effective Health Care (EHC) Program*. https://effectivehealthcare.ahrq.gov/products/opioids-chronic-pain/research

Slide 16

Congressional Budget Office. (2022, June 17). *The Opioid Crisis and Recent Federal Policy Responses*. https://www.cbo.gov/publication/58532

Slide 17

Centers for Disease Control and Prevention. (2022). *CDC clinical practice guideline for prescribing opioids for pain.* https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w

Centers for Disease Control and Prevention. (2024). *Healthcare Administrators: Applying the Guideline*. Overdose Prevention. https://www.cdc.gov/overdose-prevention/hcp/clinical-guidance/healthcare-admin-applying-guidelines.html

Resources and References (3)

Slide 18

Centers for Disease Control and Prevention. (2022). *CDC clinical practice guideline for prescribing opioids for pain.* https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w

Substance Abuse and Mental Health Services Administration. (December 2022). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2021 National Survey on Drug Use and Health*. https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021NSDUHFFRRev010323.pdf

U.S. Department of Labor. (2023). *Risk Factors for Opioid Misuse, Addiction, and Overdose*. https://www.dol.gov/agencies/owcp/opioids/riskfactors

Slide 19

U.S. Department of Labor. (2023). *Risk Factors for Opioid Misuse, Addiction, and Overdose*. https://www.dol.gov/agencies/owcp/opioids/riskfactors

Slide 21

Centers for Disease Control and Prevention. (2022). *CDC clinical practice guideline for prescribing opioids for pain.* https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w

National Institute on Drug Abuse. (2021). *Opioid Risk Tool – OUD (ORT-OUD)*. https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/opioid-risk-tool-oud-ort-oud

Resources and References (4)

Slide 21 (continued)
National Institute on Drug Abuse. (2019, May 30). *Screening Tools for Adolescent Substance Use*. https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/screening-tools-adolescent-substance-use

Slide 22
Centers for Disease Control and Prevention. (2022). *CDC clinical practice guideline for prescribing opioids for pain.* https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w

Slides 23, 24, 25, 26
Centers for Disease Control and Prevention. (2022). *CDC clinical practice guideline for prescribing opioids for pain.* https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w

Slide 27
Centers for Disease Control and Prevention. (2022). *CDC clinical practice guideline for prescribing opioids for pain.* https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w

Food and Drug Administration. *Opioid Patient Prescriber Agreement.* (n.d.). https://www.fda.gov/files/drugs/published/Opioid-Patient-Prescriber-Agreement-(PPA).pdf

Resources and References (5)

Slide 28 - 30
Centers for Disease Control and Prevention. (2022). *CDC clinical practice guideline for prescribing opioids for pain.* https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w

Slide 31
Centers for Disease Control and Prevention. (2022). *CDC clinical practice guideline for prescribing opioids for pain.* https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w

U.S. Department of Veterans Affairs. (n.d.) *Opioid Taper Decision Tool*. https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Pain_Opioid_Taper_Tool_IB_10_939_P96820.pdf

Slide 32
Centers for Disease Control and Prevention. (2022). *CDC clinical practice guideline for prescribing opioids for pain.* https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w

Thank You!