



## Effective Health Care

### Long-Term Pain Treatment With Opiates

#### Results of Topic Selection Process & Next Steps

The nominator is interested in a new evidence review to inform practice on the use of opiates for long-term pain treatment.

We identified 5 reviews covering the scope of the nomination, therefore, a new review would be duplicative of an existing product. No further activity on this nomination will be undertaken by the Effective Health Care (EHC) Program.

#### Topic Brief

**Topic Number and Name:** #819, Long-term pain treatment with opiates

**Nomination Date:** 9/10/2018

**Topic Brief Date:** 3/26/2019

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**Conflict of Interest:** None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

## Background

- According to an analysis of the National Health Interview Survey, about 20.4% of US adults had chronic pain in 2016.<sup>1</sup>
- Chronic pain that frequently limits life or work activities was 8% in US adults.<sup>1</sup>
- Chronic pain has been linked to limited mobility, dependence on opioids, anxiety, depression, and reduced quality of life.<sup>1</sup>
- Concern about the rise in opioid overdose deaths have resulted in greater attention to the use and prescription of opioids for acute and chronic pain.<sup>2</sup>
- Healthcare providers are concerned both about preventing addiction to opioids and treating chronic pain appropriately.
- In 2016, the CDC issued a guideline for prescribing opioids for chronic pain.<sup>3</sup> It addressed when to initiate or continue opioids for chronic pain; the selection of opioids, including dose, duration, follow-up and discontinuation; and assessed the risk and harms of opioid use.
- One of the objectives of the National Pain Strategy is to strengthen the evidence base for assessment tools, outcomes measures, and improvements in self-management programs.<sup>4</sup>

## Key Question and PICOs

The key question for this nomination are:

1. What is the effectiveness and harms of long-term opioids for management of chronic pain?

To define the inclusion criteria for the key questions, we specify the population, interventions, comparators, and outcomes (PICO) of interest (Table 1).

**Table 1.** Key Questions and PICO

<b>Key Questions</b>	
<b>Population</b>	Adults 18 years and older with a long-term non-cancer related pain condition
<b>Interventions</b>	Interventions aimed at treating pain such as <ul style="list-style-type: none"><li>• Neuroleptics</li><li>• Antidepressants</li><li>• Implantable devices</li></ul>
<b>Comparators</b>	Opioid medications
<b>Outcomes</b>	Pain Function Risk of addiction or abuse Overdose

## Methods

We assessed nomination for priority for a systematic review or other AHRQ EHC report with a hierarchical process using established selection criteria. Assessment of each criteria determined the need to evaluate the next one. See Appendix A for detailed description of the criteria.

1. Determine the *appropriateness* of the nominated topic for inclusion in the EHC program.

2. Establish the overall *importance* of a potential topic as representing a health or healthcare issue in the United States.
3. Determine the *desirability of new evidence review* by examining whether a new systematic review or other AHRQ product would be duplicative.
4. Assess the *potential impact* a new systematic review or other AHRQ product.
5. Assess whether the *current state of the evidence* allows for a systematic review or other AHRQ product (feasibility).
6. Determine the *potential value* of a new systematic review or other AHRQ product.

### Appropriateness and Importance

We assessed the nomination for appropriateness and importance.

### Desirability of New Review/Duplication

We searched for high-quality, completed or in-process evidence reviews published in the last three years on the key questions of the nomination. See Appendix B for sources searched.

## Results

See Appendix A for detailed assessments of all EPC selection criteria.

### Appropriateness and Importance

This is an appropriate and important topic.

### Desirability of New Review/Duplication

A new evidence review would be duplicative of an existing evidence review. We identified two completed systematic review, one review of reviews, and two in-process systematic reviews relevant to the concerns of the nominator. See Table 2, Duplication column.

**Table 2.** Key Questions and Results for Duplication and Feasibility

Key Question	Duplication (10/2015-10/2018)
KQ 1: Effectiveness and harms of treatments for chronic pain	Total number of identified systematic reviews: 5 <ul style="list-style-type: none"> <li>• AHRQ EPC: 3               <ul style="list-style-type: none"> <li>• Completed-1<sup>5</sup></li> <li>• In-process-2<sup>6, 7</sup></li> </ul> </li> <li>• Cochrane: 2<sup>8, 9</sup></li> </ul>

Abbreviations: AHRQ=Agency for Healthcare Research and Quality; KQ=Key Question

## Summary of Findings

- Appropriateness and importance: The topic is both appropriate and important.
- Duplication: A new review would be duplicative of ongoing systematic reviews.

## References

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3. Dowell D, Haegerich TM. Using the CDC Guideline and Tools for Opioid Prescribing in Patients with Chronic Pain. *Am Fam Physician*. 2016 Jun 15;93(12):970-2. PMID: 27304765. <https://www.ncbi.nlm.nih.gov/pubmed/27304765>
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## Appendix A. Selection Criteria Assessment

Selection Criteria	Assessment
1. Appropriateness	
1a. Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the U.S.?	Yes
1b. Is the nomination a request for a systematic review?	No, the nominator is concerned about the limitations on prescribing opioids to those with chronic pain. However the nominator is also concerned about ensuring a systematic unbiased assessment of evidence on this topic.
1c. Is the focus on effectiveness or comparative effectiveness?	Yes
1d. Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic?	Yes
2. Importance	
2a. Represents a significant disease burden; large proportion of the population	Yes
2b. Is of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the US population or for a vulnerable population	Yes. Opioid treatment for chronic pain is the focus of several high-profile initiatives.
2c. Represents important uncertainty for decision makers	Yes. There are questions around the best ways to manage chronic pain while avoiding the risk of addiction, misuse and overdose.
2d. Incorporates issues around both clinical benefits and potential clinical harms	Yes
2e. Represents high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers	Yes.
3. Desirability of a New Evidence Review/Duplication	

Selection Criteria	Assessment
<p>3. Would not be redundant (i.e., the proposed topic is not already covered by available or soon-to-be available high-quality systematic review by AHRQ or others)</p>	<p>This would be duplicative of completed and in-process systematic reviews.</p> <p>Reviews by AHRQ’s Evidence-based Practice Center Program:</p> <ul style="list-style-type: none"> <li>• Skelly et al.<sup>5</sup> 2018 AHRQ systematic review on noninvasive nonpharmacological treatment for chronic pain. This review sought to include studies of nonpharmacological treatments compared to a range of comparators including opioids and other pharmacological treatments. This review found no trials that directly compared interventions with opioids.</li> <li>• In-process AHRQ systematic review on opioid treatments for chronic pain. This review will include a key question about the effectiveness and harms of opioids compared to nonopioid therapies (pharmacologic and nonpharmacologic)<sup>6</sup></li> <li>• In-process update and expansion of the Chou et al 2016 AHRQ systematic review<sup>10</sup> on noninvasive nonpharmacological treatment for chronic pain.<sup>7</sup></li> </ul> <p>Reviews from the Cochrane Collaboration</p> <ul style="list-style-type: none"> <li>• Els et al. High doses of opioid drugs for the management of chronic non-cancer pain. 2017.<sup>9</sup></li> <li>• Els et al. Adverse events associated with medium and long-term use of opioids for chronic non-cancer pain: an overview of Cochrane reviews. 2017.<sup>8</sup></li> </ul> <p>We also identified potentially relevant in-process systematic reviews in PROSPERO</p> <ul style="list-style-type: none"> <li>• Kurian et al. A systematic review and meta-analysis of memantine for the prevention or treatment of chronic pain.<sup>11</sup></li> <li>• Jubb et al. A systematic review and network meta-analysis of the safety of opioid analgesics for the treatment of chronic pain.<sup>12</sup></li> <li>• Gil-garcia et al. Effectiveness of the interventions to manage chronic non-cancer pain: a systematic review and meta-analysis<sup>13</sup></li> <li>• Mathieson et al. Efficacy of interventions designed to reduce the prescription of opioid analgesics in patients with chronic non-cancer pain: a systematic review of randomised controlled trials.<sup>14</sup></li> <li>• Furlan et al. Impact of long-term opioid use for chronic non-cancer pain on misuse, abuse or addiction, overdose, falls and fractures [Cochrane Protocol]<sup>15</sup></li> </ul>

Abbreviations: AHRQ=Agency for Healthcare Research and Quality; KQ=Key Question

## Appendix B. Search for Evidence Reviews (Duplication)

Listed below are the sources searched, hierarchically

<b>Primary Search</b>
AHRQ: Evidence reports and technology assessments <a href="https://effectivehealthcare.ahrq.gov/">https://effectivehealthcare.ahrq.gov/</a> ; <a href="https://www.ahrq.gov/research/findings/ta/index.html">https://www.ahrq.gov/research/findings/ta/index.html</a> ; <a href="https://www.ahrq.gov/research/findings/evidence-based-reports/search.html">https://www.ahrq.gov/research/findings/evidence-based-reports/search.html</a>
VA Products: PBM, and HSR&D (ESP) publications, and VA/DoD EBCPG Program <a href="https://www.hsr.d.research.va.gov/publications/esp/">https://www.hsr.d.research.va.gov/publications/esp/</a>
Cochrane Systematic Reviews <a href="http://www.cochranelibrary.com/">http://www.cochranelibrary.com/</a>
AHRQ Products in development <a href="https://effectivehealthcare.ahrq.gov/">https://effectivehealthcare.ahrq.gov/</a>
VA Products in development <a href="https://www.hsr.d.research.va.gov/publications/esp/">https://www.hsr.d.research.va.gov/publications/esp/</a>
Cochrane Protocols <a href="http://www.cochranelibrary.com/">http://www.cochranelibrary.com/</a>
PROSPERO Database (international prospective register of systematic reviews and protocols) <a href="http://www.crd.york.ac.uk/prospéro/">http://www.crd.york.ac.uk/prospéro/</a>