

CDC Clinical Practice Guideline for Prescribing Opioids for Pain, 2022: Summary of Updates

The [CDC Clinical Practice Guideline for Prescribing Opioids for Pain, 2022](#) (2022 Clinical Practice Guideline) is a **clinical tool intended to help clinicians and patients make shared, informed, patient-centered decisions about pain care**. The 2022 Clinical Practice Guideline provides voluntary recommendations that are intended to be flexible to support, not supplant, individualized patient-centered care. The recommendations are also not intended to be implemented as absolute limits of policy or practice across populations by organizations, healthcare systems, or government entities. This resource highlights the latest updates in the 2022 Clinical Practice Guideline.

Key Updates to the 2022 Clinical Practice Guideline



Five [guiding principles](#) that broadly inform implementation of the 2022 Clinical Practice Guideline recommendations.



Expanded guidance on acute/subacute pain; recognizing acute pain can transition to chronic pain.



Emphasis on person-centered decision-making and communication between clinicians and patients.



Maximizing nonpharmacologic and nonopioid treatments as appropriate for all types of pain. Opioid therapy for acute pain should only be considered if the benefits are anticipated to outweigh the risks to patients.



Broader clinical audience beyond primary care providers to include additional clinicians in outpatient settings (e.g., emergency clinicians providing pain management for patients being discharged from emergency departments and dental and other oral health clinicians).



Specific recommendations for patients who are being considered for initial treatment with opioids and those who are already receiving opioid therapy.



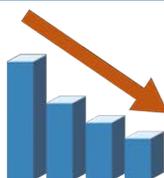
New recommendation statements emphasizing general principles over specific thresholds. These could include avoiding increasing dosages above levels likely to yield diminishing returns and prescribed duration no longer than the expected duration of pain severe enough to warrant opioids.



More specific information (e.g., data related to dosages and circumstances to consider in determining duration) supports each recommendation statement, to inform clinical decision making and individualized patient care.



Each recommendation statement includes a series of implementation considerations as well as a rationale.



New guidance on tapering suggests that other therapies should be optimized and patients should gradually taper to lower dosages if the benefits of opioid therapy do not outweigh the risks of continued use. Unless there are indications of a life-threatening issue, opioids should not be discontinued abruptly or rapidly tapered from higher dosages.



Expanded focus on health equity (e.g., considerations of access to health systems and clinicians for residents of rural areas).

References

Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC clinical practice guideline for prescribing opioids for pain—United States, 2022. *MMWR Recommendations and Reports*. (2022). 71(3), 1-95. doi: 10.15585/mmwr.rr7103a1.

Key Definitions

- **Nonpharmacologic:** Treatment or intervention not based on medication.
- **Acute Pain:** Pain lasting less than one month.
- **Subacute Pain:** Pain lasting between one and three months.
- **Chronic Pain:** Pain lasting longer than three months.